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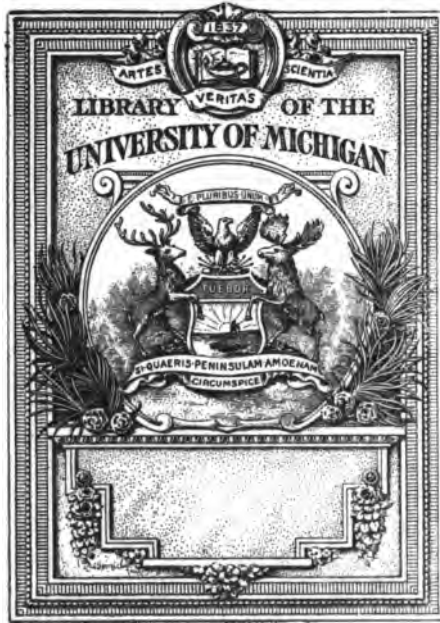
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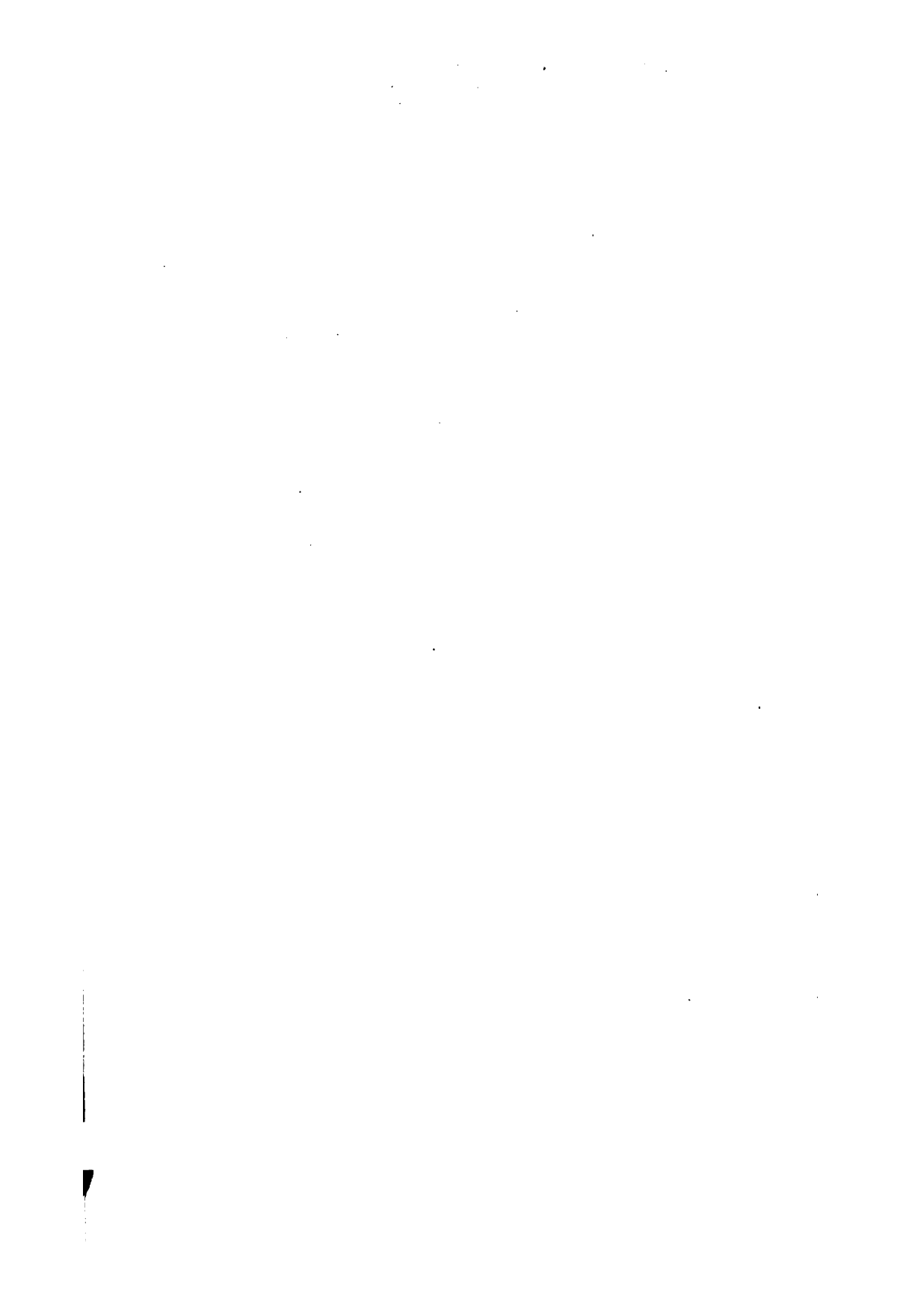
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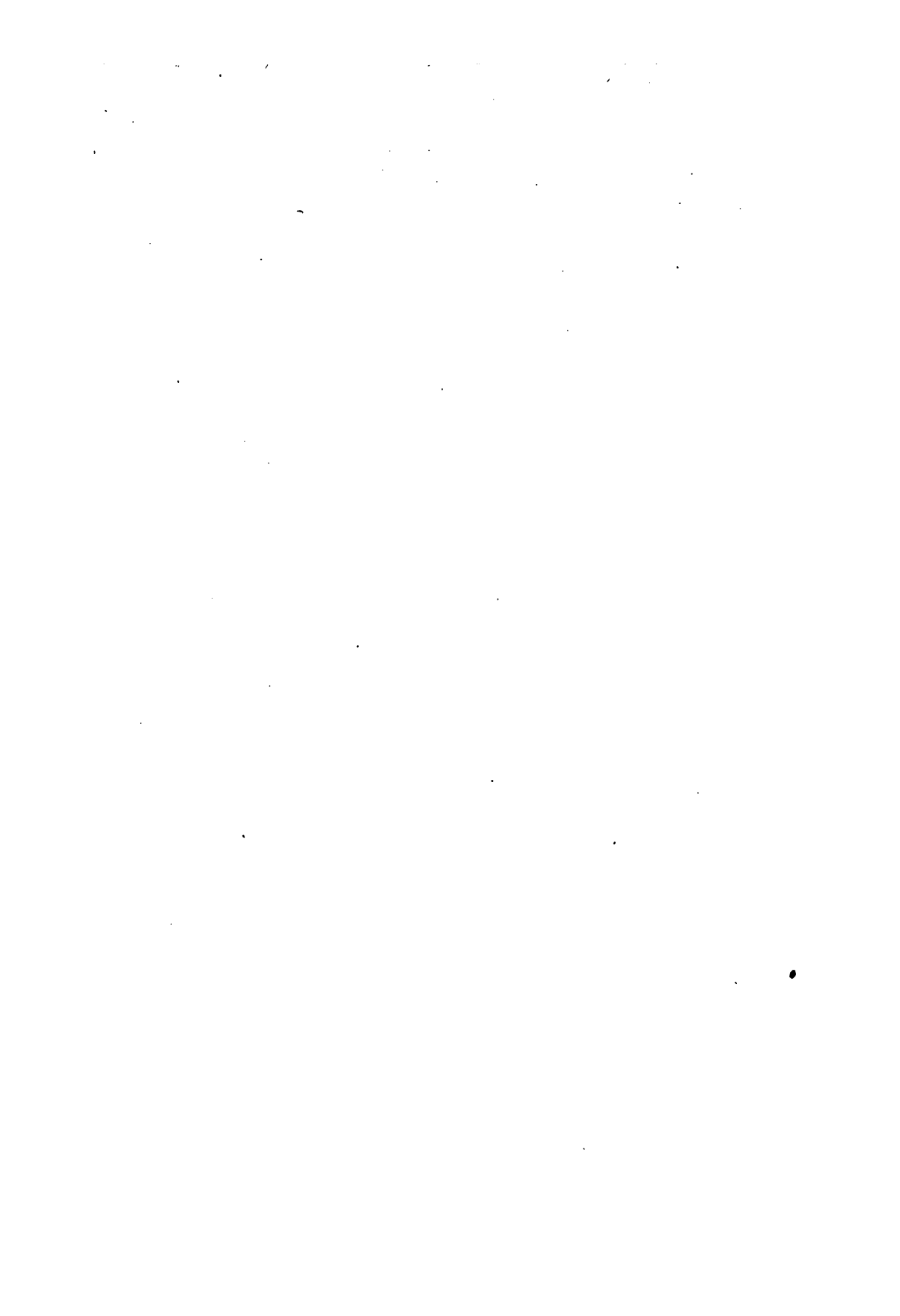


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THE
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HOMŒOPATHY.

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

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HAHNEMANN AS A MEDICAL PHILOSOPHER—
THE *ORGANON*.

The Second Hahnemannian Lecture, delivered at the
London School of Homœopathy, October 4th, 1881.

By DR. HUGHES.

GENTLEMEN,—My predecessor in this lectureship, Dr. Burnett, conducted you through the life and work of Hahnemann up to 1821, when, in the sixty-seventh year of his age, he retired from Leipsic to Coethen. It would have been natural and fitting if I had taken up the story from this point, and showed you something of our hero during the two decades of active life yet granted to him. Circumstances, however, have otherwise determined my subject. During the last summer session of our School I have been able to carry out a long-cherished project,* and to read with my class the Master's great exposition of his method—the "*Organon of Medicine*." The study which has been necessitated for such a work—that I might

* In my introductory lecture to the first winter session of the London School of Homœopathy, delivered October 2nd, 1877, I said,—“there ought to be a place where those interested in the matter could hear the *Organon* read and examined.”

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criticise, illustrate, and expound aright—may well, it seems to me, be utilised for our present object. I propose, therefore, to go back somewhat upon Hahnemann's life, but to survey him in another aspect. Dr. Burnett has cried "Ecce Medicus!" and has exhibited to you the man and the physician. I would ask you to consider with me the medical philosopher, as displayed in his cardinal treatise—the *Organon*.

I. The *Organon* was first published in 1810. A second edition appeared in 1819; a third in 1824; a fourth in 1829; and a fifth and last in 1833.* Each of these is described as "augmented" (2nd), "improved" (3rd), or both "augmented and improved" (4th and 5th); and in truth all save the third show considerable changes as compared with their immediate predecessor. These editions, together with a few of the numerous translations the work has undergone, lie on the table before you. Let me say at once, that it is quite impossible to form an adequate estimate either of the *Organon* or of its author without some knowledge of the changes it has undergone in its successive stages. Without this neither foe can criticise it nor disciple learn from it aright. For instance, the hypothesis of the origin of much chronic disease in psora, which not long ago was authoritatively stated to be one of the fundamental principles of homœopathy, first appears in the fourth edition, *i.e.* in 1829. The theory of the dynamisation of medicines—*i.e.* of the actual increase of power obtained by attenuation when accompanied by trituration or succussion—is hardly propounded until the fifth edition. On the other hand, there is the doctrine of a "vital force," as the source of all the phenomena of life, as the sphere in which disease begins and medicines act. This has been regarded by many of Hahnemann's followers, especially in France and Spain, as an essential part of his philosophy. "Voici donc," exclaims Dr. Léon Simon the elder,† "la

* Materials for a sixth are said to have been left behind by the author; but the custodians of his papers have not yet received adequate temptation to publish them.

† "Exposition de la Doctrine Médicale Homœopathique, par S. Hahne-

pensée fondamentale de Hahnemann, la pierre angulaire du système." But the earliest mention of this conception occurs in the fourth edition; and the full statement of it with which we are familiar in the fifth (§ 9-16) appears there for the first time.

II. The *Organon* is Hahnemann's exposition and vindication of his therapeutic method. It had been preceded by a number of essays in *Hufeland's Journal*—the leading medical organ of the time in Germany. Of these the most noteworthy were—"On a New Principle for ascertaining the Curative Powers of Drugs" (1792), "Are the Obstacles to Certainty and Simplicity in Practical Medicine Insurmountable?" (1797), and "The Medicine of Experience" (1806).* The time seemed now to have come when there should be published separately a full account of the new departure he was advocating; and hence the *Organon* of 1810.

Why did he give his treatise this name? He must, there can be little doubt, have had Aristotle in memory, whose various treatises on logic are summed up under the common title "Organon." Logic—the art of reasoning—is the *instrument* of research and discovery; Hahnemann designed his method as one which should be a medical logic, an instrument which the physician should use for the discovery of the best remedies for disease. But the example immediately before his mind, and through whom he was probably led to Aristotle, must have been Bacon. The second treatise of the *Instauratio Magna* of the English Chancellor is entitled "Novum Organum;" it was the setting forth of a new mode of reasoning, which in scientific research should supersede that of Aristotle, and lead to developments of knowledge hitherto unattained. That Hahnemann should aspire to do such work for medicine as was done for science in general by Bacon has been scouted by his enemies, and even deprecated by his friends, as presumption. And yet no comparison could better illustrate

mann, augmentée de Commentaires par M. Léon Simon père." Paris: Baillière. 1856.

* See his "Lesser Writings," translated by Dr. Dudgeon. 1851.

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the real position of the man, both in its strength and in its weakness. If he erred as to the special points of pathology and even of practice, we must remember that Bacon was a doubtful acceptor of the Copernican astronomy, and ridiculed Harvey's doctrine of the circulation, while he saw no difficulty in the transmutation of metals. But, on the other side, how truly Baconian is the whole spirit and aim of the *Organon*! Like his great exemplar, Hahnemann sought to recall men from the pinning of thought-cobwebs to the patient investigation of facts. Like him, he set up the practical—which in this case is the healing of disease—as the proper aim of medical philosophy; not seeking "in knowledge . . . a terrace, for a wandering and variable mind to walk up and down with a fair prospect," but rather accounting it "a rich storehouse for the glory of the Creator, and the relief of man's estate." Like him, his chief strength was devoted to the exposition and perfecting of his proposed method of further progress towards this end, leaving to the future the carrying it into effect. Another Descartes may arise in medicine, whose perception of special fields of knowledge may be keener, and who may leave his mark more clearly traced on certain branches of our art. But Hahnemann, when once his method shall have won the acceptance we claim for it, will ever be reckoned the Bacon of therapeutics—the fruitful thinker who taught us what was our great aim as physicians and how we should best attain to it.

Hahnemann first called his work "Organon of the Rational Medical Doctrine" (*Heilkunde*); but from the second edition onwards the title was changed to "Organon of the Healing Art" (*Heilkunst*), the "rational" being here and in all other places of its occurrence either dropped or replaced by "true" ("genuine," *wahre*). Why this alteration? The elimination of the term "rational" has been supposed to "imply that his followers were required to accept his doctrines as though they were the revelation of a new gospel, to be received as such and not to be subjected to rational criticism."* I cannot think so. To me the

* *Brit. Journ. of Hom.*, xxxvi, 63.

clue to it seems to be afforded by the coincident change from "Heilkunde" to "Heilkunst." The name "doctrine," the epithet "rational," were in continual use for the hypothetical systems of his day. The promulgation of his views had arrayed the advocates of all these in bitter opposition against him. Hahnemann was accordingly anxious to make it clear that, in entering the lists of conflict, he came armed with quite other weapons. He was seeking, not the consistency of a theory, but the success of a practical art; to him it mattered little whether a thing commended itself or not to the speculative reason, his one concern was that it should be true.*

III. On the title page of his first edition Hahnemann placed a motto from the poet Gellert, which has been freely rendered into English thus :†

"The truth an all-wise Providence intended
To be a blessing to mankind,
He did not bury deep, but slightly 'fended,
That any earnest search might find."

This was replaced in subsequent editions by the words "Aude sapere," but it continued to denote the profound conviction and motive inspiration of Hahnemann's mind. It was the same thought as that which he expressed in the "Medicine of Experience :"

"As the wise and beneficent Creator has permitted those innumerable states of the human body differing from health, which we term diseases, He must at the same time have revealed to us a *distinct* mode whereby we may obtain a knowledge of diseases, that shall suffice to enable us to employ the remedies capable of subduing them; He must have shown to us an equally distinct mode whereby we may discover in medicines those properties that render them suitable for the cure of diseases,—if He did not mean to leave His children helpless, or to require of them what was beyond their power. This art, so indispensable to suffering humanity, cannot therefore remain concealed in the unfathomable depths of obscure speculation, or be diffused

* The preface to the second edition further confirms this view.

† *Brit. Journ. of Hom.*, xxxv, 366.

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through the boundless void of conjecture ; it must be accessible, *readily accessible*, to us, within the sphere of vision of our external and internal perceptive faculties." Hahnemann believed in the illimitable possibilities of medicine, because he believed in God.

I lay the more stress on this faith of Hahnemann's, from the contrast presented to it by the language of an "Address in Medicine" recently delivered,* which takes homœopathy for its theme and the *Organon* for its text. The able and candid physician to whom we owe this utterance asks in it—"What grounds of reason or experience have we to justify the belief that for every disease an antidote or cure will sooner or later be discovered?" and, going further still, declares it to be, in his judgment, "Utopian to expect that diseases generally shall become curable by therapeutical or any other treatment." That this melancholy Pyrrhonism is of extensive prevalence appears also from the fact, witnessed to by the leading medical journal,† that at the recent International Congress in Loudon "therapy" was conspicuous by its absence. It was not so at the Homœopathic Convention which preceded it; and this just stamps the difference between the two attitudes of mind. I cannot prove—at any rate here—that the faith of the founder of homœopathy was sound, and the scepticism of its critic otherwise; but it is evident which is the more fruitful. As a lover of my kind, and not a mere man of science, I can say "*malo cum Hahnemanno errare quam cum*"—well, it would be personal, not to say difficult, to Latinise the rest, but my hearers will supply it.

IV. Hahnemann, whose heart was indeed bubbling up with his good matter, and whose tongue was certainly the pen of a ready writer, has written a separate preface for each edition of his work. I cannot give any account of them here, but they are all well worth reading. The second especially deserves notice as a full statement in brief of

* "The Address in Medicine," delivered before the British Medical Association in 1881, by John Syer Bristowe, M.D. (*Brit. Med. Journal*, August 13th, 1881).

† See *Lancet*, August 27th, 1881.

Hahnemann's view of the existing state of medicine ; and nowhere does Bacon speak more clearly through him than in his emphatic statements here regarding the relation of reason to experience in the study of medicine.

V. I come now to the Introduction, which in every edition forms a considerable proportion of the whole volume. It has altered very much, however, between its earliest and latest appearance. In the first three editions it consists of a series of unintentional homœopathic cures (so considered) taken from medical literature, with a few prefatory and concluding remarks. But in the second and third Hahnemann had introduced into the body of the work a long section of destructive criticism on existing theories and modes of treatment ; and this, when he issued the fourth, seemed to him to find a more appropriate place in the Introduction. Thither, accordingly, it was transferred, forming—under the title “Survey of the Allopathy* of the hitherto-prevailing School of Medicine”—a first part ; while the “Instances of involuntary homœopathic cures” took place as a second. In the fifth edition, these last disappeared altogether, being merely referred to in a note ; and the Introduction became a continuous essay, its subject being the medicine of the author's contemporaries and predecessors.

I think that no one who is acquainted with the state of medical thought and practice in Hahnemann's day will question the general justice of the strictures he here makes upon it. The recent critic to whom I have referred admits “the chaotic state of therapeutical theory and practice at that time prevalent,” but he hardly appreciates Hahnemann's merit in proscribing and stigmatising it as he did. Chaos itself, to the habitual dwellers in it, seems to be cosmos : it can only be apprehended for what it is by those who have the cosmos in their souls. This was Hahnemann's case. He saw all around him the two things which he cites Gregory the Great as

* So written in the fourth edition of the original, but in the fifth more correctly given as “allœopathy,” which the translators should have reproduced. Ἄλλοιον πάθος, not ἄλλον, is Hahnemann's antithesis to ὁμοιον πάθος ; and as the latter forms homœopathy, the former should be allœopathy.

8 Hahnemann as a Medical Philosopher—The Organon,

pronouncing ἀτελείς—ἄλογος πρᾶξις and λόγος ἄπρακτος.* On the one side were the men of note—the Stahls and Hoffmanns and Cullens—building up their ingenious and ambitious systems on hypothetical data: on the other were the mass of practitioners, quite unable to utilise these high imaginings, and treating disease according to empirical maxims or the directions of the prescription book.† The physician's art was the butt of every satirist, the dread of all who fell ill, the despair of the minds that formed a nobler ideal of it. Hahnemann himself, as Dr. Burnett has told you, for a time gave himself up to such despair; till his experiment with cinchona bark proved the Newton's apple, the clue of Ariadne, which suggested the true law of the phenomena and led the way to better things.

If we were going through the Introduction in detail, there would be many points at which criticism and correction would be necessary; but the general soundness of its attitude must be sufficient for us to-day. It bears to the body of the work the same relation as Bacon's *De Augmentis* to his *Novum Organum*, and the treatise on "Ancient Medicine" to the "Aphorisms" of Hippocrates. Before leaving it, I must say a few words about the instances of cure, which, though dropped by himself, have been inserted from the fourth edition in the translation Dr. Dudgeon has given us, and are therefore familiar to all ‡. His critic has singled out the first and last of these, and has had no difficulty in disposing of them as without bearing on the point to be proved. But a more thorough examination would show that *e duo discere omnes* was hardly a safe mode of proceeding. Of the forty-five references made, six are indeed quite worthless, and fifteen more dubious; but the remaining twenty-four will stand the most searching examination. The cures were reported by the best observers of their time; the remedies employed were undoubtedly homœopathic to the disorders present, and have no other

* *Lesser Writings*, p. 501.

† See preface to second edition.

‡ Dr. Dudgeon, not having the original of the fourth edition at hand, transferred them from Devrient's translation; and there are several errors.

mode of action to which their benefits could with any plausibility be traced. We could multiply, and perhaps improve upon them now; but such as they are they do speak the language as utterers of which Hahnemann cited them.

VI. We come now to the *Organon* proper. It consists of a series of aphorisms—in its latest form 294 in number, to which are appended numerous and often lengthy notes. This is a form of composition eminently suggestive and stimulating. It is endeared to many of us by Coleridge's "Aids to Reflection;" but Hahnemann must have taken it from the *Novum Organum*, perhaps also with a recollection of the work of the Father of medicine which derives its name therefrom.

While each aphorism is complete in itself, and might be made the text of a medical discourse, the work they collectively constitute has a definite outline and structure, which remains unchanged through the successive editions, and is as evident in the first as in the last. This outline is given in the third aphorism, which—with the exception of "rational" for "true" practitioner in the first—is identical in all editions.

"If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease; if he clearly perceives what is curative in medicines, that is to say, in each individual medicine; and if he knows how to apply, according to clearly-defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue—to apply it, as well in respect to the suitability of the medicine which, from its kind of action, is most adapted to the case, as also in respect to the exact mode of preparation and quantity of it required, and to the proper period for repeating the dose; if, finally, he knows the obstacles to recovery in each case, and is aware how to remove them, so that the restoration may be permanent;—then he understands how to treat judiciously and reasonably, and is a true practitioner of the healing art."

The three desiderata, then, are

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1st. The knowledge of the disease—which supplies the indication ;

2nd. The knowledge of medicinal powers—which gives the instrument ;

3rd. The knowledge how to choose and administer the remedy—which is the thing indicated.

The first part of the *Organon* (down to § 70*) treats of these points doctrinally, by way of argument ; the second practically, in the form of precept. The summing up of the doctrinal portion is contained in § 70, in these words :

“ From what has been already adduced, we cannot fail to draw the following inferences :

“ That everything of a truly morbid character and which is to be cured that the physician can discover in diseases, consists solely in the sufferings of the patient and the sensible alterations in his health, in a word, solely in the sum total of the symptoms, by means of which the disease demands the medicine adapted for its relief ; whilst, on the other hand, every internal cause assigned to it, every occult quality or imaginary *materies morbi*, is but an empty dream :

“ That this derangement of the health, which we term disease, can only be restored to soundness through another revolution in the health by means of medicines, whose sole curative power, consequently, can only consist in deranging man's health, that is, in an excitation of morbid symptoms peculiar to each, and this is learned with most distinctness and purity by proving them on healthy individuals :

“ That, according to all experience, a natural disease can never be cured by medicines that possess the power of producing in the healthy individual an alien morbid state (dissimilar morbid symptoms) differing from that of the disease to be cured (never, therefore, by an allœopathic mode of treatment), and that even in nature no cure ever takes place, in which an inherent disease is removed, anni-

* § 5—18 discuss knowledge of disease, 19—21 knowledge of medicines, 22—27 knowledge of application of one to the other. § 28—69 are an explanation and defence of the mode of application by similarity.

hilated and cured by the accession of another disease dissimilar to it, be the new one ever so strong :

“ That, moreover, all experience proves that by means of medicines which have a tendency to produce in the healthy individual an artificial morbid symptom antagonistic to the single symptom of disease sought to be cured, the cure of a long-standing affection will never be effected, but merely a very transient alleviation, always followed by aggravation ; and that, in a word, this antipathic and merely palliative mode of treatment is, in long-standing diseases of a serious character, quite incapable of effecting the desired object :

“ That, however, the third and only other possible mode of treatment (the homœopathic), in which there is employed against the totality of the symptoms of the natural disease a medicine (in a suitable dose) capable of producing the most similar symptoms possible in the healthy individual, is the only efficacious method of treatment, whereby diseases, as mere dynamic derangements of the vital force, are overpowered, and being thus easily, perfectly, and permanently extinguished, must necessarily cease to exist—and for this mode of procedure we have the example of unfettered nature herself, when to an old disease there is added a new one similar to the first, whereby the old one is rapidly and for ever annihilated and cured.”

Then, in § 71, Hahnemann propounds the practical questions which in the remainder of the treatise he seeks to answer, thus :

“ I. How is the physician to ascertain what is necessary to be known in order to cure the disease ?

“ II. How is he to gain a knowledge of the instruments adapted for the cure of the natural disease—the pathogenetic powers of medicines ?

“ III. How is he to employ most appropriately these artificial morbid potencies (medicines) for the cure of diseases ?”
In reply to the first, he gives rules for the examination of the patient ; to the second, for the proving of medicines on the healthy ; to the third, for the determination of similarity, the choice and repetition of the dose, the preparation of drugs, the diet and regimen to be observed, and so forth.

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This is, in the author's own words, the ground-plan of the *Organon*. Of course each position taken up needs justification on its own merits; and this we shall inquire immediately how far we can award. But I would first call your attention to the simplicity of Hahnemann's conception, to its entire freedom from hypothesis and completeness within itself. All other medical systems had been based upon certain doctrines of life and disease. Hahnemann's method was utterly independent of them. His whole argument might be conducted, as it is indeed in the first three editions of his work, without any discussions of physiological and pathological questions. I would impress this fact upon such of his disciples as represent homœopathy to be a complete scheme of medical philosophy; who would make the dynamic origin of all maladies a plank of the platform on which we must stand, and call the psora hypothesis "the homœopathic doctrine of chronic disease." This is an entire mistake. There are certain views in physiology and pathology which seem more harmonious than others with homœopathic practice; Hahnemann thus came to hold them, and most of us tend in the same direction. But they might all be disproved and abandoned, and homœopathy would still remain the same; we should still examine patients and prove drugs and administer remedies on the same principles, and with the same success.

But I would commend this consideration also to Hahnemann's critics. He has had critics from the first; though nothing is wider of the mark than to speak of "the contempt which experienced physicians felt and freely expressed for him and his whimsical doctrines." Not thus did Hufeland, and Brera, and Trousseau, and Forbes write of the new method and its author. But the first-named of these made a remark which is full of significance; he said that if homœopathy succeeded in becoming the general medical practice, it would prove "the grave of science." Now, this I make bold to claim as an unintentional compliment; for it describes our system as being true medicine, which is not science but art. This is a

truth very much forgotten nowadays. Hahnemann, in the opening paragraph of the *Organon*, proclaims that "the physician's high and sole mission is to restore the sick to health—to cure, as it is termed." It is with this direct aim that he is to study disease and drug action, and the relation between the two. He is not, primarily, a cultivator of science; he is a craftsman, the practiser of an art, and skill rather than knowledge is his qualification. His art, indeed, like all others, has its associated sciences. Physiology and pathology are to it what chemistry is to agriculture, and astronomy to navigation. So far as they bring real knowledge, the more versed the physician is in them the better for himself and for those in whose aid he works. But he was before they had being, and his art should have a life of its own independent of the nourishment they bring. They must, being progressive, consist largely of uncertainties—working hypotheses and imperfect generalisations, destined ere long to be superseded by more authentic conceptions. Medicine should not vary with their fluctuations, or hold its maxims at the mercy of their support. While grateful for the aid they bring, it should go on its own separate way and fulfil its distinctive mission.

One great value of the method of Hahnemann is that it dwells in this sphere of art. It is "the grave of science;" for science, as such, has no existence here, it dies and is buried. But its corpse enriches the ground which covers it, and thereon grass springs up and fruits ripen for practical use. On the other hand, the great weakness of the general medicine of to-day is that, so far as it is more than blind empiricism, it is an applied science rather than an art. It shifts from heroism to expectancy, from spoliation to stimulation, with the prevailing conceptions of the day as to life and disease. Maladies are studied with the eye of the naturalist rather than of the artist; and the student is turned out thoroughly equipped for their diagnosis, but helpless in their treatment. Hence the nihilism of so much of modern teaching; hence, at the late Congress, the miserable half-pennyworth of therapeutic bread to the gallons of scientific sack. It would be well for its three

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thousand members if they would go home to meditate the words of the man they despise—"The physician's high and sole mission is to restore the sick to health;" if they would recognise medicine as the art of healing, and cultivate it accordingly.

Let us now consider the three positions Hahnemann takes up:—his attitude (1) towards disease, (2) towards drug-action, and (3) towards the selection and administration of remedies.

1. In the *résumé* of his conclusions which I have quoted (§ 70), Hahnemann speaks of the sum total of the symptoms of the patient as the only curative indication which the physician can discover. In this he hardly does himself justice, for in § 5 he has pointed to the knowledge of the *causes* of the malady as important, and in § 7 and its note has assumed as obvious that any exciting or maintaining cause which is discoverable and reachable shall be removed. He has further reminded us, in § 3 and 4, that both to prevent disease, and to make his curative treatment unobstructed and permanent, the physician must also be a hygienist. It would hardly be necessary to mention such points, but that we have lately heard it said that "for him, preventive medicine, which deals specially with the causes of disease, and has been successful only in proportion to its knowledge of them, would have been a mockery and a snare."*

With these qualifications, however, Hahnemann's doctrine is that the totality of the symptoms—the sum of the sufferings the patient feels and the phenomena he exhibits—constitute, *for all practical purposes*, the disease. He does not say that they alone *are* the disease. On the contrary, he constantly speaks of them as the "outwardly reflected picture," the "sensible and manifest representation," of what the essential alteration is. His point is that at this last you cannot get, and—to cure your patient—need not get. If you can find means for removing the sum total of his symptoms, he will be well, though you may know as little as he wherein, essentially, he was ill (§ 6—18).

Now what objection can be taken to this thesis? If

* Bristowe, *op. cit.*

any one should seriously maintain that symptoms and morbid changes are not correlative; that there is any way of inferring the latter except from the former, or any way of removing the former—as a whole—except by righting the latter—their proximate cause, I will refer him to the Introductory Lecture delivered here in 1878 by Dr. Dyce Brown, in which this point is thoroughly discussed and settled. Our recent critic is too acute to say much of this kind. His main charge against Hahnemann's view of disease is that it ignores pathology, and more especially morbid anatomy, so that the "laborious investigations conducted in our dead-houses, which we fondly imagine to add to our knowledge of diseases," would be "looked upon by him with contempt." But in so speaking he forgets Hahnemann's aim. He is laying down what are the *curative indications* in disease, what the physician can and should know of it in order to remove it. Do the investigations of the dead-house help us here? The changes they discover are the *results*—generally the ultimate results—of morbid action; but in this stage of the process such action is no longer amenable to remedies. If it is to be cured it must be taken at an earlier period, before there has occurred the "serious disorganisation of important viscera" which Hahnemann speaks of as an insuperable obstacle to recovery.* And how shall it then be recognised except by its symptoms? No microscope can see the beginnings of cirrhosis of the liver, or of sclerosis in the brain and cord. But the patient can feel them, and may even exhibit them. Some slight hepatic uneasiness, some darts of pain, or altered temper or gait, may and often do supervene long before the pathognomonic physical signs of such maladies appear. It is impossible to say how much suitable remedies at this time applied may not do—may not have done—to arrest the morbid process then and there. The Hahnemannic pathology is a living one, because it seeks to be a helpful one. It was wisely pointed out by the late Clotar Müller that the contemplation of disease mainly in the light of its ultimate

* *Lesser Writings*, p. 541.

organic results had a discouraging effect; whereas if we would just apply our method fully to each *tout ensemble* of disorder as it came before us our possibilities were boundless*.

But Hahnemann has been accused of ignoring pathology in another way, viz. by "objecting to all attempts on the part of systematic writers and practical physicians to distinguish and classify diseases." He is supposed to have been—and the utterances of some of his own disciples lend colour to the charge—a mere individualiser, regarding the maladies which affect mankind as "with a few exceptions, simply groups of symptoms—mosaics of which the component pieces admitted of endless rearrangement." But this, again, is a great mistake; as I have endeavoured to prove in a paper on "Generalisation and Individualisation" which I submitted to our late Convention, and which you may see in its Transactions. I there showed, by numerous quotations, that Hahnemann recognised as freely as any other physician the existence of definite types of disease, of fixed character because resulting from an unvarying cause, to which distinctive appellations might be given and specific remedies (or groups of remedies) allotted. He varied from time to time, as pathology itself has varied, in the list of those to which he would assign such place; but at the lowest estimate they cannot fairly be described as a "few exceptions." They embrace the whole field of "specific" disease—acute and chronic. Take the instance of intermittent fever, which has been cited. Hahnemann is supposed to have declared these fevers innumerable, and each instance of them that came before him an independent disease. But read the section of the *Organon* expressly devoted to this subject (§ 235—244). You will see there that it is only sporadic intermittents occurring in non-malarious districts that he thus describes. The true endemic marsh ague he recognises as a disorder of fixed type, always curable by bark if the patient is not otherwise unhealthy; while the epidemic intermittents, though distinct among

* See also Carroll Dunham's essay on the "Relation of Pathology to Therapeutics" (*Homeopathy the Science of Therapeutics*, p. 99).

themselves, have each a specific character, so as to be amenable to one common remedy. It is in these (and the sporadic cases) only that he reprobates the blind cinchona-giving practised in his day.

Here also, then, Hahnemann must be vindicated from the charge of ignoring any real pathology, however little he valued the speculations of his own time which laid claim to that title. It is in the first part of the second division of the *Organon* (§ 72—82) that his views on this subject are expressed; and, allowing for the fact that they are fifty years old, and therefore to some degree antiquated, there is nothing in them unworthy of a learned and sagacious physician. I reserve his theory about "psora," intercalated in the fourth and fifth editions, which must subsequently receive a few words on its own merits.

Hahnemann concludes this portion of his subject with some suggestions as to the examination of patients (§ 83—104), of which all that need be said is that they are, as becometh their object, thorough. The homœopathic physician does not listen and inquire merely to find out to what class of maladies his patient's troubles are to be relegated. For this end but few symptoms are necessary, and the rest can be left. He has to get at their totality, that he may "cover" them with a medicine capable of producing them on the healthy subject; and in pursuit of this aim he must not account any detail superfluous. It has been objected that we should come off badly upon such a method with Mrs. Nickleby for a patient. But happily all patients are not Mrs. Nicklebys; and when we do meet them, common sense must deal with them accordingly. Of course proportion must be observed; and anything we *know* to be merely incidental may be omitted. Our colours must be mixed, like Opie's, "with brains, sir." But if we only *think* a detail unimportant, our wisdom will be to give the patient the benefit of the doubt, and insert it in our picture.

2. Such is Hahnemann's attitude towards disease; and I think it comes out from examination proof against every objection and thoroughly fitted at all points for its object.

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Still more incontrovertibly can this be said of the position he takes up with reference to drug action (§ 19—22). His one insistence is that this can only be ascertained by experiment on the healthy human body. Few nowadays question the value of this proceeding, and many adopt it; but Hahnemann has hardly yet been awarded the merit which belongs to him as its pioneer. Haller had indeed preceded him in affirming its necessity, and Alexander and a few others had essayed tentatively—very tentatively—to carry it out; but Hahnemann developed Haller's thought into a doctrine, and multiplied a hundredfold Alexander's attempts at proving. When the profession comes to know him in his true worth, he will be recognised by all as the father of experimental pharmacology.

The great value of choosing the human subject for our provings of drugs is, that hereby their subjective symptoms—the sufferings as well as the phenomena they cause—can be ascertained. There is of course the inevitable shadow here—the counter-peril that a number of sensations of no moment shall be reported by the experimenters, and cumber our pathogenesises. This is inevitable; but Hahnemann at least saw the inconvenience, and did his best to avoid it. Let his rules for proving in the *Organon* (§ 105—145) be read, and the information we have elsewhere as to his manner of proceeding be considered, and it will be seen that he did all that his lights suggested to make experimentation of this kind pure and trustworthy.

3. We pass now to the third division of the “vocation of the true physician,” as conceived by Hahnemann. How is he to use his knowledge of drug-action in the treatment of disease? how wield the potencies the former gives him for the favourable modification of the latter?

To the answer to these questions are devoted forty-eight aphorisms (§ 22—69) of the first and a hundred and forty-seven (§ 146—292) of the second division of the *Organon*. Hahnemann argues that there are only three conceivable relations between the physiological effects of a drug and the symptoms of disease, and therefore only three possible ways of applying the one to the other. The two may be altogether

diverse and heterogeneous, as the action of a purgative and a congestive headache; and if you use the former to relieve the latter you are employing a foreign remedy—you are practising allœopathy (ἀλλοῖον πάθος). Or they may be directly opposite, as the influence of a bromide and the sleeplessness of mental excitement; then, to give bromide of potassium to induce slumber is to act upon the enantiopathic or antipathic principle (ἐναντίον, ἀντί, πάθος). Or, thirdly, they may be similar, as strychnine-poisoning to tetanus or that of corrosive sublimate to dysentery. If such drugs are used for their corresponding disorders, you are evidently homœopathising (ὁμοιον πάθος). Now, of these, allœopathic medication must be condemned, both on the ground of its uncertainty, and on that of the positive injury it does by disordering healthy parts and by flooding the system with the large doses of drugs necessary to produce the desired effects. Antipathic treatment is certainly and rapidly palliative; but the inevitable reaction which follows leads to a return of the evil, often in greater force. It can rarely, moreover, deal with more than a single symptom at a time; and even then its capabilities are hindered by the very few really opposite states which exist between natural disease and drug-action. Antipathy may do tolerably well for immediate needs and temporary troubles; but it is not competent to deal with complex, persistent, or recurrent maladies. For these we are shut up to the homœopathic method, if we are to use drugs in disease at all. This operates “without injury to another part and without weakening the patient.” It is of inexhaustible fertility, for the analogies between natural and medicinal disorder are endless. It is complete, for the one order of things may cover the other in its totality. It is gentle, for no large and perturbing dosage is required for its carrying out. It is, lastly, permanent; for the law of action and re-action which makes the secondary effects of antipathic palliatives injurious here operates beneficially. The primary influence of the drug being in the same direction as the morbid process, the secondary and more lasting recoil will—after (it may be) a slight aggravation—directly oppose and

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extinguish it. It is thus that Hahnemann explains the benefit wrought by homœopathic remedies; thus, and also by the theory (§ 28—52) of a substitution of the medicinal for the actual disease, for which he cites parallels in nature.

Here again we pause to ask what objections have been taken to Hahnemann's position. His doctrine of the three relations between drug-action and disease seems too simple for certain minds. One (Anstie) calls it metaphysical; another (Ross) geometrical; a third exclaims, "how curious, how ingenious, how interesting!" and imagines that in so designating it he excludes the possibility of its conformity to nature. But why should it not have these features and yet be true? What other alternative is possible? What fourth term of comparison can be found between (be it remembered) the effects of drugs on the healthy and the symptoms of disease? If you use the one for the other, you must do so allœopathically, antipathically, or homœopathically. Medical men seem very fond nowadays of disclaiming any system in their practice, and announcing themselves as altogether lawless and empirical. But they can no more help practising upon one or other of these principles than M. Jourdain could help speaking prose unless he launched into verse. If they would only analyse their own thoughts, they would see that directly they learn the physiological action of a drug they consider what morbid states it can indirectly modify or directly oppose. These are two of the members of Hahnemann's triad; and the difference between us and them is that our first thought is as to what disorders the drug-phenomena most resemble. We would not neglect the two other directions in which the medicine might be utilised, if we had reason to think it advantageous to follow them; and our complaint is that the profession at large do neglect and ignore the third, to the great loss of their patients.

Why should they do so? Some have answered that the method is rarely practicable, that real parallels between disease and drug-action are rare. To speak thus, however, implies a very deficient knowledge of pharmacodynamics.

Others have expressed a more general and natural objection when they have argued that medicines which are truly similars must aggravate rather than benefit, if they act at all. It would seem so; and it is not surprising that in the older works on *Materia Medica* morbid states analogous to the action of drugs are set down as contra-indicating their employment. But this difficulty *solvitur ambulando*. Let any one take an obvious instance of such a contra-indicating condition—a sick stomach for Ipecacuanha, a congested brain for Opium, a dry febrile tongue for Belladonna. If he give a quantity capable of exciting such states in the healthy, he may undoubtedly aggravate. But let him reduce his dose somewhat below this point, and he will get nothing but benefit. This has been tested over and over again, and no one has reported adversely to it; on the contrary, pieces of treatment derived from the method are now becoming as popular in general practice as they have long been in ours. Why should this benefit result? We have heard Hahnemann's explanation,—that such remedies work by substitution and by exciting re-action. It is one in which it is not difficult to pick holes, and he himself says, in propounding it, that he does not attach much importance to it (§ 28). Any discredit, however, resulting from its disapproval must attach equally, as regards substitution, to Bretonneau and Trousseau, as regards re-action, to more than one ingenious thinker of our own country (Fletcher, Ross, Rabagliati). More recently, the hypothesis has been advanced that medicines have an opposite action in large and small quantities, so that the reduction of dose necessary to avoid aggravation gives you a remedy acting in a direction contrary to the disorder, while its choice by similarity secures practicability and complete embracement. I myself feel much difficulty in acceding to this theory as a general account of homœopathic cure; but there is no justification for representing its adoption as an abandonment of the homœopathic position. It is an attempt at explanation, that is all; the fact that likes are cured by likes is the all-important thing, account for it how

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we may. So Hahnemann said, and so all we homœopathists believe.

The side of Hahnemann's position on which he is most vulnerable is its exclusiveness, in which he maintains his method to be applicable to all non-surgical disease, and to render all other ways of employing medicines superfluous and hurtful. This led him, as has been fairly urged, to regard intestinal worms as products of the organism, and to ignore the acarus as the exciting cause of scabies; it has resulted among his followers in a denial of palliatives to their patients by which much suffering might have been spared. In the first matter, however, he erred in common with most of his contemporaries; and in the second he is not responsible for the excesses of disciples who are often more Wilkesite than Wilkes himself. The fatal homœopathist recognises, indeed, the inferior value and limited scope of antipathic palliation. He knows that it is only properly applicable to temporary troubles. But in these he makes full use of it. He does not allow his patient to endure the agonies of angina pectoris, when he knows that amyl nitrite will relieve them: he does not refuse chloroform during the passage of a calculus any more than during that of a fœtus. Hahnemann's exclusiveness is not to be justified; but it may fairly claim excuse as the enthusiasm of a discoverer, full of the sense of the power of his new method, and naturally led to apply it everywhere and to esteem it without rival.

The treatment of this subject in the second part of the *Organon* is purely practical. It gives instructions for the selection of remedies upon the homœopathic principle, and for their judicious employment when selected. It inquires what should be done when only imperfect similarity can be obtained, when more than one medicine seems indicated, and when the symptoms are too few to guide to a satisfactory choice. It considers the treatment on the new method of local diseases (so-called), of mental disorders, and of the great class of intermittent affections. It gives directions for diet and regimen, for the preparation of medicines, for the repetition of doses, and for their size.

It is on the last of these points only that I can touch here; for the rest I must refer to the work itself. Hahnemann's treatment of the subject of dose has not had justice done to it in consequence of our only knowing the fifth edition of the *Organon*. In the year 1829, after the publication of the fourth edition, he unfortunately determined to secure uniformity in homœopathic usage by having one dilution for all medicines, and this the decillionth, the 30th of the centesimal scale. Our present *Organon* represents this view; but the first four editions make no such determination, and are entirely moderate and reasonable in the principles of posology they lay down. The dose of a homœopathically selected remedy, they say, must obviously be smaller than that of one intended to act antipathically or allœopathically. If too large, it will excite needless aggravation and collateral sufferings. It should be so far reduced that its primary aggravation (which Hahnemann supposed a necessary result) should be barely perceptible and very short. How far this must be, varies with the medicine used; and for suggestions on this point he refers to his *Reine Arzneimittellehre*, where the dosage recommended ranges from the mother-tincture to the 30th—the latter, however, being of exceptional height. He alleges experience alone as having led him to attenuate so far; but argues the reasonableness of so doing from the increased sensitiveness of the diseased body, pointing out also that dilution does not diminish the power of a substance in proportion to the reduction of its bulk. Excluding the specific doses mentioned in the other treatise referred to, which are simply questions of fact and experience, there is nothing in this part of the *Organon*—in its essential structure—to which fair exception could be taken.

I wish I could have stopped here; that there had been in the volume I am now expounding nothing more difficult to defend than what has gone before. In its first three editions—*i.e.* up to 1824—there is not. Almost everything in Hahnemann's work during the first quarter of this century is of enduring worth; it is positive, experimental,

sound. But from this time onwards we see a change. The active and public life he led at Leipsic, with the free breath of the world blowing through his thoughts, had been exchanged since his exile to Coethen in 1821 for solitude, isolation, narrowness. The reign of hypothesis began in his mind—hypothesis physiological, pathological, pharmacological. The theories he was led to form in all these branches of thought found their way into the later editions of the *Organon*, and so demand some consideration from us here. But let it be remembered throughout that they are not of the essence of its argument; that its structure and substance were complete before they appeared, and—in the judgment of many of us—are rather injured by their interpolation. Without them, all is inductive reasoning or avowedly tentative explanation; they, dogmatically asserted but all unproven, introduce a new and questionable element—they constitute what Drs. Jousset and Gaillard have well called “the romance of homœopathy.”

The first of his hypotheses is that of a *vital force*, as being the source of all the phenomena of life, and the sphere in which disease begins and medicines act. Hahnemann would probably at all times have called himself a vitalist, in distinction alike from the “animism” of Stahl (which made the immortal soul the principle of life) and from the views of those who would bring all vital phenomena under the laws of physics and chemistry. He early, moreover, employed the term “dynamic” to denote alike the sphere in which true disease took its origin, and those effects of drugs which require vitality for their production. Disease has its “*materies morbi*” and organic changes; but all these may be—Hahnemann would have it always are—secondary products and effects, the primary derangement being invisible and intangible, manifest only in altered sensations and functions. Drugs, again, produce—many of them—chemical and mechanical effects; but these might occur as well in the dead as in the living body. The exclusively vital re-actions they set up in the crucible of the organism belong to another sphere; they correspond with the beginnings of disease, like them are revealed by altered

sensations and functions, like them are to be characterised as "dynamic."

Had he gone no farther than this, all would have been well. It is easy to read into his language the present protoplasmic doctrine of life; while the frequent commencement of disease in molecular rather than molar changes,* and the dynamic—as distinct from the mechanical and chemical—action of drugs, are recognised by all. But in his later years Hahnemann advanced from this thoroughly tenable position into one far less easy to maintain. He adopted the view that vitality was a "force," analogous to the physical agencies so called, without which the material organism would be without sensation and functional activity, which animates and energises it during life and leaves it at death. It is this "vital force" (*Lebenskraft*) which is primarily deranged in illness, and on which morbid potencies—both natural and medicinal—act through the sensory nerves. Its behaviour under medicinal influence is ingeniously imagined and elaborately described (§ 127); and in the fifth edition of the *Organon* it is frequently mentioned as the actor or sufferer where previously the author had been content to speak of the organism (as in § 148).

Now Hahnemann can hardly be thought the worse of for entertaining this view, since in some form or other it was almost universally prevalent in his day. If the advice of the present Pope is taken, it will continue to be the teaching of all Catholic colleges; for it is simply the Thomist doctrine—itself derived from Aristotle—under another name. But the tendency of recent science is to regard the organism as no monarchy, wherein some "archæus" lives and rules, but as a republic in which every part is equally alive and independently active—the unity of the whole being secured only by the common cir-

* Hahnemann himself would have allowed this "frequent" to be more correct than "invariable;" for he considered cholera due to the invasion of a cloud of minute organisms, and on this ground advised camphor to be used so freely for it (see *Lesser Writings*, p. 851-4). He is thus granting, *in principle*, the germ-theory of infectious diseases, and the propriety of parasiticide treatment in them.

cultation and the universal telegraphic system of nerves. It is unfortunate, therefore, that Hahnemann should have committed himself and his work to another conception. Either or neither may be wholly true; but one would have been glad if the *Organon* had kept itself wholly clear of such questions, and had occupied only the solid ground of observation and experiment.

And now of the *psora theory*. This is far too large a subject for justice to be done to it here. It has been fully handled elsewhere;* and any one who would desire to deal fairly with Hahnemann on the point has abundant material for so doing. I can only say a few words as to what it purports to be and what it really is.

It is sometimes averred by Hahnemann's critics that he made all chronic disease—or at least seven-eighths of it—originate in itch. But this is a misconception. He begins by excluding from the category of true chronic maladies those which arise from unhealthy surroundings, noxious habits, and depressing influences (§ 77); for these, he says, disappear spontaneously when the *lædentia* are removed. Neither will he allow the name to the medicinal affections which the heroic treatment of his day made so common (§ 74—76), and which he regards as incurable by art. True chronic disease consists of such profound disorders as asthma, phthisis, diabetes, hypochondriasis, and the like,—disorders insusceptible of cure by hygiene, and tending to permanent stay and even increase. A certain proportion of the affections so characterised were traceable to specific infection; and it seemed to him that the remaining seven-eighths (it is here that these figures come in) must have some analogous "miasmatic" origin. In the medical literature of his day he found numerous observations (he cites ninety-seven of them) of the supervention of such diseases upon the suppression of cutaneous eruptions, among which scabies—then very prevalent—took a prominent place. In this last he thought he had found the "miasm" he wanted. It resembled syphilis in its com-

* See Dudgeon's *Lectures on Homœopathy*, ix and x; and my own *Pharmacodynamics*, 4th ed., pp. 87, 90, 839.

munication by contact, its stage of incubation, and its local development, while it was far more general. He thereupon propounded it as—together with the other contagious skin affections, which he regarded as varieties of it—the source of the non-specific chronic diseases, understood as defined.

Now it is easy for us, knowing what we know (or suppose we know) about itch, to make merry over this theory of Hahnemann's. But to condemn or ridicule him for it is a gross anachronism. We forget that the modern doctrine of scabies dates only from Hebra's writings on the subject in 1844. Before that, men like Rayer and Bielt could deny the existence of the *acarus*; and it was quite reasonable to regard it as only the product of the disease. Hahnemann, who was one of the most learned physicians of his time, knew all about it; and had, in 1792, written upon it.* He nevertheless, in 1816, described scabies as a specific miasmatic disorder, forming itself in the organism after contagion (as syphilis does), and announcing by the itch-vesicle its complete development within. It was thus regarded that he propounded it as the origin of much chronic disease. We, understanding it better, must refuse it such a place. But when we look beneath the surface of his doctrine, we find it far from being bound up with his view of scabies. It rests upon the broader ground of morbid diathesis, and especially upon that form of it associated with cutaneous disorder which has led the French pathologists to speak of a *diathèse herpétique* or *dartreuse*. Translate Hahnemann's "psoric" now into these terms, now into "scrofulous," and you have the substance of his thought, which is absolutely true and of the utmost importance. It was for therapeutic purposes that he arrived at it, and these it has subserved in no common degree, giving us a wealth of new remedies, of long and deep action, which are our most valued means in chronic disorders. Compare, for instance, our use of Sulphur with that which generally obtains—with that even which obtained in our

* See *Brit. Journ. of Hom.*, xxi, 670.

own school before the psora doctrine was enunciated, and you will see what we have gained by it.

Here again, then, we cannot allow Hahnemann to be depreciated on account of his hypothesis, strange as it may seem to us. But we must regret that he incorporated it in his *Organon*. Neither it nor its practical consequences form any part of his method, as such; and pathological theory is out of place in the exposition of a mode of proceeding which is wholly independent thereof. In reading the *Organon* let us determine to ignore it, or to translate its language in the way I have suggested; we shall then do greater justice to the main argument of the treatise.

And now a few words upon the theory of *dynamisation*, which is a subject quite distinct from that of infinitesimal dosage. We have seen that Hahnemann was led to adopt and defend the latter on grounds whose legitimacy all must admit, whatever they may think of their validity. For the first quarter of a century of his practice in this way (he began it in 1799) he thus regarded and justified it. He maintained, as I have said, that by the multiplication of points of contact obtained, dilution does not weaken in proportion to the reduction of bulk; but in so speaking he admitted that it did weaken. He even attempted to fix the ratio of the two processes, estimating that each quadratic diminution of quantity involved loss of strength by only one half; and this calculation remains unaltered in all the editions of the *Organon* (note to § 284). In the third edition, however—*i e.* in 1824—there appears for the first time the note we now read as appended to § 287. He here speaks of the unfolding of the spirit of a medicine as effected by the pharmaceutic processes of trituration and succussion, and in proportion to the duration of the one and the repetition of the other. By regulating these, accordingly, we can secure either moderation of excessive crude power or development of finer and more penetrating medicinal energy. In publications of 1825 and 1827 he carries yet farther this new thought. At first he had ascribed the increase of power to the more intimate mixture effected by his processes; but now he declares it to be something over

and above this, a change, a liberation of the dynamic—a development of the spiritual—powers of the drugs, analogous to the production of heat by friction. Treated in this way, he affirms, “medicines do not become by their greater and greater attenuation weaker in power, but always more potent and penetrating:” there is “an actual exaltation of the medicinal power, a real spiritualisation of the dynamic property, a true, astonishing unveiling and vivifying of the medicinal spirit.”

These views were so little in accordance with those expressed in the *Organon* that we find little further trace of them in the edition of 1829. In the note before mentioned “refined” (*verfeinert*) becomes “potentised,” as we have it now; and in the directions for proving medicines a note is added to § 129 saying that recent observation pointed to greater attenuation and potentisation rather than larger quantity as best giving the strength required for the purpose. This is all. In 1833, however, the pharmaceutical portion of the treatise has two new aphorisms (269, 270) embodying them. Its posological section remains unchanged, save in § 276. Here Hahnemann had said, in former editions, “a medicine, even though it may be homœopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homœopathicity.” In the fifth edition he adds—“and the higher the potency selected,” which obviously changes the whole meaning of what has gone before, and makes dose a mere question of number of drops or globules. I mention all this to show how entirely the doctrine of dynamisation was an after-thought, and how little the *Organon* proper (with which we are immediately concerned) has to do with it.

But what shall we say of the theory itself, in its bearing on Hahnemann as a medical philosopher? This must depend very much upon the standpoint from which we regard it. Was it a gratuitous hypothesis, at best a mere logical consequence of the other views of the originator? or was it an attempt to account for facts—these being in them-

selves genuine? Hostile critics of homœopathy assume the former position, and judge accordingly. We, however, cannot do this. Whatever our own preferences in the matter of dosage, it is impossible to read the history of homœopathy—still more to be acquainted with its periodical literature—without recognising that highly-attenuated medicines have an energy *sui generis*. They show this in provings on the healthy as well as in the treatment of the sick; and not here and there only, but in such multitudinous instances as to make coincidence and imagination utterly inadequate as accounts of the phenomena. The Hahnemannian processes certainly do develop virtues in drugs which in their crude state are altogether latent. Brimstone, oyster-shell, flint, charcoal, common salt—these substances in mass have a very limited range of usefulness; but what cannot homœopathy do—what has it not done—with Sulphur, Calcarea, Silica, Carbo vegetabilis, and Natrum muriaticum, in the dilutions from the sixth to the thirtieth? In this form they are in our hands as well-tried agents as any on which ordinary medicine depends. Their potency is a fact to us; how are we to account for it? Hahnemann's dynamisation, in the light of later science, must be held untenable; but to this day we have nothing to put in its place. And, even if we had, we should not the less honour the philosopher who perceived the necessity of the explanation; who brought to light the hitherto unknown phenomena, and set us to work at giving a scientific account of them.

My task is now complete. I have strictly confined myself to the announced subject of my lecture—the exhibition of Hahnemann as a medical philosopher by means of his *Organon*. But we are accustomed nowadays to require more of philosophy than that it shall be sound in method; it must also show its power in bearing fruit. Hahnemann's need not fear the challenge. There is a fine passage in Macaulay's essay on Bacon in which he recounts the numerous gains to mankind which the science of the last two hundred years has contributed. If the writer of

the *Novum Organum* could have looked forward, he says, he might well have rejoiced at the rich harvest which was to spring up from the seed he had sown. In like manner has even the immediate future responded to the impulse given by our Organist. Could he have foreseen the medicine of to-day, how much there would have been to gladden his heart. He lived in a time when heroic antiphlogisticism was in full force; when physicians "slew," as in Addison's day, "some in chariots and some on foot;" when every sufferer from acute disease was drained of his life-blood, poisoned with mercurials, lowered with antimonials and raked by purgatives. He denounced all this as irrational, needless, injurious; and it has fallen—never, we trust, to resume its sway. The change thus wrought even in the practice of the old school would be a matter for great thankfulness on his part; but how his spirit would have bounded when he looked upon the band of his own followers! The few disciples made during his lifetime have swelled into a company of some ten thousand practitioners, who daily, among the millions of their *clientéle*, in their scores of hospitals and dispensaries and charitable homes, carry out his beneficent reform, making the treatment of disease the simple administration of a few (mostly) tasteless and odourless doses, and yet therewith so reducing its mortality that their patients' lives can be assured at lower rates. He would see the Aconite and Belladonna, the Bryonia and Rhus, the Nux vomica and Pulsatilla, the Calcarea, Silica, Sulphur, which he created as medicines, playing their glorious parts on an extensive scale, robbing acute disease of its terrors and chronic disease of its hopelessness. He would see his method ever developing new remedies and winning new victories,—evoking Lachesis and Apis, Kali bichromicum, Gelsemium, winning laurels in yellow fever as green as those which crowned it in the visitations of cholera. He would see his principles gaining access one by one to the minds of physicians at large,—the proving of medicines, the single remedy, the fractional dose already accepted, and selection by similarity half adopted under other explanations and names. He might well feel like

Bacon about the "Philosophia Secunda" which should end his "Instauratio Magna." He had given its "Prodromive Anticipationes;" "the destinies of the human race must complete it—in such a manner, perhaps, as men, looking only at the present, would not readily conceive." The destinies of the human race, in respect of disease and its cure, are completing it; and will be yet more profoundly modified for the better as that completion goes on.

With these thoughts I commit the fame of Hahnemann as a medical philosopher to the impartial judgment of the great profession he has adorned.

THE TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION OF 1881.

IN our last number we mentioned the appearance and described the general features of this volume. We have only now to give some account and estimate of its contents.

Passing over, for obvious reasons, the Address of the President, and reserving the discussions for consideration in connection with the essays on which they turn, we have first of all the Reports from different countries of the history of homœopathy since 1876, and its present state in each. The history dates from 1876 only, as down to 1875 it was furnished to the Philadelphia Convention of the following year. Comparing the two sets of Reports, it results that Germany and Austria, Great Britain and her colonies, France, Russia, Belgium, Spain, and Italy, appear in both; Sweden and Norway, Switzerland, Mexico, the West Indies, and South America, are dealt with only in the American volume, Canada and India only in our own. Portugal, Holland and Denmark appear in neither. These facts contain important suggestions for the managers of the Convention of 1886.

Looking more closely at the present series, it appears that Germany (with Austria) and Spain are reported upon,

not by representatives of those countries (who failed to respond to the solicitations addressed to them), but by Englishmen—Drs. Dudgeon and Lloyd Tuckey respectively, whose information is derived solely from journals. The ground will therefore have to be gone over again next time. Great Britain and her colonies, by Dr. Pope, Italy, by Dr. B. Arnulphy, Russia, by Dr. Bojanus, and the United States, by Dr. Talbot, are thoroughly done; and Belgium, by Dr. Martiny, though meagre, is sufficient. Dr. Claude has not made up for France the deficiencies of the former Report, but has given a very able critical account of the present state of homœopathy in his country. Canada and India have had their homœopathic history well written *ab initio*, the former by Drs. Logan, Nichol and King, the latter by Dr. Sircar; and future annalists will have but to take up their story.

The substance of the narratives conveys much the same picture as that we drew five years ago in our article entitled "Homœopathy in 1877." In the old world, though our principles and practice are everywhere leaking into the general medical mind, our separate existence shows little sign of vitality and none of growth. Disunion and dissensions rend us, and indifferentism paralyses our activity. We barely maintain our numbers, and seldom make a convert of any note or weight. Our journals contain little original matter; and our hospitals, when we do not (as in two instances in Germany) lose them altogether, might as well not exist for any good they do to our knowledge of disease and its treatment.

On the other hand, America—or, to speak more strictly, the Northern States of the American Union—presents a very different sight. There our numbers and institutions advance "by leaps and bounds." Our eleven colleges turn out their 400 graduates a year, and the number of their students increases with every session. The American homœopaths have their dissensions, as we have; but the controversialists are few in proportion to the great body of quiet workers. The seventeen journals they maintain are of various quality, but they at least contain abundance of

fresh thought and experience. We feel deeply the truth of what Dr. Drysdale said at the banquet; that while here homœopathy must be lost in medicine, there medicine will be absorbed into homœopathy. The sooner this difference is recognised on both sides of the Atlantic the better it will be for all parties.

We come now to the essays and discussions.*

I. The first group consisted of three, bearing on the question of the selection of the homœopathic remedy.

1. Dr. Hayle's "Thoughts on the Scientific Application of the Principles of Homœopathy in Practice" have all the grace of style and philosophic character we are accustomed to expect from his pen. He advocates the position we have always maintained in these pages—that mere symptom-covering is a temporary makeshift, not the true and final mode of working the homœopathic method, and that the arrangement of our pathogeneses in an anatomical schema is quite unsatisfactory; so that we need interpretations beyond phenomena, and orderly sequences instead of isolated symptoms. Dr. Hayle suggests that committees should be appointed for these two objects, and the time spent on them recompensed by a subscription from the homœopathic world.

2. Dr. Hughes follows with a paper on "Generalisation and Individualisation." Admitting the importance of the latter, he vindicates for the former a higher place than is generally allowed to it; and argues, first, that the two processes are not antagonistic but complementary, and, secondly, that there are cases in which, when both cannot be employed, the alternative of generalisation is to be preferred. He also maintains, and supports his view by numerous quotations, that Hahnemann was far from being such a pure individualiser as is commonly supposed; and

* The debate of the first day was based upon the reports above described, and had for its theme, "The Condition and Prospects of Homeopathy at the present time, and the best means of furthering its cause." It was sustained by Drs. Talbot, Claude, Dudgeon, de Gersdorff, Bushrod James, Pope, Vincent Léon Simon, von Dittmann, Dake, Moore, Gibbs Blake, Eaton, and McClelland, whose remarks are given here at length.

indeed, in respect of maladies arising from a definite cause—as scarlatina, syphilis, malarious fever, was more of a *specifiker* than most of his followers. He might have added that the “general” symptoms which Hahnemann disparages in the *Organon* are not those of the disease as distinct from those of the particular patient, but such as are common to all disorder—loss of appetite, disturbed sleep, weakness, &c.

3. Dr. Woodward, of Chicago, follows with an essay entitled “A New ‘Similia,’” explaining this to be the proving of medicines in single and sufficiently perturbing doses, the noting of the order in which the several parts of the organism are affected thereby, and the taking such succession into account when prescribing the drug as a *simile*. He admits, indeed, that there is nothing new in the proposition—Hahnemann having shown the advantage of this mode of proving in the *Organon* (§ 130), and having in all probability adopted it in collecting the materials for his *Fragmenta de Viribus*.* But he thinks that it has been unduly neglected, and advocates its fuller use. As a contribution towards it, he gives provings made in this way of *Arsenicum*, *Nux vomica*, *China*, *Veratrum album*, *Aconite*, and *Belladonna*.

Of the value of these provings there can be no question, nor of the soundness of the principles they illustrate. We cannot always, however, agree with Dr. Woodward in the particular inferences he draws from them. Arsenic, he thinks, is only indicated in disease when the symptoms (excluding the *locus morbi*) are primarily gastric, secondarily cephalic, and thirdly cutaneous. The ground on which he bases this conclusion is that his three provers of the drug had respectively, first, offensive taste, nausea, or pain at the stomach; secondly, pains in the head or failure of vision; thirdly, formication of arms, pallid countenance, and pains relieved by cold applications. The first group, however, are rather local than specific effects of the drug, and at any rate owe their primary appearance to the manner of its introduction. Of the second, the failure of vision is

* See *Sources of the Hom. Materia Medica*, p. 6.

obviously, when its concomitants ("distressing nausea, pallor of countenance, and difficult breathing") are taken into account, a symptom of syncope, and therefore connected with the heart rather than the head. Of the third, the same thing may be said of the pallid countenance; while the formication in the arms belongs to the sensory nerve centres, and not to the skin, and the pains relieved by cold were those of the head. On clinical grounds, moreover, exception must be taken to the conclusion that *Veratrum album* affects primarily the respiratory sphere, which is inferred from the single prover (who took two drops of ϕ) having "*immediately* hacking cough, soon attended by hoarseness and expectoration." This reads rather as if some of the potion had "gone the wrong way." We cannot, again, allow that "slight rigors along the spine" from *Aconite* indicate a spinal action. They are the well-known initial symptoms of its fever.*

These three papers were grouped together for discussion, the subject being "The Selection of the Remedy." The debate was opened by Dr. Drysdale, whose speech is quite an essay in itself, and merits our best consideration. It was carried on by Drs. Meyhoffer, Cigliano, von Dittmann, de Gersdorff, and Hale, and concluded by replies from the three essayists.

II. The second subject of discussion was based on a single paper, by Drs. Martiny and Bernard, of Belgium, relating to the vexed question of "Alternation." It is written with much clearness and fulness; and must have been well translated, as there is nothing in it which suggests that it was not originally an English composition. A large array of precedent, authority and reason is brought together in favour of the practice; and is reinforced by several illustrative cases from the authors' own experience. It will be interesting to see what the opponents of alternation have to say against their contention. None seem to have been present at the Convention, judging from the

* Dr. Woodward has since reprinted his essay, under the title of "Principles of Homœopathic Therapeutics" (Chicago: Duncan Brothers). He here modifies what is noted above about *Aconite*, and omits *Veratrum* altogether.

discussion, save Dr. Vincent Léon Simon; and his only objection was that the "alternative" symptoms displayed by some medicines would cause embarrassment if they were given in conjunction. It is sufficient to reply that such symptoms should be, if operative, equally inimical to the action of the remedy on disease; but this confessedly they are not.

Besides this physician, Drs. Clarke, v. Dittmann, Conrad Wesselhoeft and Hayle took part in the discussion.

III. The subject of dose brought forward three excellent essays.

1. The first is from Dr. J. P. Dake, and is entitled "Drug Attenuation; its influence upon drug matter and drug power." It goes over much of the ground traversed in our recent papers on "Triturations" and "Dilutions" in this journal, but begins somewhat higher up, viz. with Hahnemann himself. Its conclusions are that drug attenuation soon leaves drug matter behind it, and that there is not sufficient physiological or clinical evidence to demonstrate the presence of drug power in the higher potencies. This last part of the argument is somewhat cursorily handled, no reference being made to the Austrian and other provings with dilutions, or to Wurmb and Caspar's results in the treatment of pneumonia at the Leopoldstadt Hospital in Vienna.

2. Dr. C. Wesselhoeft follows, with "A Plea for a Standard Limit of Attenuated Doses." He argues for the restriction of triturations to the third and of dilutions to the eleventh centesimal. His grounds for so doing have already been given in the articles mentioned. He makes here two new points worth noting. The first is, that the "millionth of an atmosphere," in which Crookes observed the phenomena of "radiant matter," and of which so much has been made by our infinitesimalists, is a rarefaction equivalent only to our third dilution. He might have added that at the twenty millionth of an atmosphere the phenomena in question ceased to be displayed. The second relates to Eidherr's celebrated comparison of the results of the treatment of pneumonia with the various dilutions.

The 15th here seemed to cause more rapid recovery than the 3rd or 7th; but Dr. Wesselhoeft calls attention to the fact that the *mortality* under it was greater by 2 per cent. than that of Fleischmann at the Gumpendorf, the latter using the lowest dilutions exclusively.

As an appendix to this paper comes a Report on a Prize Essay of Dr. Buchmann's sent to the Convention. In this he brings forward fresh evidence as to the effect of trituration in rendering metallic substances transparent and soluble, which Dr. Wesselhoeft will do well to consider and answer.

3. The third essay is by Dr. Cretin, of Paris, and is entitled "The Question of Doses: Hahnemannism and Homœopathy." It demands attention, as much from the high position occupied by its author as from the ground it takes as against Hahnemann. Dr. Cretin begins by maintaining that it was not by experience, as is generally supposed, that the master was led to reduce his dosage, but by certain processes of logic. He reviews his theoretical explanation of homœopathic action, as given in the *Organon*, which resolves it into a substitution of medicinal for natural disease, and a re-action excited by the latter is the "vital force." The influence of the medicine is thus always morbid, and only indirectly curative, in whatever dose it may be given. As reduction of dose seemed actually to increase remedial power, it was assumed that it also increased morbid power; or, at any rate, that there was something in the process which obviated the loss of such power resulting from reduction of mass. Hence the theory of dynamisation from trituration and succussion, and the establishment of the 30th as the best potency alike for provings and for curative purposes.

This is indeed a fair suggestion as to one of the pathways by which Hahnemann was led to the dynamisation theory; but it does not account for the original reduction of dosage, which—as far as ten thousandths and millionths—occurred in 1799. It cannot be proved that Hahnemann was led hereto by the aggravating effect of larger doses, but it is at least a very plausible factor in the process.

Dr. Cretin then inquires if Hahnemann's practical observations sustain his (supposed) logical conclusion, which he finds they do not. He is here rather unjustly severe on two passages in the *Organon*. The first (§ 149) asserts that when the perfectly homœopathic medicine has been selected and administered "the acute natural malady which one desires to shake off, however malignant and painful it may be, is dispersed in a few hours if it be recent, and if of older date, in a few days, without any trace of discomfort remaining." Dr. Cretin writes:—"This is enough to make one ask oneself if Hahnemann can ever have treated by his method an acute disease of any importance;" and he instances the acute exanthemata and continued fevers, with pneumonia and peritonitis, to show how impossible it is so to disperse such maladies. The translator has already pointed out that Hahnemann did not write "malignant" but only "bad" (*schlimme*);* and as to his having had no experience in scarlatina and continued fever, his records of the epidemics of 1799 and 1813 are sufficient evidence to the contrary. He undoubtedly speaks too generally in this passage; but the extraordinarily rapid effects of homœopathic remedies in incipient (which is evidently what he means by "recent") inflammatory attacks well warrant his statement in respect of these, and they form the great bulk of acute affections. Again, Dr. Cretin comments on the phrase of § 161—"the amelioration produced by the primitive effects of the medicament," as if Hahnemann meant the direct effects, and accuses him of inconsistency accordingly; whereas it is evident that he refers to the re-action exerted by such primary influences of the drug.

Dr. Cretin dismisses the general clinical evidence for infinitesimal doses as insufficient,† and then proceeds to

* This is not the only place where Dr. Cretin has been led astray by his French translation of the *Organon*. At p. 140 he bases his argument on Hahnemann having said "powerful doses," whereas the original is "potentised."

† In the *Bibliothèque Homœopathique* for October, Dr. Chargé has understood him to have said, "I have read and re-read all the observations pub-

indicate what he thinks the true method of inquiry, and to give his own contributions thereto. As long ago as 1855, in the Congress then held, he seems to have maintained the doctrine propounded by Dr. Sharp in 1873, that the *rationale* of homœopathic action is the antagonism between the effects of large and small doses of the same drug. Putting this in the place of Hahnemann's theory of substitution, he would have us seek, for each medicine, the neutral or indifferent dose, above which it acts in one direction and below it in another; and then, taking that as the maximum of the medicinal dose, find how much below it we can go without losing the effect we desire. In his own experience—"passing successively from the 30th to the 24th dilution, from this to the 18th, then to the 12th, to the 6th, to the 3rd, I then reached step by step the decimal dilutions, and at last the medicine itself in its natural state. The results, always superior to those of expectancy, *became more and more satisfactory, less and less rare, in proportion as the division was less infinitesimal.*" He is inclined to put the 6th dilution as the lowest limit of medicinal action, any effect obtained beyond this being exceptional. He claims Davaine's experiments with septic blood as establishing this limit; but no uncertainty was found here until the trillionth (*i. e.* the 9th) was passed.

The discussion upon these papers was intended to turn on "the relative value of clinical and extra-clinical evidence as to the efficacy of infinitesimal doses." It ran, however, in the old groove, the bare question whether the higher infinitesimals acted at all, and whether they acted better than more appreciable doses. To this question mainly Drs. V. Léon Simon, Meyhoffer, Burnett, Dunn, Blackley, Helmuth, Potts and Jagielski addressed themselves, and with the usual difference of opinion. The only new point made was that of Dr. Meyhoffer, who, being in Vienna at

lished by the homœopaths from 1835 to 1850, and I do not find one of any value." It will be seen from the text that Dr. Cretin refers only to the French periodical literature of that date, and says of it simply that he "cannot find in it the demonstration of the action and superiority of the infinitesimal doses."

the time when Wurmb and Caspar were treating pneumonia with the 15th dilution, found their mortality identical with that of the General Hospital there.

IV. The next set of papers related to the treatment of tropical diseases—Dr. Holcombe handling the yellow fever of America, and Drs. Carter, Sircar and Majumdar the cholera, dysentery, malarious fever and other virulent maladies of India. The paper of the first-named physician is very thorough and life-like, as it might well be from his large experience with the malady. He does not think that we can arrest its fever, any more than we can that of typhoid or variola; but that here, as in other fevers, it is in the second stage, when we have to contend with local congestions, special inflammations, and the effects of blood poisonings or other morbid processes, that homœopathy asserts its specific and unquestionable power. He continues to rely upon *Arsenic*, *Phosphorus* and *Tartar emetic* on the one hand, and on the snake poisons on the other, to accomplish these objects in yellow fever. Dr. Carter (now of Sydney) gives a good account of his homœopathic experience while in India with dysentery and cholera. He gave the usual remedies, but we note as fresh his use of *Baptisia* ϕ in the low fever of dysentery, and of *Arsenicum* 30 in the collapse of cholera. Dr. Sircar's paper is rather disappointing, as it adds little to our knowledge. We may observe, however, that he speaks of *Calcarea* as "exerting a marvellous action" in reducing the malarious enlargement of the liver in young subjects, and of *Lachesis* as "a capital remedy" for cirrhosis. Chyluria, also, has been cured by him with *Carbo vegetabilis* and *Phosphoric acid*. Dr. Majumdar's communication is an inquiry as to how tropical malarious fever can be encountered without quinine.

No answer was given to this question in the discussion, as may well be imagined; but it was a very interesting one. The specified topic was "Homœopathy in hyper-acute diseases, including hyper-pyrexia." Drs. Dake, Breyfogle and Eaton spoke, from knowledge gained on the spot, of the success of homœopathic treatment in yellow fever. Dr. Gibbs Blake communicated his experience in hyper-pyrexia

occurring during acute rheumatism, in which he has found cold baths indispensable. Dr. Neville Wood related how satisfactory his results had been in the most acute diseases with the infinitesimals (in globule form) used thirty-five years ago. Dr. von Gersdorff advocated stimulants to support the heart in hyper-pyrexia, and Dr. von Dittmann preferred warm to cold baths for reducing the fever. Dr. Foster, of Chicago, gave the distinctive indications for our antipyretics—*Aconite*, *Belladonna*, *Gelsemium*, and *Veratrum viride*; and the President wound up by noting the few and consistently-used remedies with which the success of homœopathy in yellow fever had been obtained.

V. The next paper is on Cancer, by Dr. Gutteridge; and it secured a debate to itself. It treats of its etiology, in the light of Haviland's revelations as to the cancerous districts of England, showing that all these are liable to saturation of soil. In the practical part of the paper we find that the author has had a good deal of experience in the treatment of cancer; and that his success has been encouraging. His remedial measures are somewhat crude and complex. *Hydrastis* (in the form of Tilden's Hydrastin) plays the chief part in it, but indications are given for several other medicines.

The discussion, "On the Possibilities of Medicine in Cancer," was opened by Mr. Clifton in a very practical speech, to which we must refer our readers. Drs. Clarke, Jagielski and Hayward followed him in speaking hopefully of the treatment of the disease, the second having had good results from *Silica*, and the third from *Iodine*. Drs. Bodman and Woodward also spoke; and in his reply Dr. Gutteridge mentioned that a third of a drop of *Opium* ϕ taken internally had for him always superseded hypodermic morphia as a palliative, when such was needed. There was a general agreement that patients always got worse when they left off treatment, which seemed to show that the latter undoubtedly did something to arrest the disease.

VI. The gynæcologists now had their innings, three papers on uterine cervicitis and its treatment being contributed by Drs. Edward Blake, Dyce Brown, and Carfrae.

respectively, and discussed by Drs. Eaton, Matheson, Higbee, Moore, and Mitchell.

1. Dr. Edward Blake's essay is "On the Place of Mechanical Measures in Pelvic Disease." His thesis is that the uterus has many opportunities of being deranged primarily, without antecedent disorder of the general health, and physically, so that internal remedies have little influence over its morbid state. The usual homœopathic principles, therefore, of symptomatic selection and dynamic medication frequently find no application in pelvic disease; and local measures of mechanical and caustic character must be employed. He gives an interesting narrative of how his own experience has led him to this conclusion.

2. Dr. Brown, on the other hand, believes that caustic applications are worse than useless, and advocates trusting mainly, in chronic uterine inflammation and ulcerations, to internal remedies. He gives full indications for *Belladonna*, *Sulphur*, *Sepia*, *Pulsatilla*, *Actæa*, *Ignatia*, *Calcarea*, *Lycopodium*, *Nux vomica*, and *Mercurius*, which will be found very useful by commencing practitioners.

3. Dr. Carfrae's point is that, whatever internal medication might accomplish in uterine disease, if it had full scope, it can do little at present owing to the imperfection of our pathogenetic records in this sphere of action. In illustration of this he examines Dr. Guernsey's list of remedies for leucorrhœa, and shows how few there are of which we have trustworthy evidence as to their affecting the genital organs at all.

Of the debaters, the opener was somewhat discursive and a little *entêté*. The chief point made by him was the securing rest to the uterus by taking off the pressure of the superincumbent organs by means of an abdominal band. This Dr. Brown, in his reply, opposed, saying that it implied the uterus to have been wrongly placed by nature. Dr. Matheson's experience coincided with that of Dr. Brown. Dr. Higbee agreed rather with Drs. Carfrae and Blake, as also did Dr. Moore. Dr. Blake, in his reply, related several cases bearing on his positions.

VII. The observations which form the basis of the

surgical discussion are short and slight, Dr. J. C. Morgan, of Philadelphia, and Dr. Watson, of London, being their contributors. The discussion, however, on the help brought by homœopathy to the surgeon, was well sustained and full of interest. Drs. Helmuth, McClelland and Talbot represented the surgery of America, and Drs. Dunn and Edward Madden that of our own country, all speaking with satisfaction, and even enthusiasm, on the theme. Some incidental remarks were also made by Dr. Moore, Mr. Clifton, Dr. Drysdale, and Dr. Owens.

VIII and IX. Ophthalmology and otiatics were as scantily represented as surgery in the essays,—one only belonging to each department. An endeavour must be made to rectify this disproportion at the next gathering. The essays themselves, however, are not of scant dimensions. Dr. Vilas, on "The Therapeutics of Iritis," gives much practical information as to the treatment of this disease; though his indications for homœopathic remedies read like those of a text-book rather than as if derived from personal experience. Dr. Cooper, on the other hand, in his "Notes on some Homœopathic Remedies in Aural Disease," puts all his strength into this branch of the subject. His remarks upon *Gelsemium*, *Hydrastis*, *Capsicum* and *Ignatia* in deafness and tinnitus are very interesting.

The discussion on the treatment of iritis was conducted by Dr. Bushrod James, Dr. Park Lewis (Buffalo), Dr. Dudgeon, Dr. Hale, Dr. Walter Wesselhoeft, and Dr. Foster, and much valuable matter was brought forward. The second named made a specially good point when he suggested that myotics rather than mydriatics were the homœopathic remedies for iritis. Dr. Hale added *Sulphur* to the usual medicines. Dr. W. Wesselhoeft, from his experience with five cases, is disposed to think internal homœopathic medication, without atropine, superior to the ordinary method which consists mainly in its use. Dr. Park Lewis opened the aural debate, and was followed by Dr. Jagielski, Dr. Cooper replying.

Besides these proceedings at the General Meetings, we have reports of three Sectional Meetings. The first was

concerned with Hygiene, an address on this subject being read by Dr. Roth, containing much precious instruction relative to the preservation of health and prevention of disease. Dr. Blackley (who was in the chair), Dr. Claude, Dr. Bodman, Dr. Dake, Dr. Owens and Dr. McClelland spoke upon it. The second related to gynæcology—Dr. Eaton reading a paper on vaginal examinations, and Drs. E. Blake, Claude, Carfrae, Owens, Bodman and Clifton joining in the discussion. On the third occasion, a *résumé* was given of a paper by Dr. Cigliano, of Naples, entitled “Homœopathic Materia Medica, its principle, law, and object.” There seems much suggestive thought in it. No report is given of the discussion, save that it was sustained by Drs. Meyhoffer (in the chair), Eaton, Owens, Dake, Jagielski, C. Wesselhoeft, and Hughes.

Such is the volume of Transactions of the International Homœopathic Convention of 1881.*

THE ABSORPTION OF SERPENT-VENOM.

(Read before the Liverpool Homœopathic Medico-Chirurgical Society, December 1st, 1881.)

By JOHN W. HAYWARD, M.D.

IN arranging the symptoms of *Crotalus* venom for the *Materia Medica* of the Hahnemann Publishing Society, I have been under the necessity of examining the question of the absorption of serpent-venom by the mucous membrane of the mouth and stomach. And as there are still many practitioners who doubt the wisdom of exhibiting serpent-venom by the mouth, I wish to lay before the readers of the *British Journal of Homœopathy* some facts and arguments relating to this subject.

* We are asked to state that this volume may be had of the printer, Mr. Adlard, Bartholomew Close, London, for 10s, with postage.

In consequence of the facts that snake-bites have been sucked and serpent-venom has been tasted with apparent impunity, there is a popular belief that serpent-venom is harmless when applied to unbroken mucous membrane or skin. And this belief is apparently supported by much professional and scientific testimony. Even Dr. S. Weir Mitchell, in his classical essay on the *Rattlesnake*,* gives in his adhesion to this opinion (p. 77); although he prudently refuses himself to venture to swallow any of the venom, as did the servants of the Abbé Fontana, deeming this a "rash experiment" (p. 77). He mentions several authorities, some of which hold the non-absorption theory, and others who insist that venom is readily absorbed, even by the gastric mucous membrane, to the production of fatal effects. One of his cited authorities, Fontana, states that he had killed a pigeon in six minutes by pouring down its throat thirty drops of the venom of the viper (p. 76). Dr. Mitchell gives two of his own experiments, in which fatal results followed the application of the venom to the pulmonary mucous membrane of pigeons. One "within ten minutes became drowsy, rocked to and fro, and at the close of thirty-eight minutes fell down. Convulsions followed at the forty-third minute, and terminated in death at the forty-ninth." In the other "death without precedent convulsions took place at the close of eight and a half hours" (p. 77). After this Dr. Mitchell makes the confession that his own experiments, up to that date, had left him undecided; and that he hoped to resume them at a future period (p. 77).

Under the weight of popular and prevalent professional opinion, however, notwithstanding the vast amount of evidence to the contrary furnished in the masterly essay on *Snake Poisons* by the venerable Constantine Hering, and the many cures recorded in that essay and in our periodical literature, I was myself one of the unbelievers for many of the earlier years of my homœopathic practice, and resolutely refused either to administer or prescribe *Lah., Crt., Naj.,*

* *Researches on the Venom of the Rattlesnake*, by S. Weir Mitchell, M.D. Smithsonian Contributions to Knowledge. Washington, 1860.

&c. It was not, indeed, until I had several times met with cures of symptoms for which *Lah.* had been taken, as well as of the undoubted production of symptoms by its use in domestic practice, that my prejudice was shaken. And, when a member of my own family was apparently dying of putrid scarlet fever, and I was convinced that, according to the symptoms recorded in the *Materia Medica*, *Crotalus* was the indicated remedy, I had not confidence to trust to its exhibition by the mouth alone, but applied it on wet lint round the throat, of which I first scarified the skin (see case to be published in next number of this Journal).

Of late years the toxicology of snake poisoning has received a good deal of attention and study, governmental as well as private. Besides the private labours of Drs. Burnett, Harlan, Higgins, and others in America, Drs. Nicholson, Shortt, Richards, and others in India, and Dr. Halford and others in Australia, there are the investigations of Dr. S. Weir Mitchell, which were carried on under the auspices of the Smithsonian Institution in America, and published at the cost of the institution, in 1860. Subsequently to the investigations of Dr. Mitchell in America on rattlesnake-venom, Dr. (now Sir Joseph) Fayrer carried out a similarly exhaustive series of experiments in India with the venom of the cobra, under the auspices of the Indian Government, and which were afterwards published at the expense of the Indian Government in a most elaborate and beautifully illustrated essay, *The Thanatophidia of India*.* In London also, subsequently, Dr. T. Lauder Brunton, in conjunction with Sir Joseph Fayrer, performed a number of experiments with both cobra and crotalus venoms, which were afterwards published in the *Proceedings of the Royal Society*, vol. xxi, p. 358, vol. xxii, p. 68, and vol. xxiii, p. 261. And again, Dr. Ewart and the members of the Government Committee in Calcutta carried out another series of investigations, not only with the venom of several Indian snakes, but also with

* *The Thanatophidia of India*, by J. Fayrer, M.D. J. and A. Churchill, London, 1872.

that of two of the most poisonous snakes of Australia, sent from Melbourne for the purpose; and these have since been issued as a government "Report."

The subject of serpent poisoning has, therefore, been very well and scientifically examined; and its toxicology satisfactorily determined. One of the results of all this is that the non-absorption theory has been authoritatively abandoned by those most competent to judge. Dr. Fayrer says:—"If applied to a mucous membrane, or to the conjunctiva, it causes violent inflammation; absorption at the same time takes place, and symptoms of poisoning are produced (*Thamatophidia*, p. 37, first col., line 16). . . . There is no doubt that, notwithstanding all that has been said to the contrary, it is capable of absorption through the mucous membrane with which it is brought into contact, though with much less dangerous effects than when it is introduced into the blood. . . . It kills when introduced into the stomach, when put into the eye, or when applied to the peritoneum" (*ibid.*, p. 4, second col., lines 15—36). And when speaking of the sucking of the wound he says:—"It must be borne in mind that there is danger in applying the poison to the lips, for it may be absorbed and evil results follow to the operator" (*ibid.*, p. 38, first col., line 47).

In the light of recent investigations, therefore, the idea that serpent-venom is not absorbable by mucous membrane, and will not enter the blood by the mouth or stomach, is a mistake that has arisen from limited observation, or hasty conclusion; and it ought not to interfere in the least with the fullest confidence in serpent-venom as a medicine exhibited in the ordinary way. Besides, the unbroken mucous membrane offers no effectual barrier against the introduction of other animal poisons such as gonorrhœal matter, glanders matter, pus, sepsin, drainage poison, &c., nor to the analogous animal substances used as medicines, viz. *Cantharis*, *Apis*, *Coccus*, *Moschus*, *Castoreum*, *Oleum aselli*, &c.; and it is not to be expected that it would offer an effectual barrier to the introduction of serpent-venom; nor, indeed, does it. The viscosity of serpent-

venom, which is nearly equal to that of glycerine, may, to some extent, interfere with its absorption when pure and undiluted; it would appear to be unreasonable to expect it to be absorbed in this state without some special assistance; in such a condition it might be expected to require to be rubbed in, like other viscous and oleaginous substances. Still, that it is absorbed, even in its pure and viscous condition, is shown by the experiments recited below from Dr. Fayrer. Venom diluted with three or four volumes of distilled water is a very different substance in reference to absorption, and it is quite reasonable to expect it then to be absorbed readily; and such we find really is the case, as evidenced by the experiments already recited, in which Dr. Mitchell exhibited it by the pulmonary mucous membrane, and by experiment 26, on p. 128, second col., Fayrer's *Thanatophidia*, recorded below.

Dr. Fayrer gives cases in which the venom was applied to the nasal mucous membrane and to the conjunctiva, and administered by the mouth, with marked topical and serious, even fatal, constitutional effects.

Applied to the conjunctiva.—On p. 126, first col., exp. 7, some venom was applied to the conjunctiva of a fowl. There resulted much topical inflammation and some of the usual constitutional effects, but the fowl recovered. On p. 127, second col., exp. 21, venom was applied to the conjunctiva of a fowl, and produced such severe topical and constitutional effects that the reporter says:—"I was quite astonished on the morning of the 8th to find the fowl not only alive, but considerably improved." On p. 128, first col., exp. 26, a small quantity of venom diluted with water was dropped into the eye of a fowl; this was followed by constitutional effects, including convulsions, and death supervened in ten hours. On p. 126, first col., exp. 10, two drops put into the eye of a fowl were followed by slight topical but severe constitutional effects, including convulsions for two hours and ten minutes, ending in death after three hours and fifteen minutes. On p. 127, second col., exp. 24, some venom applied to the eye of a fowl was followed by severe topical effects, with convulsions, and

death after two hours and forty minutes. At p. 126, second col., exp. 13, after some venom applied to the eye of a fowl there were severe constitutional effects, including convulsions, followed by death after two hours and eighteen minutes. On the same page, exp. 11, after two drops applied to the eye of a fowl, along with slight topical effects there were drowsiness, ptyalism, and staggering, followed by convulsions, and death in one hour and twenty-six minutes. On p. 127, second col., exp. 22, after some venom was applied to the eye of a fowl, there were the usual symptoms, with convulsions, followed by death in fifty minutes; and on p. 126, first col., exp. 6, after two drops to the eye of a full grown healthy fowl, death followed in thirty minutes.

Exhibited by the mouth.—On p. 122, second col., exp. 32, five drops put into the mouth of a fowl, and apparently swallowed, produced some of the usual constitutional effects, but by the next day the fowl had recovered. On this experiment Dr. Fayrer makes the following remarks:—“The crop was full of grain, and hence the poison was probably diffused throughout the contents, and so not brought into contact with the mucous membrane to produce fatal poisoning. Former experiments have abundantly proved the danger of applying the poison to mucous surfaces” (loc. cit.). On p. 127, second col., exp. 25, some venom was administered by the mouth to a fowl; the usual constitutional effects supervened, followed by death in five hours and twenty-five minutes. On p. 126, second col., exp. 12, some venom was put into the mouth of a young fowl; drowsiness supervened, and death followed in twelve minutes. On this case the reporter, Mr. Vincent Richards, civil surgeon at Bancoorah, writing to Dr. Fayrer when sending him some cases, remarks:—“I was very much surprised at the rapidity of the fatal action of the poison. There was no abrasion of the mouth. This experiment seems to show that not only does the cobra poison, if administered internally in a sufficient dose, sometimes prove fatal, but very rapidly so. The experiments made by me fully corroborate your opinion, viz. that the poison of a

cobra, when applied to mucous membranes, is not only very dangerous, but even fatal, and sometimes very rapidly so." "Mr. Richards continues," writes Dr. Fayrer, "the opinion you had formed, viz. that snake poison is absorbed through mucous membranes, appears to be beyond doubt correct. I believe the poison, if fresh and properly applied, and in sufficient quantity, is as surely fatal by absorption through mucous membranes as by direct application of the poison, only its fatal action is, of course, greatly retarded in the former condition" (p. 127, second col., exp. 24).

Drs. Brunton and Fayrer passed a quarter of a grain of dried cobra venom down the throat of a frog; after nine minutes it vomited (which is very unusual in frogs) bloody mucus; after twenty-five minutes it showed symptoms of paralysis, and it died within an hour (*Proceedings of the Royal Society*, vol. xxiii, p. 275, exp. 28).

I (Dr. Hayward) poured very carefully down the throat of a kitten four drops of pure crotalus venom diluted with a drachm of distilled water. This was followed by trembling and distress, and much whining mewing; the kitten crouched down and partially closed its eyes, it became apparently stupid and sleepy, it was very snappish for some hours, and then vomited. The next day it was quite snappish, but otherwise apparently well.*

Dr. Oates took a small quantity of pure crotalus venom and made it into pills with bread crumb; after swallowing one of these the pulse was soon diminished, and three pills so reduced the pulse and depressed the whole system that for danger of collapse powerful stimulants had to be resorted to. This and subsequent similar experiments fully convinced him of the profound sedative action of rattlesnake venom.

Dr. Wallace took the venom and its glands of a large and vigorous rattlesnake, and mixed them with cheese, and divided the mass into a hundred pills; of these he took one, two, three, or four per day. The early effects were pleasant and heavenly sensations, but a general dropsy followed and persisted for some months.

* Vide *Materia Medica* of Hahnemann Publishing Society. Art. "Crotalus."

Absorption by the BUCCAL and GASTRIC *mucous membrane* is, to the physician, the real and important part of this question; because, notwithstanding the use of the hypodermic syringe, the mouth is to him the main channel through which he must introduce his medicines into the system.

It is the known power of gastric juice, and perhaps of saliva, to decompose, and thus neutralise organic poisons, that has lent and does lend, in the eyes of the physiologist and the physician, support to the idea that serpent-venom cannot be introduced intact through the stomach or mouth.

It is true that serpent-venom is an organic compound, and, therefore, *primâ facie*, liable to be decomposed, if not neutralised, by gastric juice, and perhaps by saliva. And it is to the physician and the physiologist a matter of extreme interest to inquire if saliva and gastric juice really have the power to decompose serpent-venom and destroy its activity. I am not aware that in studying the chemistry of serpent-venom any one has put it rigidly to the test of crucial experiment by mixing pure venom with saliva or gastric juice and then injecting it into an animal. And I suppose this would not be a really satisfactory experiment, in consequence of the fact that saliva and gastric juice are themselves poisonous when injected into the circulating fluid, and would, therefore, somewhat vitiate the experiment. It is, however, quite true that ordinary chemical reagents, such as ammonia, potash, soda, nitric acid, muriatic acid, sulphuric acid, alcohol, iodine, chlorine, boiling, freezing, dilution, &c., have no power to destroy the activity of serpent-venom; for pure venom treated with any of these, even in concentrated form and excessive quantity, and the reagent afterwards neutralised and the product injected into an animal, it is rapidly fatal to it (vide *Chemistry of Crotalus Venom*, Mitchell, pp. 33 and 45).

The difficulty would be to adequately neutralise the gastric juice or saliva so as to eliminate it from the experiment. But if the strong chemical reagents just enumerated have no power to destroy the potency of the venom, it is

not likely that saliva or gastric juice has. Here, however, may be brought in physiological experimentation, and this has been and can be done. As already mentioned, Drs. Fayrer, Brunton, Richards, Fontana, Wallace, Oates, and others, have introduced the venom, pure or diluted, into the mouth and stomach, and this has been followed by the usual symptoms (*vide* experiments related above). Nor was it only in the interval of digestion, when there might be supposed to be little or no saliva or gastric juice to operate on the venom, but even during the period when active digestion was going on, and when, therefore, the venom could not but be mixed with active saliva and gastric juice (*vide* especially, Fayrer's experiment 32, related above, and given on p. 122, *Thanatophidia*, as well as the experiments of Wallace and Oates, in which the venom was mixed with cheese or bread crumb).

Now, if venom can escape the action of saliva and gastric juice when exhibited pure or very little diluted, it is reasonable to suppose that it can be even more readily absorbed when largely diluted with water, in which it is perfectly miscible, and in which its active principle is perfectly soluble, and that it can be so exhibited in toxic doses, seeing that six or eight drops are about sufficient to produce fatal results to an adult human being when introduced directly into the blood current. And this is not only supposable, it is proved and demonstrated by the "provings" that have been recorded by Drs. Stokes, Smöler, Krümmer, Martin, and others. And if *toxic* doses may be so introduced by the mouth and stomach as to be readily absorbed, it is certainly reasonable to suppose that *medicinal* doses can be so introduced, especially in the form of Hahnemannian dilutions. Nor is this only reasonable to suppose, it is absolutely proved by the cures recorded in our literature.

In ordinary medical practice it is not a matter of importance whether pure venom is or is not absorbable, for it is unnecessary ever to administer it by the mouth. The ordinary Hahnemannian dilutions, three and upwards, answer every purpose, and meet every exigency of ordinary

practice. And in the minds of those who use these preparations there is not the slightest doubt of their efficacy when administered by the mouth, any more than there is of the efficacy of the analogous animal substances—*Cantharis*, *Apis*, *Tarantula*, *Coccus*, *Moschus*, *Castoreum*, *Oleum aselli*, *Lactic acid*, &c. ; and truly there need be none when these preparations are made as directed in the *British Homœopathic Pharmacopœia*, under the article *Crotalus*, viz.:—The pure venom preserved by immediately mixing it with nine volumes of pure glycerine, and then, for the first five centesimal dilutions, using a mixture of one part glycerine and three parts proof spirit, and for the sixth and upwards spirit 20 o.p. It is necessary to use weak spirit for the low dilutions, because strong spirit precipitates the *Crotalin* ; *Crotalin* is, however, readily soluble in water, and even in weak alcohol.

In those rare and extraordinary and rapidly fatal cases of hæmorrhagic or putrid smallpox, yellow fever, scarlet fever, diphtheria, &c., where desperate efforts are called for, and for which crotalus venom is so truly homœopathic, it may perhaps be advisable to administer the 2nd or 1st or even the 1st decimal dilution ; and, if preferred, this may then be done by subcutaneous injection ; but even in these cases it would never be advisable or justifiable to administer or inject the pure venom. In such cases, five minims of the 1st dilution may be injected under the skin every few hours, for a few doses, with perfect safety, and, perhaps, with considerable prospect of success.

If, notwithstanding the above considerations, there should still be want of confidence in the mind of any practitioner, he may use, in preference, the *Crotalin* itself, as the objections cannot possibly apply to this ; and it may be used in trituration, if preferred in that form.

To sum up, then, it seems to me that scientific examination by investigators whose sympathies might be expected to lead the other way—physiologists and physicians and surgeons of the old school—establishes, beyond doubt, the ready absorption by the mucous membranes of the mouth and stomach of serpent-venom, not only in Hahnemannian

dilutions, but in simple watery solution, and even in its pure state; and not only in medicinal doses, but also in toxic, even fatal quantities. And that physicians may therefore, with every confidence, administer and prescribe this very powerful drug to be taken in the ordinary way by the mouth, and in ordinary Hahnemannian preparations.

REVIEWS.

A Treatise on Hygiene and Public Health. Edited by
ALBERT H. BUCK, M.D. Vols. I and II. London:
Sampson Low and Co., 1879.

THE original edition of von Ziemssen's *Cyclopædia* contained a volume devoted to the subject of public health, but as this treated the subject almost entirely from a German standpoint, it was thought to be ill-adapted to English and American readers. It was therefore resolved to rewrite the work in a manner that would prove acceptable to those who possessed the English translation, and the chief authorities on the matters treated of were engaged to write on the various subjects embraced by the word hygiene. The result is the two handsome volumes before us, which are included in the general index to the translation of von Ziemssen's great work as vols. xviii and xix. A careful examination of these volumes shows us that the whole subject of hygiene is here treated of in a very complete manner. The work will be found of great value, not only to medical men, but to all who are interested in the preservation of health and life. The science of hygiene has made such prodigious advances of late years by the individual and combined efforts of so many skilled workers, both within and without the medical profession, that it takes rank in importance not second to medicine itself. We can testify that the treatises in these two volumes are fully abreast of the latest discoveries and developments of the science. An enumeration of the subjects treated of will show that everything relating to the health and comfort of individual and social man is handled in this cyclopædic work. The articles are written by persons eminent, not in medical science alone, but by engineers,

chemists, and other scientists whose lives are devoted to the arts that have to do with sanitary matters. We find in the first volume treatises on infant hygiene, on food and drink, on drinking water and public water supplies, on physical exercise, on baths and clothing, on soil and water, including drainage, on the removal of excreta, water-closets, dry-earth closets, &c., on the atmosphere, including heating and ventilation. The second volume treats of the hygiene of occupations, of camps, of the naval and mercantile marine, of coal mines, of metal mines. Then there are essays on infant mortality, vital statistics, the adulteration of food, public nuisances, such as offensive trades and processes, quarantine, smallpox and other contagious diseases, syphilis, disinfectants, village sanitary associations, and school hygiene. This examination will show the vast variety of subjects that together constitute the science of hygiene, and as every one is more or less interested in these subjects, it is of incalculable advantage that they have in these two volumes the latest information and instruction concerning them. Though the authors are all Americans, what they have to say is as interesting to the populations of these islands as it is to their own countrymen, for while the authors have, as was natural, treated their subjects with special reference to the needs of Americans, they have largely availed themselves of all the useful information contributed to hygienic science by British and Continental writers, and the conditions of life are so very similar in America and Europe that the sanitary principles laid down in this work are quite as valuable to us as they are to our transatlantic cousins. We do not know of any English work on hygiene that can be compared for fulness of detail and for value to this masterly compilation. It would be impossible in the limits to which we are restricted to give anything like a complete review of every subject treated of, but we may take at random the treatise on "Physical Exercise" *instar omnium*. The author, Dr. A. Brayton Ball considers first the effects of exercise. He details the local phenomena of muscular action; then the special effects of exercise—*a*. On the respiration; here the observations and experiments of Dr. Edward Smith and of

Pettenkofer and Vogt are given. *b.* On the circulation. *c.* On the cutaneous surface. *d.* On the digestive system. *e.* On the nervous system. *f.* On the generative functions. *g.* On the urine; and here the observations of many authors are quoted, including the experiments of Edward Smith, Simon, Lehmann, Hammond, Fick and Wislicenus, Pettenkofer and Vogt and Parkes, Flint and Pavy on the pedestrian Weston, &c. Next the source of muscular power is inquired into, and the views and experiments of observers given in detail. Next the author considers the growth of muscle by exercise, whether it be by an increase of the size and of the number of the muscular fibres, or both. The next heading is "Results of Over-exertion," which is treated exhaustively. Then follows a chapter on "Gymnastic and Athletic Exercises." Of these a historical sketch is first given, the Greek system being fully described. The state of gymnastics in the modern states of Europe is narrated at length. The author does not speak very respectfully of Ling's system of free exercises, which he says "was radically defective in being based on a wrong conception of the true functions of muscular exercise. He failed to see that the full benefits of exercise are not obtained unless the muscular contractions are sufficiently energetic to produce a decided impression upon the vascular and respiratory systems—a result very imperfectly obtained by his ingenious system of mere movements of the body and limbs." It appears to us that Dr. Ball has confounded the active exercises with the passive movements of Ling's system, otherwise he would have hardly spoken of them in this style. It seems from what Dr. Ball says that athletics for non-professionals are not cultivated so much in America as in Britain. He says truly that "in England, gymnastics have never been cultivated with the same genuine enthusiasm as in Germany and Switzerland." The English have always preferred violent outdoor games to the indoor gymnastics of the German *Turnvereins*, and we believe it is partly owing to the neglect by Germans of outdoor games, together with their abominable printed type, that has made such a disproportionate number of myopes

among the Germans. The chapter headed "Forms of Exercises" is almost confined to one form, viz. *rowing*, which is perhaps the only form of exercise except walking and running with which the author is familiar. Had the book been written by a British author we should have undoubtedly had equal attention bestowed on cricket, raquets, lawn tennis, football, golf, curling, fencing, boxing, skating and swimming. (This last subject is considered in the next section of the work, "The Care of the Person.") *Apropos* of rowing, the author enters fully into the question of training, the best work on which he says, and in this we agree with him, is that of Maclaren. With this brief notice we must now conclude our review of this work, which will be found to possess a fascinating interest to all concerned about sanitary matters.

Special Pathology and Diagnostics, with Therapeutic Hints.

By C. G. RAUE, M.D. 2nd Edition. New York :
Boericke and Tafel, 1882.

WE have not seen the first edition of this work, and know not how long ago it was published. Some considerable time we should imagine, for in the preface Dr. Raue tells us that since its appearance pathological views have greatly changed, so that he has had to re-write them throughout the work.

In its present form this work is a very complete treatise on diseases and their homœopathic treatment. The pathological part, including the etiology and symptoms of diseases, allowance being made for the brevity necessarily imposed by the size of the work, are generally excellent, though exception might be taken to some of them, *e.g.* where fatty degeneration of the heart seems to be confounded with accumulation of fat about the heart, and fat meat, butter, milk, and starchy and saccharine substances are advised to be excluded from the diet. As regards the therapeutic part, that is very unequal. In some cases the indications of the medicines are carefully

differentiated, whilst in others a mere bald list of names of medicines is given. This, we suppose, could hardly be avoided, the medicines having often no other claim to be mentioned as remedies for the disease than the dictum of some homœopathic authority or the statement of some allopathic practitioner, or the inference of the author himself from a hypothetical pathological relation of drug and disease.

But though the lists of medicines given under the various diseases are pretty extensive we have been struck by the omission of some medicines which clinical experience has proved to be useful. Thus *Aconite* and *Physostigma* are not mentioned as remedies in acute glaucoma, though they seem to be almost the only medicines from which decidedly useful results have been obtained. *Creasote* does not appear among the remedies for cancer of the womb, nor *Graphites* for ovarian cysts, nor *Phosphorus* for impotence, nor *Amyl nitrite* for angina pectoris, nor *Arg. nitr.* or *Thuja* for prostatitis. Still, in spite of these and probably other omissions, and in spite of the admission of many remedies whose utility in the diseases for which they are recommended is very doubtful, we do not hesitate to say that Dr. Raue has given us a very praiseworthy work, and one that must prove of great value to the homœopathic practitioner.

We must not expect to find in a systematic work like this much assistance in many cases that come before us in practice. There is a vast number of cases that constantly present themselves to the practitioner which are not referable to any of the nosological headings to be found in a system of medicine. For these, the only guide is the homœopathic *Materia Medica*, and this too sometimes fails us, for vast as is the collection of pathogenetic effects contained in our *Materia Medica*, cases are constantly occurring for whose morbid phenomena we can find no parallel in our pathogenetic records. Some of these cases we must treat on general pathological principles, and some we must be content to treat by guessing, unless perhaps the *materia medica* may give us some hint as to the selection of a remedy by the resemblance of some apparently unimportant symptom

of drug and disease. Doubtless, many cases which we plume ourselves on having cured by a sagacious choice of a remedy owed their cure to something else, such as time, altered conditions, mental emotions, or some of the numerous hygienic agencies that we or others may have suggested to the patient.

Insanity and its Treatment. By SAMUEL WORCESTER, M.D. New York: Boericke and Tafel, 1882.

DR. WORCESTER occupies the post of Lecturer on Insanity, Nervous Diseases and Dermatology in the Boston University School of Medicine, and this book comprises the lectures delivered by him on insanity and kindred nervous diseases. It is dedicated to Dr. Talcott, the able medical superintendent of the State Asylum for the Insane at Middletown, to whose labours in the field of mental diseases the author acknowledges his obligations. The opportunities enjoyed by the author as assistant physician of the Butler Hospital for the Insane at Providence have been of great service to him. He has also largely availed himself of the writings of the chief mental physicians of Europe and America. All that relates to the pathology of insanity is given in full detail and carefully criticised. A work like this must necessarily be to a great extent a compilation, and the skill of the author is shown in his judicial appreciation of the labours of his predecessors. Insanity is such a large subject that we can scarcely expect to find an exhaustive treatment of it in a moderate sized volume like the one before us, but we are bound to confess that Dr. Worcester has brought together a large amount of information on most of the forms of insanity, and his work will be found a most valuable manual by the psychological student and practitioner. Where his own experience is defective he has availed himself of that of the best authorities, and his book is both interesting and instructive. In the matter of therapeutic treatment it adds little to the informa-

tion given by Dr. Talcott in the paper we reviewed in vol. xxxviii, p. 270, and therefore it still leaves much to be desired ; but the comparatively small experience of homœopathic physicians has already put in our hands a considerable number of valuable remedies that have effected much and promise more for the successful treatment of many forms of mental maladies.

It speaks much for the flourishing state of homœopathy in America that so many excellent works on special diseases and groups of diseases have already issued from the homœopathic press of the United States, and we heartily welcome this new contribution to the knowledge and treatment of one of the most important classes of diseases. The book, like almost all American books, is beautifully got up, paper, printing, and boards being of a very superior character, and it is singularly free from those clerical errors and literary solecisms that so often disfigure the writings of our American colleagues. Dr. Worcester deserves the thanks of his homœopathic colleagues for his interesting and useful volume, and we trust it will obtain in this country a popularity among our homœopathic practitioners equivalent to its merits.

Not the least interesting among the lectures are the two last. The penultimate lecture is on "Moral Insanity and Medical Jurisprudence," where the responsibility of the insane for immoral acts is discussed. The author does not hold with those who advocate impunity to the morally insane for crimes committed by them that are injurious to society, and he employs arguments and illustrations to show that the fear of punishment acts as a deterrent to the commission of such crimes by the undoubtedly insane. The last lecture is on "Non-restraint in the Treatment of the Insane," and here he shows that Hahnemann advocated and practised this method at least a year before it was proposed by Pinel, who is usually considered to be the pioneer of non-restraint.

Reviews of several volumes have had to be postponed till next number.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—We have not been able to touch our contemporaries in the United States for a twelvemonth; and on the last occasion of our handling them, we only brought our survey down to the end of 1879. We have therefore a year and a half's issue of all of them on hand; and it will be understood, without further note of date, that our present account of them all will take this range (viz. from Jan., 1880, to June, 1881).

North American Journal of Homœopathy.—Our fellow quarterly continues—and long may it continue—under the genial editorship of Dr. Lilienthal, who is himself, as heretofore, the most industrious of its contributors. In the number for February, 1880, we find further matter relative to the new form of nervous disease described by Dr. Searle, of which we gave an account in our issue of July, 1880. Several fresh cases of it are reported, by himself and others; and the dietetic use of *Coca* has proved of great value in its treatment. In the number which announces his death (August) appear two articles from Dr. Hering's pen, one on *Apis*, apropos of Goullon's recent study of it, the other on "Our Nosodes," both worth reading, though containing nothing new. In the same number, Dr. Cummings, who practises in Honolulu, gives an account of the leprosy of the Hawaiians, with woodcuts. He cannot speak of personal success in its treatment, but mentions several cures reported to have been obtained with *Arsenic*, given in doses of gr. $\frac{1}{16}$, twice a day. In November Dr. Allen begins a series of articles entitled "A Critical Examination of our Materia Medica,"—that is, of his own *Encyclopædia*. They are both indispensable for the correction of that work and of exceeding interest and value in themselves—giving, as they do, an account of the original provings, &c., on which the pathogeneses are based. In the last of them he holds out a hope, that when he has examined in this fashion all the medicines in his first volume, he will give "a sample condensation of that

volume, which, with the important clinical matter belonging to each drug, and a brief account of its natural history need not occupy more than 125 pages." This will be welcome news to many. In February, 1881, Dr. Hale relates two cases of hemicrania, without vomiting, cured by *Niccolum sulphuricum* 1x; and Dr. Lilienthal gives a very thorough study of *Argentum nitricum*. In May Dr. Falligant, of Savannah, supplies a paper of a class we wish to see far more numerous—an account of an epidemic of dengue fever occurring in 1880 in his city.

Besides these special articles, we may note, as running through several numbers of the Journal, an essay on Glycosuria by Dr. George M. Dillow, Dr. Ludlam's notices of the gylæcological literature of the day, and a series of translations by the editor, with comments, of cases from the *Archiv, Hygea*, and other old-world homœopathic journals. Much, moreover, of the material of the series before us has already been presented in our articles on "Triturations" and "Dilutions."

Hahnemannian Monthly.—Dr. Winslow's editorship, and also Messrs. Boericke and Tafel's proprietorship, of this journal ceased with 1879; and it became the property and organ of the Hahnemann Club of Philadelphia, under the joint editorship of Drs. Farrington and Pemberton Dudley, and the business management of Dr. Rushrod James. It has continued to display the same excellent features which characterised it under the guidance of Dr. McClatchey and Dr. Winslow, and unquestionably takes first rank among the American monthlies.

Jan., 1880.—Dr. J. C. Guernsey publishes a case, confirming his father's indication for *Gelsemium* in labour, "each pain starts all right; but, instead of extending around into the abdomen, and then downwards, it turns and runs up the back." Dr. Biglow contributes some interesting information as to the employment of *Viola tricolor* in eczema infantile. He uses a tea made with ʒj of the dried herb to half a pint of water, and given in teaspoonful doses.

Feb.—Dr. F. Preston sends a case of "tinea capitis

sicca," of eight years' standing, cured in two months by *Staphisagria* 30. An accompanying blepharitis determined the choice of this remedy. Dr. McCourt relates an instance of hydronephrosis presumably caused by pressure on the ureters during pregnancy, in which entire relief with profuse flow of urine and strong smelling perspiration occurred under *Causticum* 3; a relapse after a fall being removed by the same remedy. Bulimia, cough with involuntary micturition, and blepharoptosis, were concomitants, and indicated the medicine. Dr. E. M. Howard contributes an accidental proving of *Nux moschata*.

March.—Dr. Middleton gives outlines of six cases in which *Borax* removed dysmenorrhœa, and, in the case of married women, accompanying sterility. He gives a grain night and morning, and has failed in getting similar results from the 6th potency. Dr. Guernsey writes from Paris that on his voyage across the Atlantic he found his high potencies and characteristic indications very valuable in sea-sickness.

April.—Dr. Laird reports another cure of enchondroma by *Silica*, this time given in high potency.

May.—A student, Mr. Chas. H. Conover, sends a thorough proving of *Damiana* made by him. None of the aphrodisiac effects ascribed to it were observed.

June.—An enthusiastic "Hahnemannian," Dr. Nichols, of Boston, publishes a case of itch recovering in *four months* under *Sulphur* 200 and 12 internally, and presents it as a cure!

August.—In this number Dr. Farrington begins a series of "Studies in the Materia Medica," which go on throughout nearly all the subsequent numbers of the series. The remedies drawn from the animal kingdom, the serpent poisons and *Apis*, are his subjects. Much industry is displayed; but we confess to there being too much symptomatology and too little synthetic generalisation to our taste. Dr. Quint relates a case occurring during his charge of the New Jersey State Asylum. It was brought in as softening of the brain, but was diagnosed by him as "the ataxic form of aphasia." The efforts at conversation

were a perfect jargon. *Anacardium*, followed by *Lycopodium*, cured.

September.—Dr. Fornias, in an epidemic of measles in Cuba, found *Sabadilla* very helpful when there was much sneezing with pleuritic stitches.

October.—Dr. Mohr writes:—"I have had pregnant women, and women who were nursing infants, fed on lentils, with the effect to produce in the offspring sound teeth, although all the previous children suffered from carious deciduous and permanent teeth very early in life."

November.—Dr. McClelland, of Pittsburg, whom we had the pleasure of seeing (and hearing) at our late Convention, communicates a successful nephrectomy performed by him. The review of Dr. Allen's *Symptom Register* in this number should be consulted, as it contains some emendations of value.

January, 1881.—A very interesting collection of cases of placenta prævia, occurring in the practice of the reporters, is here and in April summarised by Dr. George B. Peck. At a meeting of a medical society, two doctors mention *Naphthalin* (2x and 3x) as almost specific in whooping-cough.

March.—Some clinical observations on a little-used remedy—*Cyclamen*—are here given by Dr. Shearer, of Baltimore. He esteems it highly, given in the 30th, for catarrhal headaches, with vertigo; and relates a case of hemeralopia cured by it. In a review, "F." (doubtless the editor so initialled) makes the astounding statement that Hahnemann evolved the psora theory "during a period of ten or more years, while he was enjoying an immense practice in Paris." He further states that the remedies he classed as "anti-psorics" were those which he found to "induce an action surface-ward, from more to less vital parts," and so to cure thoroughly and permanently. This is a very pretty theory of "anti-psoric" action; but Hahnemann's own account of his reasons for so reckoning certain medicines is very different (see *Chronische Krankheiten*, 2nd ed., Theil i, S. 178).

New England Medical Gazette.—This small, but always

sterling, monthly continues to appear under the editorship of Dr. Herbert C. Clapp.

April, 1880.—Dr. Gilchrist, from an experience of sixty-four operations, major and minor, in 1879, asserts positively that the use of *Hypericum*, internally and locally (1 to 20), precludes any after-suffering.

November.—In this and the following number Dr. C. Wesselhoeft demolishes the argument drawn from Professor Crookes' researches upon "Radiant matter" in favour of the higher infinitesimals of homœopathy. He shows that "the millionth of an atmosphere"—the degree of rarefaction at which these phenomena occur—is only our third dilution; and points to the fact that at the twenty-millionth they cease to be manifest as telling the other way, and to the whole matter as supporting afresh the molecular theory, and therefore that of limited divisibility.

December.—Dr. J. P. Dake here flaunts a red flag in the face of many a bull by advocating, in true Hahnemannian fashion, the use of single specifics for maladies resulting from a definite, unvarying cause, such as syphilis, malarial fever, and scarlatina. Dr. Hawkes takes up the gage in the February number, and directly flies in the face of the master whom he professes to follow by denying that *Cinchona* has cured more cases of ague than all other substances, or that *Belladonna* is so often indicated in scarlatina as *Apis*, *Lachesis* and *Rhus*.

January, 1881.—"J. H. Sherman, M.D., South Boston," seems ill informed on the pathology and therapeutics of diabetes; for he communicates as a novelty a case "cured" by a diet of beef and gluten bread. The editor should amend such contributions.

April.—Dr. J. H. Marsden relates how, on two occasions, a horse of his was seized with sudden—apparently congestive—dyspnœa, accompanied the first time with epistaxis, after eating the *Erechthites hieracifolia*. It is in hæmorrhages that *Erechthites* has gained such repute as it has in the homœopathic school; and this involuntary proving suggests the form of the affection in which it is likely to be useful.

May.—In an editorial article here, some statements of the notorious diploma-forgery Buchanan, as to the facilities for buying British diplomas, are cited as if they were trustworthy. To those who know the facts they are ludicrously false, and we are glad to find Dr. Potter coming forward in the June number for our vindication.

June.—That American old-school journals are not more blameless in respect of punctuation than our own is illustrated here by the following extract from the "Virginia Medical Monthly" of May 6th. "Always believe a young unmarried woman with abdominal tumour of high social position and unimpeachable virtue, if she has been watched over by a platonic and abstemious young cousin of the male persuasion, while the mother went out to be pregnant." Dr. A. H. Allen records a case of chronic hydrocephalus cured by the persistent use of *Calcareæ* 3x.

American Observer.—Our series of the *Observer* is this time complete, though the publisher has not responded to our request for the missing number of July, 1879.

The contributions and reviews of Dr. S. A. Jones continue to be the choicest things in this journal. We much regret to see that his connection with the University of Michigan has had to be severed, as he was doing good work there with medicines, whatever might have been his relations with his colleagues.

February, 1880.—Dr. Norton contributes two cases of croupous conjunctivitis rapidly cured by the internal administration of *Acetic acid*; and Dr. Brewster three of uterine displacements in which *Lilium* proved efficacious. In the first, the 3rd dilution sufficed; in the second, "the patient, after taking the dilutions with little or no benefit, received the mother-tincture in three and five drop doses, and the restorative process commenced at once;" the third "took the lower potencies with no benefit; but the 200th produced rapid improvement, which went on to a perfect cure." Who, in the face of such experiences, shall formulate a law for the dose? Dr. H. W. Taylor, finding *Alumina* recommended* for climacteric congestions, gave *Alumen*; which

* What does Dr. Taylor mean by "a recommendation made by the master

Dr. Jones says reminds him of the Irishman who enlisted in the 22nd regiment in order to be near his brother, who was in the 21st.

April.—Dr. Hart, who continues his treatise on Practical Medicine in the *Observer*, quotes here a case of œdematous laryngitis cured, when tracheotomy seemed imminent, by *Aconite*, two drops of the tincture of the root every two minutes for an hour, and then less frequently. Dr. Taylor relates a number of cases showing the value of *Camphor bromatum* (1x) in the acute gastro-intestinal affections of infancy. Dr. Jones gives “a glance at the empirical history of *Hypericum perforatum*,” full of pertinent matter from the old herbals.

May.—Dr. Dubbs gives a case in which hydrophobic symptoms supervened upon a bite by some creature unknown (probably a “skunk”), and yielded to *Stramonium* 2 given every five minutes. He calls it one of genuine hydrophobia, which, considering that the attack came on within twenty-four hours, cannot be allowed. The case is a good one, nevertheless. Dr. Avery communicates three more instances presumably of myalgia of the diaphragm, in which *Actæa* 1x was curative.

August.—Dr. Jones here treats of *Symphytum* in the same manner as heretofore of *Hypericum*. Dr. Brown relates two cases in which a succession of premature labours of dead syphilitic children was interrupted, and changed to normal childbirth, by *Iodide of Potassium*—ten grains being given daily for some months before term.

September.—Dr. H. W. Taylor reports several cases in which *Trillium*, 1x, checked threatened abortion. He does not find it efficacious in uterine hæmorrhages from other causes.

October.—Dr. Wanstall, of the New York Ophthalmic Hospital, relates a case of glaucoma simplex, in which the vision in the right eye improved from $\frac{1}{35}$ th to $\frac{2}{7}$ ths, and in the left eye from $\frac{1}{300}$ th to $\frac{1}{10}$ th, under *Phosphorus* 1—3 taken for six months. Dr. E. C. Price cured a salivation in a and copied from Teste's *Materia Medica*,” which, on looking up the original of the latter, he found condemned by him as unsound and worthless?

pregnant women by making her chew horseradish root till the discharge was very perceptibly increased.

January, 1881.—Dr. Taylor continues* to find *Kali chloricum*, in substantial doses but largely diluted with water, “the true specific for malignant diphtheria.”

February.—To what we already know of the effect of *Tellurium* on the ear in Carroll Dunham’s proving of it, Dr. Houghton here adds: “An examination which I made after the proving showed the memb. tympani to be irregular, thickened in parts, thin in other portions, the result of perforation and cicatrisation.”

March.—Dr. E. C. Price speaks highly of *Aurum* (*A. mur. natron.* 1, gtt. v ter die) and *Potass. iod.* (2x or 3x) in areolar hyperplasia of the cervix uteri, the condition in which Dr. Ludlam thinks so well of *Tartar emetic.* Dr. Jones publishes a “Protest” against “several errors against his little self,” which appear in our article on “Triturations” in the issue of this Journal for October, 1880. We are very sorry to have failed to represent Dr. Jones aright: it was not from want of endeavour to do justice all round. Readers must judge of the importance of the points made here; they hardly seem to us worth any stir, still less provocative of the desire to see the writer of the article the subject of “a first-class funeral.” Of much greater moment is Dr. Jones’ suggestion towards a “Condensed Materia Medica” that it should consist of verified symptoms mainly, and of others in “one statement of the same fact.” We shall find him hereafter returning to this subject.

April.—Dr. C. H. Lee had a patient, two of whose children in succession had spina bifida. In the next pregnancy she was kept on *Calc. phos.* 3, and the child was perfectly formed and healthy.

May.—Dr. Jones continues his remarks on the possibility of condensing the Materia Medica. Apropos of verified symptoms, he has examined the starrings of ‘Allen’s Encyclopædia’ with reference to our polychrests, and finds them in the following proportions:—Aconite, 14 per cent.;

* See number for June, 1878.

Arnica, 10; Arsenic, 17; Belladonna, 15; Bryonia, 16; Calcarea, 10; Chamomilla, 9; China, 10; Dulcamara, 7; Hepar, 14; Hyoscyamus, 10; Ipecacuanha, 12; Lycopodium, 9; Mercurius sol., 18; Nux vomica, 26; Phosphorus, 15; Pulsatilla, 43; Rhus, 30; Sepia, 13; Silica, 22; Sulphur, 31; Veratrum alb., 23. These are instructive figures.

Homœopathic Times, Jan., 1880—March, 1881.—We bring our survey of this journal down to the latter date only, as the volume beginning with April in the present year starts under a new title—the “New York Medical Times.”

Jan., 1880.—Dr. Charles Phillips' *Materia Medica* has been reprinted in America, under the appropriate editorship of Dr. Piffard. Its history seems little known there, as we find in this number a suggestion that “Phillips may probably have had access to the homœopathic *Materia Medica* some time previous to his writing the present work.”

Feb.—A case of poisoning from the compound tincture of *Cinchona* is here taken from the “Archives of Ophthalmology,” as observed by Dr. St. John Rossa, in which permanent contraction of the visual fields resulted, as well as temporary blindness and deafness. The face and conjunctivæ were congested.

March.—Our so-called “Hahnemannian” colleagues (the title in this instance is a sad misnomer) have actually taken to administering the *magnet* internally in “potentised” form! Dr. Ostrom here reports a case of ingrowing toe-nail so “cured;” but the editors wisely opine that the accompanying mechanical treatment was the really effective means.

April.—Dr. L. B. Couch finds drop doses of *Liquor ammoniæ* a useful palliative in attacks of angina pectoris. The following significant item appears in a report on the revision of the United States Pharmacopœia prepared by a committee of the American Pharmaceutical Association. Recommending the use of *Elaterin* instead of *Elaterium*, they say—“It would be well to introduce a new class of preparations of very general usefulness, particularly in the case of powerful remedies, which are prescribed in very small

quantities, so as to be weighed only with difficulty, namely, attenuations or triturations to be prepared by triturating one part of the substance with nine parts of sugar of milk, and to dispense only those dilutions when the substance is required."

May.—Dr. F. S. Whitman communicates a case of exophthalmic goitre cured in three months with *Arsenicum* and *Digitaline*—drop doses of Fowler's solution being alternated with the 3x trituration of the latter.

June.—Dr. A. K. Hills has here a study of *Tanacetum vulgare* (tansy), with some new provings.

July.—We see from this that Dr. Swinburne, an old-school practitioner of Albany, has accepted the office of surgeon to the homœopathic hospital there, and has consequently been "legislated out" of the Albany Medical College.

August.—Dr. Schulte, in an able article, entitled "Our School," says, in reference to Allen's *Encyclopædia*, "Dr. Hughes admits that in many cases he had been inclined to reject unsubstantiated symptoms, but that out of reverence for the master he had left them untouched." This is a mistake. It is at Dr. Allen's wish that no symptom of Hahnemann's is actually excluded. The late Dr. von Tagen claims to have "guided safely through to a favourable termination" seven cases of traumatic tetanus with *Physostigma*, in doses too small to induce its physiological action.

September.—Dr. J. M. Thompson, house physician to the Ward's Island Homœopathic Hospital, reports on the erysipelas of the past four months in the wards. Sixty-two cases were treated, and in every one there was a good recovery. The usual remedies, with the addition of *Camphor*, were employed. We hope to see more reports of this kind. Dr. Oehme reports a progressing case of psoriasis guttata checked and rapidly cured by *Merc. iod.* 2, four times a day. Dr. W. L. Breyfogle finds *Chenopodium* very useful in constipation and helminthiasis. Dr. H. C. Blauvelt has been visiting the hospitals of London; but has acquired some curious notions regarding them, for he states that "patients desiring admission must present a

letter of recommendation from one of the attending physicians or surgeons, and are required to pay more or less for their board."

December.—Dr. Talcott, whose reports from the Middletown Asylum are always valuable, writes upon "Melancholia with Stupor." There is fever with it, and *Baptisia* and *Belladonna* are its chief remedies.

Feb., 1881.—Dr. Elias C. Price confirms his former statements as to the efficacy of *Sticta* in acute bursitis. He has now treated over twenty cases with it.

The "Retrospect" is continued in this volume, and embraces our literature for the year 1877. It has not been resumed since.

United States Medical Investigator.—The numbers for Sept. 1st and Dec. 15th, 1880, have failed to arrive. We shall be glad to have them.

March 1, 1880.—An instance of poisoning by Colchicum, involving nineteen persons, of whom seven died, is cited here from the "Canada Medical and Surgical Journal." "Severe pains were felt in the knee-joints by some, and in two cases very markedly in the left shoulder."

April 1.—Dr. J. H. Compton affirms that, if infantile syphilis be taken in the stage of coryza, it can be cured by the higher dilutions (30—200) of *Mercurius* without further medication. The same remedy, however, is to be given in the 6th to the (nursing) mother.

April 16.—The *Arseniate of Gold* is recommended for employment by Dr. Oliphant, of Toronto, and Dr. E. M. Hale. Catarrh of the frontal sinus, with its headache, and chronic gastritis, are its ascertained spheres of influence. Dr. G. H. Carr finds a case of acute rheumatism recover quickly under some mythical high potencies; and says, "I have used the 30th and 3rd potencies . . . and never saw any such results. I got tired and sick of homœopathy as to rheumatic troubles of any kind, but all that is changed now, and I find it very amenable to pure Hahnemannian homœopathy." What would Hahnemann himself think of this depreciation of his 30th? The editor concludes in this number a very interesting account of a "Tour around

the College World." He has visited eleven homœopathic institutions of the kind; has "looked into the faces of over 1000 homœopathic students," and "can say that the coming generation of physicians will be a credit to our school."

May 1.—"G. B. C." sends an account of an indigenous plant growing in his neighbourhood, and known as "loco," which, if eaten by horses—who are very fond of it—induces all the symptoms of rabies. He of course proposes it for hydrophobia.

May 16.—A paper on "Acute and Chronic Diseases," by Dr. C. P. Jeunings, contains one of the fairest and fullest accounts of Hahnemann's psora-theory that has been written.

June 15.—Dr. Chaffee twice—at three hours' interval—took ten drops of *Propylamin* in water. The first time it caused a tingling of the fingers, with a sensation of numbness to such a degree that in attempting to pick up anything it felt heavy, and he had to use effort to retain it. The second time he experienced these symptoms intensified, with great pains in the wrist and ankle-joints, restlessness, and inability to stand. He gives two rheumatic cases of the kind rapidly cured by it. Before *Salicylic acid* came in, *Propylamin* was growing into great repute as an anti-rheumatic in the old school.

July 1.—Another anti-Hahnemannian "Hahnemannian"—Dr. C. B. Gilbert—here tells us that he "rarely finds *Aconite* indicated and *Bell.* not much oftener." The master's preface to the pathogenesis of the former in the *Materia Medica Pura* should open his eyes. Dr. C. M. Pickett finds *Grindelia squarrosa*, in substantial doses, very effective in reducing hypertrophied spleens. Our own Dr. Drury appears here, with a paper on the management of children's disorders; and we find him recommending an unusual medicine for their diarrhœa, when the pain is constant and cutting, viz. *Sabadilla*.

August 1.—Dr. Hawley, another "Hahnemannian," utterly rejects the idea that Hahnemann could have incorporated into his *Materia Medica* symptoms observed only

on the sick. Dr. Boyce sets him right. Dr. P. P. Wells, a yet more prominent representative of the school, chooses for advocacy of individualisation dysentery, which Hahnemann tells us can always be cured by one remedy, viz. *Mercurius corrosivus*.

Oct. 1.—Dr. G. S. Evans communicates some very favourable experience with *Arum maculatum** in hay fever. Dr. L. B. Wells relates three cases of gangræna senilis (two occurring in the same subject) cured by *Secale*. Dr. Carleton reports from Ward's Island Hospital that old ulcers heal best on internal homœopathic medication with no local medicinal appliances.

Nov. 1.—Dr. Wilbur relates several cases of commencing stricture supervening upon chronic gonorrhœa, in which *Gelsemium*, in four-drop doses of the mother-tincture, rendered mechanical treatment unnecessary. In the number for Dec. 1st Dr. Gilchrist goes further still, and states that within the past eleven months he has cured or greatly benefited five cases of organic stricture by remedies alone. All were connected with gleet. This was changed into a purulent or muco-purulent discharge by *Sulphur* 200, and then *Silica* 30 was given at increasing intervals.

Jan. 1, 1881.—Dr. J. S. Mitchell read a paper before the Chicago Homœopathic Academy extolling *Petroleum* (2nd) in phthisis; and quite abundant testimony to its general usefulness was borne by the other members present.†

March 1.—Dr. A. K. Hills says that *Ferrum* is suitable only when animal food is either not desired by the appetite or is not well borne by the stomach when taken into it. *China* is suitable when there is a corresponding intolerance of fruits. Dr. Danforth relates a case of dysmenorrhœa, in which there was also frequent pain and fluttering sensation in the hypogastrium. This he could not relieve until he found such fluttering in the pathogenesis of *Brachyglottis*, which, given in the mother-tincture, soon cured.

* In Oct. 15 a fuller report of his cases makes the remedy *Aurum metallicum*!

† See also April 15, p. 377.

The following, concerning Gelsemium, is so curious that we must extract it :

A Side-show of Gelsemium.

By W. W. DAY, M.D., Dayton, W. T.

I have been treating a case of phthisis pulmonalis, in which I gave *Gels.* tincture to procure rest for my patient. I gave three drops every three hours during the first part of the night. My patient was a female, thirty-two years of age, mother of four children, of a delicate nervous temperament, and mild disposition. After having used *Gels.* nearly a week in the way above prescribed, she asked me if there was anything else that would produce rest? I said yes, there were other medicines that would be admissible. I asked her if *Gels.* did not agree with her? She said, Oh yes, but it made her feel as though some one else was sick and not herself. She said she worried about some other person having her sickness. I asked her if it produced this effect every time she took it? She said it did.

I will drop this case at this point, and picture another case that I was treating at the same time, a Mrs. K—, who had come to this place about the 1st of October last, from California. She is forty-seven years of age, approaching the climacteric period of life, menses irregular, of a nervo-bilious temperament, sharp features, slim and thin.

Her husband had met with reverses before leaving California, and after arriving here among strangers, together with her husband's misfortune, she sank into a semi-melancholy state of mind. I treated her about two weeks, when I thought of *Gels.* in her case. It suggested itself in her case from the fact that when I would call and question her she would call her little daughter (Dolly), a little sprightly girl of seven years, and as healthy a child as could be ; and she would give one agonising groan, and say, " Oh doctor, if you could only do something for Dolly, she is dying with pain. No mortal knows how that child suffers. She is diseased from her head to her feet, and is dying by inches." This was her every-day salutation. She declared she was well, but Dolly was sick and dying.

Is it strange that I should think of *Gels.* after remembering the pranks it cut with my consumptive patient? I gave it in mother-tincture, and my patient, to my surprise and satisfaction,

commenced improving, and after taking the medicine two days I heard no more about Dolly, and in less than ten days from that time she was able to go on a farm and oversee her own household affairs, and has since called to see me, and now enjoys good health.

March 15.—Dr. Gilchrist has operated for strangulated hernia fifty-two times during the last eighteen years, and has never lost a case. He of course ascribes his success to homœopathic remedies. He repeats here his statement that *Hypericum* absolutely prevents pain after operations, saying that it matters not whether the remedy is used in the tincture, the 30th, or the 200th, the result is the same.

April 1.—Dr. A. K. Johnson reports a case of chronic constipation, in which for twenty years the bowels had never been moved without physic or an enema, and in which the stools were made up of small black lumps or balls. It was cured by five doses of *Opium* 100. A cure of sciatica with *Gnaphalium* 6 and 12 is reported by Dr. von Musits.

April 15.—Two more cases of chronic urticaria cured by *Chloral* (1x) are here given by Dr. Tucker.

May 1.—Dr. Adams, of Toronto, contributes a very original paper on "The Head as an Aid to Constitutional Diagnosis."

June 1.—One of the best papers by a woman on woman's disorders we have seen is that contributed to this number by "Sarah C. Harris, M.D.," of Galena, Illinois. It is entitled "The Menstrual Climacteric." She recommends *Aconite* as the great remedy for its circulatory disturbances; but gives it in the 1x dilution. The remedy next in importance with her is *Apis*, in the same strength.

June 15.—Dr. J. D. Burns relates a good case of cardiac dropsy, in which *Digitalis* did no good until alternated with *Arsenicum* 3x.

St. Louis Clinical Review.—The number for June, 1881, is the last that has reached us at the present writing (Nov. 26th). The missing numbers mentioned in our last

notice* have not been received; and of the present series those for April, July, and December, 1880, and January and March, 1881, have failed to reach us.

We do not find anything calling for notice or extract in the numbers before us; but are pleased to learn that some of the St. Louis homœopaths are appointed as clinical lecturers at the City Hospital on equal terms with their colleagues of the old school.

American Homœopath.—This journal also has failed to supply the four missing numbers we noted in our last review,† and that of July, 1880, has to be added to the list. Dr. Blumenthal is now sole editor-in-chief, though several physicians are named as “corresponding editors.”

March, 1880.—Dr. H. W. Taylor reports, as the result of eight years' experience with ague in a malarious district, 810 cases—acute and chronic, 790 of which were cured with an ethereal solution of “Chinoidine.” This is the residue left after the evaporation of the mother-liquor of cinchona from which the alkaloids have been crystallised out. The ethereal solution is a saturated one, and Dr. Taylor gives five drops every hour during the day. Dr. S. K. Dubbs reports a case in which hydrophobic symptoms supervened upon the bite of some creature unknown (? a skunk). Repeated doses of *Stramonium* 2 removed the spasms, which were very severe.

April.—Dr. W. L. Dodge communicates very favourable experience with *Apomorphia* in sea-sickness.

August.—A case of poisoning by *Camphor* is here recorded; and the disappearance of a crop of condylomata under *Thuja* 200.

October.—A cure of chronic endocervicitis with *Sepia* 30 and 200 is here reported by Dr. Hart; and one of persistent bad taste in the mouth by *Pulsatilla* 200.

November.—Dr. Cate speaks highly of *Venice turpentine*, in the 3x trituration, for bronchiectasis. We find in this number a portion of our review of Dr. Gilchrist's “Surgical Diseases,” transferred without acknowledgment; and

* See vol. xxxviii, p. 354.

† *Ibid.*, p. 355.

in that of Jan., 1881, a similar annexation of a paper (by Mr. S. H. Blake) and a review from the *Homœopathic World*. It is perhaps of a piece with such procedure that we read here among the notices of new books, "DR. HUGHES' MANUAL OF PHARMACODYNAMICS, First American Edition, reprinted from the fourth English edition, is rapidly progressing. The book will be sold at a considerably lower price than the imported work." We had thought that such proceedings had ceased with the abdication of Mr. Radde.

April.—Dr. M. M. Walker speaks highly of *Uranium nitricum* 30 in Bright's disease (large white kidney), and relates an illustrative case. Dr. Bigler praises *Arsenicum iodatum* 3x in strumous ophthalmia, giving indications for its choice.

June.—Dr. McLaren has had very favourable results from *Petroleum* (3rd) in phthisis.

The *Homœopath* has an unusual number of original cases supplied to it. Some of these we have indicated above, but it is quite impossible to mention all.

Medical Counselor.—No more numbers for 1879 have reached us besides those mentioned in our last notice;* but we have since received the *Counselor* with regularity,—the number for November, 1880, being the only one missing. Since April in that year the editorship has been transferred to Dr. Arndt, so favourably known by his co-operation with the late Dr. Hempel in bringing out the third edition of his *Materia Medica*. Since October, 1881, the *Counselor* has become a weekly journal; but its appearance in this capacity is beyond the range of our present survey.

Since the assumption of the editorship by Dr. Arndt, a feature of the *Counselor* has been the appearance each month of a sheet of appendix, containing a translation of Hahnemann's *Materia Medica Pura* from his pen. It differs from that just issued by the Hahnemann Publishing Society in rendering the work as it stands, volume by volume, so that it begins with *Belladonna* and goes on with

* Vol. xxxviii, p. 366.

Dulcamara, Cina, &c. It aims, also, at closer literal transcription than is generally sought, and in pursuit thereof frequently breaks its sentences by brackets containing the exact meaning of the original, to which—later on—have been added critical remarks on other translations. When the first volume of the British translation appeared, Dr. Arndt naturally consulted his subscribers as to whether they cared to have his go on; but somewhat to our surprise so many replied in the affirmative that he has proceeded with his task. Comparisons in this case would be out of place in the *British Journal of Homœopathy*: we must leave the readers of the two versions to make them.

Feb., 1880.—Dr. Peiro, from his experience, warmly recommends strong hot coffee to revive the failing heart in diphtheria. Dr. Storke, writing on typhlitis, says he “can find no well authenticated cases in which *Lachesis* has hastened a cure, or benefited a patient.” We would refer him to the fifth volume of this Journal, p. 40. The following practical remarks are worth extracting:

Notes upon some of the Newer Remedies.

By CLARENCE M. CONANT, M.D., Middletown, N.Y.

Arum triph.

We have upon several occasions completely, and in a most gratifying manner, verified those symptoms of this drug which call for it in malignant scarlet fever. These are well laid down by Guernsey, and we agree with him emphatically when he says: “In such cases (of scarlatina maligna) *the Arum is the only remedy.*” But we will also add that in such cases the *Arum* will cure promptly and unaided, as we can bring testimony to prove concerning a very considerable number of cases. We first tried it in the 3rd potency and then in the 1st, and failing in every case, we were about to abjure the drug as a failure when the memories of high potency training said, “Friend, go up a little higher.” The next case got the 200th in water every three hours until improvement set in (which was in a few hours), and thence twice a day for three days; and then no further medicine, save a few doses of *Sulphur* to close up the case, as is our custom. The recovery was so rapid and complete as to astonish all who

had seen the case, and left us with the impression that it was a *post hoc* and not a *propter*. However, after the same course followed many times, giving the same results, we became converted and our patients healed. So we would say, "Don't give *Arum* below the 30th or 200th in scarlatina or you will be disappointed."

In an aggravated case of cerebro-spinal meningitis, resulting from an injury, "the child picked constantly at its lips, cheeks, and chin until they were raw and bleeding." The disease was at its highest point of development; the child lay day and night in a frantic screaming delirium, knowing no one, and had been many days speechless although noisy. A senior homœopath, called as counsel, diagnosed effusion and prognosed certain death. Thrown back upon our own resources, we prescribed *Arum* 200 in water every two hours. In twelve hours the crisis was passed. Recovery was gradual but complete. This child had, previously to the *Arum*, taken all the drugs commonly prescribed for this disease: such as *Actæa*, *Apis*, *Bapt.*, *Bell.*, *Ars.*, *Bry.*, *Gels.*, *Hyosc.*, *Nux v.*, *Opium*, *Rhus tox.*, *Stram.*, *Verat. v.*, &c.

Arsen. iod.

An old lady who suffered from an extreme bronchitis (which subsequently caused her death) had a constant diarrhœa and many *Arsenicum* symptoms. That drug was given in the 3rd, 30th, 200th, m and cm, equally ineffectually. At last she received *Ars. iod.* 3x, one-half a grain three times a day. The bowels at once returned to a normal condition and her diarrhœa —(? bronchitis) —was sensibly lessened—nor did the diarrhœa ever again return. Query.—If the drug had been given higher, is it probable that this lady would have been cured? She was about eighty years old.

Badiaga.

A child had a bad attack of whooping-cough, for which many drugs were prescribed ineffectually. One day, in response to the question, "Does he raise anything?" the mother said, "*He always raises a little thick yellowish mucus after a coughing spell, and he seems to have no control of it, and it flies right out of his mouth half-way across the room sometimes.*" The boy got *Badiaga* 30 twice a day. His cough soon became more moderate

and easy, and under *Badiaga* he had a comfortable and speedy passage through pertussis.

Cactus.

A lying-in patient, in a malarious district, and during the prevalence of that fell destroyer of human peace, had a sharp chill every night at midnight, followed by some headache and fever and thirst and considerable sweat. The symptoms were at first taken for premonitory signs of milk fever, or possibly puerperal fever, and *Verat vir.* 6 then *Bell.* was given. But the repetition of the thing led us to diagnose intermittent fever. *Cactus* 1, in water, was prescribed. She had a light chill and but little headache and fever that night. The next night slept soundly from 10 p.m. to 2 a.m., and was well after that and made a good "getting up."

We have found this drug "*a sure thing*" for right-sided headaches and neuralgias which are periodic, pulsating and throbbing, and of extreme type.

Cannabis ind.

A married lady, aged thirty, had a strongly anæmic condition. Pulse slow and feeble; she is very weak and cannot walk two blocks without extreme exhaustion. She is almost constantly dizzy and has much frontal headache and some backache. She has attacks of extreme palpitation of the heart with prostration and desire to be let alone and lie quiet, but no pain. She feels dreamy and queer all the time. For about six weeks several drugs which seemed to meet the indications were given, but she did not improve. One day she asked "Why is it that all distances seem so great? If I want to go into the next room it seems so far I feel discouraged before I start." This symptom is not given in any text-book at hand, but every haschish eater has suffered it and given testimony of it. We gave *Cannabis ind.* 3, every three hours. Improvement was immediate and all the symptoms were removed save the vertigo, headache, and somewhat of the weakness. *Cocc.* 30, twice a day, closed up the case beautifully.

Carbolic acid.

A gentleman was taken with a chill, followed by fever and very slight sweat, the whole accompanied by a peculiar numb

ache in the arms and limbs; tongue coated white; pulse small and rapid; neck very stiff and sore. Of this state of things there was remission every day, commencing about daylight, and decided aggravation every night about sundown and through the night. After about ten rehearsals of these symptoms, we observed that the pains had "affected the right side first, and afterward the same parts of the left." He complained of feeling so tired all the time though lying in bed; and constantly reiterated, "I feel as if I had taken a bad cold, but I feel sure I have not exposed myself." He had already taken, in various potencies, *Ars.*, *Nux v.*, *Bry.*, *Phy.*, *Bell.*, *Phos.*, *Sang.*, *Actæa*, *Merc. sol.*, *Cedr.*, and *China*. He now got *Carbolic acid* 1 in water. The whole train of symptoms vanished as if by magic. The next day he sat up, and in three more went about his business and has since remained well.

Castanea vesca.

We have had most gratifying results from this drug empirically given for pertussis. In early stages, after other drugs have somewhat checked the coryza, and the violent spasmodic cough appears, *Castanea* will not infrequently break up the disease. The fact that it sometimes fails only shows that we are ignorant of its indicating symptoms. We think it more useful where the cough is very dry and ringing and violently spasmodic. We have used only the 1st and the tincture in water. Will not our colleagues give their experience, or if they have none make a trial of the drug?

March.—Dr. Laird supplies another confirmation of the indication for *Colchicum* in dysentery, that the sight and smell of food make the patient sick. Dr. Woodward has been experimenting as to the effect of *Aconite* upon the pulse. He finds that from one to three drops of the tincture invariably quicken the heart's beat 10—20 times per minute; and a similar, though not so marked effect, followed the ingestion of drop doses of the 30th.

July.—Dr. W. J. Martin records a case of ocular* and vocal paralysis following diphtheria cured rapidly by *Lachesis* 200.

* Dr. Park Lewis justly points out, in the September number, that the author's term "amaurosis" is quite inapplicable here.

August.—Dr. Craig observes that in cholera infantum the general surface is often cool, while the bowels and head are burning hot; and has seen great benefit from applying cold to the latter with warmth to the feet. Dr. Edmonds supplies the following extraordinary piece of etymology:—"The term enuresis originally signified 'I void the urine in bed.'" He finds *Cantharis* 2x or 3x, five drops at bedtime, its best remedy. Dr. Cowperthwaite considers the place of *Veratrum viride* as an antipyretic to be in inflammatory fevers, where the pulse is "full, hard, frequent, and incompressible," but the breathing slow and laboured.

September.—An addition to the pathogenesis of *Nux moschata* is contained in this number, in the shape of a narrative of the effects of eating two nutmegs.

February, 1881.—Dr. Conant confirms the indication for *Jalapa* (Teste and Lilienthal), that the child, though pretty quiet during the day, screams all night with colic. He gave the 30th.

March.—Dr. Casseday confirms, from his experience, Grauvogl's recommendation of *Nuphtalin* (3rd trit.) in whooping-cough.

Homœopathic Journal of Obstetrics.—This new journal began to appear quarterly in August 1879; and we have received Nos. 2 and 3 of its first volume, the four numbers of the second, and No. 1 of the third, bringing it down to August, 1881. It is issued by the Chatterton Publishing Company, and edited by Dr. Minton, of Brooklyn. Each number contains 126 pages of good paper and print, and there is abundance of useful matter in it; so that no member of our school who cultivates obstetrics and gynecology should be without the journal.

November, 1879.—Dr. H. N. Martin relates several cases of cure of gastralgia with *Anacardium*, where the pain was relieved by taking food, but returned an hour or two afterwards. Dr. J. C. Morgan considers *Xanthoxylum* 1 almost a specific for after-pains. Dr. Guernsey says that the pain in these cases will sometimes occur elsewhere than in the pelvis; and that when referred to the shins *Carbo vegetabilis* will cure promptly.

February, 1880.—Dr. Hale highly commends pencils of *Iodoform* introduced into the cervical canal in intra-uterine catarrh; and Dr. Edmonds proclaims *Arsenicum*, 2x or 3x trituration, with an ointment of oxide of zinc and vaseline, specific for infantile eczema. Dr. McNeil criticises this practice in the August number, but makes the astounding assumption that half a grain of the 2x trituration = $\frac{1}{80}$ of a grain of *Arsenic*.

November, 1880.—Dr. Crouch praises *Muriatic acid* in a medium or high potency for acid stomach in children, with general irritation of the digestive mucous membrane and prostration.

May, 1881.—Dr. S. M. Cate propounds as the rationale of the action of *Pulsatilla* on the uterus, that it causes contraction of the middle layer of muscular fibres, thus making the organ assume a globular form. Dr. Warner records a severe case of pruritus vulvæ cured by *Sulphur* and *Nux vomica*, given as indicated by the head, chest, and stomach symptoms, with hot-water vaginal injections. Dr. L. A. Phillips considers *Trillium* (1x of the concentrated preparation) the best remedy for active uterine hæmorrhage in delicate women of lax muscular fibre.

We have only noted therapeutic points, but there is abundance of practical matter of a more mechanical kind in these numbers. We could wish that they were more free from typographical errors.

Medico-Chirurgical Quarterly.—In 1879 we received the first number of an "American Journal of Electrology and Neurology." It was to appear quarterly, under the editorship of Dr. John Butler, and was published by Boericke and Tafel. We saw no more of it, however; and in 1880 we received instead the first number of "The Medico-Chirurgical Quarterly," under the same editorship. Its prospectus tells us that the limitation of subject caused a lack of contributions; so that it seemed desirable to enlarge the scope of the journal, while continuing to give a prominent place to nervous disease and electrical treatment. The numbers for January and April 1881, (no more), have reached us since. The *Medico-Chirurgical*

Quarterly professes itself the organ of no school or party ; but its contributors all come from our ranks, to which its editor also belongs.

July, 1879.—We learn with pleasure that in May of this year “The N.Y. County Medical Society admitted to membership a graduate of the N.Y. Homœopathic Medical College, without any other diploma.”

Jan., 1881.—Dr. Geo. S. Norton speaks highly of the local application of boracic acid, in fine powder, in chronic suppuration of the middle ear.

April, 1881.—Dr. A. K. Hills thinks the special indication for *Ferrum* in anæmia to be that animal food is either not desired by the appetite, or is not well borne by the stomach if taken into it. The *China* patient, on the other hand, is intolerant of fruits.

Homœopathic Physician.—This new journal dates from Jan., 1881, since which time it has appeared monthly ; and for the half year which comes under our present survey we have received all the numbers save that of April. It is edited by Dr. E. J. Lee, of Philadelphia (where it is published) ; and is designed to represent the views of the “Hahnemannian” section of our body. It will thus take the place of the defunct “*Organon* ;” and Dr. Skinner seems at first to have recognised it as the successor of his bantling. A note in the last *North American* (Nov. 1881), however, tells that Dr. Skinner “has resigned his membership of the ‘International Hahnemannian Association’ and has ceased to be a contributor to its organ ‘The Homœopathic Physician.’”

Our readers know the kind of thing to be expected in such a journal. Four-fifths of each number are occupied with attacks upon the more liberal homœopaths, who are really now doing all the work and all the fighting for the common cause, while the “Hahnemannians” content themselves with abusing them. We had marked several passages for comment, but think that we can better occupy our space.

Medical Call.—This is a little quarterly of 32 pages, “hailing” from Quincy, Illinois, and edited by Drs. W.

D. Foster and O. B. Crandall. We have the first two numbers (Jan. and April, 1881) before us. It professes to be "devoted to the wants of the busy doctor," and makes good its programme by the abundance of practical matter it provides for its readers. On another occasion we may have to make some extracts from it.

Homœopathic Courier.—Of this new journal also we have the first two numbers; but they belong to January and February, 1880, and we have not heard of it since. The *Courier* is published at St. Louis, and appears intended to represent the "Homœopathic Medical College of Missouri," by members of whose faculty it is conducted. One of them affirms, in the first number, that "crude drugs cannot effect a cure!" The orthography and press-correction is worse than—well! let us say that of the *Investigator*. The following, however, is too good to be lost.

A Condensed Materia Medica. By S. A. JONES, M.D.

The schismatic saints of that "immaculate conception" which chipped the egg at Milwaukee in June last, see only the "mark of the beast" in the yearning for a Condensed *Materia Medica*.

Much have I thought of this lately, being led thereto by many letters urging me to signalise my manumission by preparing such a work. Some of these appeals have come from sources so respectable that I have felt obliged to consider them; not, indeed, so much with a view of attempting to supply the demand, as to determine the need for it, and the probability and *possibility* of meeting it.

Rightly understood, one cannot deny that science *should* culminate in a Condensed *Materia Medica*. *Condensed*, mind you—not curtailed; not a *caput mortuum*. Of these we have already had more than enough in the so-called Allentown Jahr, Hull's Jahr, Lippe's Text Book, Hering's Condensed, and Cowperthwaite's *réchauffé* of these last two. All of these are misconceptions; curtailments, not condensations; abbreviations, not analytical eliminations of the "active principle," or *principal*.

The grand *desideratum* could not be until Allen's grand Encyclopædia had been, and the completion of his work is the first step towards a Condensed *Materia Medica*. The gathering of

this vast store of material was the indispensable initiative; the winnowing is a far more arduous endeavour.

Hering had clear conceptions of the only safe winnowing, and *festina lente* was his creed. He knew that the "proving" could win its spurs only in its clinical application and *verification*. He was right; all other *criteria* have but a subsidiary value; many of them, indeed, are only "scientific" *ignes fatui*, beguiling into a slough of despond, after the manner of all such "lights."

Holding views so sound, Hering's "Condensed" is a misnomer; Hering's *Abbreviated* gives the letter and spirit of the fact. The truth of this is made evident in his *Guiding Symptoms*; and in this work we have Constantine Hering's only attempt at a Condensed *Materia Medica*.

As this work will require eight posthumous volumes, in addition to the two which came out under the veteran's eye, my calling it "Condensed" may excite a smile by those who are dismayed by the profusion of Allen's *Encyclopædia*; but surely these men have not discerned Hering's supreme endeavour to apprehend (aye, *lay-hold of*), the *grist* of the remedy. This grand old workman knew that the letter killeth, but the *spirit* giveth life; and for more than half a century he sought for that spirit where alone it can be seen and felt—in the clinical application of the *data* of the "proving."

Some have felt that he violated the essential unity by incorporating symptoms derived from the use in disease. Not so; a "proving" is from the nature of things incomplete—a proving does not produce vertebral caries—a similar disease-state is pre-Raphaelistic to the veining of a leaf, and we find in the calcic phosphate a *similimum* for one form of vertebral caries in its entirety. Hering endeavoured to let disease supply *details* where the proving had given (could give) only *outlines*, he has largely succeeded, and they who ignore his "Guiding Symptoms" needlessly limit their own usefulness.

From our standpoint, then, it is evident that, in the clinical application of the "proving" we find the chief avenue to the obtaining of a Condensed *Materia Medica*.

To be sure, this very avenue can, and does, lead to fallacies innumerable, as much "High Potency Practice" amply evidences; but shallow cerebral convolutions will aberrate in *any* avenue, and the avenue must not be blamed! A searching analysis

of all published "cases" is, then, an indispensable preliminary, and such symptoms as can rightly wear the stars of generalship for "services in the field" will form the safest contribution towards a Condensed Materia Medica.

Altogether secondary to this is a pruning of the redundancies in the Encyclopædia. The duplication, triplication, quadruplication of a symptom is, as many persons believe, a most desirable evidence of legitimacy; it at least suggests one and the same father, and provers, we know, are suspected of "easy virtue," as the word goes. It is also proper to have these evidences of legitimacy duly recorded in an Encyclopædia; but in a Condensed Materia Medica only *one statement of the same fact* is allowable.

Some have wished that this plan had been applied to *Allen's Encyclopædia*; but somewhere they must be recorded in all their actual multiplicity, and the Encyclopædia is the place.

No other abbreviation is to be tolerated except such as is justified by clinical experience, and these two methods would largely lessen our Encyclopædic storehouse.

But if a Condensed Materia Medica is to include only such symptoms as appeared in the majority of the provers, we shall surely omit some of the most valuable, for idiosyncrasy has claims which *must be respected* in every "proving"—and if we incorporate only such as have been clinically verified we shall doubtless condemn many a symptom because it has not happened to have had a hearing in the clinical court. If the developing of our Materia Medica has required a century, why not a century or two, or three, for its verification? We can make a "proving" at will; we can demonstrate its verity only when the golden opportunity comes to us. That may come to-morrow, and, may, perhaps, only in "Plato's year." Hence Hering's profoundly prescient *festina lente!*

Mine eyes look not for *the* Condensed Materia Medica. It may come in "Plato's year," or when, with clearer eyes, we can see in it all the grand simplicity that marks the works of Him whose inscrutable plan hid virtues in the flowers of the field.

If it shall come, it will be as the last of a series of eliminations, a series that will gradually exclude the generic in each remedy by cancellation, until, at last, only the specific—the absolute value—of the remedy will be left. This feature will be written in a single line, as the *anxiety* of aconite, the *asthenia* of picric

acid, the *restlessness* of rhus and so on. Each remedy will have its voice, and be known by it, as was King Lear in that night of storm and darkness.

That this is not a mere dreamer's fancy is shown by the fact that in the "key-notes," or characteristics, we have a foreshadowing of the ultimate identification of a remedy by its intrinsic individuality; and *this individuality* is not shown by erratic warts and birth-marks, as your Repertory makers imagine. A truant lock of hair might have hidden Cromwell's wart at Edgehill; but what could hide the voice of him who commanded in the name of the Lord God of Hosts? We want not warts and telangiectatic birth-stains, but the SPIRIT, and this we shall reach when we get through the rind of things. We must drop synthesis for analysis, and though this may seem to lead us to several centres in a drug's action, all essential to its unity, yet we must keep on and on, until, at last, is revealed to us the *punctum saliens*.

"So runs my dream, but what am I?
An infant crying in the night;
An infant crying for the light,
And with no language but a cry."

The *Homœopathic News* ceased to exist at the end of 1880; and the *Medical Advance* continues to be heard of only by us.

The *Clinique*, however, whose appearance we noted in our number for April, 1880 (p. 174), has since reached us regularly; and only want of space compels us to omit it in our present survey.

MISCELLANEOUS.

The Successor of Henderson in the Edinburgh Chair of Pathology.

PROFESSOR GREENFIELD, who now fills the Chair of Pathology in the University of Edinburgh, which Professor Henderson occupied from 1841 till 1869, makes the following remarks on his distinguished predecessor :

“ I know not what influence may have been exerted by it (the Chair of Pathology) during his long tenure of office, but it cannot have been marked in the hands of one who, whatever his genius and accomplishments, was in the strange position of professing a subject whose methods are practical, and whose principles are the basis of scientific medicine, whilst he practised a system of therapeutics originating in groundless theories, and uncontrolled by scientific observation.”

In limine we may remark that it is scarcely permissible for one who confesses ignorance of the influence exerted to infer that it could not have been marked. Had he applied to those who might have given him the information he needed, viz. : those who had profited by the instructions of Professor Henderson, he would have learned that the Chair of Pathology during Henderson's tenure of it exercised a great influence on the rising generation of medical men. Henderson excelled both by the originality of his pathological views, in which he anticipated much that has now come to be the generally accepted doctrines of the medical school, and by the lucidity of his exposition of scientific pathology. In addition to his success as a teacher Henderson has an undoubted claim to be reckoned a discoverer in the domain of pathology, he having been the first to point out that relapsing fever is a special disease and not a form of typhus or typhoid, as it had previously been considered, and having also been the first to give the real explanation of the sudden subsidence of the febrile symptoms in pneumonia

at the apparent height of the inflammation. We should like to know in what respect Professor Greenfield has enriched the science of pathology that he assures a right to sneer at his illustrious predecessor. It would have better become the new occupant of a chair which has been held by some distinguished men to endeavour to emulate their deeds than to sneer contemptuously at their achievements, which are infinitely beyond anything he himself has yet effected. It does not augur well for the usefulness of Dr. Greenfield in the Chair of Pathology, that at the very outset of his career he should give such a perverted account of his predecessor's medical practice by saying "he practised a system of therapeutics originating in groundless theories and uncontrolled by scientific observation," when all who know anything about the subject know this—that homœopathy is not the outcome of "groundless theories" or of "theories" at all, but is the logical deduction from observed facts, "the medicine of experience" in deed and in truth, as its founder first called it. Any theories that may have been associated with it are in no way necessary to it, and may be true or false without affecting the scientific character and foundation of the therapeutic law which is the essence of homœopathy. It is too good a joke to contrast unfavourably the homœopathic method with the practical methods of pathology, when everyone knows that pathology, when it is not merely pathological anatomy, consists mainly of unproved conjecture and theories more or less "groundless." It may be the business of pathology to explain why a remedy that causes a certain array of morbid actions will remove a similar array of morbid actions when they occur spontaneously; but it can hardly be alleged as a disqualification for a teacher of pathology that he practises the only therapeutic method that has the slightest claim to be considered rational. "The principles of pathology," Professor Greenfield tells us, "are the basis of scientific medicine." If this is not a mere phrase that sounds well but has no real meaning, perhaps this professor will endeavour to expound to us what are the "principles of pathology," and when he has accomplished this feat perhaps he will undertake to tell us what "scientific medicine" is. We believe that if he should seriously set himself to this task he will perceive at once the hollowness of the phrase, and perhaps he may thereby gain a little more modesty in speaking of his distinguished predecessors, for Henderson is

not the only one of these he "damns with faint praise," Henderson's immediate predecessor, Thomson, also coming in for a share of the sneers of his as yet undistinguished successor.

Sic vos non vobis.

DR. MARION SIMS having spoken at a meeting of the Academy of Medicine of New York about the antiseptic treatment and ascribed its invention to Mr. Lister, Dr. Déclat addressed a letter to the President of the Academy, in which he claims for himself the honour of having first employed this treatment. He undertakes to prove—1st. That to himself belongs the priority of the invention and the creation of the antiseptic treatment—2nd. That the partial method ascribed to Mr. Lister is imperfect and doubly incomplete. He says that his book on carbolic (or phenic) acid, published in 1865, and sent to Sir J. Y. Simpson in Edinburgh, was the source whence Mr. Lister derived his idea of making use of carbolic acid, which he first did in 1867, two years after the publication of Dr. Déclat's book, and six years after the trials publicly made at the Hospice of St. Jean de Dieu, in the presence and with the co-operation of his colleagues Dr. Gros and Professor Maisonneuve, which were communicated by the latter to Simpson, and this led Simpson to accuse Mr. Lister of plagiarism. Simpson, he says, always credited Dr. Déclat with the priority of the antiseptic method, and Pasteur, in his *Etudes sur la bière*, 1876, p. 44, says: "Dr. Déclat has founded a complete treatment of infectious diseases on the employment of one of the best of antiseptics—carbolic acid." In the official report of the Academy of Sciences of Paris of the 11th of March, 1878, Professor Sédillot ascribed to Dr. Déclat the priority of the invention of the antiseptic method. Dr. Déclat asserts that the method that goes by the name of Mr. Lister is *imperfect* and *incomplete*. *Imperfect*, because in most cases of wounds and operations the spray of diluted carbolic acid should not be used, but instead thereof the tissues operated on should be cauterised directly by a solution of equal parts of carbolic acid and alcohol, and covered with a carbolic acid dressing. *Incomplete*, because it omits altogether the therapeutic

antiseptic treatment, it does not prevent the penetration of the ferments from the exterior, and hitherto Mr. Lister does nothing to destroy them once they have penetrated into the fluids of the system, causing putrid or purulent infection. This, he alleges, is the most important part of the antiseptic method, since it applies equally to medicine and to surgery. It consists in introducing innocuously into the poisoned fluids, tissues and organs, the anti-ferments in suitable doses and chemically pure, by means of draughts, liniments, and especially subcutaneous injections. The external antiseptic method does not prevent poisoning by purulent infection, whereas the internal method does this effectually.

Thus it is clear that Dr. Déclat invented and practised the antiseptic method of treating wounds some years before Professor Lister thought of it, and indeed it is evident that Lister derived his knowledge of the method from Déclat's book. We have not heard that Professor Lister has yet repudiated the claim set up for him to be considered the inventor of the antiseptic method, but no doubt, now that the facts are recalled to his memory, he will hasten to give the credit of priority to Dr. Déclat. We have lately seen that Professor Lister's "sense of duty" is so delicate that it led him, "at great sacrifice of his own personal feelings," as he tells us, to refuse professional intercourse with a duly qualified practitioner of homœopathic proclivities who called him in to perform a surgical operation on one of his patients; so no doubt this delicate "sense of duty" will compel him to waive all claim to be considered the inventor of antiseptic surgery, and to yield the honour of its discovery to Dr. Déclat; unless, indeed, we are to understand his "sense of duty" in a Pecksniffian sense, which is only awakened up into action when an opportunity offers of insulting a colleague whose therapeutic views are distasteful to him.

Prize Essay on Blindness.

OUR estimable colleague, Dr. M. Roth, who is ever active in the promotion of schemes for the amelioration of the condition

of our unfortunate fellow-creatures who have been heavily handicapped in the race of life by some deformity or defect either congenital or acquired, in his capacity as treasurer of the Society for the Prevention of Blindness, requested the co-operation of the *Société d'Hygiène* of Paris in determining the conditions of a prize of 2000 francs (£40) offered by him for an essay on the causes and prevention or relief of blindness. The *Société d'Hygiène* gladly responded to Dr. Roth's request, and drew out a programme to guide candidates in the writing of their competing essays. This programme, modified by the English Society, we have the pleasure of laying before our readers.

PART I.

STUDY OF THE CAUSES OF BLINDNESS.

- A. Hereditary causes, consanguineous marriages, syphilis and other constitutional diseases.
- B. Diseases in infancy and childhood, the various inflammations of the eye.
- C. Influence of eruptive fevers.
- D. Period of life from the eighth to the eighteenth year. The school, college, the workshop, wounds and accidents, sympathetic ophthalmia, &c.
- E. Adult and old age.
- F. Neglected, bad and unsuitable treatment of eye diseases by quacks and ignorant or inexperienced medical men; progressive myopia, diathetic, professional, climatic and other influences, as for instance, of various injurious trades, and of poisoning, &c.

PART II.

An outline of the most practical means for preventing blindness with reference to the various groups of causes mentioned in Part I: *a.* Legislative; *b.* Educational; *c.* Hygienic; *d.* Medical means.

BOOKS RECEIVED

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The Wisdom Teeth and Deafness. By R. T. COOPER, M.D.
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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HOMŒOPATHY IN THE NINTH EDITION OF
THE ENCYCLOPÆDIA BRITANNICA.

THE *Encyclopædia Britannica* holds such a high place in the estimation of the literary and scientific world that we refer to it with confidence to give us the most faithful and reliable account of all the subjects it treats of. Each successive edition is naturally supposed to be an improvement on previous editions, giving us the latest and best information attainable. It is commonly supposed that the authors of the various articles are men thoroughly acquainted with the subjects they are commissioned to write about, and the editor would manifestly be wanting in the first requisite of his responsible office were he, for whatsoever motive, to employ a person utterly unacquainted with or, still worse, openly hostile to a particular science or art, to write an article thereon. He would justly deserve censure, for instance, were he to commission an architect, an avowed champion of the Palladian style and a bitter enemy of the Gothic style, to write an article on the latter; were he to entrust the preparation of an article on electric lighting to one who was pecuniarily interested in the success of gas illumination; were he to hand over to a Catholic controversialist the subject of the Protestant Reformation. What, then, are we to think of this editor who entrusts the writing of an article

on homœopathy to a champion of allopathy, to a controversialist on the side of the rival system, to one who is peculiarly interested in the overthrow of the system he is to set forth? Of course, under such circumstances, knowing the infirmity of human nature, we could only expect an unfair account of the system; nor are our expectations disappointed. The editor would have done better to entrust the preparation of the article to one utterly unacquainted with the system than to an avowed opponent. We remember meeting one day a literary friend hurrying along eastward, and on inquiring whither he was bound, he replied that he had received a commission to write a treatise on conchology from a publishing firm, and as he knew nothing about the subject he was on his way to the British Museum to read up all about it. As he was a literary hack of versatile genius I do not doubt that he executed his commission to the satisfaction of his employers. We do not, of course, believe that the editor of the *Encyclopædia Britannica* adopts this plan. In fact, we know he does not, for the articles have the initials of their authors attached to them, and any one can see that, as a rule, the best authorities are employed to write on the various subjects. Why should the subject of homœopathy be made an exception to this wholesome rule? It would almost seem as though the editors of the *Encyclopædia Britannica* had a prejudice against homœopathy and its practitioners, for how else can we account for their deliberately handing over the subject of homœopathy to be travestied and held up to scorn by its declared enemies? For this is not the only edition of this *Encyclopædia* in which homœopathy has been delivered over to the tender mercies of its avowed enemy. The article on homœopathy in the eighth edition was written by Dr. W. T. Gairdner; that "shuffling, foul-mouthed controversialist" whom we exposed in our fifteenth volume.

The usual mode adopted by an unfair and hostile critic of homœopathy is to set forth a perverted picture of it, which is easily done by attaching quite a different meaning to words employed by Hahnemann from that they are intended

by him to convey, to rake up all the expressions used by Hahnemann in accordance with the pathology and physiology of his time, and to judge them by the light of modern views and discoveries in those sciences; finally to put forward as essentials of homœopathy all the crude and untenable theories relating to other subjects put forward by Hahnemann.

This is precisely what Dr. Glover has done. He dwells much on Hahnemann's idea of the dynamic nature of disease, of its being a derangement of the spiritual vital principle. Of course by the light of modern science he is able to make game of this pathological theory, but in Hahnemann's day and down to very recent times the belief in a spiritual vital principle and its possible derangement was all but universal in the medical world.

Again, he asserts that Hahnemann says that the cause of all diseases is something spiritual and immaterial and impossible to be seized and made manifest to the senses, and he quotes bits here and there torn from their context to prove that Hahnemann alleges this.

He then triumphantly asserts that the causes of diseases are often of a most material character, and, adopting the as yet unproved germ theory of disease, he says that "modern medicine is doing some of its best work in showing the material and the visible character of the causes of many of the commonest diseases, and suggests this in many cases where it has not yet been demonstrated. The cause of many diseases is shown to be a living germ or particle which can be discerned under the microscope."

Dr. Glover's illustrations of the material causes of disease are so utterly irrelevant and ludicrous that their mere statement is enough to show their absurdity. "Alcohol," he says, "does not destroy a liver or a kidney in any dynamic or immaterial form, but in coarse quantities diligently repeated. The lead which paralyses the painter's wrist is not a spiritual thing. So with the uric acid or its salts in the blood of a person who has inherited his father's gout and perhaps his port wine. It is not a spiritual affair at all, but can be demonstrated chemically and under the microscope." What

a strange confusion of mind is exhibited here. His first two instances of material causes of disease are cases of poisoning by alcohol and lead. When did Hahnemann ever say that alcoholic and saturnine poisoning were caused by immaterial doses of these drugs? Is it not overstepping the license of controversy to insinuate that Hahnemann ever said anything so palpably absurd? Then, as regards the relation of uric acid to gout. Does Dr. Glover really suppose that the victim of hereditary gout inherits from his father an excess of uric acid in his blood? Does he not know that this excess of uric acid is an *effect* of the gouty diathesis and not its *cause*, and does he or any one else know what is the essential nature of this gouty diathesis? After these specimens of Dr. Glover's incapacity to understand the subject he writes about, can we wonder at the following outburst: "Hahnemann's fine but fundamental theories about the spiritual and dynamic origin of disease are all exploded by the revelations of modern pathology [of which the above are specimens, we presume], and their demolition only completes that of the therapeutical theories that rested on them." The editor of the *Encyclopædia Britannica* might just as well have commissioned an inmate of Colney Hatch to write the article on homœopathy; he could hardly have written more inconsequent nonsense.

Is it deliberate misrepresentation or ignorance on Dr. Glover's part that causes him to confound two such very different things as the exciting and proximate causes of disease? As our readers know, it is of the proximate causes of disease that Hahnemann is speaking when he declares them to be impalpable, immaterial, and undiscoverable by the senses. It is of exciting causes of disease that Dr. Glover is speaking in the above quotations and elsewhere in his article. Hahnemann, like every other physician, recognised the existence of exciting causes of diseases, and in § 3 of the *Organon* he directs that they should be removed from persons in health. After they had by acting on the healthy organism caused the derangement of it we term disease, Hahnemann believed that this disease could only be recognised by means of its symptoms—objective and



subjective—in other words by its manifestations, and that all search after the proximate cause is futile, that is to say, as far as the medicinal or curative treatment is concerned. If in the advancing progress of pathological science, assisted by physiological experimentation, the proximate causes of some diseases seem to be becoming revealed to us, it cannot be laid as a sin to Hahnemann that his pathological knowledge was not half a century in advance of his age. It remains to be seen whether the supposed greater insight we now have into the proximate causes of disease has been of much or any service in the treatment of disease. It is rather a significant sign of the contrary that at the great International Medical Congress held last August in London, while a great deal was talked about pathology and its wonderful revelations as to the proximate cause of many diseases, scarcely a word was said about therapeutics. In fact, notwithstanding the flood of light that we are told has been of late years let in upon the intimate changes in the organism effected by disease, patients are not a bit better off as regards the cure of their diseases than they were before all these recent wonderful pathological revelations. Indeed, we may even go so far as to say that the more doctors think they know about diseases the less they know or believe about their cure by medicines.

But so far from neglecting the exciting causes of diseases, or thinking that they were either impalpable or unascertainable, Hahnemann distinctly says in § 5 of the *Organon* that it is most important that the physician should inquire into them; and in a note to § 7 he says, “It is unnecessary to say that every intelligent physician would at once remove this (the exciting cause) where it exists.”

Hahnemann, moreover, anticipated modern pathologists by “showing the material and visible character of the causes of many of the commonest diseases,” for certainly his idea of the origin of most chronic diseases from one of three miasms or constitutional viruses is quite as plausible as the modern view of the origin of many diseases from microscopic animated germs or bacteria. Indeed, he actually anticipated the germ theory itself in ascribing the Asiatic

cholera to microscopic animalcules, and he attributed the cure of this disease by *Camphor* to the germicide property of that drug.

We mention these hypotheses of Hahnemann to show that the same ideas that are thought to be the grandest revelations of modern scientific medicine were almost literally anticipated by the founder of homœopathy, but we altogether deny that, whether true or false, they affect in the slightest degree the truth of the homœopathic therapeutic rule, which is quite independent of any pathological hypothesis, but is a pure logical deduction from experience.

Dr. Glover rightly states that Hahnemann alleged that "there is a correspondence produced by a given drug administered to a healthy person and its power of curing any disease. The remedy is that drug which given to any healthy person will produce the most perfect imitation of the totality of the symptoms (of the disease to be cured); and the dose is to be so small as to cure the disease without hurting the patient." The only objection we can make to this exposition of the homœopathic doctrine is the expression "any healthy person," for it is well known that some healthy persons are less susceptible to the action of drugs than others, and every drug must be tested on many healthy persons in order to elicit all its pathogenetic effects.

Dr. Glover proceeds to say that "medicines have been proved more systematically since Hahnemann's time, though the result is often not such as to support his theory in regard to the action of medicines in the diseased as compared with the healthy body." This statement is directly contrary to the facts, for it is perfectly certain that all provings of medicines that have been made since Hahnemann's time, whether by his followers or opponents, have corroborated the correspondence Hahnemann alleged to exist between the effects of medicines on the healthy and their curative power in disease. If this is not so we would beg Dr. Glover to state what else these provings have shown. The followers of Hahnemann have accepted thankfully all contributions to the knowledge of the pathogenetic effects of medicines from whatever source they are derived, and make

constant and fruitful use of this knowledge in their treatment of disease.

Dr. Glover says Hahnemann's followers have deviated from his doctrines, and he instances Sharp's *Organopathy*, Kidd's *Laws of Therapeutics* (by-the-bye he calls Kidd "a leading homœopathist," he might rather be called a very *misleading* one, if he can be called a homœopathist at all; no doubt he once was considered as an adherent of the homœopathic school, but he has now explicitly renounced that character in words, as he had long forfeited his claim to be considered such in his practice), and Wyld's letter to Richardson, which, to the best of our recollection, refers solely to the establishment of a *modus vivendi* between us and our anti-homœopathic colleagues, and does not touch on the essential doctrines of homœopathy at all, except, perhaps, in saying that he finds it necessary occasionally to prescribe a medicine whose action is not homœopathic. But so did Hahnemann himself down to a very late period of his life. He further quotes a writer—name not given—in the *Homœopathic Observer*—which journal of this title, or what vol. or No. not stated—to the effect that diseases may be cured by medicines in closed vessels held in the hand, and he mentions some stuff out of Granier's *Conferences* about "fluidic dynamism."

Now, he might easily have known, if he had taken the trouble to consult the writings of real "leading homœopathists," which were easily accessible, that we have not deviated from Hahnemann's therapeutic rule in any respect, though we have not accepted Hahnemann's teachings with regard to the dynamisation of medicines by his pharmaceutical processes and his theory of the origin of chronic diseases. But then these have nothing to do with the truth or otherwise of the homœopathic therapeutic rule, to which we all adhere, and which we accept in its full meaning, however much we may differ from one another on the subject of the dose and repetition of the medicine and from Hahnemann in his later teachings.

Dr. Glover states that "in England the chief representatives of homœopathy are anxious to cease their existence

as a distinctive school." Yes; when the homœopathic therapeutic rule shall have taken the place in general medicine that properly belongs to it, then the *raison d'être* of a distinctive homœopathic school will no longer exist.

Dr. Glover tells us that "his and his followers' results in the treatment of disease compared very favourably with the results of orthodox practice"—which is the allopathic way of stating that the mortality under homœopathic treatment was found to be much less than that under the treatment of the old school. "But," he sagely adds, "they entirely missed the right conclusion from these experiences." That is to say, they inferred from them that homœopathy was a vast improvement on the old system, but Dr. Glover knows better, they should have inferred just the contrary. And no doubt Dr. Glover is right—from the undertaker's point of view.

But though, in diseases generally, homœopathy may "compare very favourably with the orthodox practice," its success in the treatment of pneumonia is not even equal to the ordinary methods, and he gives as an instance the comparison of Fleischmann's cures of pneumonia, who had one cure out of twenty-one, with Hughes Bennett's cases, who treated 105 cases without a single death. To this we can only reply: has Bennett's success ever been repeated in the old school? On the contrary, does not the mortality of pneumonia in allopathic hospitals under all old-school methods maintain a deplorable mortality of from 20 to 40 per cent., while the mortality in homœopathic hospitals maintains an average of from 4 to 6 per cent.? Why does Dr. Glover refer exclusively to the exceptional success of Bennett's treatment, from whose statistics every complicated case of pneumonia was excluded and altogether keep out of sight the very different results furnished by every allopathic hospital in Europe? It will certainly be found that pneumonia forms no exception to other diseases in which the homœopathic compares very favourably with all other methods.

But even Dr. Glover is compelled grudgingly to allow some merit to homœopathy. "It has," he says, "done much to stimulate the study of the physiological action of drugs." Again, "it has done service in directing attention

to various powerful drugs, such as *Aconite*, *Nux vomica*, and *Belladonna*, and to the advantage of giving them in simpler forms." This, at all events, is better than Prof. Virchow's statement at the International Medical Congress, that all the provings of medicines by the homœopathic school have not resulted in the discovery of one single medicine that could be even distantly compared in utility to—what does the reader think?—*Chloral! Risum teneatis?*

The author thus sums up his estimate of Hahnemann's work:—"Hahnemann's errors were great. His doctrine of specifics was highly retrograde and unscientific, and his disparagement of the principle *tolle causam*, and of those who aimed at discovering the causes of disease, was unphilosophical. He was fanciful and theoretical to a very high degree. He led his followers far out of the track of sound views of disease and the methods by which it can be best prevented and cured. But with all his defects it must be admitted that he had the great merit of disturbing and discrediting indefensible modes of practice."

An inverted paraphrase of this estimate of Hahnemann's work would be somewhat like the truth. As thus: Hahnemann enunciated great truths which have been of incalculable value to the art of medicine. His doctrine of specifics was a long way in advance of the rude empiricism of his day, and was the means of setting therapeutics, for the first time in the history of medicine, on a scientific basis. His denunciation of the time-honoured plan of searching for or imagining a hypothetical proximate cause of disease, and treating this hypothetical cause by medicines unknown as regards their real actions, and to which hypothetical virtues were ascribed, was eminently philosophical. He was an attentive and intelligent observer of nature, and an enemy of fanciful and theoretical speculations. He insisted on the necessity of observing the cognisable manifestations of diseases, and eschewing speculation as to their nature, thereby elevating pathology from a frivolous hypothetical pseudo-science into a true physical science like botany or zoology; and having thus placed the knowledge of disease on a sound scientific

basis, he inculcated and inaugurated the study of medicines in a similar manner. By his discovery of the therapeutic rule *similia similibus curentur* he rendered it possible, for the first time in the history of medicine, to employ the known qualities of medicines for the prevention and cure of diseases. In addition to these great and inestimable services to medicine, or rather by their means, he overthrew and completely discredited the old, time-honoured, traditional perturbing and injurious methods of treatment, in spite of their zealous and unscrupulous defence by all the champions of so-called orthodox medicine.

With these remarks we will take our leave of Dr. Glover's article on homœopathy, which we have no hesitation in pronouncing an unfair and utterly erroneous account of the system, disgraceful to any man with the slightest pretensions to science and justice, and unworthy of the reputation of the work in which it appears.

THE SCIENTIFIC CLAIMS OF HOMŒOPATHY.*

By RICHARD HUGHES, L.R.C.P. ED.

HOMŒOPATHY presents two aspects to the medical inquirer. It may be regarded purely on its merits as a

* Some explanation is needed respecting the occasion of this paper. There is an association of medical practitioners, in some way connected with the Church, but what the exact nature of this connexion is is of no importance to our readers. This association, which calls itself the Guild of St. Luke, and which is presided over by Dr. Alfred Meadows, of George Street, Hanover Square, has monthly meetings, when some paper on a medical or theological subject, or a combination of both, is read and discussed. At the meeting of January 18th last a paper, on or most probably against homœopathy, was announced to be read by one of the members, Dr. W. H. Short. Several members of the Guild being on friendly terms with some of our school, some of them, in fact, belonging to our school, they invited some of their homœopathic colleagues to be present at the meeting of the Guild. The promised paper on homœopathy was not read, but a desultory and unmethodical dis-

methodus medendi, claiming to have been inductively formed and deductively verified. Or it may be taken as a practice, having an author, a history, a body of followers, and a literature; one which has led to excommunication and schism, which still bristles with controversies and raises burning questions innumerable. To one of these two an essayist on such an occasion as this must limit himself, for it is impossible to survey the whole field; and it seems to me that I shall best be consulting the wishes of the Guild of St. Luke if I choose the purely scientific aspect of the subject.

Homœopathy was formulated by Hahnemann in the rule "*similia similibus curentur*"—let likes be treated by likes. The elements of the comparison he thus directs to be insti-

gation on the subject was started. This was felt to be altogether unsatisfactory, and the advocates of homœopathy present were invited to attend the next meeting of the Guild on February 15th, when it was hoped Dr. Short would be able to bring forward his paper; but before the date of this second meeting it was discovered that Dr. Short could not present his promised essay. Dr. Meadows on learning this directed the secretary of the Guild to write to Dr. Blake informing him of the failure of Dr. Short, and begging Dr. Blake to bring a short paper on homœopathy written by a practitioner of the system for discussion at the February meeting. Dr. Blake applied to Dr. Hughes to furnish the paper, and we now publish it. It is interesting as being the first instance with which we are acquainted of a paper on homœopathy by a partisan of that method read at the invitation of a society mainly composed of so-called orthodox practitioners. Dr. Hughes was not able to be present, so his paper was read by Dr. Blake, and a discussion followed. It was remarkable, however, that none of those who spoke on the orthodox side attempted any reply whatsoever to Dr. Hughes's paper. They all contented themselves with nibbling at the outside fringe of homœopathy, with attacking some of the unessential peculiarities of the system, such as the nomenclature of its medicines, with marvelling at the inconsistency of a believer in homœopathy giving a dose of allopathic medicine, with a denunciation of homœopathy as a treatment of symptoms, whereas scientific medicine was a treatment of causes, and so forth. The three representatives of homœopathy present had no difficulty in answering such trivial objections to their system, and regretted that nothing like argument was employed by their opponents. Still, the occasion was interesting, and if, as is to be hoped, other allopathic societies should imitate the example of the Guild of St. Luke and invite discussions on the subject of homœopathic therapeutics, the end of the professional ostracism of the partisans of homœopathy by the self-styled representatives of scientific medicine is within measurable distance.

tuted are; on the one hand the physiological action of drugs, on the other the sufferings and phenomena—in a word, the clinical history—of disease. By using these he secures for his method the double advantage of an experimental basis and a rational superstructure. All choice of remedies must obviously be rational or empirical; and every one would prefer to be guided by reason rather than by blind experience if he could be sure of the data on which this faculty had to work. That which has in time past discredited the “rational” schools of physicians has been the speculative atmosphere they have breathed. They have formed theories about disease and theories about drug-action, and have fitted the two sets of hypotheses one to another, with results beautiful indeed on paper, but most disappointing in practice. That increase of knowledge may make such an aim more attainable one day, it would be wrong to deny; but in the meantime the sick need healing. Empiricism may hit here and there on something good for them; but cannot reason do anything with the facts of the case while she holds her theories as provisional only? This was what Hahnemann thought and attempted. The effects of drugs on the healthy are facts; the symptoms of disease, objective and subjective, are facts. Should not these be ascertained and compared, and the relations between them noted? and may not some manner of this relationship supply the curative indication—the guide to the choice of such a remedy for such a disorder? So he reasoned and so he proceeded. He found three such relationships to exist—the ἀλλοῖον, the ἐναντίον, and the ὁμοιον. The first was unsatisfactory; the second was partial, temporary, palliative only, and rarely practicable; the third alone fulfilled all the conditions of the problem. Hence his practical conclusion. Let us note in each patient what he feels and what we can observe; and then among the recorded effects of drugs on the healthy let us find the group of symptoms most resembling his, and select as his remedy the substance which has caused them. *Similia similibus curentur*. This rule he propounded tentatively at first (in 1796) in his “Essay on a New Principle for ascertaining the Curative Powers of

Drugs ;” but more assuredly as he went on testing it, and at last perhaps even too dogmatically and exclusively. Let us disengage our minds from such disturbing elements, and consider the “new principle” as first put forward.

What objection can be taken to it? None, I apprehend, to its experimental basis. That drugs should be “proved” on the healthy human body is universally admitted now-a-days ; and such admission is all we need. It is wide of the mark to argue that there are other modes of discovering their properties,—as by experiments on animals or trials in disease ; this may be so, but the method by proving remains real and effective all the same. It is no less vain to urge that by this proceeding many imaginary symptoms may be elicited and recorded as drug-effects. It is so, and sceptical caution must be exercised accordingly ; but this does not impugn the value of the genuine results. Again, the clinical history of disease must always be the beginning and foundation of our knowledge of it. Pathology may oftentimes press farther, and ascertain the causes of the phenomena ; but not seldom it happens that she cannot do this with any certainty, and even when she discovers the source of the evil it by no means follows that she can close it up. The practice of the best pathologists is commonly empirical enough.

“ They set their virtues on so raised a shelf,
To keep them at the grand millennial height,
They have to mount a stool to get at them ;
And, meantime, live on quite the common way
With everybody’s morals.”

Homœopathy says to them,—in drug-selection at any rate be content to be clinicians only ; and you may then be rational prescribers.

Our basis, therefore, is firm : the real question is as to the superstructure. Why take similarity between disease and drug-action as your curative indication? Hahnemann’s main argument in favour of so doing is the deficiency of the other methods ; but obviously this does not establish the alternative. In doing this, we are met by some with the objection that correspondences of the kind are rarely

(some say, never) encountered in nature. This, however, cannot be allowed for a moment, so far as regards simple forms of disease. Inflammation of organs is one of their most common examples; and what organ is there which some drug or other cannot inflame? Pathogenesis further presents images of all types of fever, of most of the neuroses, brain and cord diseases, cutaneous affections, fluxes, and so forth. In complex maladies, indeed, like typhoid fever and gout, no one medicine will cover the whole field, and a succession or alternation of remedies—each a *simile* to its own portion of the whole—is required. Over and above such defined diseases, moreover, a great mass of unclassified (perhaps unclassifiable) disorder comes before us in actual practice; and here above all the method of Hahnemann proves itself apt to the occasion. Drug-action also presents corresponding phenomena, which science lags far behind in the task of interpreting, but which art—homœopathic art—makes fully available for practical ends. It puts the one to the other; and, though neither may be intelligible to reason, to feeling it is amply satisfactory when the morbid symptoms melt away.

The indication by similarity is thus widely practicable—immensely more so than that by antagonism, which is its only serious rival. For once that you can find a true *contrarium*—as amyl nitrite to angina pectoris—there are ten or twenty suggestions of a *simile*. Take Arsenic, for example. What is the use of knowing that it inflames skin and mucous membrane, develops febrile conditions, excites certain forms of vomiting and diarrhoea, and has among its chronic effects neuralgia and paralysis? To ordinary medicine all this is as nothing, but to homœopathy it presents a series of curative indications of priceless value. Again, from another side, look at the action of Ipecacuanha in checking vomiting. You account for it now by “tonic action on the sympathetic,” or such like phrases; but you know that it was not, aye, and never would have been, discovered by theories of this kind. By the method of Hahnemann, of which it is a palpable instance, it was arrived at fifty years and more before

it was dreamt of in ordinary practice. We have recently utilised the emetic properties of Apomorphia in the same way, as we had previously done with tartarised antimony, and shall continue to do with every drug of the kind which poisonings or provings may give us.

But it may be said, surely the power of any substance to produce a condition analogous to that of a disease must contra-indicate it therein, must make it liable to aggravate rather than to benefit. It would be so, if you gave it in sufficient quantity. But here comes in the dosage of homœopathy. This is too large a subject to be discussed here; and is in the main a question of detail, to be settled by experience, while we are now concerned with principle. The one requirement for working the law of similars is that the therapeutic dose be smaller than the pathogenetic—too small, in fact, to cause aggravation (and—if counsels of perfection be followed—collateral disturbance also). It is said that by thus changing the quantity of the drug we no longer have a *simile* but a *contrarium* present—that drugs exert opposite actions in large and small doses respectively. It may be so; and by such a supposition many of our own school have sought to account for the homœopathic cure. It would not alter our position one whit if it were so; for still the cure by contraries would be reached through choice by similars, which is the sole thing we contend for. But, whatever be the effect upon the *modus operandi* of the medicine, reduction of dose is an inevitable result of following the rule *similia similibus*. It is not peculiar to us. You never dreamt of giving Ipecacuanha wine in single drops at a time until you began to use it to check vomiting instead of to cause it; but then such dosage was spontaneously adopted. Whether the reduction need be carried further than this is quite another question. Assume it (as you mostly do) as closed *à priori*: let it be granted—for argument's sake—that infinitesimals have no place in rational medicine; and still homœopathy remains the same. Its founder and many of his disciples may have erred in carrying it out in practice, but itself—as a *methodus medendi*—is untouched.

Eluding all objections, then, *similia similibus curentur* propounds itself as a therapeutic rule which at least deserves testing. It is a new application of the physiological actions of drugs to the phenomena of disease. At present, when you learn the effect of any substance on the healthy body, you think—now we have a new emetic, purgative, sudorific, and the like, which we may usefully employ when we think such actions desirable; or—this relaxing agent will do well to counteract certain spasmodic states, and so on. We ask you to consider the third alternative, and to give the remedy (in appropriate dosage) in conditions of vomiting, diarrhœa, diaphoresis, relaxation, such as those it causes. We assert that it will not fail you; and we make the assertion on the strength of our experience (I speak of that of our body) extending now over three quarters of a century, and speaking from the mouths of at least twelve thousand practitioners.

Nor let any one object, that such a mode of practice cannot embrace the whole of medicine. It does not profess to do so. It deals only with the application to disease of the physiological actions of drugs; but even drugs themselves have therapeutic properties outside this range, besides that medicine is more than drug-giving. I mean, by the former assertion, that they may be employed as antiparasitics, antiseptics, dissolvents of new growths, and the like—actions for which disease is necessary, and to which health gives no opportunity; while that medicine is more than drug-giving needs no argument or illustration. Homœopathy is simply the law of the curative relation between medicinal effects on the healthy and morbid conditions in the sick: this it claims to be, and nothing further.

We ask the profession—I ask that Society in the profession which honours me by an audience to-night—to give this claim a dispassionate hearing and trial. Let us try to dismiss from our minds the contentions and bitternesses of the last seventy years, and go back to Hahnemann in 1805—1810, holding out his *Fragmenta de viribus medicamentorum positivis*, his *Medicine of Experience*, and the

first edition of his *Organon*. Give his arguments a fair consideration; use his materials upon his method; and if then you find them delusive, treat us as we deserve. You have never done this yet: we have been condemned unheard and our system untried. It is hence that we are pugnacious, assertive, sometimes perhaps exclusive and one-sided. Let the method we advocate find its proper place, whatever that may prove to be, in general medicine; and we shall resume our ranks in the general body of the profession, and the "homœopathic schism" will be healed.

THE DOSE OF CROTALUS.

By Dr. J. W. HAYWARD.

THE DOSE OF CROTALUS VENOM.—The *dose* may be studied with reference to—1, toxicology; 2, pathogenesis; 3, therapeutics.

I. THE TOXICOLOGIC DOSE.—To produce the serious structural lesions that follow *Crotalus* poisoning, the quantity of fresh venom required to be subcutaneously injected varies (1) with the season of the year, (2) with the size of the animal experimented upon, and (3) with the degree of concentration of the venom.

Warm-blooded animals are extremely sensitive to the action of *Crotalus* venom; cold-blooded creatures, too, readily succumb to its deadly influence, and they exhibit the characteristic effects from very small quantities.

Of all warm-blooded creatures birds are the most sensitive to the influence of this poison; half a drop will kill a canary within a minute or two, one eighth of a drop will prove fatal to it after the lapse of from two to eight hours, so that it is probable that even a smaller quantity would suffice to destroy its existence. A quantity not quite so small as this, about one third of a drop, is required to kill a pigeon; a larger quantity, about a drop is required to kill

a rabbit; and a still larger quantity, about two drops, is required to kill a dog. Six drops may be considered a certainly fatal dose for an adult human being, when injected into a vascular part. The larger the animal the larger the quantity required, as might reasonably be expected, for the larger the animal the greater its resisting power and the greater the dilution of the venom when dispersed throughout its body. Also the more vascular the part into which the venom is introduced the more rapid and energetic is the action. It acts with extreme rapidity and energy when introduced directly into a vein; it acts only slowly when introduced into a merely adipose tissue; the hog, for instance, is scarcely affected when the venom is introduced into its fatty side, but when introduced into a vascular part the effects are as certain as in other animals.

Observation shows also that the virulence of the venom is greater in the breeding season, and in hot weather; and, as the venom becomes darker in colour and more viscid in consistence by being long retained in the gland and duct, it may be supposed to be thereby increased in virulence.

By fatal doses certain serious characteristic functional derangements and structural lesions are produced, but, as these are fully detailed under the heads of "General and Local Effects," it is not necessary to repeat them here.

II. THE PATHOGENETIC DOSE.—For the gradual and orderly production of the signs and symptoms of *Crotalus* poisoning the quantity of venom necessary, when injected underneath the skin, varies with the conditions mentioned under the head of "Toxicologic Dose," and with the particular class of effects—absolute or contingent—desired to be elicited, and with the presence or absence of specific or special susceptibility.

The distinction between these two classes of effects—the absolute and contingent—is well insisted on by Dr. Drysdale, in an elaborate and exhaustive series of papers on "The Use of Specifics," in the *British Journal of Homœopathy*, vol. xvi, where he remarks:—"I would describe the physiological action of medicines under two great classes, viz. the absolute and contingent. . . . There is no

sharply dividing line between these two classes, but the whole series of medicinal actions tend to arrange themselves under one or other of these extremes. . . . Practically speaking, all actions of medicines may, in one sense, be called contingent, inasmuch as, in the vast variety of persons and circumstances subsisting in the world, we cannot have perfect certainty that the ordinary full doses of medicines will have their usual effects of a generic kind; yet, practically we know that we can count with sufficient certainty on certain doses acting as purgatives, narcotics, emetics, &c., and even as poisons; while, in doses below what is necessary to produce their generic effects, there are others of a more peculiar kind, which we have no certainty of eliciting in any individual case. To these we may consider the law of contingency more particularly to apply.

. . . . Every good practitioner knows, empirically, the value of a large number of medicines, whose actions he cannot explain in any rational way by reference to their known absolute effects. The key to this apparent mystery is given by the discovery of the whole class of medicinal actions, larger than the other which, being only contingent, cannot be elicited at will, but only after patient and repeated experiment. . . . The absolute effects may be compared to wounds and other mechanical injuries, burns, lightning-stroke, &c., which always produce their effects without any special susceptibility on the part of the organism; and, in fact, poisons are classed along with these agents. In their action, too, there is a difference between them and natural diseases, inasmuch as the amount of disorder is strictly in proportion to the cause. The inflammation accompanying them is said to be of a healthy character, in opposition to morbid, which is the case when actual or dormant disease is already there, as, for example, when an insignificant scratch causes death by erysipelas. Likewise absolute effects of medicines, such as vomiting, or purging, &c., are in proportion to the dose, and the action soon subsides when the dose is omitted, and may be reproduced at will. . . . To the contingent action of medicines belong all those finer and more peculiar symptoms which

form the bulk of the homœopathic materia medica; both those collected from fortuitous provings scattered throughout medical literature and those by design in the homœopathic experiments. Moreover, in those medicines which are considered inert in the ordinary materia medica, such as *Carbo*, *Silica*, *Lycopodium*, and the like, the *whole* of the symptoms belong to the contingent class."

The pathogenetic dose may be studied under three degrees, viz.: (1) the dose that will produce the characteristic pathological lesions; (2) the dose that will produce the absolute effects; and (3) the dose that will elicit the contingent symptoms.

A. The first division of the pathogenetic dose.—A quantity just within the limit of the fatal dose is required for the rapid production of the serious morbid effects and characteristic pathological lesions, such as: staggering, vomiting, prostration, convulsions, rapid and feeble action of the heart, embarrassed respiration, syncope, cold sweats, tremor of the limbs, discoloration of the skin, intoxication, stupor, coma; local pain, swelling, hæmorrhage, extravasation, decomposition; systemic ecchymoses, hæmorrhages, hæmaturia, diarrhœa, dysentery, abscess, mortification, sloughing, &c. This quantity would, in all probability, be the twenty-fourth of a drop in the case of a canary, a twelfth of a drop in the case of a pigeon, one sixth of a drop in the case of a rabbit, and half a drop in the case of a dog, perhaps one eighth of a drop would be sufficient in the case of a child, one third drop in the case of a youth, and one drop in the case of an adult human being, introduced either in its natural state or in dilution in water or glycerine, and in one dose or in divided quantities repeated at short intervals.

B. The second division of the pathogenetic dose.—For the production of the less severe structural lesions and most of the severe functional derangements—the absolute effects or symptoms—such as: vertigo, fainting, oppression of the heart and respiration, anxiety, depression of spirits, nausea, softened and bleeding mucous membrane of the mouth, nose, eyes, kidneys (hæmaturia), rectum (dysentery), inflammation of the fauces, weakness, tremulousness, rigors, cold-

ness of the surface, sensation of constriction about the throat, &c., the dose required would probably be from about one sixteenth to one eighth of a drop in the case of a youth, and from one eighth to one third of a drop in the case of an adult human being; and either in dilution in water or glycerine, or in the ordinary pharmacopœial preparations, namely, the first decimal or centesimal dilution, and either in one dose or in divided quantities repeated at short intervals. And it may perhaps in these cases be exhibited by the mouth; but then larger quantities would be required, which is not peculiar to *Crotalus* venom, for it is so with all other drugs.

“Absolute” symptoms, in the case of other drugs, are such as: salivation by *Mercury*, stupor by *Opium*, cerebral excitement by *Belladonna*, cardiac irregularity by *Digitalis*, dryness of the fauces by *Atropine*, heat and dryness of the skin by *Aconite*, diaphoresis by *Pilocarpin*, vomiting by *Ipecacuan*, nausea by *Tartar emetic*, throbbing headache by *Glonoine*, strangury by *Cantharis*, dysentery by *Corrosive sublimate*, conjunctival irritation and skin eruption by *Arsenic*, &c.

c. *Third division of the pathogenetic dose.*—For eliciting the contingent symptoms, and for producing the slight functional effects, such as: slight vertigo, tickling, irritation, dryness, stickiness in the fauces and larynx, cough, sensation of constriction in the throat, swollen feeling in the fauces, congestive appearance of the fauces, feeling of oppression and uneasiness about the heart, fluttering about the heart, anxious and oppressed respiration, sensation of want of breath, anxiety, depression of spirits, tremulousness, rigors, sensibility of the surface, blushes of redness of the skin, frequent irritation, irritation of the urinary passages, un-comfortableness or tenesmus of the rectum, sensation of burning or dryness of the eyes, nose, &c., and so on; the quantity required would be much less, namely a few drops of the first or second or third centesimal dilution, or indeed, in persons in whom exists a high degree of the special susceptibility to the influence of the venom, dilutions higher up in the scale, as will be seen by many of the symptoms recorded in Allen’s *Encyclopædia*. In fact, the eliciting of

the contingent symptoms bears no relation to the quantity of the drug introduced, but depends upon the presence of the special susceptibility. There is no quantitative relationship, for instance, between four drops of the third dilution, and "dryness of the throat with thirst, pain in the bowels, and premature and free catamenia in a person who had them scanty with a tendency to retardation," as recorded by Dr. Stokes; or between one dose of the second trituration and "heavy frontal headache and dry cough with tickling in the throat," recorded by Dr. Mure; or even between a fractional dose of the pure venom mixed with cheese and "a feeling of dryness in the eyes, with pressing pain in the ball of the eyes on moving them," recorded by Schmöler, and so on.

The same want of ratio between dose and effect is seen in other drugs in the region of the contingent symptoms; there is no quantitative relationship, for instance, between the amount of poison introduced by a bee or a wasp, a scorpion or a tarantula, and the febrile and nervous effects that sometimes follow the bites of these creatures; nor between the odour of ipecacuan and an asthmatic attack which it brings on in some persons; nor between the vapour of lead in a ship's berth newly painted and an attack of lead colic that sometimes follows sleeping in one; nor between a draught of the exhalations of a smallpox or scarlet-fever patient and the fully-developed disease resulting therefrom; nor between the quantity of the juice of *Rhus* absorbed and an attack of erysipelas, which sometimes follows the handling of a twig of this shrub; nor between a dose of the fourth trituration of *Arsenicum* and the "pruritus, erythema, papules, and burning of the eyes with lachrymation," recorded by Dr. Imbert Gourbeyre; nor between the 33,000th part of a grain of *Atropine* applied to the eye and a "congestion of the entire conjunctiva, with a dryness of the membrane and dull aching pain in the eyeball, lasting for several hours," recorded by Dr. Harley; nor between "an infinitesimal quantity—a mere atom—as soon as it enters the blood originating an action which is closely allied to, if not identical with, that which induces

the circulatory and nervous phenomena accompanying meningitis, enteric or typhus fever," also recorded by Dr. Harley.

All these are evidences that infinitesimally small quantities of drugs will elicit the contingent symptoms; and it may be seen from them also that it is not necessary for this purpose that they be introduced directly into the blood, but will act when introduced through the respiratory or gastric mucous membrane. They also show that in the case of *Crotalus*, for eliciting the contingent symptoms, it is not necessary to exhibit it otherwise than by the mouth in the ordinary way. Also that for eliciting these symptoms it is not necessary to give repeated doses; that one single dose is sometimes all that is required to elicit very characteristic effects. All the symptoms recorded by Dr. Mure, it may be observed, are from single doses, and so are those of many other provers. The same fact is further illustrated by reference to other drugs where the special susceptibility exists; for instance, one infinitesimal dose of *Atropine* will "dilate the pupil, dry and congest the whole conjunctiva and produce dull aching pain in the eyeballs;" "one single particle (a mere atom) will originate the action which is closely allied to meningitis, enteric or typhus fever;" "one dose of $\frac{1}{10000}$ th of a grain of *Strychnia* will produce tetanus and death in a frog," and so on, as already mentioned.

"In order to elicit the contingent symptoms," says Dr. Drysdale, "the rule is to give doses below what is sufficient to produce any of the absolute symptoms, but still sufficient to produce some effect. Hence we cannot tell beforehand which of the symptoms will make its appearance in any particular prover. It is, therefore, impossible to verify at once the particular headache, or cough, or pain, said to be the pathogenetic effect of *Calcarea*, *Sepia*, *Carbo*, and such medicines. To prove or verify the provings of such, we must give the same dose to a variety of persons and wait the result. When this is done with a number of persons we get the different powers of the medicine developed in different individuals, according to the special susceptibility that may happen to be present in them. When they act

on any organ, or part, or function, it is only by virtue of that susceptibility that they act at all; therefore the group of symptoms must harmonise, like those of natural diseases” (*British Journal of Homœopathy*, vol. xxvi, p. 82.)

But, though it is thus a fact that contingent symptoms can be elicited by infinitesimal doses, it is also true that they are not producible *only* by infinitesimal quantities; they can be elicited by any and every dose, even massive doses, and may be discovered in every careful proving.

III. THERAPEUTIC OR MEDICINAL DOSE.—As with the pathogenetic so with a therapeutic dose; the most appropriate dose varies with certain conditions, objects, and requirements, ranging from somewhat less than the pathogenetic dose, as the lowest, up to the limit of the divisibility of the venom as an organic compound, as the highest dose.

The *most* material medicinal dose must certainly be less than the pathogenetic dose, but how much less only experience can determine; and in this *Crotalus* venom does not differ from other medicines, so that experience with other medicines may be taken advantage of to assist in determining the lowest or most material dose of *Crotalus* venom. The *least* material dose should certainly be sought for in attenuations short of that in which the number of particles of the venom are either at immense distances from each other in the menstruum, or are absolutely broken up and destroyed by the attenuating process; for, unlike the mineral and metallic medicines, which are composed of simple elementary matter, any atom of which would be a true representative of the whole, pure *Crotalus* venom is a complex organised compound, composed, in its natural state, of several organic compounds, such as albumen, colouring matter, fatty matter, salts, crotaline, &c. Theory, science, and philosophy must, therefore, be consulted in determining the dose of *Crotalus* venom, at all events in determining the *least* material dose.

As an organic compound, *Crotalus* venom cannot be infinitely divisible, ultimately it must consist of organised particles, division or breaking up of which would destroy the identity of the venom, after which it would not be *Crotalus*

venom, it would be something else, perhaps only atoms of the chemical elements, C, O, N, &c. ; at any rate, it could not be *Crotalus* venom, nor capable of acting as, or producing the effects of, *Crotalus*, any more than water would be water and capable of acting as water after separation into its ultimate elements of H and O by an electric spark. Organic particles may be broken up, certainly, but they then lose their identity or special characteristics and powers. A grain of wheat, for instance, might be broken up into flour and thrown into the earth, but it would not then act as a grain of wheat and grow, it would act as flour, not as wheat ; so a particle of flour might be broken up into its elements, but it would not then any longer be flour or act as flour, but as gluten, starch, &c. ; or, if further broken up, merely as C, O, N, &c. So no more would a particle of *Crotalus* venom act as *Crotalus* venom if broken up into its component parts of albumen, colouring matter, salts, crotaline, &c., in fact, *Crotalus* venom would not then exist, and still less would it be capable of acting as *Crotalus* venom if the disintegrating process were carried further, so as to break it up into its component elements ; for then even the crotaline would be destroyed and nothing remain but, perhaps, the ultimate elements of simple matter, C, O, N, &c.

There is, therefore, a degree of dilution beyond which it is not wise to carry the attenuation of *Crotalus* venom. After having arrived at the ultimate particles of the venom, any further dilution, if it does not break up the particles and destroy them altogether, only separates them further and further from each other in the menstruum, perhaps to the extent of one particle of venom to a thousand or a million particles of the menstruum ; thus making it a thousand or a million chances to one against any particular dose containing any medicine at all ; and if the dose does not contain any medicine of what use would be the administration of it to a patient who was requiring this particular medicine ?

Now, all scientists admit a limit to the divisibility of matter, and maintain that all matter consists of atoms which are no further divisible ; and all scientific investiga-

tion appears to limit the divisibility of *simple* matter at from about the 12th to the 18th centesimal attenuation of the Hahnemannian scale; and of all *organic* matter at from about the 9th to the 12th. It would, therefore, be unsafe, to say the least, to carry the attenuation of *Crotalus* venom beyond the 12th centesimal; and it would be unwise to carry it beyond the 9th. Indeed, as *Crotalus* venom is made up of several organic compounds associated together, it would be wiser not to go even thus far; for, although perhaps the crotaline would not be broken up at the 12th dilution, still it is desirable not to run any risk of breaking up the complete venom, inasmuch as the symptoms we have to guide us in its use are not results of crotaline, but of the venom itself in its entirety; and we should always endeavour to use the same drug to cure as produced the symptoms. On the whole, therefore, it would perhaps be sufficient, and answer every purpose in practice, if the limit of the attenuation of *Crotalus* venom were fixed at the 9th, or even the 6th centesimal. The 6th centesimal would perhaps be low enough to avoid breaking up the venom, and high enough to meet even the requirements of the contingent symptoms, which, as shown under the pathogenetic dose, are outside the region of quantitative relationship between dose and effect. The 6th centesimal, or, at any rate, the 5th or the 4th, would also probably be quite low enough to meet the semi-contingent symptoms or those others I have classed under the third division of the pathogenetic dose, and for the diseases pointed to by such symptoms.

In the region of the contingent symptoms there is no proportional ratio between quantity and power in therapeutics any more than there is in pathogenesis; all depends upon special susceptibility. There is no quantitative relationship, for instance, between a few drops of the 6th dilution of *Crotalus* and the cure of congestion of the fauces, or irritation of the larynx, cough, cardiac and respiratory oppression, anxiety and oppression, bleeding gums, hæmaturia, dysentery, scurvy, purpura hæmorrhagica, or many other serious diseases recorded in our literature as cured by the 6th and higher dilutions. And not only is there, in the region of the

contingent symptoms, no necessity to descend to the grossly material doses, but there is even no real necessity to ascend to the possibly immaterial doses; any reasonable dose will cure, just as any dose will produce them, for here reigns the *omni dosi* liberty of Dr. Imbert Gourbeyre; and it is only necessary to avoid using, on the one hand, doses low enough to induce physiological effects, and to keep to those where "the whole physiological action is absorbed in the therapeutical," as insisted on by Dr. Drysdale; and, on the other hand, to refrain from using *preparations* in which there is any risk of the identity of the medicine being destroyed, or *doses* in which there may be no medicine at all.

The same facts are further illustrated by reference to other drugs; there is no quantitative relationship, for instance, between a few drops of *Aco.* 6th centesimal and the cure of inflammatory fever, croup, &c.; or between a few drops of *Bel.* 6 and the cure of cerebral excitement, dry fauces, flushed skin, scarlet fever, &c.; or between a few drops of *Cha.* 6 and the cure of irritability and crossness, with vomiting and diarrhœa in childhood; or between a few drops of *Ign.* 6 and the cure of hysterical troubles; or between a few drops of *Pho.* 6 and the cure of pneumonia; or between a few drops of *Pul.* 6 and the cure of amenorrhœa, ophthalmia, otitis, &c.; or between a few drops of *Nux* 6 and the cure of constipation, piles, &c.; or between a few drops of *Sil.* 6 and the cure of *bursitis patellæ*; or between a few drops of *Spi.* 6 and the cure of cardiac neuralgia; or between a few drops of *Spo.* 6 and the cure of croup, and so on. Or, again, between the quantity of *Aur.* required to produce melancholia and a few drops of the 12th centesimal dilution that will cure it: or the quantity of *Ba-c.* required to produce tonsillitis and a few drops of the 12th that will cure it; or the quantity of *Bry.* required to produce pleuritic pains and a few drops of the 6th that will cure them; or the quantity of *Cth.* required to produce strangury and few a drops of the 6th that will cure it; or the quantity of *Cof.* required to produce sleeplessness and a few drops of the 6th that will cure it; or the quantity of *Opi.* required to produce stupor and a few drops of the

6th that will cure it; or between the quantity of *Ver.* required to produce diarrhœa and a few drops of the 6th that will cure it, and so on.

In the region of pathogenesy the special susceptibility that furnishes the contingent symptoms is present in the normal state of the organism originally; in some persons a susceptibility to one kind of influence, or drug, or disease; in another to another, even to the extent of what is called idiosyncrasy. In the region of therapeutics, on the contrary, it is the disease that induces the special susceptibility, sometimes even to the extent of being influenced by the 30th, and perhaps even the 200th dilution. The diseased part is thrown into a condition of special susceptibility, each disease its own susceptibility, one to one medicine, another to another. In this fact we have one of the best explanations of how infinitesimal doses have power to cure diseases, viz. that the effect does not depend upon the size of the dose, but upon the induced susceptibility and the appropriateness of the medicine. A very delicate influence, if it be the appropriate one, is in these cases sufficient to start in the susceptible part the action that eventuates in the cure. To take a railway illustration:—The special susceptibility is established by placing in position a signalman and a pointsman; after this a very low whisper to the signalman is sufficient to arouse him to his duty to call the attention of the pointsman at the siding to the approaching train, and cause him to put the points right, and prevent a railway disaster; so a very slight appropriate dynamic influence applied directly to the torpid, or deranged, or perverted vital action is sufficient to rouse it to its duty with the nerves, cells, and capillaries of the part; and then nature herself—the *vis medicatrix nature*, or normal action of the organism—does all the rest, and prevents the development of a serious disease.

The contingent symptoms are results of the first slight, perhaps extremely slight, deviations from health; the first slight, and perhaps only transitory, indications to the consciousness of the individual that there is something wrong in the working of some part of the organism, or some

threatening of something going or about to go wrong;* the first slight glimmerings able to be perceived by the patient, and therefore of necessity mainly subjective symptoms, too faint, perhaps, to be noticed except by an intelligent observer, and too slight and too unimportant to be noted in provings except by an educated prover, and one who has watched and registered his own ordinary feelings for some time previously. But they are, to the educated prover, as to the sensitive nose is the smoke from the smouldering spark that originates the conflagration; to the educated observer they indicate also the particular *kind* of deviation from health; and, in many instances, the exact *spot* of the first deviation—the *fons et origo mali*—the speck of protoplasm whose deranged metabolic action eventuates in an extensive inflammation or fatal fever; the little pebble that deviates the stream and floods the field or town; the slight separation of the points at the siding just sufficient for the flange of the wheel of the passing engine to take the wrong side of it and eventuate in a railway disaster. They are, therefore, the most important of all symptoms in a therapeutic point of view, and the most easily and rapidly curable, just as the spark is easily and rapidly put out. They are the peculiarities, the characteristics, the “keynotes” of provings and of diseases—the straws that show the direction of the currents in the stream, the smoke that shows whence the wind is coming and whither it is going. How very important, therefore, carefully to note and collect and register them in every proving of a drug, and to look for them in every case of disease! For, as Dr. Drysdale well says, “It is from this class that the greater part of the indications for homœopathic use are drawn—not that the law does not equally apply to the absolute class, but because they much less frequently meet their counterpart in real disease. What diseases consist of idiopathic vomiting, purging, or diuresis, &c., out of all proportion to the remaining phenomena? On the contrary, these are for the most part

* As are the flying vertigo, floating specks before the sight, transitory dimness of sight, slight noises in the ears or transitory deafness, slight difficulty of speech or swallowing, that indicate a threatened apoplexy.

subordinate symptoms, which it is the chief aim of pathology to trace to their proximate cause, and to save us from being led into treating them directly. It is otherwise with the contingent symptoms, which offer a complete resemblance to those of natural diseases, though, it is true, often only faintly developed" (ibid., page 127).

The resemblance to natural diseases is often but faintly developed, Dr. Drysdale says. This is what might be expected, because contingent symptoms are only the beginnings of diseases, the first faint cries of the distressed protoplasm of the part that first begins to suffer.

Such is the state of matters in the region of the contingent symptoms, and, to a certain degree, in the region of the semi-contingent effects and structural changes such as I have classed under the third division of the pathogenetic dose.

It is different in the region of absolute symptoms and direct structural lesions. Here there may exist some quantitative relationship between the size of the dose and the effect in therapeutics, as there is in pathogenesis. To resort again to our railway illustration:—In this case the signalman or pointsman has been intoxicated or otherwise disabled, so that the points have not been attended to, the train has gone off the line, and there is a wreck of carriages and passengers. Here a whisper or even a loud call would be of little use; a real material help is required to repair the actual damage done, and the helping power will have to bear some proportion to the force by which the damage was done or the amount of damage; if by an express train at full speed, for instance, more damage will have been done, and more helping power will be required, than if it has been done by a slow train of empty carriages drawn by an exhausted engine. In these cases the corps of workers will have to bear a proportion to the cause of the disaster. Here then—in the region of the absolute symptoms—the curative dose may have to bear some proportionate ratio to the pathogenetic dose, and it is probable that the more absolute and structural the symptoms the more material will the dose require to be. With such functional derange-

ments and structural lesions, for instance, as I have classed under the second division of the pathogenetic dose, such, for example, as vertigo, fainting, oppression of the heart and respiration, anxiety, depression of spirits, nausea, softened and bleeding mucous membrane of the mouth, nose, eyes, kidneys, and rectum, inflammation of the fauces and of the larynx, weakness, tremulousness, rigors, coldness of the surface, &c., and which would be produced by doses of one sixteenth to one third of a drop of the venom, and the diseases pointed to by such symptoms, would be best treated with about the third centesimal dilution. And that such morbid effects and structural lesions as I have classed under the first division of the pathogenetic dose, such, for example, as staggering, vomiting, prostration, convulsions, rapid and feeble action of the heart, embarrassed respiration, syncope, cold sweat, tremor of the limbs, discoloration of the skin, intoxication, stupor, comà; local pain, swelling, hæmorrhage, extravasation; systemic ecchymoses and hæmorrhages, hæmaturia, diarrhœa, dysentery, abscess, mortification, sloughing, &c., and which would be produced by from one third of a drop to one drop of the venom, and the diseases pointed to by such symptoms, such as malignant smallpox, measles, scarlet fever, diphtheria, typhus fever, yellow and puerperal fevers, malignant pustule, diffuse inflammation of the connective tissue, septicæmia, dissecting wounds, and other results of purulent infection, erysipelas, carbuncle, whitlow, &c., would be best treated with the first dilution, and perhaps require this to be introduced directly into the blood by subcutaneous injection in such cases, for instance, as malignant scarlet fever, diphtheria, &c., where the mouth is foul or the fauces are occupied by sloughs; or in the early stage of those of local origin, such as malignant pustule, carbuncle, whitlow, dissecting wounds, &c., where it could be introduced into the primary seat of the disease. Here, in fact, comes in the rule of "the curative dose being just within the limit of the pathogenetic dose:" and this will account for the sometimes brilliant results of the coarse homœopathy practised by some of the enlightened practitioners of the old school, such as in the treatment of some diseases of the

skin by *Arsenic*, some cardiac diseases by *Digitalis*, some cases of vomiting by *Ipecacuanha*, of dysentery by *Corrosive sublimate*, and of fever by *Aconite*, and so on.

This same relationship would appear to hold good between the quantity of *Arsenic* that will produce skin disease and the most successful doses of it in skin disease, and between the quantity that will produce gastric irritation and the most successful doses of it for acute gastritis; and between *Tartar emetic* and its cutaneous and gastric effects and their doses, and between *Ipecacuanha* and its gastric and respiratory quantities, and between *Plumbum* and its nephritic (albuminuric) and neuralgic (colic) quantities, and so on with other drugs.

Under the rule of the curative dose just within the limit of the pathogenetic dose great care must be exercised that the dose does not overstep the boundary where "the whole physiological action is absorbed by the therapeutical;" there must be no surplus power to produce disease elsewhere. This is especially necessary when prescribing for such conditions as the structural lesions classed under the first divisions of the pathogenetic dose, when great care must be taken not to prescribe such doses as would produce the effects classed under the second or even the third division. There is also, further, the difficulty of distinguishing the symptoms of the different classes, for there is, as Dr. Drysdale says, no sharply dividing line between them. But is it necessary thus to sail under the wind so near to the rocky leeward shore? I do not believe it is. I do not deny that sometimes very rapid and brilliant results may thus be obtained—brilliant results occasionally follow any and every kind of bold practice, but in homœopathy risky practice is quite unnecessary; everything reasonable can be accomplished outside the region of pathogenetic risk. I believe that the sixth centesimal can accomplish all that *Crotalus* can do in the region of the contingent and semi-contingent symptoms, and the diseases pointed to by such symptoms; and that this same dilution, or the fifth, or the fourth, or at any rate the third, can accomplish all that *Crotalus* can do with the symptoms classed under the second

division, and the diseases pointed to by them; and that even with the symptoms classed under the first division and the diseases pointed to by them, it will very rarely be necessary to descend below the third centesimal dilution.

ON SO-CALLED HYPERTROPHIC MUSCULAR PARALYSIS.

By Dr. GUTTERIDGE.

EVERY disease which is rare, the nature of which is a matter of discussion, and the treatment of which is deemed hopeless, is invested with a special interest. Such an affection is one now before us.

Every undoubted case, if observed for any length of time, should tend to confirm received opinions, or to modify them. Having had such a case I propose to put down, together with some observations on the paralysis itself, such conclusions as it has led me to.

To my knowledge it has not been written upon by any physician practising homœopathically except in 1870 by our *confrère* Dr. Dyce Brown, and in 1878 by Mr. Clifton in this Journal.

The name by which this disease is known is needlessly cumbersome, and not a little misleading—pseudo-hypertrophic muscular paralysis. I propose to shorten it by two words, and simply term it hypertrophic paralysis, and for the following reasons:—I think it is sufficiently distinctive. It is not in any other instance a result of paralysis that the primarily affected muscles should increase in size. They do so here in a most marked manner, therefore I would suggest that hypertrophic paralysis is sufficiently distinctive. The affix “pseudo” I would dispense with, because though hypertrophy by derivation and primary meaning conveys no idea of disease, but simply increase in bulk, in medical language it is so narrowed in significance as to imply not

only an abnormal but an unhealthy enlargement. Then I am inclined to think that the including of the word muscular in the name is also calculated to mislead, and to concentrate our attention too much on a simple development so as to lead us to prejudge the nature of the affection.

In thus abbreviating the denomination of this affection we are more strictly following Duchenne, by whose name it is also known when termed "Duchenne's Disease." He called it "*paraplégie hypertrophique de l'enfance.*"

Passing from the nomenclature of this paralysis to the disease itself we are met, as we too often are, by gross material views arising out of a contracted material examination. As usual there is no lack of industry and investigation, but all wrongly directed. The beginning is made on the most prominent symptoms, and it is a beginning that mainly ends there. First of all autopsies, of which, however, there appear to be only four recorded, then examinations of the affected muscles, removed from the living by incision or the use of the harpoon.

"Different observers, unfortunately, differ widely as to the conditions observed, and their divergence is still wider when they come to interpret and draw conclusions." One says the muscle presents the appearance of "tubular" or "serous" atrophy. Another, that "the disease appears first in the muscular fibres themselves, as a process of chronic inflammation."

So that the problems in connection with this specific form of paralysis remain as many as ever, and as urgently call for solution, if that be possible. They are put forward in a very full article by Professor Eulenburg in the fourteenth volume of *Ziemssen's Cyclopædia*. Is the hypertrophy to be looked upon as an independent form of disease, or is it an independent form of progressive muscular atrophy? If independent, is it of myopathic or neuropathic origin?

It may here be mentioned that the observed changes in the nervous system are few, and in several instances the results of observation have been entirely negative, and in the muscles themselves entirely normal portions of nerve

have been found. Degeneration of the spinal cord, diminution of the diameter of the nerve fibres, and increase in the volume of the interstitial connective tissue of the peripheral and tributary nerves, the peroneus, tibialis, and sciatic, have been found, and by more than one observer. One of them says, but why I am at a loss to conceive, "he is inclined to regard all these changes as secondary to the primary muscular degeneration."

Aitken, in his last edition, devotes rather more than a page to this subject. Beyond a definition, his observations consist chiefly in giving more or less the opinions of other people. He advises lime and cod-liver oil, baths, frictions, methodical exercise, and galvanism. Bristowe devotes rather more attention to it; he simply gives Duchenne's treatment, appending the remark that when "distinct enlargement of the muscles has taken place no treatment that has as yet been adopted avails to delay the fatal termination of the disease."

The recorded cases are under 150; by far the larger proportion is among of males, being in that of nine to two. The beginning of the disturbance of function is also tolerably uniform, being between the ages of one and five. As the child essays to walk, without its being the subject of any brain disturbance or without any suspicion of rickets, there is manifested more than the usual uncertainty in walking, the child falls most easily and constantly, and has an ever-diminishing difficulty in standing alone. This can scarcely be attributable to the feebleness of early childhood or to fear, since repeated and continued efforts rather add to than lessen the trouble, the boy is less and less inclined to walk, and it is more and more an effort to stand. This, however, should not apparently be the case, since the muscles of the legs are more than usually developed, and they do not feel flabby. The child gets to stand with his legs wide apart and his shoulders thrown considerably backward, so as to make the hollow of the back very conspicuous. Then by degrees, as the child walks more, the toes are in a most marked manner pointed towards the ground, as though there were some contraction of the tendo

Achillis, the inner edge of the foot turned downwards, the legs lifted high and laboriously with every step, as though the difficulty arose from actual deformity.

If the child fall or be placed in the ground, he finds it impossible to raise himself without using his hands as levers, by placing them firmly on the thighs, as shown in the subjoined woodcut.



The making use of this aid, the manner of walking, together with the increased in the size of the calf, are sufficiently diagnostic of this affection, and if what we have mentioned in connection with these signs be borne in mind it should not be difficult to detect the existence of this disease in its very early stage, when there will manifestly be the best chance of relieving it and arresting its progress. It is true it is not by any means a common disorder, still it may present itself at any time amongst the young male members of any delicately constituted nervous family.

Having had a patient with hypertrophic paralysis under my observation for some years I subjoin some notes respecting it.

A Case with Comments.

This youth is now fifteen years of age, but in looks, manner, and general comportment, would easily be taken for eighteen. He is tall for his age and broad. His head is of a round, bullet-shape, decidedly small for the rest of his body, his eyes are full and very prominent, and the pupils widely dilated. His mouth is very large, he shows his teeth a great deal, which are discoloured and deeply serrated. The size and shape of the head are observable in a younger brother, who exhibits no signs of sharing his brother's liability to disease. The full eye is observable in the father and mother and in all their children.

The intellectual and moral faculties of the invalid boy are quite up to the average, and he is fairly well informed. As he sits quietly in his chair, little if anything would be considered to be wrong with him, but any attempt to raise himself ever so little in his seat is most painful and utterly useless; if he is helped up his legs straddle in the most helpless fashion, and are perfectly useless either to steady or to support him. The lumbar portion of the spine will on examination be found to have a very considerable inward curvature, so much so that the liver is pushed up much out of its place, so as seriously to limit the breathing space of the right lung. The calves of his legs are very largely developed; all the other muscles, both of his upper and lower extremities, are very much wasted.

In July, 1879, the left calf measured eleven and a half inches in circumference, and the right twelve inches, the arms above the elbow being each seven inches; the buttocks were unaffected. Notwithstanding the helplessness to which I have referred, his chief employment and recreation, in addition to reading and lessons, is the working of a treadle fretwork machine, which he can manage with ease for a considerable time and without undue fatigue. The ability to do this will be accounted for by the heels being fixed and the extensor muscles of the legs being brought into play. His general health is fairly good, he eats and sleeps well, his

spirits are excellent, and he is always ready for a laugh and joke. Latterly he has been subject to a cough, but until quite recently he was remarkably free and rarely took cold.

The origin of the disease in this patient is not at all difficult to arrive at. Until the period of dentition he was a fine child, then he had an attack of congestion of the brain and spinal cord. Ever after that he was liable to frequent attacks of headache, with nausea and sickness, and occasional difficulty of swallowing; twitching of the hands and arms, general restlessness, constant winking with distortion of the face; in temper most contradictory, with great fondness for tormenting his brothers and sisters; he also occasionally wetted the bed. All these symptoms, observable in the boy from time to time, point unmistakably to a nervous seat of the disorder. The family history tends in the same direction. The mother was epileptic before marriage, the father, a clergyman, has had frequently to go away for months together, through utter nervous prostration. The brothers of this youth, one older and two younger, enjoy quite average health, and show no signs of ever resembling their brother; the sisters, too, are neither better nor worse than girls of their age.

On this boy all kinds of treatment have been tried. The most that I feel justified in saying with regard to the action of homœopathic medicines is that they have afforded him more relief than anything else, the difficulty being to keep him steadily under their influence. In a long-standing case like this, where no rapid striking improvement can be expected, and where little takes place, the parents are naturally apt to fancy that some other means might be more effectual, and the physician himself feels some diffidence in promising results. So in this case galvanism and galvanic baths were tried, with country diet and country air, and tried for a long time, but without good effect except on the general health. He was taken to one specialist, who ordered movements and particular shaped boots and socks, to another who wanted to divide the tendo Achillis and the tendon at the side of the foot. This gentleman put him into an instrument for spinal curvature.

The tendons, I need scarcely say, have not been operated upon. Another surgeon was sure that several decayed teeth were setting up systemic irritation, and the poor fellow had six teeth extracted, but all without avail. The medicines I relied most on from time to time were *Gelseminum*, *Veratrum viride*, *Arsenic*, and *Stramonium*.

Could I have the case over again, I would more resolutely oppose a resort to any other medication or measures, and should place my reliance on regulated movements and rubbing locally, and on *Stramonium* for the chief medicine, taking notice of general constitutional symptoms as they might arise.

The sphere of the action of *Stramonium* is well set forth from Vogt in the second volume of Pereira. It is distinguished from *Belladonna* by more closely resembling the acrid vegetable poisons, especially *Hellebore*. It operates more strongly on the nervous system, especially on the ganglia, spinal cord, and brain, and it more strongly and directly promotes all the secretions; where animals have been poisoned by it, it has acted in a very marked manner on the lower extremities and the muscles of the neck.

Stramonium produces the full glistening eye with dilated pupils, the difficulty of swallowing, swelling of the face and tongue, general dismal anxious expression (when left himself), making faces, trembling of the hand and very tottering of the limbs when walking or standing, in. It wishing to do everything in a hurry, general pain and increased continuous desire for all kinds of powdered these were manifested in the case under ser. Though Then I find also under *Stramonium*, whicaticial occlusion, ness continuing a long time in the, astringents in the bellies of the gastrocnemii muscles, to the 3j for vulvo-ing, which continues for a long, orrhœal origin.

are especially good. Dr. In conclusion, I may stridemic syringe with a very Professor Eulenburg in Z; latter is driven into the sus-instruments as the fer drops are removed and micro-that my patient's c; the needle is left in the cyst; then, other advised, is h; microscopy indicate further operation, a

REVIEWS.

A Manual of Minor Surgical Gynæcology. By PAUL F. MUNDÉ, M.D., Prof. of Gynæcology, Dartmouth Medical College. Wood: New York, pp. 374.

WE are accustomed in works on this subject to see practical value sacrificed to flow of diction and elegance of form; happily for his readers, Dr. Mundé has allowed his sense of professional dignity to be swallowed up by his evident earnest desire to be of real use to the inquiring student. Indeed, the most homely details are plainly set down, so that the author may fairly lay claim to the motto selected for his work from the writings of Emmet—"Success in the treatment of the diseases of women lies wholly in motion to minute details."

of home nice points of diagnosis are given, such as the more re:—Inflammation of Skene's tubular glands on keep him of the orifice of the urinary meatus, and also case like this, Bartholini's glands, are not to be mistaken expected, and The cure of the two former, according to naturally apt to k up and cauterise freely. more effectual, and t to be remembered when using the dence in promising or of Simpson, is that Liebmann, of and galvanic baths were tr. 24 per cent. was force required air, and tried for a long timd enter the peritoneal cavity. on the general health. He is suspected, and pressure is who ordered movements and ppressure must be promptly socks, to another who wanted to d.orifice suddenly yields. and the tendon at the side of the foafter a period. put him into an instrument for spinal cū. pelvic stasis is

venous in character. Therefore, to employ the terms "ovaritis and metritis" is to use what, though convenient names, are really misnomers. The former is usually a congestion, the latter nearly always a hyperplasia. He views most of the so-called "pelvic inflammations" as sub-involution, usually starting from injury, such as cervical or else perineal laceration.

In treating, at p. 151 of *Topical Cervical Applications*, he strongly deprecates the use of *solid* lunar caustic, as being so prone to produce occlusion. This calamity does not follow solutions of the silver nitrate, nor pure phenol, nor even fuming nitric acid. This last is also recommended for those examples of "mucous eversion" which simulate erosion. In these cases our author observes that "the progressive part of the profession have ceased applying strong escharotics," using only "pure nitric acid!"

In cancer of the neck chloride of zinc, bromine, chromic and nitric acids, are spoken of with more favour than the actual cautery.

Members of our school will be interested to hear *hydrastis* highly commended, and they will be amused to know that Dr. Piffard of New York has discovered that *Thuja* will cure condylomata of the cervix.

Dr. Mundé applies iodoform in place of iodine to very painful sores, availing himself of its anodyne power. It may be used pure or \mathfrak{zj} to \mathfrak{iv} may be added to tannin and glycerine, $\bar{a} \bar{a} \mathfrak{zj}$. Another local anæsthetic is dry powdered chloral, useful for the pains of cervical cancer. Though Dr. Mundé objects so strongly to the application of solid lunar caustic to the cervix, as leading to cicatricial occlusion, he considers it to be preferred to other astringents in the form of a solution from $\text{gr. } x$ to \mathfrak{zj} to the \mathfrak{zj} for vulvovaginitis, especially if it be of gonorrhœal origin.

The directions for aspiration are especially good. Dr. Mundé uses an ordinary hypodermic syringe with a very long movable needle. This latter is driven into the suspected cyst, and a few drops are removed and microscopised. All this time the needle is left in the cyst; then, if the result of the microscopy indicate further operation, a

large glass syringe is attached to the needle, and the aspiration is completed.

For unexpected endoscopic work, carried on at a distance from home, an ingenious reflector is suggested, in the shape of an ordinary tablespoon, the bowl of which acts as a mirror, the shaft being attached to the candle by means of twine, with intervening pieces of hollowed cork.

The directions for injecting the bladder are particularly good; and very important are the thoughtful remarks on the serious evils which result from the ordinary routine prescription of vaginal injections. The greatest stress is laid on the rule that *the presence of the slightest amount of hyperæmia in the pelvic organs contra-indicates cold douching*. Not only severe colic, but even dangerous cellulitis, has been over and over again induced by this common but cruel proceeding. Dr. Mundé lays down the law, with great definiteness, that vaginal douchings to be of any real value must be taken persistently and in a certain position. His six chief points are:

1. Recumbent or else knee-chest position, hips higher than shoulders.
2. Water as hot as can be borne, 105° F. gradually up to 108° F.
3. Duration of each douche not less than twenty minutes.
4. At least two douches a day.
5. Introduction of vaginal tube along posterior wall.
6. Perseverance for months or even years.

The Doctor attaches considerable importance to an olive-shaped nose-piece, and insists on the absence of a central opening.

Dr. Mundé's chapter on Tamponade of the Vagina, though omitting the best shape, viz. the "nest tampon," in the hollow of which the cervix reclines, yet gives some extremely valuable suggestions. Some of his readers will feel a little surprised at the large number of functions performed by an ordinary wool pad. These functions are thus enumerated:

1. Tampon as a vehicle.

2. To retain medicinal substances mechanically.
3. As a pessary for displaced ovary or uterus, including the various forms of hypertrophy and hyperplasia.
4. As mechanical support and stimulus to pelvic vessels, and as an alterative to tissues by direct pressure. Taliaferro prefers sheep's wool to cotton wool as being so much more elastic. Pallen, of New York, prefers clay.
5. For dilating or separating vaginal walls in atresia vaginalis, vaginismus, and in spasm of the levator ani.
6. As a hæmostatic.
7. As an absorbent of discharges and protective to sound parts.
8. As a means of diagnosis. Schultze, of Jena, detects endometritis by means of a tampon saturated with glycerole of tannin. This pad is applied to the carefully cleaned cervix, and when removed after twenty-four hours, the secretion on it is examined. If pus be pure, it is intra-uterine; if intimately blended with tenacious mucus, it is cervical in origin.

Dr. Mundé speaks in terms of unqualified condemnation of ordinary methods of tamponading for hæmorrhage. He graphically describes what appears to him to be the only scientific and successful plan. First latero-pectoral position, bladder and rectum being empty. "Duck-bill" speculum. Clear away clots, and lay a two-inch styptic pad on cervix. Then tuck a rolled pad behind and another in front of cervix, also one on each side of the uterine neck—these four to be firmly pressed home into the *cul-de-sac*. Then another on cervix, then antero-posterior and lateral pads. Then pad after pad is laid round the air-distended vagina, always filling centre last, till the whole tube is full. Then a firm T-bandage. Watch the bladder, and if needful gently unpack behind urethra, pass the catheter, and replace pads. This tampon must not be suffered to remain more than twenty-four hours; on its removal a warm antiseptic douche is given.

We can scarcely understand Dr. Barnes' dilator being commended, when so great an improvement on it as Molesworth's method exists.

This is of a piece with Gaillard Thomas, when he passes over Neugebauer's invaluable speculum to speak of Dr. Barnes' innovation on it, which removing the good points of the original instrument, replaces them by positive drawbacks. With all their originality our cousins are sometimes oppressed by a name, and then they suffer their judgment to be obscured by their sense of reverential awe!

There is a rather serious practical flaw in Dr. Mundé's recommendations for cervical dressing. He omits to draw attention to the need of a mouldable tip to the dressing probe. If a straight brush be used, or if the probe be rigid, it is plain that the posterior surface of an anteverted uterus would receive the major portion, whilst the front would nearly escape.

Vice versa, in case of retroversion the anterior inner wall of the cervix would be diligently dressed and the posterior would remain nearly untouched.

Of course some bending metal, not probe-pointed, should be used, and should receive a curve corresponding with the actual direction of the cervical canal.

The notes on Intra-Uterine Medication are temperate and good.

Dr. Mundé rightly condemns liquid injections used unconditionally. If they must be resorted to, he strongly qualifies their use.

They should be done at the patient's home. 1. Only after a period. 2, 3. Only when the cervix is patulous and there is no flexure. 4. In the dorsal position. 5. A careful preliminary search should be made for cellulitis, peritonitis, and other inflammatory conditions apt to exist in a latent subacute form. Dr. Mundé's method is a good one. He takes a long fine-nosed syringe of vulcanite with glass graduated barrel (Buttles'), wraps its nose for two and a half inches with absorbent cotton, and slowly injects the appropriate liquid at a temperature of 100° F., pressing the piston with a screw-like movement, and injecting quite a small quantity.

It is an additional safeguard, though the Doctor omits to

tell us so, to withdraw any excess of liquid by means of the syringe before applying the retention-tampon.

To sum up :

1. Sudden applications to the endometrium are to be deprecated.

2. Cold substances, glyceroles, alcoholic preparations, and all oleates, inflict more or less severe pain, and are found to be followed by even more shock than warm fuming nitric acid !

3. Astringent and caustic pencils are too little under control and cause too much suffering.

There is a capitally written chapter on "Dilatation," summed up in the following way :

1. For rapid dilatation of an entirely undilated canal, graduated sounds and divergent steel dilators.

2. Rapid dilatation of a somewhat dilated canal, Molesworth's rubber tubes.

3. Gradual dilatation of an undilated canal, tupelo, laminaria, sponge.

4. Gradual dilatation of a somewhat dilated canal, large tupelo, sponge, Emmet.

5. Moderate dilatation, sounds, divergent dilators, laminaria, sponge, small tupelo.

6. Thorough dilatation, sponge, large tupelo, Molesworth, Emmet's water dilators.

7. Rapid repeated dilatation for dysmenorrhœa or sterility, divergent steel dilators, either two or three-pronged.

Dr. Mundé complains of tangle tents, that they readily glide out or are expelled by uterine contraction. This may be easily prevented by a manœuvre devised, we believe, by a member of our body. With the penknife a few barbs are made at the part of the tent corresponding with or just above the ostium internum, the barbs of course turn their backs to the fundus.

Where gradual dilatation is desired, as for dysmenorrhœa, it is a piece of needless, nay mischievous, interference to remove a laminaria tent. It should be allowed, as it always will, to come away of itself.

If frequent hot antiseptic douches be ordered, dilatation

is facilitated and septic absorption is obviated, for with a closed cervix putrescence is impossible with a *tangle* tent at any point above the external os. As this operation is often performed on the unmarried, it is a great point to avoid a needless operative procedure.

The tent should always be seen by the operator after expulsion.

An interesting differential diagnosis between cervical cancer and areolar hyperplasia is that suggested by Spiegelberg. He recommends the introduction of a sponge tent. If the tent fail to soften the cervix and to dilate the canal in the usual manner, he says the case is malignant.

Whilst sanctioning the operation known as metrotomy for the removal of a fibroid threatening to prove fatal by flooding, Dr. Mundé is, we are pleased to observe, opposed to it for dysmenorrhœa, except as a *dernier ressort*. This is not on the score of its fatality, which he found to be only 10 per 3000.

Whether or not it be deemed justifiable for dysmenorrhœa or for sterility we need not—we cannot—view it as a very formidable proceeding. If it is to be done, Dr. Mundé prefers a knife with a blade which may be firmly adjusted at a varying angle, corresponding with the form and position of the uterine canal. This instrument seems to be preferred by the American gynæcologists to the well-known automatic contrivances of Simpson and of Greenhalgh.

A good rule is laid down (shared by leading English surgeons) with regard to fibroids and most malignant masses *let them alone unless free hæmorrhage threaten life*.

Bladder endoscopy is carefully described, also Simon's clever method of catheterising the ureters (!) for hydro-nephrosis.

White hard rubber (xylonoid) is used in New York for specula, and may be procured in this country from Messrs. Meyer and Meltzer, of 71, Great Portland Street.

There are some peculiarities in the way of spelling, doubtless typographical errors, for which the printer is responsible, such as at p. 12, "behooves," "coccygodinia" at p. 14; "pillar" for "pillow" at p. 20; "a vulsella" at

p. 50; a "sett" of specula p. 63; "dysmennorrhœa" at p. 208.

Why, at p. 117, is the French word "mandrin" used when there is an English equivalent, "mandrel?" We will not grumble at "plessimeter" from *πλήσσειν*, though other people derive it from *πληξίως*, it is more euphonious; but we are embarrassed when the doctor speaks of a "pediculated" fibroid. Are fibroids indeed prone to be infested by a disgusting parasite? (pp. 39, 54). This, too, sounds odd, at p. 176, "an æsthetic effect is desired by the use of a tampon!" This irresistibly reminds us of a modern play called "Patience."

Not contented with the 100,000 words now current in our language Dr. Mundé is great at reviving obsoletisms, such as "arroded" at p. 146, and "estoppers" on the next page. An odd Americanism is the verb "pries" for prizes, *i.e.* he lifts by means of a lever, at p. 286. Certain curiosities in the way of coinage appear; some examples are "contractures" at p. 93, "parametran" at p. 162, "its stroma sclerifies" at p. 163 "parous women" at p. 206.

The figuring and description of instruments is certainly excellent. Dr. Mundé gives a most elaborate description, with copious illustrations, of the various pessaries whose name is legion. This vast army of mechanical contrivances is too vast for our pages, and it would seem invidious to name one amongst so many; suffice it to say that it is the most complete list in our language.

A chapter on "Massage," a valuable, though too much neglected, means of benefit, appropriately concludes a work which we can strongly recommend to those who desire to be "posted up" in the most recent pelvic surgery.

A Treatise on the Continued Fevers. By JAMES C. WILSON, M.D. London: Sampson Low, 1881.

THIS is a very complete treatise on the fevers which, from their absence of real intermissions, have been termed continued. They are seven in number. 1. Simple continued

fever (a most uncertain disease, probably including many different collections of febrile phenomena arising from many different and often unascertainable causes). 2. Influenza (epidemic catarrhal fever, also very various in character, scarcely any two epidemics being altogether alike). 3. Cerebro-spinal fever (also called epidemic cerebro-spinal meningitis, the only reliable remedy for this, according to the author, being *Opium*, but then he is unacquainted with the homœopathic experience of this disease). 4. Enteric or typhoid fever (the author describes the antipyretic treatment by cold baths, but says that this treatment has been but little practised by American physicians—the author is an American—probably because in America the pyrexia is mild). 5. Typhus fever (with regard to the medicinal treatment of this disease the author says:—When we come to speak of the treatment of typhus fever by medicine we find that no drug or course of medication is adequate either to arrest or to shorten the course of the primary disease—but then he knows no medication but the allopathic). 6. Relapsing fever (the author says:—“To Dr. Henderson, of Edinburgh, is due the credit of having first pointed out the essential difference of relapsing fever and typhus.” Prof. Greenfield, who thinks so meanly of his predecessor, Henderson, may make a note of this). 7. Dengue (fortunately we only know this disease in Britain by description, but there have been several epidemics of it in the southern states of America).

This is a very well-written and useful treatise. We cannot say it is better than the corresponding volume of Ziemssen's *Cyclopædia*, but it is much handier, and well worth the study of those who have not got Ziemssen's great work.

Manual of the Principles and Practice of Operative Surgery.

By STEPHEN SMITH, A.M., M.D. London: Sampson Low, 1881.

THIS is an admirable text-book of operative surgery. It reminds us of Malgaigne's *Manual de la Médecine*

The Human Ear and its Diseases, by Dr. Winslow. 145

Opératoire, which in our youth was the standard work of the sort. Like Malgaigne's this work gives the operations of all the chief surgical authorities, but of course it is much more full and complete than its French prototype, for surgery has advanced with prodigious strides during the last quarter of a century. This American work (for it is written by an American, and belongs apparently to Wood's library of medical works, though it bears the name of an English publisher on the title) is profusely illustrated by excellent woodcuts, which the French manual was not, whereby the descriptions of the operations are rendered clearer than they could be by words only. We can recommend it as an excellent manual for the surgeon, and are confident that it will be of immense value to practitioners who have not the opportunity of witnessing the surgical practice of a large hospital. As much care has been bestowed on the description of the smallest operations as of the greatest, and type and woodcuts are as good as could be desired.

The Human Ear and its Diseases. By W. H. WINSLOW,
M.D. New York: Boericke and Tafel, 1882.

THIS is a complete treatise on aural medicine and surgery, at least as complete as is possible in the still by no means perfect knowledge of diseases of the ear and their treatment. It contains a well-arranged account of aural surgery and the diagnosis of aural diseases, together with the physiology and pathology of the ear, up to the date of publication. The work is enriched by an immense number of woodcuts, chiefly of surgical instruments used in ear diseases, but also a considerable number illustrative of the physiology and pathology of the ear taken from the best authorities. The therapeutical work is not quite so satisfactory, but Dr. Winslow is hardly to blame for this. Occasionally his treatment is rather mixed. Thus, in tinnitus

from plethora he says : " Put the patient on low diet, and prescribe a glass of Friedrichshall Bitterwasser before breakfast, occasionally alternating with *Mercurius sol.*, until the engorged viscera are relieved and the bowels act freely. Then give other indicated medicines." This is a style of therapeutics we would characterise as "slipshod." Notwithstanding these little shortcomings, we must pronounce Dr. Winslow's book a great boon to the medical profession, and a capital text-book for any one commencing aural practice and desirous of knowing all that is known about the subject.

Brandt's Treatment of Uterine Disease and Prolapsus by the Movement Cure. Edited and translated by Dr. Roth. London: Baillière, 1882.

THIS little book contains an account of the treatment of uterine diseases and displacements by means of a modification of Ling's method of kinesitherapeutics, devised and carried out on an extensive scale by a Swedish military officer of the name of Brandt. What first led Brandt to a knowledge of the power of the Swedish gymnastics or movement treatment to replace dislocated internal organs was the occurrence of prolapsus ani in a soldier in his regiment, which, as the regimental surgeon was absent, he was requested to endeavour to replace, as he was known to have passed through the course of instruction in the Central Gymnastic Institution of Stockholm. He employed some of the manipulations with which he was familiar, and to his surprise, no doubt, the prolapsed gut was drawn within the anus, and the soldier was able to return to his military duties the same afternoon.

Encouraged by this success he conceived that modifications of the same system might be advantageously used in replacing in its normal position the prolapsed and displaced womb. It may seem strange that such an idea should have occurred to a military officer, but it must be remem-

bered that at the Stockholm Institution students are well grounded in anatomy and physiology, consequently it is not so astonishing that he should have taken up this subject as it would be for an officer of our army. Indeed, Ling's movement cure is already practised by several retired Swedish officers in this and other countries. These manipulations of the Swedish gymnast Ling have frequently been used in the treatment of various diseases of the pelvic organs by the practitioners of the system. Brandt has invented many new manipulations for these diseases, and this little book contains a succinct account of his mode of procedure, which, to judge by his own writings and by the testimony of several eminent Swedish surgeons, have been very successful, and may perhaps effect a great revolution in the treatment of many serious affections which have hitherto been treated by the ordinary gynecological processes or have been deemed altogether incurable. We have no space to devote to a detailed account of Brandt's methods, but those desirous of making themselves acquainted with them have now the opportunity of learning them in the manual that Dr. Roth has translated.

Ophthalmic Therapeutics. By G. S. Norton, M.D. Second edition. Boericke and Tafel, New York, 1882.

If the first edition merited our encomiums, this second edition deserves still greater praise, as many additional hints for the successful treatment of eye diseases have been added, and the value of the work as a guide to ophthalmic medicine has been thereby much increased. We are surprised to find that the author makes no mention of *Aconite* in the treatment of acute glaucoma, as this drug in the hands of some of our colleagues has seemed to exert a great curative power in this very dangerous disease. Our allopathic friends have found the instillation of *Eserine* or the introduction of *Eserine* discs under the eyelid of use in relieving ocular

tension, and this procedure is mentioned by our author, but he does not consider that it will form a substitute for iridectomy. We can heartily recommend this work in its new form as a valuable therapeutic manual for the practitioner in almost every affection of the eye. The pathology, symptomatology, and etiology are certainly very meagre as regards many diseases, but the therapeutics is as good and copious as we can expect in the present state of our knowledge.

The Diagnosis and Treatment of the Diseases of the Eye.

By H. W. WILLIAMS, M.D. London: Sampson Low & Co., 1882.

DR. WILLIAMS is Professor of Ophthalmology in the Harvard University, and he here gives us an excellent manual of diseases of the eye as far as regards their pathology and diagnosis. The surgical part, too, is excellent, but the therapeutics, as a rule, is of the same meagre and unsatisfactory character as it is in most of the ophthalmic works of the orthodox school. As a specimen we may refer to the article on "Spasm of the Accommodation." It is well described, and the author states that a similar affection is caused by *Physostigma* and its alkaloid *Eserine*, and by *Jaborandi* and its alkaloid *Pilocarpin*. But knowing nothing of homoeopathy he misses the true deduction to be made from these facts. Now, if we turn to Norton's work we find that these two drugs are among our chief remedies for this spasm, as they act in deference to the rule *sim. sim. cur.* But Dr. Williams has nothing to suggest beyond rest and paralysing the accommodation by means of *Atropine*, which can be at best only palliative treatment, that will, no doubt, suffice in some cases, but cannot be relied on as efficacious curative treatment in the rarer forms of this affection. These two books would be very valuable together, Williams's for the pathology and diagnosis, Norton's for the therapeutics of eye diseases. Some excellent coloured representations (after Liebreich) are

Transactions of the International Medical Congress. 149

given by Dr. Williams of the ophthalmoscopic appearances of some diseases of the fundus of the eye.

Transactions of the International Medical Congress. Seventh Session. Four volumes. London: J. W. Kolckman, 1881.

FOUR handsome volumes contain the addresses delivered, the papers read, and the discussions these elicited at the great Congress of Medical Practitioners from all parts of the world that kept London lively last August. The rules of the Congress, which are here published, state that legally qualified medical men are alone admissible as members. Intercalated among the rules is an "aside" stating that forty legally qualified women requested a reconsideration of this rule, and expressed a hope that the Congress would be declared open to all qualified medical practitioners. But the rule-framers were inexorable. We understand that Mr. Ernest Hart, who, as is well known, has the advantage of possessing a duly qualified medical wife, was urgent that medical ladies should be admitted, but Sir William Jenner swore by *Æsculapius* that if they were to be admitted he would walk out, and moreover would induce his royal and imperial patient the Queen to withdraw her name as a patron of the Congress in the event of medical practitioners of her own sex being allowed to desecrate the Congress by their presence. Another proposition was made, also by Mr. Ernest Hart, to the effect that medical men, however duly qualified, who should be practising the homœopathic therapeutics should be excluded from an invitation to the Congress. This proposal was also rejected, and we presume that it is because Mr. Hart was not allowed to have the least little bit of his own way that his name does not appear among the executive committee.

But though representatives of our school were invited and accepted the invitation in considerable numbers, this did not prevent the members from launching their well-

known conventional fulminations against Hahnemann and all his works.

Sir James Paget in his inaugural address simply ignores the existence of opposing schools of medicine. After mentioning that the officers of sections have excluded from discussion "questions or theories or even doctrines," he says their reasons were "partly the just belief that such things are ill-suited for discussion in large meetings, and partly the fact that we have no great opponent schools, no great parties named after leaders or leading doctrines about which we are in the habit of disputing." Probably Hahnemann's does not appear to our eminent surgeon a "great opponent school," still it has been great enough to revolutionise therapeutics from top to bottom during its existence, and it bids fair to substitute traditional medicine altogether. "'Tis not so deep as a well, nor so wide as a church door; but 'tis enough, 'twill serve."

In our number for October last year we pointed out the passages in the addresses of Virchow, Raynaud, and Owen, which contained unworthy sneers at homœopathy. In these volumes the addresses of these eminent men can be read in their original languages.

Dr. Billings in his address gives an account of the medical literature of the two years 1879 and 1880. He furnishes two tables, one of the medical journals and transactions of these two years, the other of the medical works published during the same period. In the first table we find an enumeration of the homœopathic periodicals and transactions, which make up a very respectable figure, and which we may transcribe for the edification of our readers. The numbers given are rather under the facts.

	U. States.		Gt. Brit.		France.		Germany.		Spain.		Italy.		All others.		Total.	
	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880
Journals.....	19	16	4	4	3	3	7	7	1	1	3	3	3	3	33	36
Transactions...	3	3	—	—	2	1	—	—	—	—	—	—	—	—	5	4

But, strangely enough, in the next table of medical literature, no homœopathic works are given, though many have been published during these two years.

The discussion on Dr. Wood's paper in the Section of *Materia Medica* and Pharmacology, which was commenced and carried on chiefly by representatives of the homœopathic school, is given, not very fully, but with an evident wish to be fair towards the speakers, and Dr. Hayward's remarks on other occasions are also reported. On looking through the volumes we observe that on various occasions homœopathy is alluded to by the speakers and writers as though it held a distinctive place in medicine as a system or "theory," as it is usually erroneously called, entitled to consideration if not adoption.

A careful examination of the papers read in the Sections of Medicine and *Materia Medica* confirm our previous assertion as to the almost complete dearth of therapeutics at this great assemblage of practitioners of the healing art. There is plenty of surgery and hygiene, but as to medicinal treatment the Congress was almost a blank. Therapeutics, we may say, was conspicuous by its absence.

The latest novelty in heroic surgery, Billroth's daring operation of excision of the pylorus for cancer, was illustrated by a successful case treated by Professor Czerny, of Heidelberg. In the discussion that ensued on this paper the whole question of operations in which the abdominal cavity is opened was considered. Dr. T. Keith, of Edinburgh, the celebrated ovariologist, mentioned that he had lately abandoned the carbolic spray in his last twenty-seven operations, all of which recovered easily. "With every possible care," he says, "the spray in my hands has not prevented the mildest septicæmia, and its effects on the kidney were sometimes disastrous. I have frequently seen kidney hæmorrhage follow long operations, and two deaths in hospital patients were occasioned, I believe, by carbolic poisoning. Though I had at one time a series of eighty recoveries under the spray, I have reluctantly given it up, believing that on the whole it did more harm than good."

Mr. Lister said he strongly dissuaded Dr. Keith from the antiseptic treatment in ovariectomy, still he believed that the day would come when strict antiseptic treatment would prove valuable in ovariectomy. He thought it very likely

that results of a still higher order in surgical operations may yet be attained without using the spray at all.

We have not space to devote to anything like a full account of the contents of these interesting volumes. Those of our body who were members of the Congress have already got them, and those who have not can obtain them at a moderate price, and in them will be found most that is novel and valuable, especially in respect to pathology, surgery, ophthalmology, etiology, gynecology, and other branches of the medical art. Therapeutics, of course, the reader need not look for, if he did he would fail to find any.

Lectures, Clinical and Didactic, on the Diseases of Women.

By R. LUDLAM, M.D. Fifth edition, revised, enlarged, and illustrated. Chicago: Duncan Brothers.

THAT Dr. Ludlam's excellent lectures had reached their fourth edition we noticed in our volume for 1879 (p. 284). We now have to welcome a fifth; and this is no mere reprint with added matter, but a complete recasting and development of the whole work. While the clinical form is (with advantage) preserved, the lectures are so arranged and multiplied that they present a systematic picture of ovario-uterine pathology and therapeutics. The disorders of the puerperal state have been omitted, as belonging rather to a treatise on midwifery; but so many fresh lectures have been added that in place of the thirty-four of the second edition they now number sixty.

The new matter of this volume has all the characters which have made Dr. Ludlam's work so acceptable hitherto, which have led to its translation into French, and its diffusion through all English-speaking countries. It is thoroughly scientific, thoroughly practical; it is the teaching of a man who has seen and done that of which he speaks, and knows how to speak about it with clearness and elegance. It affords delightful reading and instructive reference. Our space will not allow us to note the many points on which its deliverances are of moment; but this

is of less consequence, as no homœopathic practitioner should deny himself the possession of the volume.

We hope that Dr. Ludlam will give us ere long the course on the puerperal affections of which he speaks at page 353. He then will have illuminated in no common degree the whole field which he has cultivated so arduously and successfully.

A Complete Minor Surgery; the Practitioner's Vade-mecum, including a Treatise on Venereal Diseases. By E. C. FRANKLIN, M.D. Chicago; Gross and Delbridge.

DR. FRANKLIN is no less distinguished as a surgeon than Dr. Ludlam as a gynecologist, but he has not the same power of putting his knowledge into language. Here is a sentence from p. 377 of his book:—"The recent developments of the disease" (chancroid), "and the present unsatisfactory condition in which its kin disorder, chancre, is held by those who have abundant means of observation, and the many theories propounded in reference to its course and effects, are evidences of the still undetermined nature of the disease, and the progress made towards a keener realisation of its true character." A writer who could leave such incoherence on record might well be warned that literature was not his field of operation.

The "Treatise on Venereal Diseases," however, from which this extract is taken, is the feeblest part of the book. It contains an interesting statement of the author's experience in gonorrhœa and syphilis, viz. that the medium and higher attenuations of our remedies have answered best in his hands; but supplies no detailed evidence from which we can estimate his measure of success, while its indications are those stereotyped in our literature. The earlier portion of the volume, which deals with mechanical surgery, is much better done; though even here the lack of literary workmanship is constantly apparent. As, moreover, this is not a department on which homœopathy imposes any modification, it is not easy to see what need there is

for such a treatise from any in our school, when such as Heath's is already available.

Chronic Sore Throat, or Follicular Disease of the Pharynx; its Local and Constitutional Treatment. With a special Chapter on the Hygiene of the Voice. By E. B. SHULDHAM, M.D., M.R.C.S., M.A. Second edition. London: Gould and Son.

THIS is the book previously called "Clergyman's Sore Throat"—a title now considered too exclusive. It omits the chapter on Elocution previously given, but has some fresh matter supplied to fill the vacant place. It is avowedly "written more for the laity than for the medical profession," but contains plenty of good advice for everybody, and is "got up" in a very pleasing fashion.

Companion to the British Homœopathic Pharmacopœia, arranged as a Dictionary. By KEENE and ASHWELL, Manufacturing Homœopathic Chemists, London.

THE reason assigned for taking this opportunity of publishing the above volume is not likely long to hold good, as a third edition of the Pharmacopœia itself is (we are informed) passing through the press. Its proffered "Companion," however, is not likely thereby to be rendered useless, as—besides being very handy for reference—it contains accounts of several medicines and preparations which are not contained in the second edition, and may not appear even in the third. *Apropos* of this, we observe that Messrs. Keene and Ashwell speak throughout their pages of such-and-such drugs being "official in the B. H. P.:" they surely mean "official."

Cyclopædia of the Practice of Medicine, edited by Dr. H. VON ZIEMSSSEN. *General Index*. London; Sampson Low, 1881.

WE hail with pleasure the appearance of this volume, which was much needed in order to render the seventeen volumes of this great *Cyclopædia* available for the busy practitioner. We can testify to the admirable way in which the index has been compiled and to its minute completeness. Now that this grand work is finished, we would heartily recommend those of our brethren who are desirous to keep abreast with the medical science of the day to procure it, for though it does not throw much light on the therapeutic treatment of diseases, it is invaluable for diagnostic purposes, and gives very many useful hints as to the dietetic, regimenal and hygienic treatment of diseases. In fact, it is a vast treasury of useful knowledge on every point in which the practitioner is interested, save and except the medicinal treatment of diseases, and that he can obtain from other sources.

Materia Medica Pura. By SAMUEL HAHNEMANN, Translated from the latest German editions by R. E. DUDGEON, M.D. With annotations by RICHARD HUGHES, L.R.C.P.E. Vol. II. *Ledum—Verbascum*. Hahnemann Publishing Society.

Hahnemann as a Medical Philosopher—the Organon. Being the second Hahnemannian Lecture, 1881. By RICHARD HUGHES, L.R.C.P. Ed. London: Gould and Son.

The Sphygmograph, its history and use as an aid to Diagnosis in Ordinary Practice. By R. E. DUDGEON, M.D. London: Baillière, Tindall and Cox, 1882.

OF these works we can obviously do no more than note the appearance.

MISCELLANEOUS.

*The Diploma of "L.H." of the London School of Homœopathy.—
A Symposium.*

I.

At a Special General Meeting of the Governors and Subscribers of the London School of Homœopathy on December 15th, 1881, at which the following medical members were present, Drs. Bayes, Butcher, Tuckey, Dyce Brown, Buck, Blackley and Hughes, the following rules were adopted:

"XII. That any student who has diligently attended the lectures during one winter and one summer session of the School, and who has passed satisfactorily an examination in the *Materia Medica*, Principles and Practice of Homœopathy, and who has passed a Clinical Examination in the wards of the Hospital, shall be awarded the diploma of 'Licentiate in Homœopathy,' and shall be entitled to add 'L.H.' to such titles, qualifying him to practise as he may possess or hereafter obtain.

"[The above law was agreed to on the understanding that the diploma of Licentiate in Homœopathy shall not be conferred on any candidate until he has obtained a legal qualification to practise medicine or surgery in Great Britain, or in the country or state to which he belongs. The candidate may, however, claim to be *examined* immediately after his attendance on the courses in homœopathy has been completed, but the diploma of L.H. in such case will not be handed to the candidate until he has satisfied the President and Examiners of the London School of Homœopathy that he possesses a legal title to practise medicine in this country or in that in which he has studied medicine.]

"XIII. For the Diploma, so obtained, a fee shall be paid; the amount of such fee to be determined hereafter by the Committee and Council from time to time.

"XIV. Physicians and Surgeons of good repute, and who have practised medicine or surgery for five consecutive years preceding the 25th of December, 1881, may be elected, without examina-

The "L.H." of the London School of Homœopathy. 157

tion, to the title of L.H., provided they apply to the Medical Council of the London School of Homœopathy before the end of December, 1883, and are elected by the votes of the majority of the members of the Medical Council."

1. The Medical Act of 1858 contains the following clause :

"XXIII. In case it shall appear to the General Council that an attempt has been made by any Body, entitled under this Act to grant Qualifications, to impose upon any Candidate offering himself for Examination an Obligation to adopt or refrain from adopting the Practice of any particular Theory of Medicine or Surgery as a Test or Condition of admitting him to Examination or of granting a Certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereafter issue an Injunction to such Body so acting, directing them to desist from such Practice ; and in the event of them not complying therewith, then to order that such Body shall cease to have the power of conferring any Right to be registered under this Act so long as they shall continue such Practice."

I make no apology for reprinting at length this clause of the Medical Act, as I fear some of our homœopathic colleagues may have forgotten it. Its history is well known, and readers may refresh their memories about it by referring to the sixteenth volume of the *British Journal of Homœopathy*, p. 529, *et seq.* At the time the Act passed the clause was universally regarded as a protection to students and practitioners of homœopathy. The guiding spirits of the London School of Homœopathy now wish to reverse in spirit and in fact the principle involved in this clause. They wish to establish a Body, and to have it entitled under the Medical Act to grant qualifications, which shall impose upon a candidate offering himself for examination an obligation to adopt the practice of a particular theory of medicine. As the whole thing would be illegal—expressly forbidden by this clause of the Medical Act—they never could obtain from Parliament any title to grant qualifications on those terms, and if they proceed to act as they propose, and grant qualifications and titles to candidates professing a particular theory of medicine, they not only will be acting illegally, but they will be doing exactly what the representatives of homœopathy twenty-four years ago succeeded in preventing the recognised examining bodies of the country from

doing. Though it is nearly a quarter of a century since the Medical Act was passed, I think the authorities of the London School of Homœopathy will find that the spirit that influenced the homœopathic body to get Clause XXIII engrafted in the Medical Act, and to hail this clause as the expression of their detestation of the imposition of tests of particular medical doctrines on candidates for diplomas, still survives, and regards with horror such a reversal of principle as is involved in the conferring of a sectarian diploma and title like this "L.H." degree.

2. The British Homœopathic Society is generally regarded as the arbiter of ethical points concerning homœopathy in this country. At all events, its rules are the ethical code by which its members profess to be guided. Law XXI runs thus:—"Any member assuming a professional title to which he has no right, or to which he is not entitled by the customs or usages of the profession, if continuing to do so, after being admonished by the President, shall be liable to expulsion." Most of the framers of the "L.H." scheme are members of the British Homœopathic Society. The "L.H." is undoubtedly a professional title. The London School of Homœopathy has no right to grant such a title, by their own admission, for they have got up a petition begging to be "empowered" to grant the title, and as I have above shown they cannot be so empowered, for the whole scheme is opposed to the express words of the Medical Act. If, then, the London School of Homœopathy has no right to grant the title, *à fortiori* no one has a right to assume or accept the title, and certainly no one is entitled to assume it by the customs and usages of the profession, for the customs and usages of, and indeed the laws of the country that affect, the profession, are utterly opposed to assuming any title of the sort. Therefore the assumption of the title of "L.H." by a member of the British Homœopathic Society is contrary to the laws of the Society, and entails the penalty of expulsion.

The British Homœopathic Society has already expressed its views pretty strongly on the subject. After a lengthened discussion, extending over two nights, viz. the 2nd February and 2nd March of this year, the Society passed, by a majority of twenty-one to ten, the following resolution:—"That the proposed title of Licentiate in Homœopathy, resolved on by the London School of Homœopathy, is contrary to the spirit of the laws of the Society,

and calculated to damage our position as members of the medical profession." This resolution was passed by that great majority notwithstanding an attempt by the leaders of the school to snatch a vote before the discussion in the Society by the issue of a one-sided statement giving a glowing account of the advantages to be derived from the possession of the "L.H." title, accompanied by voting papers on which each practitioner was invited to record his approval or disapproval of the project. Votes taken under such circumstances are of no value in comparison with the vote of the Society given after the fullest and fairest discussion.

3. The Royal College of Physicians of London is generally regarded by the profession as the chief authority on the subject of professional titles. At a meeting of this august body, called together for the purpose of taking some action against homœopathy, after a prolonged discussion they found that they could not interfere with the liberty of their constituents to adopt any medical treatment that commended itself to their judgment, but they thought they might as well pass a resolution condemnatory of the assumption of titles or designations implying the adoption of special modes of treatment, so they unanimously passed the following resolution:—"While the College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine, it nevertheless thinks it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession, which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its Fellows, Members and Licentiates, will uphold these principles by discountenancing those who trade upon such designations." Now, of course, we do not feel ourselves bound by resolutions passed by the College of Physicians, but this resolution is one we can heartily approve of, as it is completely in the spirit which has guided the homœopathic body generally, both in the written laws of their principal association, the British Homœopathic Society, and in an unwritten law in their individual capacity as members of the medical profession. The assumption of a name indicative of one's practice has always been held by the great majority of British practitioners of homœopathy as unprofessional and there-

fore to be deprecated. We were accordingly able to reply to the College of Physicians that they were in error in thinking that their resolution had any application to us, as we had always repudiated and condemned any attempt to "trade on a designation" in the sense here indicated. But should the "L.H." degree be accepted by us we could no longer assert that we did not trade on a designation. Its advocates tell us that it will give its possessor an advantage in regard to practice over those who do not possess it; that the latter will be placed in an exceptional position of inferiority; that its possessor is really qualified to practise homœopathy, and has a claim to the support of the homœopathic public; that patients desiring homœopathic treatment would seek a man because he possesses the "L.H.," &c. All this is precisely equivalent to saying that by assuming this title a practitioner will get a number of patients he would not otherwise have obtained; and this is, all denials notwithstanding, neither more nor less than trading on a designation, and that in a very aggravated form, for the title assumed being illegal and spurious, it must be called "trading on a *false* designation."

Having thus shown that the title of "Licentiate in Homœopathy," proposed to be imposed by the London School of Homœopathy, is opposed to the laws of the land, to which all of us owe obedience, to the rules of the British Homœopathic Society, to which many of us have subscribed, and to the resolution of the Royal College of Physicians of London, to which some of us belong, I will now make a few remarks on the scheme considered from other points of view.

4. In the first place, I contend that the whole idea of bestowing on ourselves a special title indicative of our mode of practice is a lamentable mistake, and is certain to be fraught with disastrous consequences to our position before the profession and the world, and is at variance with our own contention regarding our place in medicine. We have always held that homœopathy is scientific therapeutics, and that in advocating it we place ourselves in the van of medical progress, and are the real leaders in medicine. We have ever resisted all attempts of our opponents to shunt us from the main track of medicine into any sectarian siding. We have pointed to our degrees and diplomas obtained from recognised universities and colleges as showing our right to all the privileges and courtesies of professional life. But if we

accept this spurious diploma and title of "L.H.," and thereby assume a designation not sanctioned by the existing and state-recognised institutions of the country, we voluntarily assume the very position our opponents have been vainly attempting to force us into for the last fifty years, and we stand before the profession branded by our own hands with the fatal letters that will stamp us as deserters from the camp of legitimate medicine, and relegate us to the position of an obscure gang of conspirators. And what are the advantages offered in exchange for our proud position as the representatives, the pioneers and the champions of science in therapeutics? Some dubious prospect of attracting a few more patients, and gaining the perfidious approbation of our irreconcilable enemy, *The Lancet*, which lately said that those who openly assumed the sectarian name were the only honest men among us. Will it be contended by the promoters of this title of "Licentiate in Homœopathy" that only those who possess it have a license to practise homœopathy? Of course they could not in distinct terms allege this, but evidently they seek to convey this impression to the public, as they say the letters "L.H." will "supply a means whereby the laity may know a man's qualification to treat them homœopathically," and of course inferentially the laity will know that a man who has not these magic letters is not qualified to treat them homœopathically. Again, practitioners who have not the "L.H." will be placed in "an exceptional position of inferiority," "the non-possession of it will be a ground of suspicion of his knowledge of this mode of treatment." What is this but endeavouring to convey to patients the impression that those alone who have this "L.H." title are qualified to practise homœopathy, an impression that its promoters must know is false and misleading. And yet "are they all, all honourable men!"

5. One would expect that a step of such a revolutionary character, completely altering the position of homœopathy before the public and the profession, and in direct antagonism to all the accepted traditions of our school, would not have been taken without due deliberation and consultation with the chief representatives of homœopathy in this country and a pretty general consensus of these. But what are the facts? The scheme was sprung upon the governors and subscribers of the London School of Homœopathy at a special meeting on the 15th December last, summoned without any intimation of what was going to be done,

in direct violation of Rule XI of the School rules. I am told that, with the exception of two, none even of the medical governors who were present at the meeting knew anything about the new scheme. The three new laws, embodying this most momentous innovation, were passed at one meeting at which only seven medical governors were present, six of these being gentlemen who had only joined the homœopathic body after the passing of the Medical Act, and who consequently knew nothing, except, perhaps, from hearsay, about the reasons that had influenced those who had framed the clause in that Act which secured legal protection for practitioners and students of homœopathy. In all societies of which I know anything it is usual to give long notice of proposals to alter or add to the laws, but these laws which change the whole aspect of the relations of homœopathy to the profession and the public were proposed and passed without notice given at a special meeting attended by only seven members of the homœopathic profession, all amiable and estimable men no doubt, but who cannot be considered as anything like a fair representation of the great homœopathic body. Three of them seem, from the published report, to have taken no part in the discussion.

6. I am told that the London School of Homœopathy alleges that the British Homœopathic Society has no right to interfere with their action in the matter. This might be the case if the action of the School affected members of the School only, but the proposal to confer the degree of "L.H." on all practitioners who have been five years in practice before last Christmas affects the whole body of homœopathic practitioners in this country, and among these the members of the British Homœopathic Society itself, so that the British Homœopathic Society has not only the right, but it is its bounden duty, to take action in the matter; and by the vote on the 2nd March the Society has pronounced an emphatic condemnation of the scheme.

7. The new laws creating this new title and diploma of "Licentiate in Homœopathy" were passed on the 15th of December last, and on the 26th of January a meeting of the medical governors of the School, at which eight* attended, drew

* One of them, Dr. Hewan, wrote a letter, which was read at the meeting of the British Homœopathic Society, in which he says, "It might be inferred that I was favourable to the "L.H.," whereas I have uniformly and very

up a petition praying among other things to be "empowered to grant to any candidates desiring to practise as homœopathic practitioners, and who have passed an examination in homœopathy to the satisfaction of the authorities of the Hospital, a diploma of Licentiate in Homœopathy." This petition says nothing about granting the "L.H." title and diploma to others than candidates who have passed an examination in homœopathy, so that even if granted the school would still remain without the power to give its title and diploma to the persons mentioned in the Law XIV. The hot haste with which this petition has been got up is evident from its ridiculous wording, where the archaic phrase, "your petitioner prayeth," occurs no less than eight times, and not the slightest hint is given to whom the prayers of the petitioners are addressed. Moreover, it differs from the new laws of the School in stating that the candidates are to pass an examination in homœopathy "to the satisfaction of the authorities of the *Hospital*," whereas the laws of the School only talk about satisfying the President and Examiners of the *School*.

8. We are told that the diploma will be "a certificate of competency in the practice of homœopathy." But as it is to be given to any practitioner who may have been in practice for five years before last Christmas, without examination, consequently without ascertaining if he knows anything at all about homœopathy, by the mere vote of a majority of the Medical Council of the School, two of whom may form a quorum (Law VIII), it is not easy to see how it can be a certificate of competency in the practice of homœopathy, or, as one of its promoters says, "a great safeguard against charlatanism and ignorance in those professing to practise homœopathy." It will be nothing more than a certificate that the recipient has been five years in medical (not homœopathic) practice and has a couple of friends in the Medical Council. Simple membership of the British Homœopathic Society is much more of a certificate of competency in homœopathy, because for this three years' practice of homœopathy is required and election takes place at meetings where not less than five are required to form a quorum, and yet no one has proposed that the "M.B.H.S." should be regarded as a proof of competency in homœopathy.

strenuously condemned it from the first, and I have not been able to see any good reason for changing my opinion."

9. It is said that the title "Licentiate in Homœopathy" does not mean a license to practise homœopathy, though all our best dictionaries define "licentiate" as "one having a license to exercise some profession," and the Licentiates of our Colleges of Physicians and Surgeons are always understood in this sense. The "Licenciado" of Spain, to which it was likened, is a still higher degree, signifying a graduate of a university.

10. The "L.H." is said to be in almost every respect an analogue of the "L.M." of the College of Surgeons. There is, however, this trifling difference. Thus the "L.M." is granted by a chartered college and is a certificate of having been examined and given practical proof of acquaintance with the subject, while the "L.H." title is given by an unchartered association, and is not necessarily a certificate of having been examined or given proof of any acquaintance, theoretical or practical, with the subject. The only respect in which the analogy holds good is similar to Fluellen's discovered resemblance between Macedon and Monmouth: "There is a river in Macedon and there is also, moreover, a river in Monmouth, and salmons in both." So there are two letters in "L.M." and two letters in "L.H." and an "L" in both; but I cannot discover any other resemblance.

11. We were told by one of the promoters of this title of "L.H." that it would be wrong to put these letters on door plates or visiting cards. But if the title is to be a protection for the public against incompetent practitioners, and an advantage to its possessor in attracting patients to him, how are the public and the patients to know that the practitioner has this title unless he makes a display of it? Do the dispensers of the title imagine that the ninety practitioners, who they boast have applied for the degree, will be content to hide their light under a bushel? The very fact of so many having applied for it shows that they attach a value to its possession, and that they intend to publish the fact that they have it. To me nothing can be sadder than the fact—if fact it be—that so many of the practitioners of homœopathy are eager to decorate themselves with what a moment's reflection must show them to be a spurious and illegal title. Nothing can show more clearly that the tone of homœopathic practitioners has deteriorated since those days when we were a struggling phalanx of ardent warriors for truth against an unscrupulous and powerful caste; when, though persecuted

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and calumniated, we scrupulously avoided everything that was not strictly professional, and would have scorned to assume a title that we had not justly earned. But I suppose I am an old fogey, a *laudator temporis acti*, and altogether behind the age.

12. The promoters of the "L.H." title are extremely anxious that all actual practitioners of homœopathy should accept it from them, and they freely offer it to any one who will take it. What is the cause of this excessive generosity? That is not far to seek. Says one: "Unless the main body of the practitioners of homœopathy accept this honorary diploma, any one commencing to practise homœopathy may snap his fingers at it." Says another: "If the possession of it were general, the young practitioner would find he was in an exceptional position of inferiority did he not obtain it," and as the young practitioner's only way to obtain it would be to go through the School, it is clear that this sham title is a mere device for driving students into the London School of Homœopathy. I do not think the class of students who would be attracted into the School by the prospect of receiving a sham title would be altogether a desirable one, and I hope the practitioners who are recipients of the "L.H." degree will appreciate the purpose to which their acceptance of it is to be applied, according to the naïve avowal of the promoters of the scheme.

To sum up: 1. The title is illegal and contrary to the whole spirit of our special clause in the Medical Act.

2. It is distinctly a breach of Law XXI of the British Homœopathic Society.

3. It is "trading on a designation."

4. It will lower our position in the medical profession.

5. It was sprung upon the homœopathic body without warning, without ascertaining the views of the chief representatives or of any considerable number of the homœopathic practitioners of this country. It was passed at a single meeting when only seven medical men were present, five of these belonging to the younger members of our body.

6. It affects the whole status of homœopathy in this country and its effects are not confined to members of the School.

7. The promoters are conscious of its illegality, as shown by their getting up a petition to be "empowered" to grant such degrees.

8. It is not "a certificate of competency in the practice of homœopathy," as it may be obtained without examination by all practitioners who have been in ordinary medical or surgical practice for five consecutive years.

9. It is absurd to deny that "Licentiate" means "licensed to practise" as it has no other meaning in this country.

10. The "L.H." bears no true resemblance to "L.M."

11. It will be impossible to prevent those who get the "L.H." degree from publishing it.

12. The object of the "L.H." title, as stated by its promoters, is to force young practitioners into the School.

B. E. DUDGEON, M.D., Edin.

II.

THE proposal to create a diploma of Licentiate of Homœopathy concerns not this School alone but us all for if this step is wrong or unwise the discredit will attach to our body as a whole, and retard the spread of the truths of homœopathy among the profession in general. We must never for a moment lose sight of the fact that it is the spread of a knowledge of those truths among the profession which is the only true progress of homœopathy, and the ultimate adoption of them by all the profession, which will be coincident with the extinction of the name, will constitute its final triumph. It may well be that much talk about the subject among the public, as happens now and then, which looks like progress and brings patients to a few loud-talking doctors, is only a false appearance of progress, and in reality throws back for decades the true progress among the profession who are always unfavourably disposed to movements attempted to be forced upon them from without. The homœopathic body, as trustees for certain truths in medicine, are bound to be especially careful to observe the strictest professional propriety in upholding these novel truths. They are bound to be—like Cæsar's wife—above suspicion, otherwise they will readily turn away from inquiry a jealous and susceptible profession like ours. The British Homœopathic Society, owing to the rules laid down under the guidance of its original president, Dr. Quin, a man of very delicate professional feelings and a gentleman, has been of

the greatest service in maintaining the tone of feeling among our body up to a high standard; nevertheless, in this country a falling away from strict professional conduct on the part of individuals or parties professing belief in the truths of homœopathy has been witnessed now and then. One of these was the deplorable exhibition of the Hanover Square Hospital, where the public were invited to inspect patients undergoing wonderful cures through homœopathy. This naturally shocked and disgusted the profession, and checked any impulse which might have existed to inquire into the claims of homœopathy, and in fact dealt a blow at our method from which it can hardly be said to have yet recovered. A similar evil influence is now threatened by the conduct of the managers of the London School of Homœopathy, who have put the finishing stroke to a series of acts addressed to the public rather than the profession by the institution of the proposed diploma of L. H.

This is a most unfortunate step, just as through the strict professional tone kept up by the influence of the British Homœopathic Society, and the scientific tone of this journal consistently addressed to the profession alone, we were beginning to win a certain respectful consideration for our doctrines. We should, therefore, all join in the endeavour to prevent any evil from this action of the School or openly protest against it if we cannot alter it.

It seems to me that the plea put forward in justification of the L.H. diploma rests on a false analogy. It is compared to the special qualification of the ordinary licensing bodies, such as the diploma of dental or veterinary surgeon, or the licentiate of midwifery. But these are merely for special departments of medicine and surgery, made special owing to the enormous extent of the science and art of medicine and surgery, which requires the principles of division of labour among the members of our body to overtake it. There is no example of a diploma recognising particular *theories* of medicine existing, as far as I am aware, in legitimate medicine. If there were the true analogy here would be with a title such as L.L.S. for Licentiate of Listerian Surgery, for example, and such like. In all the history of medicine which has had theories and systems enough and to spare, in all conscience, we have never had the professional unity of medicine violated by such designation as L.B.M. for Licentiate of the Brunonian or the Broussaïan system of

Medicine, nor anything similar for depletive, or tonic, or empirical, nor even allopathic medicine; which last term stands for every theory of therapeutics except the homœopathic, and is in fact what is professed though not practised by the dominant school. To get a true analogy we should have to descend to the regions of vulgar quackery. In this country any company of people, however small, may meet together and dub themselves with any high sounding title they please; and if the managers of the London School of Homœopathy choose to invent titles in imitation of the Morison's pill-fraternity, we ought, if remonstrance is unavailing, to protest against the disgrace thereby brought upon the honoured name of Hahnemann, and withdraw from all participation in it. Such a title is a direct violation of the rules of the British Homœopathic Society. It is also a direct "trading on a name," for it is offered as a means whereby any beginner or settler, in a new place may make it known to all and sundry that he is prepared to treat patients homœopathically. If this is not "trading on a name" I do not know what that phrase means. It is certainly as much, if not more so, than putting "Homœopathist" on one's door-plate, or in any way advertising to the public one's mode of practice, which is forbidden as unprofessional by the British Homœopathic Society.

Again, it is said by its defenders that this title is not sectarian or exclusive as a profession of practice, but is merely an evidence of proficiency. In the last case, however, a simple certificate would be equally effectual, and could, without impropriety, be shown to those whom it might concern without unprofessional public advertisement of one's mode of practice such as is given by this title. Such a title if given by a school also raises in a very embarrassing manner the question not only of sectarianisms, but also of the definition of "homœopathy." By the use of the word homœopathic hitherto in our medical body, we have been able to show the falsity of the accusation of our enemies that we used it as sectarians and traders on a name; for by forming special societies solely composed of medical men and a literature directed to the medical profession, we are able to use the name homœopathic as a special name, and the most natural one, without conveying necessarily any exclusive or sectarian meaning. But with a school, even at all, and more particularly with a licentiate title

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given by a school, the question of definition becomes essential. Without that the action of the school managers becomes as illegal and absurd as that of the medical societies, such as that of Liverpool, which exclude all who practise "homœopathy" without defining what they mean by that term. At the same time these societies profess to allow perfect liberty as to theories and practice of medicine. What then is the homœopathy they exclude? A school which gives a licence is equally bound to define the meaning and power of that licence. Here this cannot be done without falling into various logical inconsistencies. In the first place they cannot refuse the L.H. licence to any student who attends the lectures, passes the examination, and tenders the money. But here they refuse unless the student first possesses an allopathic diploma.

What, then, is the definition of the homœopathy taught at the school which refuses its fairly earned licentiate to all who do not first show an allopathic diploma? The homœopathy in question is evidently, in the opinion of the managers, something not sufficient to fit men for medical practice without the addition of what is taught in allopathic schools. This is simply another way of completing the student's knowledge, resembling what has been often urged, viz. to get our lectures recognised for the curricula of the ordinary medical schools, none of which call themselves allopathic, and to the neutral classes of which we have the same right as avowedly allopathic practitioners. Surely it is not a better way, for it first thrusts the London School of Homœopathy out of general medicine and then compels its students to sneak back again to the allopathic schools for knowledge enough to fit themselves for practice. If anything is to be called "hauling down our flag," or "making a compromise with allopathy," this certainly deserves it to the full, and yet the managers are continually appealing to the ignorant and narrow-minded class of persons who are influenced by such cries. Or, on the other hand, is it for fear of the penalties of the law of the land to which all who acted on the L.H. in its legitimate sense could be liable, that the managers refuse it to those without allopathic diplomas? That is likely enough, but in that case why give this title? A licentiate has hitherto meant one who is empowered by law to practise according to it. The title here is therefore false if not fraudulent. If anything, it is a simple certificate, and if

so, why not, as before said, give a simple certificate which would serve all legitimate purposes and offend no professional proprieties. By giving a title virtually false and possibly fraudulent, the school managers put themselves in a wrong position, and not only degrade themselves, but their conduct tends to degrade homœopathy with them. So it is incumbent on us all to protest against this conduct and disassociate ourselves from it and its consequences.

Unfortunately, this act of the School managers does not stand alone, and may be looked on as the climax of a series of acts which might be construed, and which our enemies will be certain to construe, as deliberate acts of set purpose to put the stamp of sectarianism on our whole doctrine and practice, and thus widen, as far as possible, the breach between us and the profession in general, with the effect of deterring them from studying, and, finally, absorbing our practice into general medicine, thereby giving prolonged opportunity for any of the baser sort who may lurk in our body of "trading on a name." I can hardly imagine that any of the managers individually are capable of consciously pursuing such a policy, but I fear that, acting as a body they may have to a certain extent pandered to the feelings and wishes of the more narrow-minded class which may contain a greater number of the trading class than we would wish to believe. I trust, however, that these last are far too few to prevent the governors insisting that in this L.H. question and some other important matters, the managers of the School shall retrace their steps. Be it recollected that the School was founded at the Clifton Congress on the express understanding that it was to be independent of the Homœopathic Hospital, and that it was intended for the instruction of medical students. At first no very distinct ideas were entertained as to the form the School should take, but gradually it became clear that we should claim our rights of recognition for the classes of materia medica and therapeutics as qualifying for the licensing bodies. This it was perceived was the only feasible way of getting at the *bond-fide* students of medicine. On studying the principles of the universities and licensing bodies it was perceived, as above said, that in no instance was any theory of science or of medicine allowed to be specially mentioned in the title of the classes or of the diploma; for the very obvious and cogent reason that as

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science and the art of medicine are never stationary, but continually changing and advancing with the progress of knowledge, to fix a permanent theoretical name to a course of lectures or to the title of a diploma would be to stereotype this teaching of the day, stop all advance, and ere long render the name obsolete or superfluous. The refusal to allow special theoretical titles becomes thus the charter of liberty and progress, and keeps the universities and other licensing bodies always abreast of the knowledge of the day. It thus gives the professors of novel theories an equal claim for the recognition of their teaching. And it is this claim obviously which we should have put forward and acted upon. But this is just what the managers of the School have hitherto not only neglected to do, but have combined against, and used all their power to thwart the efforts of some of our body who wished to take the necessary steps. These, I believe, had a very fair chance of success, and if two or even one of our course of lectures had been recognised by any of the licensing bodies we should have had by this time a very different tale to tell of the success of the lectures among *bond-fide* students from that which can now be told, viz. virtual failure. One reason given for the resistance of the managers to making our claim for recognition was that there was no chance of its being granted. Whatever chance there was it was our duty to make the application, and to neglect or refuse to do so, argues either distrust in the truth of homœopathy, or the desire to keep it as a sectarian practice apart from general medicine. And how far that shuts out the benefits of homœopathy from the sick public I have already noticed. One medical convert does more for the spread of a medical truth than a thousand laymen. The inconsistency of the plea of the managers is now made obvious by the recent proposal that we should apply not for recognition of a single class only under a non-sectarian title, but for the whole school and all the classes under sectarian titles and full sectarian diploma! That is, having objected to one moderate claim as too much to ask, they come forward with a number of proposals which would stultify the fundamental principles of all scientific bodies, and therefore be incomparably less likely to be granted. With such glaring inconsistencies we are compelled to ask again whether the managers can be serious in such demands, and really wish they should be granted? Whatever their private opinions

may be, it is obvious their acts effectually shut out all chance of teaching homœopathy to the real students of medicine, for without recognition you never will get them to attend.

The truth is the managers have been led away by a false analogy with the homœopathic schools in America. There, where new universities and schools are constantly springing up, it is natural and proper for our body to avail themselves of the opportunities of founding complete medical schools which can give a license to practice. There is no harm then in calling these schools homœopathic, although I think it would have been wiser to adopt the plan of the Boston University and refrain from taking a title which in the course of a few generations must be superfluous; even now the title is in all neutral subjects a misnomer, for what is homœopathic chemistry or anatomy? Be this as it may, every one must see that it is quite impossible here to get up a complete homœopathic medical school with power of licensing, but if additional proof be wanting of the temper of the authorities we have only to look to the recent refusal of the power to grant medical degrees to the new Victoria University. Nevertheless the classes of the Colleges affiliated to that University will be allowed to count for the curricula of the present licensing bodies, even, as I have lately heard, the University of Edinburgh, which now admits certain extra-mural lectures to count for its degree. What possible good can there be in these perpetual schemes and plans and petitions which the school managers are continually putting forward, based on the impracticable idea of getting licensing power? Have we not had enough of them? I counsel, therefore, that we should go back to the only plan that is open to us, viz. to assert our rightful claims to teach *materia medica* as we think right, and obtain recognition for our class by applying in the ordinary way, and complying with the same regulations which bind every medical teacher in the country. I think now it is time for the body of medical governors to come forward and declare their wishes. I believe that the small coterie in London, who have hitherto had the whole power, do not really represent the feelings and wishes of the respectable members of our body, so I hope that the provincial members will gather in numbers at the next annual meeting, or at an extraordinary meeting called for the purpose, and appoint new managers. It is time now that, as in politics, we should have a change of ministry, and I feel no

doubt that the power could be placed in better hands; so let all who desire to see professional feeling respected, and a fresh chance given to the school, to reach the *bond fide* students, rally to the cause of reform. I feel, however, that in making these proposals it is like offering the sibylline books, for our chances are now not so good as at first. In the first place, the greater part of the money is spent, and in the second the difficulty of filling up the staff of the lecturers is greater. The same men no doubt are still there, and their lectures are good, but what chance would the latter have now of recognition, when the professors have decorated themselves with a sectarian and as yet spurious title such as the proposed L.H.?

Perhaps I may be permitted, as once an editor of this Journal, to express my great surprise and regret on seeing the name of my former colleague, and still much esteemed friend Dr. Hughes, among the ranks of the defenders of the unwise and unprofessional scheme of the school managers, but I trust that the unqualified condemnation of the L.H., by the British Homœopathic Society will induce him to reconsider his position. Let us hope that on second thoughts he will choose the substance rather than the shadow, and in the interests of the only true progress of homœopathy, viz. its spread among the profession, he will prefer obedience to the eternal principles of the unity of all true science to seeking the short-lived applause of ignorant non-medical enthusiasts.

J. DRYSDALE, M.D., Edin.

III.

ABSENCE from England having prevented me voting in the British Homœopathic Society, I desire now to state that I consider the proposed L.H. to be most damaging to our position as members of the medical profession. I see no analogy, putting aside the question of legality, between certain diplomas, signified by certain letters denoting the great divisions of professional work, medicine, surgery, and midwifery, and the letters L.H.—Licentiate in Homœopathy. It is illegal, and the idea of issuing it is most inconsistent with the clause in the Medical Act which declares that the holding of any peculiar medical theory shall not be a bar to legal qualifications. With this as our magna

charter of protection, some of us attempt by the creation of an L.H. to limit the power to practise unless subordinate to a medical theory, and yet these men petition for liberty!

It is the use intended to be made of this L.H. which constitutes an offence against professional ethics. One object, as stated by its supporters, is to point out to "patients desiring homœopathic treatment the men they should seek." "It is to one going to a new field of practice, giving him a claim to the support of the homœopathic public." These seem to me purposes which in our peculiar position decidedly invite the charge of "trading on a name."

If the L.H. is to be useful as a mode of publishing his practice, the holder must bring it prominently forward, and then he professionally errs.

To avoid misapprehension I wish to draw a very clear distinction between the faults in professional ethics to which I now allude and moral delinquency—*e.g.* a solicitor may rightly seek for business in a manner which, if pursued by a barrister, involves a marked breach in professional ethics; the Medical Act empowers medical men to recover in court amounts due for medical advice, the London College of Physicians considers such procedure a grave offence. The tradesman may rightly and honestly advertise his goods in a manner which long custom holds reprehensible in the professional man.

Let these instances suffice to show that when I make a charge of breach of professional ethics, I disclaim the very thought of impugning the honour and morality of those who, from my ethical standpoint are transgressors. Isolated as we are, we cannot make our ethical standard too high.

What encouragement does this L.H. afford to any man established in practice joining our ranks; hitherto this step has only brought on him obloquy, but were this course of the school adopted he must make up his mind to the still further ordeal of qualifying as an L.H., in order that he may "claim the support of the homœopathic public." If he do not possess this L.H. then "the non-possession of it will be a ground of suspicion of his knowledge of this mode of treatment."

Instead of this step indicating "a wise foresight" it is in my opinion most ruinous, instead of being "a measure of defence" it is the most destructive course which can possibly be taken.

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We are urged to take this step "to prevent our benign and scientific system being brought into disrepute by men who know nothing of it"—"to protect the public from being taken in by a man who from any motive proposes to practise a system of which he knows nothing."

Now the whole history of the struggles and course of the homœopathic system in this country utterly refute such statements.

How have we hitherto existed for nearly half a century? If such dangers are now ahead, they never can be met by such futile measures as the granting of the L.H. A title illegal, sectarian, a license which may be assumed by any man or given by anybody.

With equal legality Holloway's clerks, "two being a quorum," might meet in council, and in order to protect the public and benefit themselves establish an L.H.—none genuine but the licensed Hollowayist.

Dr. Hughes treats the illegality of the L.H. as "a very unimportant consideration." "The College of Surgeons," he says, "has no legal authority to give its 'L.M.,' or if it be said that it is at least a chartered institution, I will cite the Rotunda Hospital of Dublin, which having no such pretensions, does the same thing." The College of Surgeons has not only a charter, but as far as midwifery is a part of surgery it has legal authority. Many of these L.M.'s have arisen from the dispute in former times whether midwifery appertained to the physician, to the surgeon, or to the apothecary. The Rotunda Hospital is one of the recognised schools of medicine in Ireland. It has a charter granted by Geo. II in 1757. Its diploma in midwifery is recognised "by the Local Government Board as a qualification for all hospitals and dispensaries" under their care.

If a scheme were desired to foster the growth of crypto-homœopaths it is amply furnished in this L.H.

I trust the School will wisely reconsider its policy, and reserve its energy for its true function of teaching. Let the value of this be the student's reward, and not the emptiness and mischief of the title L.H.

FRANCIS BLACK, M.D., Edin.

IV.

It is my hope that the circular which I have just received from the Secretary to the British Homœopathic Society will, once and for all, settle the question of the diplomaship meditated by the School of Homœopathy. That circular shows that at a late meeting of the Society it was proposed and carried, by a majority of more than two to one, that the diploma would be "contrary to the spirit of the laws of this Society, and calculated to damage our position as members of the medical profession." That is my opinion also; and I cannot help believing that it will be that of the School when it has given the matter further thought.

To grant such a diploma to its pupils is a serious step for the School to take. It is establishing a new precedent. I know nothing in the history of medicine analogous to it. A small fraction of the medical body of this country, a small minority even of that fraction has constituted itself into a school, and a resolution has been come to, and not a unanimous one, by that School, that it is fitting and right to give to its alumni who have successfully passed an examination a diploma of qualification to practise homœopathy.

Down to this time a medical diploma has been looked upon as a legally recognised document. But the School proposes to confer a distinction which will have no legal value, which will not be made use of, even if it is not refused, by many to whom it is granted, which will be disapproved of and condemned by a large proportion of the existing homœopathic practitioners, and which will certainly have the effect of widening the already large breach that exists, not only between ourselves and our brethren of the old school, but between sections of our own body.

And *cui bono*? If it could be shown that our own interests, those of homœopathy and those of the public, could be advanced by this innovation, this leap in the dark, there would be something like a justification for the step. It might in such case appear to be almost a necessity. But even then, however, it would be unwise to take it in the face of such a resolution as that passed by the British Homœopathic Society. Such a step, to justify it, should have the unanimous or almost unanimous approval of the whole homœopathic body. But I have good reason for believing that a large number amongst us look upon

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it with alarm and indignation, and are grateful to the Society for having by so large a majority pronounced against it.

To say that the step is not a sectarian one is contrary to the fact. Whatever has the effect of rounding us off into a distinct body and throwing us more out of the pale of recognised medicine must be sectarian. That the licentiateship will have this double effect there can be, I think, little doubt.

It is declared that it will not be a license to practise. But if the non-possessor of it is looked upon with suspicion, as it is said he will be, before settling down to practise he will consider it necessary to be entitled to add the initials L.H. to his name. He will do so, therefore, to qualify himself for practice.

And how as to those not possessing the qualification? A large, probably a very large number, will not seek the diploma. Our body will then be divided into two classes, the licensed and the non-licensed. Is this desirable? The public will be puzzled; we shall be divided; and the profession will not only hold themselves more aloof from us than they ever did before, but feel strong in their action, having a good justification in our issue of an illegal license.

C. B. KER, M.D., Edin.

V.

As one of the oldest practitioners of our reformed system of medicine in this country, I trust I may be allowed space in your Journal to sound a note of alarm at a departure which it is proposed to be taken from the ethical principles which have guided the pioneers of homœopathy in Great Britain, and which have rendered it unassailable on any but scientific grounds. Upon such grounds it is ready at all times to meet its opponents. It would be otherwise if the departure from the principles to which I refer were to take place. What is that departure? Nothing less than a reversal of the high standard of professional conduct which the stringent and wise laws of the British Homœopathic Society inculcate, and which I trust will ever be maintained. It is proposed to confer a "license" and to affix a brand-new title after the title or titles by which the *legal* qualification is designated, and the recipients are directed to add the two letters, "L.H." (Licentiate in Homœopathy!), to their other qualifications. Those

who best know the spirit of the laws of the British Homœopathic Society, and were engaged in framing them, assert that to use such a designation would infringe not only the spirit but the letter of the laws, and would entail expulsion from the Society. A question, however, arises, namely, What power or authority has any number of subscribers to what is called a "School of Homœopathy" to institute a licensing body, and from whence has the institution derived its power or authority? Has any representative council, connection or assembly of the entire body of practitioners delegated to it any such authority? Certainly not. Therefore the claim to be recognised as having either a legal or any other corporate function except that of giving certificates of attendance on lectures—to which there can be no possible objection—cannot be recognised. Any title conferred by such a self-instituted, irresponsible body would be an egregious and ridiculous sham. I will only add that the use of any such factitious and fictitious "licentiate-ship," or the letters "L.H.," by which it is proposed to designate it, would degrade us and make our sect still more sectarian. We have been unwillingly forced to be a medical sect, unhappily separated from our brethren in the profession by barriers which should not exist, but to erect one more barrier would be unwise and impolitic. As long as we maintain our status in the profession as honourable men and gentlemen, and act up to the high ethical standard of the British Homœopathic Society, our position is unassailable.

If we, in sanctioning this mischievous innovation, depart from that standard, we give up our unassailable vantage ground, the progress of therapeutics will be retarded, the truth we hold dear will be blasphemed by our enemies, and a disruption in our ranks will be the inevitable result.

B. DOUGLAS HALE, M.D.

VI.

THIS question, like most others, has become encrusted with a mass of trivial details, which must first be dealt with ere we can reach its kernel.

1. It is objected that the resolution instituting the new diploma was passed, without notice of it being given, at a small meeting only. To this I reply: that the meeting was summoned for the

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express purpose of "reconstituting" the School, and therefore that any new law was in order; that all subscribers to its funds were invited, so that it was not the fault of the few present if they alone were sufficiently interested to attend; and that their action has raised no general protest from the rest of the medical governors, the great majority of whom have indeed endorsed it by applying for the diploma.

2. It is objected that a "Licentiate in Homœopathy" means one licensed to practise homœopathy; and that as every one has liberty to do so without any special license, the title is a misnomer. To this I reply, that every registered medical practitioner has a right to practise midwifery; and yet the College of Surgeons, some of the universities, and the great obstetric institutions of Dublin (which are not even chartered) give a diploma of "Licentiate in Midwifery" on certain terms. This gives no liberty which a man has not without it; it is simply an evidence of capacity, so far as this can be vouched for on the strength of study and examination. The lexicographical objections which might be made to the term were doubtless present to the mind of the managers of these bodies, but were brushed aside as trivialities, as they have been by the conductors of our own School. They knew of no better title for their purpose, and we know of none for ours.

3. It is objected that the School, being an extra-legal body, has no power or right to grant any diploma. I might cite the precedent mentioned above; but the Saxon mind might declare it a piece of Irish blundering, so I refrain. It is, indeed, better to say that the question turns on what the diploma is. If it professes to confer a legal right, otherwise not attainable, it must of course have legal authority. But it does nothing of the kind. It simply warrants its possessor as competent, in the judgment of a duly-organised body of his colleagues, to practise the particular method whose name it bears. Such a warrant is good, so far as its source and grounds of bestowal are good. Legal sanction cannot make it better, and the absence thereof cannot make it worse.

4. It is objected that the new diploma will be no real warrant of competency, as it is offered—without the requirement of study and examination—to those already practising homœopathy. But this is always done when a new diploma is instituted; and is only fair, to avoid invidious distinctions. It will be the duty of the

Council of the School to see that such honorary bestowal be not indiscriminate, to elect those only to it who are reasonably believed to have a fair knowledge of the system they are practising. It was thought better to leave this to their discretion than to fix a time during which the candidate must have been so practising, which might have excluded younger men, who are nevertheless entirely worthy of the honour.

5. It is argued that the warrant of competency will be useless to the practitioner or the public, unless it is in some way paraded; while to do this would be an offence against the ethics of the profession and a "trading on a designation." To this I reply that the new diploma stands—in relation to the public—on the same footing as those we already possess. There are certain places and occasions where the appendage of their initials to our names is legitimate; there are certain others which—in a descending scale—are reckoned otherwise. Each must judge for himself what he will do in this matter, and take the consequences. Men will use the L.H. as they will use the L.M., reticently or advertisingly, according to their tone and habits of mind. But either is not less calculated to accomplish its end, viz. to assure the public (so far as they care to be assured) of the competency of the practitioner, and to give the latter the benefit of such assurance. The "trading on a designation" is part of the larger question I have to discuss when I have done with these smaller difficulties.

6. It is objected that the diploma will be a sectarian brand; and it is even argued that its acceptance will pledge its owner to practise the particular method to which it refers, which makes its bestowal a violation of Clause xxiii of the Medical Act. But this is a misconception, and I must say a gratuitous one. The L.H. conveys no obligation whatever: it is simply a warrant of knowledge and training. Its recipient is free to practise homœopathically as much or as little as he judges best for his patients: all it says for him is that he is competent so to do. There is therefore nothing sectarian about it; and as for the Medical Act,—the object of Clause xxiii was to prevent candidates being refused their qualifications to practise because of their homœopathic convictions. The L.H. is no qualification to practise. No one would seek it unless he believed in homœopathy; no one would use it unless he retained that belief; no one needs it unless to some extent he acts according to that belief. No

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injury is therefore done by it. It leaves the profession at large just where it was; while it provides the homœopathic public with the security which they ought to have, and which for the honour of our system as well as for their safety we ought to seek to give them.

I come now to the main question, to which the above considerations are but subsidiary—Are we advancing the true interests of homœopathy by instituting a distinctive diploma bearing its name?

Our position is that of legatees of a great therapeutic truth; and our paramount duty—as medical men—is to cultivate and develop it from within, to propagate it withoutwards, and to make it available by those for whose practical benefit it exists. On the first reception of the truth in this country, its recognisers would have been most glad had they been allowed to work it out in their places in the profession—to advocate it in journals and societies, to put it in practice in hospitals and dispensaries, and to teach it in medical schools, as they had opportunity. All this was denied to them; and their allegiance to the truth compelled them to establish journals and societies, hospitals and dispensaries, bearing its designation and devoted to its cause. With these they publicly identified themselves; and so, though otherwise taking no distinctive name, they became known as homœopaths, and suffered reproach accordingly.

When, six years ago, the attempt was made to found a permanent teaching of homœopathy, the question was raised as to whether we should continue to work on these lines, or should endeavour to regain the more satisfactory position originally desiderated. Those who took the latter view wished that we should seek from some examining body recognition of our lectures as equivalent to similar courses taken in the ordinary schools; and, with this end in view, should give our School a neutral name. It was objected that such recognition was so very unlikely of attainment, that for the chance of it it would not be well to sacrifice the advantage of calling the School what it really was; to which would have to be added a modification of the lectures, that they might instruct in all uses of medicines and all modes of treatment (though only—as a rule—*recommending* the homœopathic). The institution and its teaching would thus be weakened in respect of its attainable objects for the sake of

others which were in all probability unattainable. These considerations determined the question, and the London School of Homœopathy has been added to the journals and societies, hospitals and dispensaries, which bear the distinctive name.

I recall these facts, because the present controversy is in its main features a revival of that which then raged. The establishment of a diploma in homœopathy is only an extension of the policy which set on foot an avowed teaching of homœopathy: its friends and its enemies are mostly the same, and the latter are still able to secure a majority in London while greatly outnumbered in the country at large. That they consist of some of the worthiest in our ranks I cannot but admit; and it is with a heavy heart that now, as before, I range myself in opposition to them. It is, however, with no misgiving as to the righteousness and wisdom of the course I have elected to follow. I have defended it against objections; I proceed still further to justify its propriety.

Our difference, I apprehend, rests on the expectations we respectively entertain as to the future of homœopathy. If I could think it destined ere long to dominate the therapeutics of the whole profession, so that—as there is no temple in the Heavenly Jerusalem, because the City itself is a temple—it should lose its distinctive existence in becoming the universal practice, I should certainly advocate no measure which might bar so desirable a consummation. I have even expressed my willingness, were our full liberty granted us, to abandon at once all that is distinctive in our institutions. But I confess that I am thankful that those of us who have thus spoken have not been taken at our word. We could not but have accepted the position; we might therein have done good work for our cause; but—others would have had to do the work we are doing now, or homœopathy would have suffered irreparable loss.

This was pressed strongly on my mind during the School controversy. It would have been an excellent thing could we have gained recognition for our lectures, and students learned their *Materia Medica* and *Practice of Medicine* strongly tinctured with homœopathy. It would have been better even than having them taught by Ringer and Phillips and Thorowgood and Murrell; although this was a good thing. But after all it would only be a gain in degree; and were no other teaching provided for the practitioners of the future, the full method of Hahnemann would soon have perished in act as in name. Homœopathy is something

more than it was in 1796—1806, when Hahnemann first propounded it as a new principle in *Hufeland's Journal*. It has acquired a body: it has a history and literature, a set of principles, a store of drug-provings, and a wealth of therapeutic experience, which now form part of it and cannot be let go without despising our inheritance and wasting the goods entrusted to us. If men are to practise homœopathically with the utmost amount of benefit to their patients, they must be instructed in all this, which they cannot be if merely the *Materia Medica* and Practice of Medicine of their curriculum are in homœopathic hands, which they can only be in a school devoted to homœopathy as its *raison d'être*. This, of course, would be best secured as it is in America, by having complete medical colleges officered by disciples of the method, or homœopathic departments of the medical colleges of state universities. Neither being available here, I see no way for it but the maintenance of our present School, and the full development of its distinctive position and means of usefulness.

As a step in this direction I count the L.H. I would not, I say, have advocated it, had I any expectation that homœopathy would shortly become dominant in medicine. But in the face of its past history and present position, I hold such an expectation to be most unreasonable. For generations to come it must remain a distinctive method, tardily admitted to be even legitimate, never perhaps universally accepted as a whole. It is too refined, too difficult, too laborious for the mass of practitioners and the generality of mankind. Such of its practical applications as are readily handled will be adopted (as they are now); but the method in its purity will remain the appanage of the few who are candid enough to value it and to trust to it. So for these I support the School, for these I advocate the diploma. To the laity who prize homœopathic treatment in their hours of sickness and danger we owe it to provide competent practitioners: we owe it to them also that we certify such to be what we have sought to make them, that we guard them against pretenders.

This, indeed, is mainly a layman's question; and it is from that standpoint that I have viewed it. It is very well for us to consider medical etiquette; but in the meantime the patient asks—How am I to find a man who will treat me homœopathically, and how am I to know his competency so to do? I can do so for surgeon, accoucheur, dentist, "vet.," and I need to do so

for homœopath. It is all very well for you to say that the distinction is not parallel. It may be a question of creed with you, but it is one of practice with me; and I claim my just requirements in the matter. It would be wrong to ignore this side of the case; but, on the other hand, it would be wrong for members of a profession to do anything which should violate its ethics and needlessly offend its susceptibilities. It is my contention that by this step we do neither. We are pointed to the recent resolution of the College of Physicians, and told that to take the L.H. is to fall into that "trading on a designation" which it stigmatises. But is any one so innocent as to believe that the College only intended to warn us off something which we might do? that it did not intend to condemn and ostracise us for something which we already do? The whole tenor of the discussion on the occasion should convince him otherwise. Our "trading on a designation" is our open fellowship with homœopathic institutions, our permitting the insertion of our names in homœopathic directories, and so forth. The sin of which we are thereby guilty in the Physicians' eyes is that of professing to practise according to a special principle, and thereby gaining an illegitimate advantage in the competition for patients. They maintain that homœopathy is nothing; that all which is true in it is already understood and utilised by the profession at large; that we know it to be so; and that our retention of the name is accordingly a mere expedient for gaining practice. Their *gravamen* is (as Dr. Wilks said) one of ethics; they have already recorded it against us, and our use of a distinctive diploma could not make us blacker in their eyes than we are already. On the other hand, it will be the best answer we can make to their attack upon us. It will reject their insinuation that we do not believe in the reality of the system we profess to follow. It will affirm that homœopathy *is* something—something of which they are ignorant, and for the want of which they are the less helpful to their patients; something which needs study, and training, and examination, as fully as do other branches of the healing art, and is worthy of a distinctive title accordingly. Being such, we are not to blame that we are prepared to give the sick the benefit of it, and say so. Were the method a secret one, which we kept to ourselves, it would be a different matter; but this is as open as the day, and it is simply the profession's own fault if it refuses the advantage the power of practising it bestows.

I hold, therefore, that on the ground of high policy, for the best fulfilment of our duty to the truth with which we are entrusted, some such step as this must now be taken. I am not prejudging details,—as to whether a charter of incorporation should be sought for the School ere it proceeds to bestow its diploma, or whether—failing this—some other title avoiding the ambiguous phrase "license" might with advantage be substituted. However these points may be settled, my voice must be against any recedal from the position the School has taken up, of an examining and certifying as well as a teaching body, one which will warrant to the public in the usual manner the competency of the practitioners it has prepared.

RICHARD HUGHES, L.R.C.P. Edin.*

VII.

It seems to me that there are three points of view from which we ought to look at the L.H. question. 1. That of the student and the School. 2. That of the public. 3. That of the profession in general.

1. *The student and the School.*—The student who devotes his time and money to the regular attendance at the instruction, didactic and clinical, given at this School for a winter and summer session has a right to expect something more tangible than a mere certificate of attendance. If the latter only is given, there is not much to show, and any one, whether he has benefited by the instruction or not, can have it. What he wants and is entitled to expect is some diploma certifying that he has not only attended the lectures, &c., but has so far profited as to be able to pass an examination testing his proficiency. This diploma will then not be obtained by any one who at the examination shows such a want of knowledge of homœopathy as would prevent

* I have said nothing about the vote of the British Homœopathic Society on this question. I hold it to be quite improper, and a violation indeed of "the spirit of the laws" of the Society, to publish and comment upon what takes place during its private business. I am precluded from any criticism upon the action it has taken. I will only say, that while the meeting in London showed (as has been stated) 21 to 10 against the institution of the L.H., the result of a general appeal to our colleagues throughout the country has been that 41 members of the Society have applied for the new diploma, while 24 have expressed objections to it.

him being a safe or reliable practitioner, while the mere certificate of attendance must be given to every student good or bad. The possession of this diploma will be a great help as an introduction to practice, and give patients confidence in sending for the possessor of it. Students come to us from India, the Colonies, America, and the Continent, and it cannot fail to be of use to them to have this diploma, especially in outlying parts. Next, the fact that the School does grant such a diploma gives it a much more corporate value, a more firm standing, and makes it more worth while for a student to come to the lectures, than if nothing of the kind were given. The name Licentiate in Homœopathy seems to me unobjectionable. The diploma is not to be given except to those who are already legally qualified to practise in the country to which they belong. It is, therefore, not put forward as giving a license to practise, but it is rightly called, all the same, a license, as it gives the bearer the *imprimatur* of the School on his knowledge of homœopathy, and its consequent authority to practise homœopathy. The word license then, actually expresses what is intended, though not in the sense that it comes *in the place of* a legal license to practise medicine or surgery. By the granting of the L.H. diploma the School will be much stronger, while the student will feel assured in going away with this tangible proof of his knowledge of what he has been studying. Nor do I think it necessary to wait for a charter for the School before granting the diploma. The charter may be long delayed, and may be even refused, while if the granting of the diplomas is in full operation, I believe it will be a positive help for obtaining a charter, and there will be a much greater chance of a legal recognition of the diploma than if we only *propose* to give it on obtaining the charter.

2. *The public.*—When a practitioner commences practice, and gives out that he practises homœopathy, the majority of patients inquire about his knowledge and attainments before employing him and trusting themselves to his care. They have a right to know if his knowledge of homœopathy is up to the mark, and it seems to me that no more satisfactory or clearer proof of this could be needed than the possession of the L.H. At the present time, when so much Ringerism is practised, the public, who know what homœopathy means, and when they are treated properly, make a point of finding out who will really treat them as they wish, and who do so in a half-allopathic manner. To grant

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the L.H. is, then, to give the assurance that they require, and that they are entitled to demand. We shall thus prevent any man who knows nothing of homœopathy, but who thinks there is a good opening here or there for a homœopath, posing as such, injuring homœopathy, and driving away in disgust those who do not get the treatment they want and believe in. Many people "try" homœopathy after the failure of the old system, and not unfrequently do we hear it said: "We have tried homœopathy and got no good," when it is found that the treatment has been hardly worthy of the name homœopathic, even in the roughest sense. The cause is thus greatly injured. No more prompt means can be adopted to prevent this injury to the great truth than the granting of the L.H.

3. *The profession in general.*—Its value to the homœopathic members of the profession is seen by my remarks in last section; in its protecting them from being mixed up with men who do infinite harm to the cause, and thus drive away patients to the old school, from ignorance of what they profess and practise. And it is in order to give the L.H. the importance and standing it must in time have that we ask those already known to be homœopaths to take the honorary diploma. The response to the invitation on the part of the Hon. Sec., Dr. Bayes, is most encouraging. Up to the date of writing (March 18th) eighty-five practitioners of homœopathy have applied for the honorary L.H.; ten have done so conditionally on its being made registrable, while only twenty-nine have rejected it. To be sure this total of 124 is not anything like the whole number of homœopathic practitioners, in fact, only a half. Still the proportion of the "ayes" and "noes" is significant, showing the feeling in favour of the diploma. Of the ninety-five "ayes" thirty are members of the British Homœopathic Society; this fact of itself neutralising the adverse vote at the last meeting of this Society. The more largely the honorary diploma is accepted by those already in practice the greater the value of it will be in the eyes of the public and of the students at the School.

But we are told by those who object to the L.H. that it puts us *de facto* in a sectarian position; that it will give the old school another handle against us; and that they will point to this as a proof that "we accept a sectarian position." For my own part, I cannot see the force of this bug-bear. We are already told, in spite of all we say to the contrary, that we are sectarians, and

“accept” this position. This being the case, are we any worse for taking measures to assert our position and our rights? Our opponents try to put us in the corner in every way as it is, and what therefore should we care for what they say of us? We have submitted to this sort of thing so long that most of us are quite callous to it, and shall we subside into our shell for fear of doing anything which may displease our opponents, when everything we now do and our very existence is gall and wormwood to them? I say, No. Let us go on our way, and do what we think best to fortify our position, and never mind what is said of us. Let us adopt the motto of old Earl Marischal, “They say—what say they?—let them say.” The tactics of our opponents are to extinguish us, if possible, by fair means or foul. Let them see that we care nothing for their favour, but that we mean to assert our rights, propagate homœopathy, and give our students a diploma which means that they have all the old school has, and, in addition, the practical knowledge of the greatest truth in therapeutics, to which the old school see fit to shut their eyes. This is what the diploma amounts to, and I maintain that the granting the diploma does not sectarianise us one whit, but only gives a stronger *locus standi*, and enables us to ensure a rising generation of young practitioners who are not Ringerites or men who will sink the name of homœopathy for the sake of friendship with the old school. The name homœopathy must be kept up, if the great law of similars is not to be hidden under a bushel or extinguished, until the time arrives when it becomes unnecessary owing to its universal adoption.

The more we have the courage of our opinions and show it by our actions the more are we respected by those of our opponents who alone are worth conciliating, while the large class of those who will not look at the “accursed thing” even now will not be mollified by hearing that the L.H. was proposed to be given, and was magnanimously refused for fear of displeasing them or doing what in their eyes is sectarian.

D. DYCE BROWN, M.D. Aber.

VIII.

WILL it not be wise in this matter to follow the example of John Chambers, Thomas Linacre, and Ferdinand de Victoria,

the king's physicians, and Nicholas Halsewell, John Francis and Robert Yaxley, "who became incorporated into a College under the title of the Royal College of Physicians on 23rd of September 1518, with a view to the improvement and more orderly exercise of the art of physic, and the repression of the irregular, unlearned, and incompetent practitioners of the faculty?" Those who object to the London School of Homœopathy granting a diploma entitled Licentiate in Homœopathy, would perhaps consent to a Royal College of Homœopathy constituted by letters patent, and allowed to grant a diploma in order to license men educated in homœopathy, and to repress irregular, unlearned and incompetent practitioners of homœopathy.

The proposal to institute a licentiateship of homœopathy was wholly evolved from Dr. Richard Hughes's useful brain. When he named his desire that the L.H. title should be granted to such students as might pass a creditable examination in homœopathy, I gladly acceded to the step, and most cordially support it, since I believe that in so licensing men known to be competent we shall be performing a duty to the public hitherto neglected in Great Britain. The public have a right to look to the School of Homœopathy for some such protection as the title will afford. I trust that soon the opposition, which appears to me to have been unnecessarily raised, will cease for ever. Until homœopathic practitioners will unite for the public good, both the public and the profession of medicine must suffer damage and loss.

W. BAYES, M.D.

Presentation to Lord Ebury.

THE Committee appointed by the subscribers to the Lord Ebury Testimonial having resolved on presenting his portrait to Lady Ebury, the execution of the picture was entrusted to Mr. Cyrus Johnson. On the 25th of March the presentation was made at Lord Ebury's house, the following gentlemen, members of the Committee, being present:—Major V. Morgan, Mr. Pite, Mr. Chambré, Mr. Cameron, Dr. Yeldham, Dr. Hamilton, Dr. Dudgeon, and Dr. Brown. Lord and Lady Ebury were surrounded by the members of their own family. Major Morgan in an eloquent speech recounted the services to homœopathy by Lord Ebury while in Parliament in protecting the rights of

practitioners and securing liberty to all to practise the system that their judgment approved. He enumerated the claims of his lordship to the gratitude of the homœopathic profession by the active part taken by him in presiding over the institutions founded for the spread of homœopathy, and the self-sacrificing devotion which he had displayed in connection with the homœopathic hospitals and the London School of Homœopathy. He related how the idea of presenting a testimonial to Lord Ebury on the occasion of the completion of his eightieth year had originated with Dr. Yeldham, and was eagerly responded to by a large number of those who had benefited by and could well appreciate his lordship's exertions, and he mentioned how Lord Ebury's services to mankind were not confined to the advancement of the interests of the practitioners of the reformed system of medicine, but that his name was well known in connection with many benevolent and philanthropic enterprises. He trusted that Lord Ebury might long be spared to continue his useful works, and he might feel assured that by his labours he would leave the world better than he had found it. Major Morgan then formally presented to Lady Ebury the portrait of Lord Ebury in the name of the subscribers, whose names were inscribed in a handsomely-bound volume which he placed in her hands.

Lord Ebury with much emotion thanked the kind friends who had given Lady Ebury this substantial and artistic testimonial of their appreciation of his humble services towards securing the liberty of opinion in medicine. He related the history of his conversion to homœopathy, which was first brought to his notice by his brother Lord Wilton and Dr. Quin in 1823. He had ever since remained constant to the system of Hahnemann, and had every reason to be satisfied with the results of the treatment on himself and friends. He said that Lady Ebury became a convert at the same time as himself, and had so well studied the new method that she had been able to render great services to the sick poor who had no opportunity of obtaining the advice of any medical man conversant with the practice. He was pleased to think that the little he had been able to do in Parliament and as chairman of the London Homœopathic Hospital had been so highly appreciated by those who had presented Lady Ebury with this valuable work of art, and, as his friends assured him, excellent likeness of himself, which would always be highly valued by himself and by his family. He dwelt at length upon

many points of interest in the history of homœopathy in this country, and concluded a long and energetic speech by again tendering his heartfelt thanks to the numerous subscribers to the testimonial.

The portrait is generally admitted to be an excellent likeness, and does great credit to the artistic ability of the painter.

CORRESPONDENCE.

AMERICAN HOMŒOPATHIC MEDICAL COLLEGES.

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

DEAR SIRS,—Dr. Dowling, Dean of New York Homœopathic Medical College, writes to me complaining that in my address, published in the January number of your Journal of last year, I have misrepresented the course required by the homœopathic medical colleges of America. And he states that, "No American homœopathic college grants degrees on less than two years' final study at a regular medical college, preceded by a year's medical study with preceptor—a total of three years' study."

Please, therefore, allow me to apologise to the authorities of the homœopathic medical colleges of America for the misrepresentation into which I have been unconsciously led. It was not my intention to make any misrepresentation whatever, and I am very sorry for having done so.

Yours truly,

JOHN W. HAYWARD.*

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

51, CANNING STREET, LIVERPOOL;
March 22nd, 1882.

DEAR SIRS,—I received by this morning's post a long list of objections to the L.H. degree and the *answers* to said objections by Dr. Bayes.

In the tenth answer, Dr. Bayes states "that there are *ten Liverpool medical men* who desire that a diploma *should be created.*" Now, as this naked statement is calculated to mislead, I wish you to explain in the forthcoming number of the *British Journal of Homœopathy* that said medical men were totally opposed to any degree being taken if issued by a self-constituted body, but they were all willing to receive a diploma when conferred by a body of homœopathic examiners regularly constituted and *legally*

* The publication of this letter has been unfortunately delayed, as it was mislaid somehow.

authorised, as we understand to be the case in *Canada*, and that until we obtain legal recognition we believe that the degree now proposed would be a hindrance and not a help to *the progress of homœopathy*.

As it fell to my lot to introduce the subject to the meeting, I think it right to make the above explanation.

I am, yours faithfully,
W. M. MOORE.

BOOKS RECEIVED.

Trance and Muscle Reading. By G. M. BEARD, M.D., New York, 1882.

The Human Ear and its Diseases. By W. H. WINSLOW, M.D. Boericke and Tafel, New York, 1882.

The Diagnosis and Treatment of the Diseases of the Eye. By H. W. WILLIAMS, M.D. London: Sampson Low, 1882.

Ophthalmic Therapeutics. By G. S. NORTON, M.D. 2nd edition. Boericke and Tafel, New York, 1882.

Chronic Sore Throat. By E. B. SHULDHAM, M.D. 2nd edit. London: Gould, 1881.

Brandt's Treatment of Uterine Disease and Prolapsus by the Movement Cure. Edited and translated by Dr. BOTH. London: Baillière, 1882.

Trans. of the Hom. Med. Soc. of Pennsylvania. 1881.

The Indian Homœopathic Review. Vol. I, No. 2. Edited by B. L. BHADURI, L.M.S.

The Calcutta Journal of Medicine. Vol. X, No. 1.

Boletin Clinico del Instituto Homeopatico de Madrid.

The Medical Counselor. *L'Art Médical.*

Rivista Omiopatica. *Bulletin de la Société Méd.*

St. Louis Clinical Record. *Hom. de France.*

Revue Homœopathique Belge. *Allgemeine homöopathische Zei-*

The Monthly Homœopathic *tung.*

Review. *The Homœopathic World.*

The Hahnemannian Monthly. *New York Medical Times.*

The American Homœopathic *L'Homœopathie Militante.*

Observer. *The Medical Herald.*

The United States Medical In- *Homœopathic Journal of Ob-*

vestigator. *stetrics.*

The North American Journal *The Medical Call.*

of Homœopathy. *The Clinique.*

The New England Medical *The Homœopathic Physician.*

Gazette. *Bibliothèque Homœopathique.*

El Criterio Medico.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

REMARKS ON DR. O. BUCHMANN'S LATEST
DISCOVERIES.

By Dr. C. WESSELHOEFT, Boston.

“Certiozem medendi usum maluit.”

THE number of this Journal of January 2nd, 1882, in alluding to Dr. Buchmann's essay,* criticising my observations, advises that I would do well to consider and answer Dr. Buchmann's objections. That this has already been done may be seen in the *Allgemeine Homöop. Zeitung*, Nos. 2 and 3, vol. civ, where I have shown the entire instability of Dr. Buchmann's position, resting on imperfect experiments and the very faulty use of the microscope. I gladly avail myself of the earliest leisure to furnish an English version of the substance of my later researches concerning Dr. Buchmann's last assertions not previously noticed, and to add some remarks on irrelevant points hitherto purposely only cursorily mentioned (in the German article) relating to the transparency of gold, &c.

Before proceeding to observed facts I deem myself

* *Microscopische und anderweitige Beobachtungen und Untersuchungen zum Nachweis der Löslichkeit von Metallen, &c.* Gekrönte Preisschrift. Leipzig, 1881. Baumgärtner.

justified in offering a few remarks concerning Dr. Buchmann's method of observation and his peculiarly superstitious views, the statement of which, together with the conclusions drawn from alleged observations, have somehow or other been deemed worthy of the name of a "prize essay."

On p. 82 of this pamphlet the author undertakes to prove the futility of my statements regarding the solubility of gold by the following wonderful experiment:—He placed fifteen ten-mark gold pieces into a glass, and then poured fifty grammes of distilled water upon them. In thirty minutes, without having agitated the liquid, he swallowed a teaspoonful of the water, and also gave some to his most sensitive female prover (æ. 50, in climacteric period), whereupon he proceeds to record five or six pages of agony compared with which the torments of purgatory are pure and unalloyed bliss. The patient reader may peruse this part of the essay if he wills, as it probably influenced the minds of the judges in the bestowal of the "prize."

This "proving" is quite on a par with Dr. Buchmann's famous "quicksilver provings" in the 15th vol. of the *Homöop. Vierteljahrschrift* (1864), where he says:—"I published physiological provings of *Mercury* which I allowed to act on the organism by putting in the hand of the prover for fifteen to thirty-five minutes a vial containing half a pound of *Mercurius vivus*. The vial was tightly closed over and sealed."

"During the first proving, lasting fifteen minutes, the lady [probably Dr. Buchmann's 'sensitive' prover] observed the symptoms for two days; during the second proving of thirty-five minutes the symptoms continued from May 8th to June."

"In order to cut off all objections that the symptoms resemble those of Schneider made with river water, or those of Wesselhoft made with sugar of milk, I intend to put

* Reprinted in the *North Amer. Journ. of Homoeopathy*, May (or June), 1880, to controvert my objections' to objectionable methods of proving. The above is from extra copies, without date, of that article, widely circulated about that time.

down only *objective* symptoms where imagination can have no part, and which every candid reader (*sic?*) will immediately recognise as symptoms of *Mercury*."

Then follows a chapter of heart-rending scenes, which to relate would actually violate the tender sympathies of the reader. The mere allusion to them serves me as a defence against Dr. Buchmann's groundless insinuations. In his preface Dr. Buchmann counts me amongst those who, boasting with science, endeavour to discredit homœopathy and retard its progress, reiterating his frequently-repeated advice that I "should have consulted those who know more about the subject."

Such is the nature of the arguments, and such the spirit of their author in attempting to refute my statements. Were it not for the circumstance that the work of such an observer had been deemed worthy of a prize on the part of the German Homöopathischer Centralverein in its session at Cologne, 1880*), I would hold myself justified in not replying to that essay at all.

But I gladly leave this fruitless theme to return to a more profitable part of the subject.

Dr. Buchmann's arguments on the transparency of gold, &c., are well summed up in a concise sentence in the *Transactions of the International Homœopathic Convention*, part iii, p. 122, as follows:—"Dr. Buchmann meets the objections of those who say that the transparent bodies observed by him cannot be metals, as metals are not and cannot be transparent under any circumstances, by reminding his readers that, without a microscope, metals—gold for instance—can be seen to be transparent with the naked eye. All we have to do is to fix on to the end of an open tube, blackened inside, a layer of gold leaf, and apply the eye to the open end. Through the gold leaf all external objects can be distinctly seen."

My answer is that I have never denied the well-known phenomenon which every goldbeater will corroborate in a general way, that very thin gold leaf is transparent to a certain extent, but this property of a large sheet of thin

* See *Allgemeine Homöop. Z.*, Sept. 18th, 1881.

gold leaf has nothing in common with the transparency, or rather non-transparency, of very minute microscopic objects, *e.g.* extremely minute particles of metals.

In order to refute the argument of Dr. Buchmann that transparency proves the infinite divisibility by trituration, and hence infinite solubility of certain ordinarily hard opaque bodies, I have chosen the example of glass,* the transparency of which is absolute, as well as its insolubility in water and alcohol. Yet when reduced by grinding for nine hours to its minutest particles of $\frac{1}{3000}$ th mm., or thereabouts, these are *not* transparent in Dr. Buchmann's sense, like pieces of ice or soda. When correctly seen, as Dr. Buchmann has not done in any case, they are not easily to be distinguished by the amount of light they transmit from ordinary opaque particles of coal, copper, gold, &c. They are only slightly *translucent*, that is, the quantity of light diffused through so minute a particle is so small that it does not prevent even particles of glass of $\frac{1}{3000}$ th mm. from being seen as a sharply-defined dark point. This contrasted with copper or gold particles of similar dimensions is but faintly translucent, and this only when conglomerated groups of glass, gold, or copper are brought together on the same slide. Single particles of glass are not easily distinguished from single particles of metals. These ordinary opaque bodies, like gold, in minutest particles are surrounded by a ring or minute halo of diffracted light, which gives them the deceptive appearance of translucency, rendering it often difficult to distinguish them from actually, though slightly, translucent minute particles of glass. These, moreover, also exhibit the halo, though in a less degree than actually opaque particles, mostly because in the case of glass some of the light sent up from the mirror is diffused through the object.

This deceptive appearance, so troublesome to microscopists, can mostly be avoided by skilful manipulation of the best objectives and disposition of light. When this is practised

* *The Effects of Trituration, with Observations on the Limit of Mechanical divisibility of Metals and Hard Substances.* Otis Clapp and Son, Boston, Mass.

minute particles of gold or other metals are not even found to appear faintly translucent, a property which belongs exclusively to minute particles of positively transparent bodies like glass. To bring forward the example of thin gold leaf as a proof of the unconditional transparency of gold is an argument calculated to astonish the inexperienced, but it has no weight at all with those who are familiar with such matters. It is absurd to single out gold as a proof of the transparency of minute particles when glass of undoubted transparency annuls the assertion completely that it is soluble on account of the latter property. As transparency of a body bears no relation whatever to its solubility, notwithstanding Dr. Buchmann's intimation to the contrary, the discussion of the subject, except as a problem of microscopy, is entirely irrelevant.

The following observations are strictly confined to Dr. Buchmann's recent additional statements regarding the solubility of reguline iron, copper, and of coal. All previous statements of that author I consider exhaustively controverted in the *Allgemeine Homöop. Zeitung*, vol. 101, Nos. 9 to 15; or in my pamphlet reprinted from the *New England Med. Gazette* above mentioned. The other arguments contained in Dr. Buchmann's prize essay are to be regarded only as sophisms and extravagancies of expression by which my words are separated from the context. They are too often coupled with insinuations as to my desertion of the principles of homœopathy. If Dr. Buchmann's so-called provings of gold and quicksilver, above described, are the result of what he conceives to be the principles of our school, I do not only desert them, but freely disavow any or all allegiance to them, notwithstanding the prize awarded to them by the representative Society of Germany. The homœopathy which I am proud to have adopted, and for which I love to labour and exert my humble efforts, is very different from that advocated by Dr. Buchmann.

Now to the subject. I maintain that the dogma of the solubility of ordinarily insoluble substances after the 3rd cent. trituration is untenable, inasmuch as particles actually attainable by trituration do not reach the degree of mole-

cular minuteness assumed by Hahnemann, because the actual size of each particle (between $\frac{1}{30000}$ th or $\frac{1}{3000}$ th mm.), as defined by micrometric measurement, constitutes the limit of mechanical divisibility by grinding in a mortar. Substances of known solubility, as well as soluble oxides originated during trituration, do not belong to the class. Dr. Buchmann, on the contrary, believes that insoluble substances may be reduced by trituration to the point of solubility *without* oxidisation; and that in fact they are very soluble without trituration, for example, gold, glass, silica, &c. He furthermore believes that under the microscope he has seen triturated metals as misty dust or shadows, and denies that I have seen them. Of triturations he prepared filtered fluids in which he was *quite unable to discover any particles whatever*, and hence believes that these fluids contained only substances in solution. In his latest experiments he employed silica, copper, coal and iron, and declares that *in the filtered solutions (of triturations) of these substances "not a vestige was to be discovered by means of the microscope."*

It is to be assumed that some of his copper and gold triturations were, like mine, made without sugar of milk. The unfiltered copper solution treated with ammonia exhibited the well-known blue colour; while Buchmann asserts that the filtered solution did not exhibit this colour.

In the same manner Dr. Buchmann prepared filtered and unfiltered specimens of metallic iron. The latter, treated with tincture of nutgalls, exhibited deep black reaction; the filtered fluid did not so react. From this he draws the remarkable conclusion that those substances *must have been present in actual solution, and not only as finely divided particles.*

It is quite incomprehensible why the reagents employed should *not* have acted upon metals in solution; nevertheless I have carefully repeated these singular experiments and arrived at the following results:

When pure precipitate of copper, or its first dec. trituration, in the proportion of 1 to 100, is shaken up in a mixture of equal parts of alcohol and water, and then filtered, the

quantity of particles passing through the filter, and hence *the degree of clearness of the filtered fluid, depends entirely on the closeness of the texture of the filtering paper, while the visibility of the particles depends largely on the mass of fluid employed.* When coarse paper is used, the copper suspended in the fluid causes this to become brownish in colour. When the filtering paper is dense, the filtered fluid is considerably clearer; and lastly, when the paper is of very close texture, in fourfold layers, the filtered fluid appears clear as water.

In the fluid of watery clearness, as prepared by Dr. Buchmann, he was unable to discover any particles of copper. Nevertheless, I dare assure the reader that extremely numerous particles of copper are with ordinary skill to be detected even in the *clearest filtered fluid.* In that obtained by means of coarser paper, such particles are present in swarms; they are only somewhat more difficult of detection in the fluid obtained by filtering through dense paper in quadruple layers. If a minute drop of such clear fluid is placed on a slide, and a cover of not more than 0.10 or 0.11 mm. placed over it, such a preparation examined with a magnifying power of 6.700 diameters (although much less will suffice), illumination and position of the mirror being adequate, there will always be seen very numerous particles of copper in motion or grouped together, which phenomenon Dr. Buchmann regards as the "visible oölitic structure" of copper, &c. This grouping together occurs more easily in alcoholic mixtures than in water alone, and the observer may assure himself of it during the use of transmitted as well as oblique direct light. A magnifying power of 1100 diameters (Zeiss immersion, objective J, $\frac{1}{13}$ th in.) is more than equal to this simple task.

It was particularly desirable to discover if there might be some still smaller particles possibly produced, as Buchmann asserts, by attrition, or some resembling his "misty dust," in which case they must appear in *gradually decreasing size.* For this observation the observer should filter solutions of the 1st to the 3rd trituration, and begin examination with a magnifying power of about 600 diameters. After

having prepared a specimen on a glass slide in the manner just indicated, and having sufficiently observed the moving particles until they have become quiescent after evaporation of the thin layer of dilute alcohol beneath the very thin glass cover, it is well to proceed to the use of a higher power, say 1100. This will display the minutest particles with great precision, provided light, mirror, and colour-adjustment have resulted in bringing objects into correct focus. The observer should now "spot," by means of any kind of indicator, some particular group of particles, and for the sake of certainty make a correct map of their relative positions on paper, or mark them in any manner whereby they may with certainty be recognised again. Then by adjusting a still higher power, say of 2000 diameters (Zeiss J + $\frac{1}{2}$ in. solid ocular of Spencer), the largest particles of the "spotted" group will appear of the size of an object measuring about 1 mm. if viewed with the unaided eye, while the smallest particles will seem to have a diameter of about $\frac{3}{4}$ mm. Between and throughout the specimen there are absolutely *no smaller particles*, or immeasurably minute misty points, derived from the metal. While if Dr. Buchmann's theory of infinite attrition were correct, such gradual diminution in size would be plainly discernible.

In order to obtain, if possible, still greater certainty regarding infinite attrition which should exist if ordinarily insoluble metals are to be made soluble by trituration, I made use of a $\frac{1}{4}$ inch solid ocular by Spencer, which, combined with Zeiss $\frac{1}{15}$ th immersion, afforded an amplification of 4000 diameters, still showing with a good degree of clearness the markings of the higher numbers of Möller's test plate. This exhibited the smallest particles of copper, of the trituration as well as of the precipitate, at a size (supposing them to be objects viewed with the naked eye) of about 1 mm., the largest ones of $1\frac{1}{2}$ mm. in diameter. There was nothing else of the kind in the field of vision. Had there been present still smaller particles of copper resulting from attrition or cleavage, as Dr. Buchmann supposes, *they would of necessity have been easily visible from nearly 2 mm. in size downwards.* As dimensions and

visibility alone determine this question, absolute definition not obtainable at such an amplification was unnecessary.

If now the same group, consisting of single and conglomerated round and oval particles, is examined with gradually decreasing powers, the certainty is reached that these minute bodies are visible not only with a power of 600 diameters, but with powers of 350, 100, nay, of 55 diameters. Single particles are certainly visible with any good half-inch objective, though they may not be distinguishable when closely grouped together.

I have not forgotten, as Dr. Buchmann asserts, that he endeavoured to describe "immeasurably small particles." The slightest particles did not escape me. Quite on the contrary, the above observations show conclusively that Buchmann did not recognise the smallest definable particles when he speaks of "shadowy points and misty dust" or nebulous points (*verschwimmende Pünktchen*), &c., because I succeeded in resolving and defined his supposed shadows into *distinctly measurable particles*. Not every one, but a skilful microscopist* is able to see 40,000 lines to the inch (ruled on glass) by means of a magnifying power of 50 to 100 diameters (half to one inch objective). This is equal to seeing an object of $\frac{1}{1374}$ mm. in diameter. While closely ruled lines require great skill in making them visible, single isolated particles are seen with comparative ease.

A particle measuring $\frac{1}{1300}$ th mm. magnified to 55 diameters, would be nearly equal to an object of $\frac{1}{24}$ mm. seen with the naked eye, which is nothing extraordinary. I am able to recognise with the unaided sight single lines of a micrometer on which a millimètre is divided into twenty-five parts. When Dr. Buchmann asserts, notwithstanding frequent proofs to the contrary, that I have used only low or insufficient powers, I beg leave to ask what is his object of boasting of forty years of experience in microscopy, when he has not even attained the skill required to accomplish the above simple feats? Dr. S. A. Jones, whom Dr. Buchmann quotes against me, himself declares that Dechanel saw $\frac{1}{350}$ th, Ehren-

* See J. Edwards Smith, *How to See with the Microscope*. Chicago: Duncan Brothers, 1880, p. 372.

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berg $\frac{1}{340}$ th, and even $\frac{1}{2700}$ th of an inch with unaided eye, *i.e.* objects of $\frac{1}{10}$ th to $\frac{1}{108}$ th of a millimètre. Hence I am by no means called upon to retract my statements concerning the availability of low powers which I suggested only for the purpose of enabling those who do not happen to possess expensive objectives to assist in making such observations.

After this description of the chemical and microscopic appearance of copper, it would be wearisome to repeat the same details with regard to charcoal, iron, &c. It will suffice to say that, with ordinary precautions and skill, there was no great difficulty in discovering abundantly the minutest particles of those substances subsequent to careful filtration, especially when the proportions of trituration and fluids demanded by Dr. Buchmann were observed. When a small proportion of fluid was used, these minutest particles were discovered in swarms with perfect ease; increasing the quantity of fluid, they were less easily found, becoming more and more scarce and search tiresome under higher powers.

A similar condition prevailed in the application of reagents to iron and copper. In the presence of a large quantity of dilute alcohol, neither tannic acid nor ammonia afforded very distinct reaction. But after evaporating a portion of the fluid holding copper in suspension after filtration, the characteristic blue colour appeared immediately and quite distinctly, especially when the liquid was contained in a white porcelain vessel.

A similar condition of appearances prevailed in the case of the filtered liquid containing iron. Dr. Buchmann declares that tincture of nutgalls have no effect on this. My experiments convinced me that, notwithstanding the comparatively small quantity of iron passing through the filter, the addition of tannic acid at once produced a brown discoloration, and after a while, a thick mucilaginous deposit of brownish colour, which does not appear when a simple solution of sugar of milk is treated with tannic acid.

The facts may be briefly stated as follows:—It is certain that filtrates of fluids holding in suspension triturated

metals, contain quantities of these particles, distinctly to seen with the microscope. This does not preclude the possibility that oxidisable metals may after trituration appear as soluble oxides. At all events, Dr. Weber, of Duisburg, who examined Dr. Buchmann's filtered solutions, succeeded in demonstrating their presence—a matter fraught with no great difficulty because these metals (iron and copper) are present in their metallic state, as I have shown, and as all can see who look with care; but they are present most likely also as oxides, the "possible and probable" formation of which occurs during trituration ("Essay," p. 80).

As substances in a state of solution are invisible under the microscope, Dr. Buchmann beheld upon the slides (upon which the solution had been dried by heat, p. 77), not only particles of oxidised matter, but also undissolved particles of metal, which, biassed by his theory, he was unable to distinguish from each other.

Should the reader's mind happen to be unprepared by the non-perusal of Dr. Buchmann's wonderful provings, he will be startled by the singular conclusion upon which that writer prides himself, that, because he could see no effect of reagents upon filtered as he did in the unfiltered fluids, he thinks this to be a certain proof of the presence of iron or copper in their pure metallic state (not as oxides) in such fluids. This he claims as "another one of his important discoveries for homœopathy" (p. 77), notwithstanding the easily demonstrable fact, as shown by Dr. Weber chemically, and by myself both microscopically and by reagents, that these substances are plentifully present both before and after filtering the fluids. If the reagents failed in the filtered fluid, it was owing to its too great dilution, and also to the insufficiency of the test, especially as regards tannic acid. Now, after all such inaccuracies in tests and conclusions, is it fair on the part of Dr. Buchmann to censure me severely for alleged carelessness, bad and useless preparations, besides doing me the injustice of ignoring my corrections, and preferring to dwell on former inaccuracies?

In the case of charcoal, such valuable discoveries could

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not be made by means of reagents. But few substances, with or without addition of sugar of milk in trituration, will better serve the purpose of demonstrating the minutest particles after filtering solutions of its triturations.

Dr. Buchmann passes lightly over the subject, when he remarks (p. 81):—"It is a matter of indifference, as far as homœopathy is concerned, whether the metals are contained as oxides or in reguline state in the solutions." Notwithstanding my carelessness, of which Dr. Buchmann deems me guilty, neither I nor any other conscientious homœopath would dare to endorse such an assertion.

We have seen certain metals in a state of oxidisation, as well as insoluble particles of metals and other substances in minutest subdivision, pass through dense and fourfold filtering paper. Hence, it cannot be maintained that they are *all* soluble, and therefore useful in the preparation of dilutions and high potencies. For it is by no means a matter of indifference to a physician whether or not he prescribes oxides, pure metals, or entirely unmedicinal preparations. Besides this, every careful pharmacist will, at the outset, make use of soluble salts and of *positively* soluble substances in the preparation of his dilutions, instead of yielding to dogmatic pressure, and wasting his time and strength in making triturations and then "potentising" them into eternity.

As I have stated elsewhere repeatedly, pure metals and ordinarily insoluble substances are most rationally and effectively employed as medicines up to the 6th centesimal trituration, not only to the 3rd, as at first stated but subsequently corrected, and the correction based upon certain calculations, which have been at length described in my pamphlet reprinted from the *New England Med. Gazette* of July, 1880. Herein I endeavoured to demonstrate that the minutest particles, as measured by me, may, as in the case of charcoal, quicksilver, and gold, be carried as far as the 6th centesimal, thus correcting a former remark, which Dr. Buchmann utterly neglects in regard to many of his own statements much in need of modification.

As was to be foreseen, Dr. Buchmann could not avoid

the recognition of the spots which, as I had shown, would be produced by the evaporation of distilled water and pure alcohol upon a glass slide, and which he interpreted as recrystallised silica. Now, since a mixture of silver with dilute alcohol, considered by Dr. Buchmann as a "solution," produces similar spots, those produced by pure water or alcohol had to be accounted for in a different manner. As he discovered that even redistilled water and pure alcohol produce certain spots when evaporated upon a glass slide, from which they are not easily removed, not even by heat, he resorts to the assertion that such spots consist of *dissolved glass* produced by the immediate action of a little drop of water or alcohol. Though it is not easy to determine whereof such dim spots consist, the application of heat would only prove the presence of non-volatile substances. It is uncertain whether they consisted of bacteria, or extractive matter in the alcohol, or of one of the numerous impurities which might, like the ever-present soda, be deposited from the air; in short, they admit of a variety of explanations. But to say that those dim spots resulting from a drop of water or alcohol placed on a glass slide are caused by the solution of the glass melting like sugar is expecting too much of the credulity of the most credulous. If glass were as easily soluble as Dr. Buchmann theorises, then our entire materia medica is good for nothing; for then our poor patients are doomed to swallow more liquid glass than medicine. But the funny part is that I am stated to have furnished the most positive proof of this great solubility of glass, silica, &c., a proof which escaped me in one of my great inconsistencies, and in my illogical and heretical moods. Well, if the honour of such a discovery belongs to me, then why not also the "prize?"

As it is a prize essay with which I am confronted, the indulgent reader will pardon a prolongation of my defence. Dr. Buchmann, rather driven to superfine discriminations, repeatedly endeavours to make a point concerning the Hahnemannian advice to use dilute alcohol, a precaution I am said to have deliberately disobeyed in the investigation of silica. On referring to previous articles I was greatly

relieved to find that this heresy had not been committed. As described (in *Allgem. Hom. Zeitung*, vol. 101, p. 108), I once again mixed ten grains of finely triturated silica with half an ounce of *watered* alcohol. If only 100 drops are used, as Dr. Buchmann did, the filtered fluid might be called clear as water, but if the quantity is considerably increased a deceptive appearance of clearness is avoided. This mixture, after having been shaken repeatedly for a day, was allowed to stand quietly for ten days, whereupon the supernatant fluid was still slightly turbid. In order to obtain the perfectly clear fluid demanded by Dr. Buchmann, the uppermost and clearest portions were drawn off with a pipette, and then filtered through a quadruple dense filter, after which a slight cloudiness was still discernible, and I doubt that a perfectly clear fluid is obtainable when the proportions as urged by Dr. Buchmann are employed. I will add that in a mixture of a teaspoonful of finely triturated silica in eight ounces of water, prepared last year, a degree of cloudiness was perceptible after three months. Dr. Buchmann was unable to discover any particles in his clear solution (p. 71). Although the mixture prepared by me stood about nine days *longer* than that of Dr. Buchmann's and was carefully filtered, the minutest particles of silica were always plainly demonstrable by carefully managing the illumination, especially on account of the refracting power of silica, nearly equal to that of the liquid, in which the particles literally swarmed.

If it is not easy to find them in the liquid, their discovery after evaporation on a glass slide is a simple matter, and even a low power will display them readily. Dr. Buchmann brings forward his inability to discover these particles in the wet preparation as a proof of the solubility of silica, and their visibility after evaporation as indisputable evidence of the recrystallisation of the substance in question. That author is mistaken as long as he either will not or cannot examine properly. He considered it quite unnecessary to subject paper blackened by friction with a gold piece to microscopic examination, which would have disclosed the brilliant metallic lustre of particles

appearing black to the naked eye, to which he trusts too much.

The question turns on the solubility of certain substances in water or alcohol, or both combined. It is urged that the microscope cannot decide the question of solubility. This is true in general, but when it is stated as an axiom, and this becomes elevated to a dogma (to doubt which involves heresy and excommunication), that matter is reduced to a degree of fineness so incredible as to render such substances soluble *in defiance of the laws of chemistry and physics*, then, I say, the microscope skilfully and intelligently used affords the only true test in regard to the accuracy of such dogma or belief. My critics constantly ignore this form of the question, knowing well the effect and value of intimations of heresy in attempting to discredit perfectly fair investigations of untenable propositions.

As long as it is easily demonstrable that undissolved particles which never fall below a certain degree of minuteness (varying in different substances) pass through a filter, then the solubility of gold, glass, silica, &c. is not to be assumed. The solubility of gold after a few minutes of contact with distilled water, or of glass by a drop of water, is so preposterous that one regrets the time wasted in discussing the matter. If it were admitted, for the sake of argument, that glass, silica, gold, &c., were soluble in water to such a degree that they leave a visible residue upon glass, then the entire cumbersome process of trituration becomes unnecessary and superfluous. The novel dogma of the solubility of glass and metals, the latter being supposed to be held in solution in their pure elementary state, opens wide the door for the admission of mysticism and superstition.

The heresy of which I confess myself convicted, consists in the proposition to use triturations up to the 6th centesimal. If, as I have shown, the minutest particles of gold possess a diameter of $\frac{1}{3000}$ mm., a piece of that metal 6 mm. in length, 6 mm. in breadth, and $\frac{4}{32}$ mm. in thickness, weighing one grain, may theoretically be divided into 46,080,000,000 of particles, supposing it were possible to

comminute the whole evenly, which is next to impossible, this would leave only four or five particles in the 6th centesimal trituration.

Ordinary means of hand trituration would not and never have carried a metal even so far. Modern machinery and great skill may reach that point with pure gold. Again, my measurements may by a 1000th of a mm. fall short of the minuteness; and other substances may be reducible to more minute dimensions as to their particles, like Witte's purple gold preparation, but the difference reached will permit of but an insignificant latitude in regard to the degree at which triturations cease to be useful.

Soluble substances, according to the best of present indications, reach their useful limit near the 10th centesimal; at all events, a safe point to adopt with a view to mutual agreement and instruction of students. If, as Dr. Buchmann asserts in his preface, this injures and impedes the progress of homœopathy more than the aggressions from the other school are able to injure it—and he prides himself upon being a “conservative homœopathist” who will not bow to the authority of a science which is not free from errors—it is more than likely that our author has become bewildered in his choice between homœopathy, conservative homœopathy, and science in general; still I doubt not that, like all earnest physicians, he seeks the best way to cure his patients.

ACID AND ALKALINE CHILDREN.*

By T. C. DUNCAN, M.D., Clinical Professor of Diseases of Children, Chicago Homœopathic Medical College.

By special request is here given a separate chapter on this very practical division of children.

* From the third edition of the author's work on *The Diseases of Infants and Children, and their Homœopathic Treatment.*

Said a professor the other day, "If you will only give us your ideas of acid and alkaline children, with the indications for food and remedies in a few pages for ready reference, you will confer a favour." I explained that he would find a brief analysis on page 178, and a practical illustration in the author's work on 'The Feeding and Management of Infants and Children.' "Yes, I know, but we want it more fully considered, so that we can get at the ideas and indications without much trouble." Since 1873, when I first presented the subject to the Illinois Homœopathic Medical Association and to the medical world,* and especially since the first edition of this work appeared, the practical value of this division of children has been recognised by our best men. Said a prominent physician who is recognised as a close prescriber (while attending the private course on Diseases of Children, given by the author every spring): "I am classifying our remedies on that basis, as I find that it facilitates their selection. I wish that you would carry it out farther."

The ideas are not new with the author, for away back in Hahnemann's day, we find that he recognised the fact that the natural tendency to acidity† was looked upon as abnormal.

In attempting to find Grauvogl's Constitutions (Oxygenoid, Carbonitrogenoid and Hydrogenoid), among the children in the newly organised Foundling's Home, two extremes could be well made out. These were the thin feeble children and the large plump ones—corresponding to the first and last division I suppose. Scudder lays down the indications for acids that the lips must be red, while the alkalies should be used where the lips are pale. This corresponded to the two classes of children already recognised, and here was evidently a physiological application of the law of similars in the selection of the remedy.

Now was recalled the division of remedies according to their chemical and electric condition, as outlined by Dr. Hering, in 1850.‡ Here was evidently an electro-chemical

* Vide *Medical Investigator*, August, 1873.

† Hahnemann's *Lesser Writings*, p. 233.

‡ *North American Journal of Homœopathy*, vol. i, p. 41.

basis for the division of this subject. After making many post-mortems in the Foundling's Home on these two classes of children, a large stomach, as a rule, was found in the thin cases, while in the fleshy ones the stomach was relatively smaller. The condition of the liver was just the opposite. The small thin child with a large stomach had a small liver, while the large fleshy alkaline child with a small stomach had a large well-developed liver. The child being vegetative, growing on what it is fed with and assimilates, it is evident that as the large stomach would secrete a large amount of acid gastric juice, in such cases digestion and nutrition would be interfered with. For we remember that there is naturally a tendency to acidity in the child. Acidity means decay. We have seen (p. 307) that all of the excretions have an acid reaction, while all of the secretions, except one, give an alkaline reaction. Taking what is here given, and on page 178, it would seem that there is an anatomical, physiological, electro-chemical, pathological, and therapeutical basis for the vision of children into acid and alkaline.

Following these leadings, and the fact that the acids are homœopathic to the low forms of disease where the body is emaciated, and that red-lip children and people are usually slender, first suggested that these acid subjects were possibly below par. On the other hand, the pale lips belong to people and children in good flesh and some of them extra fat. In these people and children the alkaline remedies are chiefly indicated in whatever disease they have. This seemed a practical division of children that might be read at sight. The large number of children at the Chicago Foundling's Home was a fine field to pursue this line of study.

On a further study of this subject, difficulties were encountered. A healthy child had thick rosy lips, but some of the most thick-lipped children were found to be the ones that were ailing most frequently. Then it was concluded that there must be a diseased alkalinity as well as a diseased acidity, extremes either way were looked upon as diseased tendencies, and the effort in treatment must be, to obtain and maintain a golden mean.

Appearance and Development.

Normally a child is alkaline and should be of fair size, weighing about nine pounds. It should have firm flesh, well-developed bony system, broad shoulders and head, appear well nourished, cry lustily when hungry, eat heartily and sleep soundly when it has nursed, about half a cup of milk.

The acid child is under weight. It is thin in flesh, and the bones are small and short. Those of the head are deficient, and the sutures are all open. The face is narrow and the features are pinched. The lips are thin and red. The tongue is small, red, and pointed. The skin of this child at birth is very red and harsh feeling, and delicately thin.

The excessively alkaline child is usually over weight and large every way. The flesh is flabby. It has large joints and long large bones. The head is broad and the sutures well closed. The fontanelles may be wide open or will appear so as it develops. It cries lustily when aroused, but grunts till its wants are supplied. It eats heartily and often, and sleeps at first a great deal, till it is finally kept awake by a developmental tendency.

The development of these three classes of children is radically different. The normal child is alkaline, and remains so, for the alkaline digestive elements are in a normal relation to the acid elements. That is, the bile and pancreatic juice are able to change the reaction of the acid digestive current as it comes down from the stomach.

The acid child, with its large stomach and excessive flow of acid gastric juice, and deficient bile and pancreatic juice, has to struggle with acidity, high up in the alimentary tract. This acidity of the digestive mass irritates the intestines, producing muscular contraction and rapid emptying of this canal. Its stools are therefore thin and green from the decomposed bile. Under such circumstances it is easy to see here that the absorption is small, and therefore the child is feebly nourished. This is evident in the emaciated,

hungry look it presents. It is uneasy, restless, and sleepless. Cries with colic from the irritation of the acid elements high up in the small intestines. It is nourished on the fluid elements of food that is taken up by the capillaries, consequently its blood is deficient in white or fat blood. We therefore find that it is not only feebly nourished and imperfectly developed, but that there is also a marked tendency to certain diseases.

The alkaline child, having a small stomach and a well-developed liver, has an ample digestion. The acid emulsified milk is digested, saponified into chyle, which is rapidly and readily absorbed. This leaves a craving of the system for more food, and the tendency is to eat too often. Notwithstanding, this child's bowels are inclined to constipation, while the system is being excessively nourished. The child grows more alkaline and restless from repletion. Here we have a practical illustration that those who eat heartily do not need the sleep of one who eats properly.

This child is tardy in its nervous and bony development. It is late in getting its teeth, seems sleepy and slow of comprehension, and is especially tardy in walking. It is a great pet, and likes to be carried. It can bear neither neglect nor pain. It cries at trifles.

Etiology of Acid and Alkaline Children.

As the child is dependent upon its environment and food for its development and growth, so the cause of these two classes of children can be found in their ante-natal and post-natal nourishment and care.

The cause of the acid child is hereditary or acquired. The thin, active, restless, nervous mother is apt to have a child feeble in development with a tendency to acidity. If the mother's food has been deficient or acid the effect upon the child will be to produce the acid constitution. The acid food will render labour easy, but its effect upon the child is disastrous. This kind of food, as Dr. Burt found by careful experiment, will cause easy labour; but one child

was stillborn, while three others were living skeletons, and were raised with difficulty. Fleshy women, who grow more fleshy during gestation and lactation, have, as a rule, acid children.

The acquired form is developed after birth. Sometimes the trouble arises through mistaken kindness, such as giving the child, well formed and normal, some indigestible food before the milk arrives, sometimes it is sweetened water or strong milk. Sometimes acidity is caused by starvation. The milk is tardy in making its appearance, or the mother is active too early, and the quality of the scanty milk is changed. The food may be difficult of digestion, thereby developing the abnormal secretion of the acid digestive elements. Exposure or excessive washing will favour the acid tendency.

In older children activity, animal food, and over-study are the chief causes.

The alkaline child is developed under other circumstances. This tendency is both congenital and acquired. The mothers, who are in fair flesh, are great eaters and of sluggish disposition. Large mothers have, as a rule, large children, unless they get abnormally fleshy during gestation, then they rob the child of its proper nourishment. Locality and season have much to do with the development of the child; new countries, moist localities, and damp seasons seem to favour excessive infantile development.

The food of the mother that favours infantile development is nitrogenous in character, combined with carbonaceous food that is not readily changed into saccharine matter.

After birth the excessively alkaline child may be developed by certain food and management.

The great appetite of the mother is also apparent in the child. It eats large quantities of food and wants it often. It grows rapidly and looks plump, and the mother and friends are pleased at the result of this feeding and encourage it to over-eat. The nursing mother often finds that she must take something to make milk. This something is usually beer, which contains so much water and

gum that the child develops more and more gross or alkaline. Tea does not increase the flesh of children and some starchy gruel is usually preferred, as that increases the fattening qualities of the milk. When the child is fed the dextrin foods or condensed milk are preferred, and seem to agree best with these children, and they take large quantities and want to be fed often.

Bathing in *warm* water aids the absorption of large quantities of fluids and stimulates the appetite. These fat children like the bath and are indulged.

In older children whose diet consists of vegetables, especially potatoes, the excessive alkaline constitution is developed.

The Acid and Alkaline Disease Tendencies.

The study of the natural history of acid and alkaline children reveals the fact that the disease tendencies in the two are radically different.

In the acid child there is a deficiency of the white blood and an excess of the red, hence the mucous membrane and skin are not well protected, and there is a marked tendency to interstitial inflammation. The lips and the tongue are red, revealing the fact that the mucous coat is very deficient. It is not at all strange that gastritis, especially of the chronic form, is frequently met in acid babies. Thrush is easily set up by slight dietetic errors or a cold.

The acid condition of the alimentary canal gives rise to frequent thin, green discharges from the bowels. These acid children suffer greatly from colic. They cry and fret continually, especially at night. The urine flows freely and frequently, and is usually of a light colour. The tendency of the skin is to heat-rash, strophulus. The brain diseases are acute and acquired hydrocephalus. The system not being nourished as it should be with proper food makes the child uneasy, restless, and this tends to force the blood to the head in excessive quantity. This constant surcharge brings about a hydrocephalic condition. Brain

symptoms as we can understand are very common in these acid children.

The chest diseases to which the acid babies are subject are spasmodic croup (and laryngismus stridulus from the cerebral pressure), diphtheritic croup, and croupous pneumonia. Pleurisy and rheumatism do not often affect these children.

The chief symptoms of severe disease in acid children are pain, fever, and restlessness.

In the alkaline children the excess of lymph and white blood and the active condition of the lymphatic system tends to stasis of the circulatory systems, and catarrhs are the result. The well-developed mouth glands give us drooling early. Dentition is tardy and the teething complications are numerous. The excessive flow of saliva may give rise to an obscure lienteria (see p. 228). The form of the mouth diseases will be aphthæ, the ulcerous or gangrenous varieties.

The stomach diseases will be gastric catarrh, acute and chronic. This latter may be congenital or hereditary. Duodenal, as well as enteric catarrh will be frequently met with. We may have colitis or dysentery in these children, proving very obstinate. Vesical catarrh is frequently met with, and often long lasting, in the form of enuresis.

The skin diseases are also catarrhal and very tedious; the chief one met is eczema. Moist skin behind the ears, crusta lactea, and pustular diseases are frequently met with in these children.

The form of brain diseases will be hydrocephalus, chronic, and cerebral anæmia (hydrocephaloid), as the result of a serious drain from some acute disease, like gastro-enteric catarrh—so-called summer complaint, or cholera infantum, or even bronchial pneumonia.

Nasal catarrh, membranous croup, bronchial pneumonia, and capillary bronchitis are the chief diseases of the respiratory tract in alkaline children.

The prominent symptoms of severe disease in these children are: coldness, pallor, and prostration.

Food Indications in the Acid and Alkaline.

This division of children will call up the law of diet—repair the loss; supply the lack. The law of the diet is *contraria*. That the regular (Allopathic) profession have been following this dietetic rule in the management of the sick is evident.

The feeding of these children should, if possible, begin in ante-natal life. The expectant mother, slender and active, preferring acid articles, pickles, lean meat, or tea and bread, demands a change, so that the child will not have gastritis from birth, and develop an acid tendency. She should be impressed with these dietetic rules :

RULE I. *Acids, spices, stimulants, and activity* interfere with digestion and assimilation, beside tending to tear down what is already built up.

RULE II. *Fats, sweets, starchy food, water, and quiet* aid digestion, absorption, and the genesis of white blood. They nourish and fatten the body.

We have seen (p. 308) what a large amount of fat is contained in the milk. The student of histology is aware of the large amount of fat in all the tissues. A well-nourished system is loaded with fat. Like water, fat is a vital element. If there is no fat in the food, the system is torn down, and fat is manufactured, as well as water, in the body.

The chief difference between the acid and the alkaline child, is the large amount of fat in the latter, and the well-developed condition of the absorbent glands, although these may develop under the stimulus of nutrition. One of the first things the author orders for a lean acid baby is that it have an oil bath, *i.e.* rubbed with oil once or twice a day. This gives it a food that aids the rapid increase of the white blood corpuscles. Whether it is to be oiled once or twice a day depends upon the development of the child and the condition of the mother. If premature, it should be oiled twice or three times a day (p. 123). If the mother is feeble and will have scanty, thin, sour milk, it should be oiled twice a day at least for a long time. If the mother

is very fleshy, and has been gaining in flesh during gestation, we may conclude that her milk will be like cow's milk, and will need more water to render it nutritious; under such circumstances the acid child should be oiled.

If the acid child is brought up on artificial food then we must give close attention to its digestive needs. The acid digestive fluids must be antidoted and their secretions lessened. To outline a course of feeding for this class of children is most difficult. Diluted cream stands at the head of the list for these infants. These children cannot manage casein and this must be extracted by giving cream or whey, or else the casein must be prevented from curdling into hard chunks by some form of addition to the food. Cooked gelatine or cooked starch may do, or one of the dextrin foods may be found to agree.

To quiet the colicky pain, free draughts of hot water should be given. This not only relaxes the constricted intestines, but also washes the aliment down and at the same time dissolves the food and aids its assimilation. This class of children need the food very much diluted. Sometimes the cow's milk diluted with two parts water will agree and nourish the child. But the proportion of water in the food should be lessened just as rapidly as possible. If the food should disagree, it should again be largely diluted for a few days till it agrees, or the child put on to one of the more infantile form of foods (see p. 326).

The feeding apparatus will need extra attention to keep it sweet. After being used it should at once be returned to a basin of water, in which is a pinch of soda.

When the infant is nursed, or when the food is milk, it is sometimes advantageous to feed it with a spoon, a little barley or oatmeal gruel, or a little arrowroot, or corn starch gruel just *before* it is to be fed. This gruel should be very thin. The barley or corn starch gruel had better be made without milk and very thin. This will take care of the extra gastric juice and very much facilitate the digestion of the milk food. This gruel should be *well cooked* so as to change the starch to dextrin, which can be absorbed into the system without detriment.

This class of children needs to be kept quiet and get much sleep. They are usually very poor sleepers. Passive exercise, like massage (twice a day), being carried about, or better yet, being driven in a carriage, will insure exercise and sleep at the same time. Rocking they like. Their acid condition tends to make them nervous and restless, and they will demand motion. (See p. 374.) Motion that soothes and secures sleep is the great desideratum.

The indications for feeding the decidedly alkaline child are for less fat and fluids. It is those two elements that increase the excess of adipose. The quantity should also be restricted, for these children are great eaters.

When possible we should restrict the mother as to her diet during the ante-natal life of the child. She should be encouraged to eat sour food, especially sour fruit, and to take less fluids and much exercise. Her chief diet should be nitrogenous food, like meat, oatmeal, graham, &c.

After birth the food of an alkaline child must be judiciously selected. The digestive organs are all well developed, so that it is, as a rule, able to digest stronger food than the acid child. Food that changes rapidly to a sour condition especially disagrees with them. The butyric acid fermentation is especially disagreeable to them, producing acute attacks of gastric catarrh. For this reason, although oatmeal gruel and milk are their best diet, still if the meal is not just fresh and the milk at all stale, it sours in the stomach and the child will be made sick. The cream food does not usually agree with these children, but corn starch well cooked and added to the milk usually agrees when they are young. Liebig's food (Horlick's, Mellin's, or Loufland's brand of it) is well adapted to the digestive condition and needs of this class of children, who are essentially German in type.

These children take early to bread-and-milk and like to go to the table. The salivary glands develop so early that they drool much before the teeth appear, and then they should be given a crust of bread, or bread-and-milk to eat. Bread containing much nitrogen or gluten is to be preferred. Potato they take to early and like it, but nothing fattens

more rapidly, and it is evident that its indulgence should be held in check. This child can take milk clear without water, very early, and this should be encouraged. It should also be encouraged to drink cold water in small quantities.

The feeding apparatus for these children should be one that will not allow it to empty its bottle rapidly. It likes to eat fast and will make a fuss if the food does not come in great mouthfuls. The long tube with a hard nipple should be selected. It is not so necessary to keep this child quiet after it eats as it is in the acid child, but that is a good physiological rule under all circumstances.

The alkaline child should not be fed so often as the acid one, and should be made to go all night without food, but against this they rebel, for they like to eat at night, and are then wakeful—illustrating the fact that food supplies the lack of sleep.

Acid and Alkaline Therapeutic Indications.

We have seen that the indications for food are according to contraria, but, judging from the experience of years, the selection of the curative remedy is according to similia. Nothing that has come to our notice has so strongly confirmed the truth of homœopathy as the practical test of remedies on this acid and alkaline basis. It is not intended that this basis or classification will in any way supersede the law of similia, but may aid in showing the way to a more exact individualisation than is often possible where our guides are objective symptoms chiefly.

In general we might impress the fact that acid children demand acid remedies, while in alkaline children, alkaline remedies are indicated and curative.

The special indications for the remedies on the acid and alkaline basis in brain diseases would be as follows:

Alkaline children with inflammation, effusion, and coma would suggest *Gelsemium*, *Belladonna*, *Arnica*, *Opium*, *Apis*; while acid children, who are nervous, restless and anæmic, would suggest *Aconite*, *Arsenicum*, *Rhus*, *Sulphur*.

In throat and chest diseases the indications in alkaline children would be for *Kali bich.*, *Hepar*, *Belladonna*, *Tart. emet.*, while in the acid subjects the indications are for *Aconite*, *Spongia*, *Iodine*, *Bryonia*, *Phosphorus*, *Sulphur*.

In bowel diseases, in both diarrhoea and constipation, the alkaline children need such alkaline remedies as *Nux*, *Mercurius*, *Kali*, *Calcarea*, *Chamomilla*, *Dulcamara*, *Alumina*; while acid children are best managed by *Arsenicum*, *Podophyllum*, *Pulsatilla*, *Rhus*.

In diseases of the skin, the moist eruptions or pustules of the alkaline children suggest such remedies as *Calcarea*, *Baryta*, *Mercurius*, *Dulcamara*; while for the acid children with their dry, scaly skin, such remedies as *Arsenicum*, *Silicea*, *Sulphur*, *Rhus*, are called for.

When such mixed remedies as *Hepar*, *Calc. iod.*, *Merc. iod.*, *Calc. phos.*, &c., are used (the symptoms of each ingredient being about equal), we would expect, as we doubtless get, a more marked action of the element in the remedy that corresponds to the child. For example, the action of the *Sulphur*, *Iodine*, and *Phosphorus* would be more marked in the acid child than in the alkaline one. We see here a possible explanation why *Baryta carb.* is such an efficient remedy in chronic enlarged glands in very fleshy subjects.

The special indications for the various remedies will enable us to trace out the subdivision of this classification very much farther. A wide and practical field is open before us, and the author hopes that there will be many volunteers. It would be interesting and valuable if we could classify the whole materia medica on this basis, but that would require more time than has yet been given to it. Hering has made a good beginning and we transfer his classification as worthy of special study :

(ACIDS.)	(ALKALIES.)
<i>Electro-negative.</i>	<i>Electro-positive.</i>
(Oxygen.)	(Hydrogen.)
<i>Aconite,</i>	<i>Alumina,</i>
<i>Arsenicum,</i>	<i>Ammonium,</i>
<i>Antimonium crudum,</i>	<i>Argentum,</i>
<i>Bromine,</i>	<i>Aurum,</i>
<i>Benzoic acid,</i>	<i>Baryta,</i>
<i>Capsicum,</i>	<i>Belladonna,</i>
<i>Cepa,</i>	<i>Cadmium,</i>
<i>Chlorine,</i>	<i>Calcarea,</i>
<i>Citric acid,</i>	<i>Causticum,</i>
<i>Fluoric acid,</i>	<i>China,</i>
<i>Graphites,</i>	<i>Cuprum,</i>
<i>Iodine,</i>	<i>Dulcamara,</i>
<i>Jatropha,</i>	<i>Hellebore,</i>
<i>Lactic acid,</i>	<i>Ignatia,</i>
<i>Mezereum,</i>	<i>Kali c.</i>
<i>Muriatic acid,</i>	<i>Lithium carb.</i>
<i>Nitric acid,</i>	<i>Lycopodium,</i>
<i>Oxalic acid,</i>	<i>Magnesia c.</i>
<i>Podophyllum,</i>	<i>Mercurius,</i>
<i>Phosphorus,</i>	<i>Natrum c.</i>
<i>Phosphoric acid,</i>	<i>Nux vom.</i>
<i>Pulsatilla,</i>	<i>Palladium,</i>
<i>Rhus,</i>	<i>Plumbum,</i>
<i>Silicea,</i>	<i>Rhododendron.</i>
<i>Staphisagria,</i>	<i>Sanguinaria,</i>
<i>Sulphuric acid,</i>	<i>Stannum,</i>
<i>Thuja.</i>	<i>Strontian,</i>
	<i>Tabacum.</i>

The following remedies, according to Hering, may act in an opposite way :

<i>Carbones,</i>	<i>Ferrum,</i>
<i>Osmium,</i>	<i>Manganum,</i>
<i>Selenium,</i>	<i>Niccolum,</i>
<i>Sulphur,</i>	<i>Petroleum,</i>
<i>Tellurium,</i>	<i>Platina.</i>

It was also his idea that drugs belonging to the same family were connected by a rule of relationship in regard to their polarity of action. For instance, in the Solanææ *Capsicum* being the electro-negative extreme and *Tabacum* the positive, the others standing in a regular order between. Among the Ranunculaceæ the positive end is occupied by *Hellebore*, the negative by *Staphisagria*. This he finds holds good in every family of plants and in every family of chemical substances, and we may from this conclude that the different plants also may be arranged in two classes according to their prevailing chemical constituents. There seems to be a correspondence between such families as are remarkable for containing acid substances, as the Ranunculaceæ and Euphorbiaceæ, and the electro-negative chemicals, and between such families as contain bitter and narcotic substances and the electro-positive chemicals. Plants and animals used as drugs always present combinations of alkalies or acids, and the application of the rules (given below) must be modified or restricted according to the prevalence of positive or negative action.

We have found that, as a rule, there is a difference in the aggravations in these two classes of children. In acid subjects the diarrhoea is usually worse in the morning, while the cough is usually worse in the evening. In the alkaline subjects the reverse is usually the case.

Hering lays down rules for the selection of acids and alkalies, according to the aggravation, as follows:

I. *Morning aggravation of a looseness of the bowels indicates the acids or electro-negative drugs. Evening aggravation of the same indicates the alkalies or electro-positive drugs.*

II. *With coughs the reverse is the case; an exacerbation in the morning indicating the alkalies, one in the evening the acids.*

The looseness of the bowels, as well as the cough, should be what is called *active*; if they form a very subordinate group among the symptoms, the rule cannot be applied with the same certainty. (Morning includes the hours from midnight until noon; evening the hours from noon until midnight.)

The author sincerely hopes that this classification, which has been attempted to be elaborated, will not lead to careless guess-work and hasty generalisation, but will aid the reader to group his remedies to better advantage, that he may the more readily and surely select the simillimum.

It may also enable him to "see right through a child" and to understand "the *why*"—the disease tendency, the food needed, and the remedy indicated—and to unite with the author, in exclaiming HOMŒOPATHY EXCELSIOR!

EFFECTS OF POISONS.*

(Continued from Vol. XXXVIII, p. 81.)

PHOSPHORUS POISONING. *Acute.* The most frequent form in which *Phosphorus* is taken in poisonous doses is in the form of matches. Phosphorus paste or rat poison is also sometimes used. *Phosphorus* in large pieces seems to be less hurtful than when in a finely divided state. In the latter state, or when dissolved in oil or ether, it is an active poison, one grain being a dangerous or even fatal dose for an adult.

The first symptoms of poisoning are usually gastric, pain in the epigastrium, and vomiting. The vomited matter, faecal evacuation, and even the breath, are sometimes luminous. After vomiting there usually occurs a healthy period, lasting two or three days. Then severe symptoms commence generally with jaundice, which increases more or less rapidly till it attains the highest degree; with this comes urticaria, also pain in the epigastrium, especially in the hepatic region. The liver is proved by palpation to be enlarged; there are often mild febrile symptoms, and vomiting more or less bloody. Great weakness of the heart's action. Pulse generally much accelerated, extremely feeble, and small; heart's sounds feeble at first, no difference

* Abstract of articles in *Ziemssen's Cyclopadia*, vol. xvii.

betwixt first and second sounds, finally the first sound disappears. There is often a great tendency to hæmorrhage of various kinds, hæmatemesis, bloody stools, epistaxis, metrorrhagia, or premature menses. Petechiæ and ecchymoses on the skin. Bleeding from a leech-bite or cupping-glass cannot be stopped. The intellect is often intact; sometimes there is profound stupor twenty-four hours before death. There may be coma or noisy delirium. Temperature of body generally normal until the approach of death, when it may be diminished or greatly increased. Urine not much changed in amount or density at first, later much diminished; usually contains a small amount of albumen, frequently blood and fibrinous casts, and with the jaundice biliary pigments and acids. The urea disappears on the approach of death. Death usually takes place in from a week to a fortnight. If the cases recover they often take many weeks to do so. Sometimes very rapidly fatal effects are seen, death taking place in from nine hours to two or three days. In these rapid cases jaundice does not occur. Sometimes a previously enlarged liver is diminished in size.

Post-mortem examinations show fatty degeneration of the liver as one of the most frequent results of *Phosphorus* poisoning. The muscular tissue is usually yellowish-red and fatty. The blood is only partly coagulated. There are ecchymoses beneath pericardium and endocardium. The muscular tissue of the heart is pale, of a light greyish-yellow colour, in some cases striped with net-like tracings formed by light wavy lines on a greyish-red ground; the cardiac tissue is brittle and appears fatty to touch and eye. Lungs show hypostatic congestion and pleural and bronchial ecchymoses. The liver is enormously enlarged; it is usually pale, but may be deep yellow; the acini plainly perceptible and large, the substance is brittle and fatty, there are ecchymoses beneath the capsule and along the blood-vessels. The spleen is often enlarged. The gastric mucous membrane is swollen, greyish, non-transparent, with ecchymotic spots, sometimes small ulcers in pylorus. The mucous membrane of duodenum the same; that of small intestines pale, with ecchymoses. Contents of stomach often bloody;

little or no bile in intestines or gall-bladder. Kidneys enlarged and fatty. Sometimes the autopsy gives negative results. Often the only important changes are in the liver. In some cases it is diminished in size; it may then be dark red in colour, its consistency tougher, its lobules small and wasted; mixed with this dark-red tissue may be insulated spots of strongly marked yellow colour; apparently in these cases the fatty degeneration, which in the yellow spots is in its prime, has degenerated to atrophy in the red portions. The microscope shows the muscular fibres of the heart and body muscles, the hepatic and renal epithelial cells and the cells of the gastric glands filled with large or small fat drops. There is sometimes fatty degeneration of the smaller blood-vessels and capillaries, to which the hæmorrhages may be owing. Authorities differ as to the microscopic appearances of the liver. It is generally supposed that the changes are identical with those that occur in acute yellow atrophy of the liver.

Treatment.—The first object is to get rid of the *Phosphorus* in the stomach by emetics. The *Sulphate of Copper* is the best, as it forms an insoluble coating of phosphide of copper round the pieces of *Phosphorus*. *Turpentine* is said to be an energetic antidote.

Chronic Phosphorus poisoning.—This is usually caused by the inhalation of phosphorus vapour in match factories, also in the phosphorus bronze factories. The symptoms produced are chronic bronchial catarrh, chronic gastro-enteritis, anorexia, and constipation. But the most important and specific result is necrosis of the lower jaw, or more rarely of the upper jaw. This is developed in from six months to many years after commencing work; sometimes it does not come until after the patient has ceased working in *Phosphorus*. The disease begins in carious teeth or gaps between the teeth, and is almost never seen in persons with sound teeth. Chronic periostitis is the first effect, which leads to extensive necrosis of the lower jaw. In sudden cases the disease is confined to the alveolar processes; in some cases there may be necrosis of a large part or the whole of the lower jaw, and yet recovery take place.

Wegener showed that *Phosphorus* taken in the smallest doses by inhalation or internally acts as a specific formative excitant of the osteogenic tissue leading to increased development of the compact tissue in the long bones. He succeeded in producing in hens a complete closure of the medullary cavity by compact bone tissue.

ARSENIC POISONING. *Acute.*—The symptoms appear severe the larger the dose; usually within an hour after ingestion, but sometimes not for six or eight hours. The first symptoms are those of a very violent gastro-enteritis, frequently running a course resembling cholera; violent vomiting and purging, the discharges often resembling rice-water, though they are sometimes bloody, sometimes green from admixture with bile. Usually violent pain in abdomen. Collapse appears quickly and consciousness is usually retained till death. In other cases coma and convulsions precede death. Trismus has been noticed. Sometimes the gastric symptoms are entirely wanting, while rapidly fatal collapse comes suddenly, in twelve hours or soon after ingestion, generally of very large doses. There is sometimes delirium, coma, convulsions of an acute eclamptic character. Paralysis is not rare. The urine is albuminous or bloody. Death takes place in from twenty-four hours to four days, but sometimes after a few hours, and sometimes after two weeks. Remissions often occur during the progress of a case. Those that recover have many sequelæ, such as emaciation, ulceration, and gangrene of skin, œdema, anæsthesia, paralysis, gastralgia, dyspepsia, and chronic intestinal catarrh. An eruption like eczema and urticaria has been observed from both its internal and external application.

Post mortem shows the mucous membrane of the stomach in a state of intense inflammation, usually of a dark red colour, in spots or stripes. These are not the effects of erosion, as they are observed after external application. This inflammation sometimes causes hæmorrhagic exudation or infiltration, quickly followed by death of the tissue and ulceration of the membrane. Ulceration may take place in three hours; sometimes perforation is the

result. Fatty degeneration of the heart, liver, &c., has been observed. The bodies of those poisoned by *Arsenic* do not putrefy but become mummified. After the *Arsenic* has disappeared from the stomach and intestines, which it will after a few days, it may still be found in the liver and other organs. It is said to exist in the bones as *Calcic arseniate*, a compound isomeric with *Calcic phosphate*. After a fortnight it disappears from all the organs. The elimination takes place by the bile and urine.

Treatment.—Vomiting should be produced immediately by the stomach-pump or any emetic at hand, except irritants like *Tartar emetic*. To counteract that portion of the *Arsenic* not expelled by vomiting finely prepared *Ferric hydrate* or *Magnesia* should be given in large quantities. Purgatives should also be given to expel all the poison. Milk or white of egg should be first given until emetics can be had.

Chronic Arsenic poisoning.—A mild form may occur from the therapeutic use of Fowler's solution. Severe cases are seen among workman in arsenic mines and those engaged in smelting ores containing arsenic, such as copper, lead, and other metallic ores. Cases are also met with among those who make anilin colours and arsenical pigments, among furriers, felt workers, shot makers, and others who handle arsenical alloys. Green tartar and artificial flowers, green and red, are often coloured with arsenic, and the loose attachment of the pigment, being diffused in the form of dust, poisons both the makers and the wearers of these things. Many green and red enamelled papers used for wrapping confectionery contain arsenic and cause poisoning. Toys, too, painted with arsenical colours may poison. Wall papers stained with arsenical green and red are injurious to the makers and to those living in rooms papered by them. It is impossible to fix the amount of arsenic required to cause chronic poisoning. It is well known that in Styria and other places there are arsenic eaters, who from early youth take arsenic in daily doses of as much as six grains, and yet live and enjoy good health. Horses are said to bear large doses of arsenic, which gives them a well-

nourished appearance. The usual results of long-continued action of *Arsenic* are angina, conjunctivitis, chronic, gastric, and intestinal catarrh, with constipation and sometimes diarrhœa.

If the poison is in the form of dust, it causes eczematous inflammation of the skin, especially in the folds of the scrotum and axilla, causing excoriation and tendency to death of the superficial layers of the skin. There is often a greyish cachectic appearance, anæmia, headache, pains in limbs, falling out of hair and nails, with or without ulcers at sides of nails, mental depression and apathy, sleeplessness, weakness like that of paralysis and imperfect sensibility. The paralyzes are sometimes preceded by contractions, which remain permanent. Often a single limb only is affected. If several limbs, it is usually paraplegia, sometimes all four limbs are paralysed. The extensors are said to be more affected than the flexors; atrophy of the affected limbs is common, though it is often wanting in completely paralysed limbs of many years' standing. The bladder and intestines are not affected. Generally recovery from this paralysis takes place, but many cases are known in which it lasted during life. Pulmonary phthisis is very frequent. General dropsy is always noticed as the final symptom, but nothing is known as to whether it is connected with some disease.

Poisoning by Arseniuretted hydrogen.—The symptoms are vomiting with pain in the stomach, headache with prostration, and abundant hæmoglobinuria. It evidently decomposes the blood globules.

VEGETABLE POISONS.

ATROPINE POISONING.—This is chiefly found in the *Atropa belladonna*. *Daturine*, the alkaloid of *Stramonium* is identical in its chemical and physical action with *Atropine*. Poisoning chiefly occurs from eating the berries, which resemble small black cherries; but sometimes also from eating the leaves. Human beings have been poisoned by eating the flesh of

animals fed on belladonna leaves without danger to themselves. Among the animals to which *Atropine* is innocuous are rabbits, pigeons, rats and guinea-pigs. Persons have been poisoned by eating snails which feed on belladonna leaves. Cases of poisoning have occurred from swallowing liniments containing belladonna, from the application of belladonna plasters, from the instillation of solution of *Atropine* into the eye. Children often bear large doses. Fuller mentions a child of ten, affected with chorea, who took every day seventy grains of *Extract of Belladonna* for four weeks; another girl of fourteen took 37 grains in eight days without injury. Poisonous symptoms in adults are often observed from two grains of the extract. There is no certainty about the doses that will produce poisonous symptoms. A child of nine months died from eating three belladonna berries. A teaspoonful of *Belladonna liniment* killed a woman aged sixty. A Berlin physician swallowed half a grain of *Atropine* and survived. The root of nightshade contains most *Atropine*. The extracts and tinctures vary very much in strength.

In cases of poisoning the brain is first attacked, and then it influences the cardiac pulsations and the state of the pupils. The sequence of symptoms is first dryness of palate, objective and subjective, furred tongue, tickling in throat, hoarseness, dysphagia, difficulty of speaking, nausea, inclination to vomit. Next, brain symptoms appear, giddiness, headache, stupor, confusion of mind, dejection, hallucinations of sight and hearing, disposition various but often cheerful. Then disturbances of vision, weak-sightedness, seeing things in a mist, suffusion of the vessels of the conjunctiva and dilatation of the pupils; then follow dysuria and strangury, and finally, dry skin, scarlet redness, cedematous swellings, &c.

At first the heart's beats are slightly retarded, but they may be afterwards increased to 150 or 190 per minute. In fatal cases the heart becomes paralysed, and then beats slowly and irregularly. The carotids and temporals throb violently and the peripheral vessels are enlarged, hence there is injection of conjunctiva and protruded eyeballs. The face

is of livid redness and very hot; the rest of the body is often covered by a scarlet exanthem. In spite of this hyperæmia, perspiration is suppressed and the skin feels dry. Very small quantities will produce these symptoms, $\frac{1}{200}$ th of a grain of *Atropine* often sufficing to bring out the scarlet rash. Desquamation often follows the rash. This rash is distinguishable from scarlet fever by the diminished temperature of the skin in *Belladonna* poisoning.

The respiration is first slower, then it increases till the final stage, when it again becomes slower till it ceases.

Severe laryngitis is not unfrequent, with pains in larynx, roughness and hoarseness, and the separation of a white transparent secretion from the mucous membrane of bronchi and larynx.

Dilatation of the pupil, which may be effected with $\frac{1}{150,000}$ th of a grain of *Atropine*, and last for several hours. Locally applied, only the eye to which it is applied is effected, but when taken internally both eyes are so. Larger quantities causes greater dilatation, perfect insensibility of iris to light, loss of accommodation, prismatic vision, diplopia, sometimes micropsia and sometimes complete amaurosis. The mydriasis may last from fourteen days to three or four weeks.

The brain symptoms are: general jactitation of the body, crying, and screaming. Destructive propensities are often exhibited. Staggering, loss of power of clear articulation, or complete aphasia and alalia. More rarely convulsions, generally clonic, but sometimes tetanus, especially opisthotonos.

Sometimes the dysphagia is not merely an effect of dryness of the mucous membrane, but is caused by spasmodic contraction of the muscles of deglutition. Also the dysuria is sometimes owing to cramp of the detrusor vesicæ urinariæ.

The psychical symptoms are: giddiness, swimming of head, abnormal sensations of sight and hearing; hallucinations are common, and delirium, which may be violent until coma sets in.

The jactitation is usually succeeded by sleep, sopor, coma,

in which there is no voluntary or reflex movement. In some cases the sphincters of bladder and rectum are paralysed, and the contents of the bladder and bowels passed involuntarily. In some, delirium and stupor alternate. Death usually ensues within twenty-four hours, rarely within five or six hours, and still more rarely after thirty hours. Convalescence is always slow.

Hæmorrhage in the brain has sometimes occurred as a sequela. *Atropine* kills by paralysing the heart, but perhaps also by exhaustion of the respiratory centre. The post-mortem appearances are not very important. Putrefaction occurs very rapidly.

Opium and *Belladonna* are mutual antidotes. *Calabar bean* seems also to be an antidote to *Belladonna* poisoning.

HYOSCYAMINE POISONING.—*Hyoscyamine*, the active principle of *Henbane*, is said to be identical in its action with *Atropine*. Schroff says that it dilates the pupils more rapidly, more completely, and for a longer period than *Atropine*, but other observers say this is a mistake.

SOLANINE POISONING.—*Solanine* is found in the berries of the black nightshade, in *Dulcamara*, in the fruit and shoots of the potato plant, and in diseased potatoes, in susumber berries, &c. There are no cases of poisoning by pure *Solanine*, and it is only in the above plants that it has been discovered. From the potato plant the symptoms are vomiting, restlessness, cold damp skin, quick and laboured breathing, quick weak pulse, anxious expression, slight dilatation of pupils. Then diarrhœa, sometimes even cholera, with cramp of the calves, aphonia, facies hippuratica; sometimes gastro-enteritis, with pain and tenderness of epigastric and hypochondriac regions. Occasionally erysipelas of face, with bullæ and œdema of eyelids or reddening of whole face, with severe muscular and articular pain. In one case an exanthem appeared and vanished several times in the day. There is sometimes disturbed consciousness, fainting fits. Death is preceded by retarded respiration, dyspnœa, irregular and feeble pulse.

Dulcamara poisoning consists chiefly of difficulty of swallowing and speaking, convulsive movements of the limbs,

and actual convulsions. Catalepsy was once observed. Vomiting, quick pulse, dyspnœa, dilated pupils, are the usual symptoms. The black nightshade and susumber berries cause carphology, tympanites, restlessness, delirium, hallucinations, dilated pupils, cramps, &c.

Solanine is often adulterated with *Solanidine*, and will even change in the stomach into *Solanidine* and sugar. The symptoms caused by both these substances are nearly identical. Their effects on the eye are different. While *Solanine* leaves the pupil unaltered or slightly contracted, *Solanidine* dilates it. *Solanine* lowers the temperature by 5·4° F., *Solanidine* raises it by 3·6° F. They both cause drowsiness, but do not produce sleep.

ESERINE POISONING.—*Eserine* or *Phyostigmin* the active principle of the *Calabar bean*. The symptoms of poisoning show themselves soon, with large doses suddenly, after five or ten minutes even. They are thirst, inability to swallow, cramps, twitchings in various muscles, no loss of consciousness or of speech till just before death; that takes place in about half an hour.

It also causes violent pain in the epigastrium under the sternum, followed by eructation and dyspnœa, subsequently giddiness and weakness of muscles of extremities. Large doses cause cramp of muscles of chest, giddiness, disturbance of vision, increased saliva and perspiration, cardiac action retarded or irregular. Muscular weakness almost amounting to paralysis. In some, decided collapse with pinched countenance, cold extremities, cold sweat, weak, slow pulse. Vomiting or great nausea, diarrhœa, pain in stomach. No convulsions or myosis. This only occurs on the local application to the eye. It comes on twelve to fifteen minutes after application, reaches its climax in five to ten minutes, remains at this point from six to eighteen hours, and disappears after two or three days. This contraction is caused by contraction of the sphincter, and is neutralised by *Atropine*.

The author concludes: "The special character of *Calabar* poisoning consists mainly in a diminution of the excitability or complete paralysis of the locomotor centres situated in

the medulla spinalis, in paralysis of the excito-motor cardiac centres, and their peripheral extremities; also in producing contraction of the vessels of the unstriated muscles, especially those of the intestine and sphincter irides, as well as in promoting salivary and other secretions."

DIGITALINE POISONING.—*Digitalis* and its active principles excite the sensory nerves of the mucous surfaces they come in contact with, producing sneezing, bitter taste, sickness, and vomiting. When it gets into the blood it excites the most important action on the heart. Small quantities of *Digitalis*, or larger ones in the first stage of their action, cause retardation of cardiac contractions and increase of blood pressure. Larger quantities retard the pulse and diminish blood pressure. Very large quantities accelerate the cardiac contractions and diminish blood pressure still more. Traube thought that the vagus is first excited by *Dig.* at its central origin as well as at its terminal extremities in the heart, hence small doses diminish cardiac pulsations, but large doses cause paralysis of the same parts of the vagus, hence the frequency of the cardiac pulsations. Small doses excite the heart, causing it sometimes to remain in systolic contraction for some time. In scarcely any subject connected with the action of medicines are there greater varieties of views than on the pathological causes of the effects of *Digitalis* on the heart and circulation. It would be beyond our scope to give even a brief outline of the various hypotheses that have been put forward. Post-mortem examination shows no characteristic changes belonging to *Digitalis* exclusively.

VERATRINE POISONING.—*Veratrine* is found in *Veratrum album*, *V. officinalis*, and *V. viride*. It first causes burning in throat and œsophagus, increased saliva, sometimes inability to swallow; the burning extends to stomach and intestines. Then come violent vomiting and retching, severe diarrhœa, with pain in bowels and tenesmus. There are violent headache, palpitating heart, anxiety; skin covered with perspiration, giddiness, fainting fits; pulse becomes slower and weaker; inspiration slower, superficial, and laboured. Pupils generally dilated, seldom contracted;

eyeballs fixed or else rolling. Involuntary muscular twitchings, facial contortions, and subsultus tendinum. Sometimes convulsions. Often violent irritation of skin with formication. Death ensues by paralysis of heart or respiratory organs. As sequelæ there occur sometimes cutaneous irritation and convulsive closing of jaws, coming on during talking and laughing.

COLCHICUM POISONING.—The first symptoms are intense burning in the mouth, violent pains in the bowels, like colic, accompanied by vomiting and diarrhœa. Then intense thirst, violent burning in throat, œsophagus, and stomach. Vomiting remits, and returns again, preceded by nausea; the diarrhœa is persistent, sometimes hæmorrhagic. There are symptoms of disturbed cardiac action. The pulse is generally retarded and compressible. The skin is cool, cyanosis comes all over the body. Then ensues slow and laboured breathing, later, exhaustion and muscular weakness, sometimes ringing in the ears, giddiness, swimming in the head, slight delirium, and convulsive movements. Consciousness remains undisturbed. The course of the poisoning is comparatively slow. Death seldom occurs before the lapse of two or three days. Some cases die with collapse and cardiac paralysis.

HELLEBORINE POISONING.—*Helleborine* is contained in several species of *Hellebore*, among which the *H. niger* is the most known. The symptoms caused are swimming in the head, stupor, giddiness, ringing in ears, uneasy sleep, sometimes stupor; to them succeed diminution of cardiac pulsation, loss of cardiac power, distress, anxiety, weariness, then increased saliva, violent pains in the stomach and bowels, vomiting, diarrhœa. Death is caused by cardiac paralysis, and is preceded by collapse, caused by the vomiting and diarrhœa. The latter are best seen when repeated small doses are given, showing a cumulative action. Pupils sometimes dilated, sometimes not.

ACONITINE POISONING.—All the aconites contain this alkaloid except *A. lycocotnum*. Fleming found from small doses there ensue heat, nausea, gastric oppression, rigidity of muscles and formication, muscular weakness, swelling of

lips and tongue, lassitude, diminished frequency of pulse and respiration. From larger doses diminished sensitiveness of skin, pulsation and respiration diminished; then giddiness, cold extremities, torpor. Fifteen drops of the tincture caused loss of sensitiveness of skin, great anxiety, feebleness of voice and of power of motion, pulse reduced to 40—36, and becoming feeble, small and irregular; then fainting fits, with rapid and superficial or slow and deep respiration. Still larger doses caused collapse, cold clammy perspiration, loss of hearing, sight and speech, dilated pupils, trembling and cramps of extremities, fainting fits, death.

Schneller and Flechner observed from doses of half a grain up to twenty-six grains and a half of the extract violent eructation, dull headache, and constipation, distension of abdomen, dryness and tickling in throat, depression of spirits, disturbed sleep, acceleration of the pulse, palpitation of heart and pain there, swollen tonsils, pains in back, failure of memory, &c. Consciousness is undisturbed, but headache is always present; the great anxiety is caused by the action on heart and respiration. Delirium is rare; dimness of sight, temporary amaurosis, amblyopia, partial blindness, with dilated pupils, are almost always present. Violent pains in the stomach, sometimes colic; diarrhoea rarely; constipation frequently. Tingling in tips of fingers and tongue is a characteristic symptom.

DELPHININE POISONING.—This is the alkaloid of *Delphinium staphisagria*. Only one case of poisoning is recorded, and little is known about it save from its action on inferior animals. Its chief action is on the heart, in which it produces paralysis.

NICOTINE POISONING.—Infusions of tobacco taken internally, snuff introduced into the stomach, enemata of tobacco, the application of tobacco to the unbroken cuticle, as infusion, ointment, or dry leaves, may all cause poisoning. But it is chiefly from smoking that nicotine poisoning arises.

Some of the symptoms of nicotine poisoning have been experienced by most persons on commencing to smoke.

The face becomes deadly pale, with distorted features; perspiration breaks out on forehead and hands, the pulse becomes feeble and slow, the respiration slow and laboured, there is great anxiety, giddiness, faintness, a tottering gait, and salivation. These are usually followed by retching and vomiting, pains in epigastrium, colic and diarrhœa. As a rule, the collapse does not last very long. Headache, anorexia, and disgust at tobacco remain some time. Larger doses cause syncope, complete unconsciousness, small compressible pulse, and laboured respiration. The contents of bladder and rectum often passed involuntarily. Sometimes there are tetanic spasms, prolonged collapse, gradual failure of pulse and respiration, and death.

The dyspnœa sometimes amounts to asphyxia. The diarrhœa is usually accompanied by loss of blood, and there is sometimes loss of speech. The pupils are first contracted, then dilated, sometimes the power of vision is lost for a time; severe strangury has been seen.

In chronic poisoning from prolonged smoking there are often cardiac disturbances, such as palpitation, slow and intermittent pulse. Faintness, giddiness, uncertainty and trembling of the legs, disturbance in the co-ordination of movements, great muscular exhaustion, sleeplessness, depression of spirits. The sight is peculiarly affected. Aggravated myosis, actual blindness, amaurosis from white atrophy of the optic nerve. Inveterate smokers often suffer from gastric catarrh, cardialgia, constipation, and diarrhœa. Hyperæsthesia of various nerves has been noticed, affections of the auditory, optic, and olfactory nerves, pains in brachial plexus and intercostal nerves, in pudendal nerves with strong and painful erections. Sometimes the sexual power is destroyed. Smoking may cause ulceration and even cancer of the lips. Chronic nasal and pharyngeal catarrh is often produced by smoking and snuffing; laryngeal and bronchial catarrh may be aggravated thereby. Spinal irritation and male hysteria have been observed. Hoarseness, pain in hips and loins, a feeling of tension in abdominal muscles remain for some time.

STRYCHNINE POISONING.—*Strychnine* is found in the seeds and bark (false angustura) of the *Nux vomica* and other Strychnaceæ. As it enters into the composition of most vermin killers, accidental and wilful poisoning by it is of frequent occurrence. Persons have been poisoned by eating animals killed by it. Mistakes of chemists or of patients have caused many cases of poisoning. It is frequently used for suicidal and sometimes for murderous purposes.

The symptoms of *Strychnine* poisoning mainly consist of violent muscular contractions, affecting the most various groups of muscles and exhibiting all possible variations of tetanus. The extensor muscles are more particularly acted on. The convulsions come on in paroxysms, and continue intermittently till death or recovery. The intervals of quiet vary from three minutes to an hour and a half. The duration of the paroxysms varies with the dose. The most frequent form of tetanus produced is opisthotonos, with forcible extension of the lower extremities, the head bent backwards so that the whole body is arched; at the same time trismus and tetanus of pectoral and abdominal muscles, so that chest and abdomen are as hard as a board. But emprosthotonos and pleurotonos have also been observed, though rarely. The eyeballs are prominent, pupils dilated, respiration impeded, pulse very full and quick. Cyanosis is developed, the lips become of a leaden hue, the fingernails blue; great anxiety. Before the tetanus there is often anxiety and dyspnœa and convulsive screaming. Consciousness remains undisturbed. A slight shock, a jar to the bed, a loud word, a sudden flash of light, a high current of air, a touch to the patient, or a movement in his foot may bring on a fresh spasm; but even without these the convulsions recur with increasing severity. Respiration fails, the pulse becomes imperceptible, cyanosis is general, the pupils dilated, and death ensues.

Besides the above characteristic symptoms, there have been observed increased secretion of saliva and vomiting. A scarlet rash has been observed on the inner surface of arms and legs. Vision of green colour has been noticed.

When recovery takes place there often remains stiffness

of limbs and involuntary twitching and rigidity of the muscles, great weakness, or convulsive shuddering.

No characteristic appearances have been found post mortem, except, perhaps, a strongly marked cadaveric rigidity. The blood is fluid, the lungs hyperæmic; hæmorrhagic erosions are occasionally seen in stomach and intestines.

PICROTOXINE POISONING.—This substance is found chiefly in *Cocculus indicus*. The symptoms of poisoning observed in the human subject are nausea, vomiting, muscular debility, somnolence, and sometimes convulsions.

CONIINE POISONING.—The symptoms of poisoning by *Conium maculatum* are chiefly a burning sensation in mouth and throat, pain in tonsils, constriction of gullet, difficulty of swallowing, increased flow of saliva. If the poison has entered the blood in sufficient quantity the symptoms set in with rapidity. In some cases the poisoned person falls down suddenly; soon afterwards great muscular debility and precordial distress come on. The breathing becomes slow and laboured, the pulse retarded; paralysis of voluntary muscles follows. Breathing becomes slower and slower, and at last ceases altogether, while cardiac action continues. Consciousness remains intact; there is a swimming in the head. Pupils dilated, with disturbance of vision. Vomiting may ensue, and towards the end clonic convulsions, probably owing to accumulation of carbonic acid in the blood, in consequence of impeded respiration. The temperature of the body becomes much reduced, the skin pale, and death ensues. If recovery take place great muscular debility and tremor of the legs remain for a considerable time.

CYTISINE POISONING.—Many cases of poisoning by *Laburnum* are recorded. Symptoms occur very soon. First there are nausea and vomiting, headache, giddiness, swimming in head. Then dryness of throat, heat in head, and great debility. Sometimes there is obstinate diarrhœa, attended by violent pains in bowels and stomach. Collapse may ensue. Motorial disturbances are sometimes seen, such as twitchings in face and limbs, inability to walk, cramps in ocular muscles, &c. Heart's action accelerated

and weakened, respiration laboured and difficult, temperature reduced, anxious expression, pupils dilated, great thirst and restlessness, followed by sopor and loss of consciousness. Death takes place with symptoms of apoplexy, with or without convulsions. In one case death occurred from rupture of the stomach, owing to the violence of the vomiting. Hallucinations and delirium have sometimes been observed.

CICUTA VIROSA POISONING.—The principal symptoms are pains in the bowels, vomiting and convulsions, giddiness, loss of consciousness, insensibility, feeble stertorous breathing, dilated pupils, meteorism.

ENANTHE CROCATA POISONING.—Vomiting, diarrhoea, and convulsions are the chief symptoms.

ÆTHUSA CYNAPIUM POISONING.—Is chiefly characterised by violent pains in stomach and intestines, vomiting and difficulty of swallowing.

POISONING BY CURARINE.—The composition of *Curara*, called also *Wurari*, *Urari*, *Ticunas*, &c., has long been a matter of doubt.

The following account of its preparation, taken from a recent number of the *Times* newspaper, is interesting :

“Dr. Richard Schomburgk, the director of the Adelaide Botanical Gardens, has just published a brochure, in which he states what is known as to the method of preparing urari or curare, the famous deadly arrow-poison of some of the Indian tribes in British Guiana. His brother, in 1837, vainly endeavoured to witness the manufacture of this poison, but Dr. Schomburgk himself, in a visit to the Canuku Mountains, near Pirara, in 8° 33' N. and 59° 16' W., succeeded in getting an old Macusi Indian to show him the method of manufacture among that tribe. The Indian, after promising to comply with Dr. Schomburgk's request, tried every possible means of evasion, but the addition of more powder and knives brought him to the scratch. The process was carried out in a small hut in the village, known as the urari-house. The Indian began first to take the bark from the strychnos, which they had brought from the Ilami-kipang, and then produced the other ingredients and sepa-

rated the required quantities. The native names of the other plants used are tarvieng, wakarimo, and tararemu, to all appearances also species of *strychnos*. The Indian said they grew far away in the mountains at five days' distance. The preparation of the several ingredients would be according to weight as follows:—Bark of *strychnos toxifera*, 2 lbs. ; *strychnos Schomburgkii*, $\frac{1}{4}$ lb. ; arimaru (*strychnos cogens*), $\frac{1}{4}$ lb. ; wakarimo, $\frac{1}{4}$ lb. ; root of tarvieng, $\frac{1}{2}$ oz. ; root of tararemu, $\frac{1}{2}$ oz. ; the fleshy root of muramu (*cissus spec.*) ; four small pieces of wood of a tree of the species of *xanthoxylæ*, called manuca. The old Indian, having finished his preparations, went to his hut and returned with a new earthen pot, holding about seven quarts, and two smaller ones, also quite new, formed like flat pans. In the first vessel the poison was to be boiled, in the others it was to be exposed to the sun for condensation. The great strainer or funnel, made out of palm leaves, was cleaned, and fresh silk-grass was put into it to strain the fluid ; a great block of wood sunk into the ground to serve as a mortar was cleaned, and in it the several ingredients were crushed. The urari preparer, after having arranged everything, built a hearth with three stones, laid the wood ready to light the fire, and went away to fetch (as Dr. Schomburgk was informed, for he had not exchanged a single word with the old Indian) the utensils to light the fire, though there was a large fire burning, which was of no use, having been lighted by profane hands. Neither dared the Indian use any water except that brought in the pot to be used in the operation ; in fact, no other implement could be used but such as had been made by the cook, neither would he have assistance from any of the inhabitants. Any transgression of the sacred rules would nullify the operation of the poison. In addition to the fleshy root of the muramu, he crushed the several kinds of bark, but each one singly, in the mortar, lighted the carefully piled-up wood, and then threw first into the pot, which was filled with water, the bark of the *strychnos toxifera*. As soon as the water began to boil the Indian added, at certain intervals, a handful of the other ingredients, except the muramu root. In doing so he bent

his head over the pot, strongly blowing into the mixture, which he said afterwards added considerably to the strength of the poison. During the process he only kept as much fire as was necessary for slow boiling, carefully skimming the foam collecting on the extract. Within the next twenty-four hours the old man left the fire only for one moment, keeping the mixture at an equal heat. After the lapse of twenty-four hours the extract became thick, and was reduced by the boiling to about a quart, the colour being that of strong coffee. The old cook then took the extract from the fire and poured it into the strainer, the extract trickling slowly into another flat vessel, and left the remainder in the silk-grass. After exposing the strained extract to the sun for about three hours, he added the slimy juice pressed out of the root of the muramu, which had previously been soaked for a short time in the boiling poison, and then had been pressed out. The poison immediately exhibited a remarkable alteration, curdling to a jelly-like substance. After this peculiar process he poured the poison into earthen vessels, flatter than those before mentioned, for the purpose of bringing the poison to a consistence equal to that of thick treacle by exposing it to the sun. Afterwards it was poured into the peculiar small calabashes, or half-round earthen vessels, manufactured only for that purpose, where it ultimately changed to a hard substance. On the third day the poison was ready, when the cook, satisfied with the product, tried the strength of the poison on some lizards in Dr. Schomburgk's presence. He dipped the point of a pin into the poison, let it dry, wounded one of the lizards in one of the toes of the hind foot, and then let it run. In nine minutes the peculiar symptoms of the poison made their appearance, and one minute after the slightly-wounded animal was dead. A rat died in four minutes and a fowl in three. The Indians declare the poison loses its effect after two years, but its power can be destroyed by pouring some manihot juice upon it. Dr. Schomburgk took some of the urari to Berlin with him, and made several experiments with it, when he found that it frequently took from fifteen to twenty minutes, according to the tenacity of life,

before death ensued. A commission of scientific men was appointed by the German Government to report on the effects of the poison, and many experiments were made, from the frog to the horse. Professor Heintze made a careful analysis of the poison, and though it was made from strychnos, he found it contained no strychnine. From experiments made by Professors Virchow and Münter they conclude:—1. That the urari kept dry will, after the lapse of five years, retain its intense and rapid efficiency. 2. That it has no effects like those of strychnine. 3. That it is not a tetanic poison, but operates by stupefying. 4. That urari causes palsy, produces a discontinuance of the voluntary movements of the muscles, with continued functions of the involuntary muscles of the heart, intestines, &c. 5. That the external application of urari is not fatal, but only when absorbed through a wound. 6. That death is not the direct result of poisoning, but of the discontinuance of the mechanical action of respiration. Urari, Dr. Schomburgk states, has been successfully used both in tetanus and hydrophobia.”

The effects of poisoning (by subcutaneous injection generally) is that the pulse becomes more frequent and stronger, often dicrotic; the temperature rises two or three degrees; the respirations increase in quickness; the urine is coagulated and contains sugar; there is sometimes an erythematous rash on the skin. After larger doses there is rigor, accompanied by goose-skin, chattering of teeth, and trembling of whole body. The cardiac action becomes quicker, the pulse quick and weak, it may go up to 140; great anxiety, sighing breathing, increased temperature, disturbance of vision, generally double vision and mydriasis, sometimes alternating with myosis. The lower limbs lose their mobility, coördination of movement is disturbed, the patients can neither stand nor move their legs. Consciousness and sensation remain intact; great thirst, violent headache, and perspiration are often present. After recovery great weakness remains, and the increased temperature may last some days. In larger doses on inferior animals the head falls down and the animal sinks prostrate without convulsions;

all voluntary movements and even reflex movements cease. Respiration becomes slower, and at last ceases altogether, while the heart continues to beat strongly. The paralysis of the voluntary movements, including the respiration, is the most remarkable effect of *Curare*. This paralysis is only produced by the contact of the drug with the extremities of the motor nerves. The blood-vessels become dilated through paralysis of the vaso-motor extremities of the nerves, so that, notwithstanding the increasing frequency of heart's beats, the blood pressure is lowered.

SOME SYMPTOM-PICTURES OF CROTALUS POISONING, AND SOME DISEASES THEY POINT TO.

By JOHN W. HAYWARD, M.D.

Read before the Liverpool Homœopathic Medico-Chirurgical Society,
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THE symptoms of *Crotalus* poisoning will be most easily comprehended if studied under certain natural groups which have been elicited by experiment or recognised by observation. These groups result mainly under the conditions enumerated under:—A. "The Modes of Death." B. "The Constitutional Effects." C. "The Topical Effects." And D. "The Pathogenetic Dose."

A. THE MODES OF DEATH.

The phenomena preceding and accompanying death by *Crotalus* poisoning, and the duration of life after the introduction of the venom, are not the same in any two fatal cases; but, for facility of study, they may be arranged under three classes, viz:—1, by *Primary Shock* through the nervous system.—ACUTE CASES. 2, by *Primary Blood-poisoning* through the direct putrefacient influence of the

venom on the blood and tissues : in this case the respiration and circulation are the first to fail.—SUBACUTE CASES. 3. By *Secondary Blood-poisoning* from absorption of the decomposed structures : in this case the general vital powers become exhausted—CHRONIC CASES.

The following descriptions refer to typical cases of each class :

I. ACUTE CASES.—The first mode of death, that by primary shock, is shown when a relatively *very large* quantity of the venom has been introduced, as is the case when a large fresh vigorous snake bites a small or weakly animal, and death follows within a few seconds or minutes. In these cases, immediately on being struck, the animal staggers, falls, and dies, sometimes in convulsions, almost as if struck by lightning, or by an overwhelming dose of Asiatic cholera-, yellow fever-, smallpox-, or scarlet fever-poison, and death takes place before there has been time for symptoms to be observed or to become developed. There may sometimes be a sudden cry, as of terror or pain, and there may occasionally be observed a shudder of the whole frame, and perhaps an effort to vomit ; but the lethal operation of this substance is so swift as sometimes to defy observation of the phenomena that occur between the introduction of the venom and death. A child, aged two years, died within fifteen minutes after having been bitten on the cheek, though the wound was sucked immediately by the child's mother. Reported by Dr. Renzger.

Instances have been reported of big, healthy, strong, muscular men dying within a few minutes after having been bitten ; and many cases are on record of dogs, rabbits, and guinea-pigs dying within a minute, of pigeons within half a minute, and of small birds within a few seconds.

When examined immediately after death in the most acute cases, the tissues and fluids in the neighbourhood of the wound are found apparently unchanged ; the blood throughout the body is still retained within its proper vessels, and is red and perfectly coagulable, and its corpuscles are ideally healthy ; nor is there any change

discoverable in the brain or nervous system. Death occurs before any discoverable structural changes have had time to take place, but general decomposition and deliquescence follow very speedily after death. In the less rapidly fatal acute cases the course of the phenomena is somewhat different and less obscure, varying of course with the length of time death is delayed. And if death does not soon follow, the changes the venom produces in the living body are sometimes so swift as to have progressed to the stage of mortification at the place of introduction within a minute, and to the extent of profound putrefactive change of the whole circulating fluid within two or three minutes.

Such cases furnish so few symptoms that one single example will suffice for illustration. Take the case of the female child, reported by Dr. Renzger, which, though not one of the most acute, is a fairly acute case:—A female child, aged two years, was bitten on the left cheek. The wound was immediately sucked by the child's mother. Within ten minutes Dr. Renzger found the child almost expiring; the countenance was deadly pale, the eyes half open and staring, the mouth covered with foam, the extremities cold and insensible, the pulsations of the heart irregular, the pulse at the wrist trembling and scarcely perceptible, and the respiration slow and laborious. The body was perfectly motionless and covered with a cold viscous sweat, and the eyes and ears appeared to be quite insensible to impressions. After three or four minutes more the face was slightly convulsed, and after a few deep stertorous respirations the child died. The circumference of the wound was somewhat red and cedematous, which might have been from the suction. At the post mortem, three hours after death, the brain was found healthy; its sinuses and pia mater, as well as the large venæ cavæ, the right cavities of the heart, and the pulmonary artery were filled with blood.

Diseases pointed to by this mode of death.—The main interest of these cases in a therapeutical point of view is that they point out the *class* of diseases in which analogous phenomena are sometimes witnessed, viz. the zymotic

diseases, such as Asiatic cholera, yellow fever, plague, smallpox, scarlet-fever, measles, typhus fever, &c. In these diseases cases are occasionally met with which, in their appalling suddenness of invasion, the extreme rapidity of progress, and inevitably fatal termination, closely resemble acute cases of *Crotalus* poisoning. Writing on these cases, Sir Thomas Watson says:—"Sometimes the patient sinks at once and irretrievably under the violence of the poison, and life is extinguished in a few hours."

If in such cases of disease any medicine can have any chance of being of service, *Crotalus* is that medicine; and it may here be introduced directly into the blood-current by injection into a large vein, and in the first, or even first decimal, dilution. Such desperate disease justify desperate treatment.

II. SUBACUTE CASES.—The second mode of death, that through the blood, is shown when the quantity of venom introduced has been large, but not sufficient to produce death by shock, as when a large or fresh snake has bitten a moderate-sized or vigorous animal, and death has not followed for some hours or even days.

In this case the parts in the neighbourhood of the wound almost immediately become swollen, blackened, and softened, indeed partially mortified; and the blood throughout the body soon loses its power to coagulate [perhaps rather from alteration in the fibrin already existing than from check in the formation of new fibrin—MITCHELL], and the blood-vessels lose their power to retain within them the circulating fluid [perhaps as much from softening of their walls as from loss of power in the vaso-motor nerves], so that the blood passes through their walls almost everywhere throughout the body, producing hæmorrhages from almost every surface and into almost every organ and tissue of the body, forming in the skin and subcutaneous connective tissue enormous livid swellings resembling phlegmonous erysipelas or diffuse cellular inflammation, and which, if life be sufficiently prolonged, do afterwards inflame and terminate in mortification and sloughing, even of parts at a distance from the wound. When examined after death the blood is

found dark and perfectly diffuent throughout the body, and to have escaped from its proper vessels into the surrounding tissues; and the muscles throughout the body, including the heart, the blood-vessels, and the muscles of respiration, are found softened and threatened with mortification; in fact, general decomposition and deliquescence appear to have begun even before death took place.

In consequence of these changes in the blood and blood-vessels and the muscles of respiration, death in these cases is preceded by extreme debility and prostration, with delirium, stupor, cold perspiration; and by difficult, rapid, irregular, jerking, intermittent; or slow, long, stertorous and laboured breathing, and perhaps pain in the chest, especially of the cardiac region; and there is a sensation of smothering, as if the blood were producing suffocation, or the lungs were extensively congested. The pulse is small, threadlike, quick, weak, soft, tremulous, fluttering, irregular, intermittent, and scarcely perceptible; and on attempting to stand or walk paleness of the face with a tendency to syncope are apt to occur, principally from the weakened and oppressed circulation and respiration; partly also perhaps from the non-oxygenated and disorganised state of the blood. The symptoms and structural lesions will, of course, vary with the duration of life, whether hours or days, after the introduction of the venom.

Though not reported with the care, fulness, or exactness desirable, the cases of Wainwright, Drake, Lake, and Machado will serve as fair examples of this mode of death. And along with these it will be well to read the accounts of the "General Effects"—"severe" and "prolonged;" also many of the cases of dogs, rabbits and pigeons, given by Dr. Mitchell.

Take the case of Adam Lake as the one with the shortest history:—"Adam Lake, æt. 40, a robust, muscular man, July 1st, 1831, was bitten during the day in the bend of the elbow, both fangs entering. Being intoxicated, he forgot this; but some hours afterwards, in the evening, he felt an itching at the place; and on examination he found a 'red spot' there. Shortly after this the whole arm

swelled to nearly double its size, and became very painful. The next morning, about 8:30, he vomited in the conveyance in which he was being driven. The scarifications made near the bite the previous evening were still bleeding freely. The arm from the shoulder and front of the thorax to the fingers was swollen to twice its natural size, and was very painful on movement. The pulse was almost imperceptible and threadlike; his extremities were cold; he was depressed, restless and uneasy, had cramps in the legs, and his debility was very great; his eyes were muddy and heavy, and face somewhat bloated. Feeling a desire to go to stool he was assisted from his bed for that purpose. While on the way he was seized with general spasm, without foaming at the mouth. Being laid on the floor it went off in a few minutes, and he had an involuntary evacuation from the bowels, of a dark bilious colour. The symptoms continued stationary until 11.30 a.m.; he then complained of violent pain in the course of the colon, said he felt sleepy, closed his eyes, and in a few minutes died, without agony or convulsions."

Diseases pointed to by the manner of death in subacute cases.—The phenomenon ushering in death in subacute cases of *Crotalus* poisoning are very important indeed in a therapeutic point of view, resembling, as they do, those ushering in death in some of the most serious and rapidly fatal diseases met with in medicine or surgery, viz. malignant yellow fever, scarlet fever, typhus fever, smallpox, measles, puerperal fever, plague, glanders, diphtheria, erysipelas, pyæmia, dissection wounds, and septicæmia of all kinds. It is not necessary to relate examples or illustrations of this resemblance, it is well known by all.

III. CHRONIC CASES.—The third mode of death, that by secondary blood-poisoning, results when the quantity of venom introduced has not been sufficient to paralyse the nervous centres, or to disorganise the blood and tissues to the extent of rendering them incapable of carrying on the vital operations, but still large enough—as when a moderate-sized or tolerably fresh snake has bitten a large or vigorous animal—to produce partial disorganisation of the blood, along with great general debility and exhaustion, as well

as localised disorganisation, mortification and sloughing, sufficiently extensive and prolonged to waste the vital powers beyond endurance; or by absorption of their products to produce secondary blood-poisoning, with septicæmic abscesses and other re-infecting products.

These cases may, and generally do, for some hours or days, present many of the general and topical symptoms of the *primary* blood-poisoning, but these pass off, at least in part, whilst the local structural lesions, or most of them, remain and increase. The bitten limb becomes enormously swollen and very painful, and the swelling extends to the trunk, much after the manner of phlegmonous erysipelas or diffuse cellular inflammation. Inflammation afterwards supervenes in the swollen parts; vesications form on the skin and sloughs among the muscles; the parts become greenish or mottled, or blackish, and softened or œdematous, resembling diffuse cellular inflammation from dissection wounds. The gangrenous parts slough to the bone, and perhaps even involve the bone itself before death. The foul discharges are in part taken up into the circulation, secondary blood-poisoning results, and secondary abscesses are formed in different parts, with brown unhealthy pus. Hectic fever supervenes, accompanied by great thirst and total want of appetite. There may be hæmorrhages from any and every organ and mucous surface of the body, with deep-seated accumulations of disorganised blood, as in leucocythæmia, with bloody vomiting, stools, and urine, and perhaps jaundice and general degradation of the blood and tissues, and the patient dies, worn out with the secondary constitutional effects, perhaps at the end of the first or second or even third week.

The case of Soper, recorded by Sir Everard Home and Mr. Brodie, will afford a fair example of this mode of death. And along with it it will be well to read the account of the "General Effects," severe and "prolonged" and of the "Topical Effects." It will be sufficient here to relate the latter part of Soper's case.

Soper was a man, æt. 26, bitten on the hand on the 17th of October, 1809. He suffered severely with the usual

symptoms during the first four days, and the hand and arm and side of the body became enormously swollen.

On the fifth day, that is, October 22nd, the swelling diminished, and he appeared to be recovering, but the skin was very tender. During the night of the fifth day, however, the pulse became full and strong, and the side of the neck and body down to the loins became inflamed and painful, and had a very mottled appearance from the extravasated blood in the skin.

23rd.—His pulse continued full ; the arm was very painful though reduced in size ; the vesications had burst ; the exposed cutis was dressed with white ointment, and stools were procured by opening medicine. He took some veal and porter for dinner, but the wine was left off. In the evening he had a saline draught, with antimonial wine.

24th.—No material change.

25th.—The pulse was increased in frequency ; in other respects he was nearly the same ; bowels had acted.

26th.—The arm was more swollen and inflamed.

27th.—The inflammation of the arm was increased, tongue furred, and pulse very frequent. He attempted to sit up, but the weight of the arm and the pain prevented him. The arm was bathed with spirits of wine and *Liq. Ammoniae Acetatis* in equal parts

28th.—A slough had begun to separate on the inside of the arm below the axilla, and a purging had come on ; for the latter he was ordered *Chalk mixture* with *Laudanum*. In the night he had a rigor.

29th.—The purging had abated ; pulse 100, feeble. A large abscess had formed on the outside of the elbow ; this was opened, and half a pint of brown matter was discharged with sloughs of cellular membrane floating in it. The lower part of the arm became much smaller, but the upper part continued tense. A poultice was applied to the wound, and the lower part of the arm and the forearm were covered with circular straps of soap cerate. He was ordered to take *Bark*, and was allowed wine and porter.

30th.—The redness and swelling of the upper part of the arm have subsided ; pulse 100 ; purging returned. The

Bark left off, and *Chalk mixture* and *Laudanum* resumed, and an opiate clyster administered.

31st.—Pulse 120, discharge from abscess diminished, purging continued, and in the night he had another rigor.

November 1st.—Pulse 120, voice feeble, no appetite, great thirst, delirious at intervals. Ulceration had taken place at the opening of the abscess, so that it was increased in size.

2nd.—Pulse very weak, countenance depressed, tongue brown; the ulcerations had spread to the extent of two or three inches. Mortification had taken place in the skin near the axilla. The stomach rejected everything but the porter. In the night he was delirious.

3rd.—The mortification had spread considerably; the purging continued. The forefinger, which had mortified, was now removed at the second joint.

4th.—He died at four in the afternoon, that is, on the thirteenth day of the reactive inflammation.

See also many of the cases by Dr. Mitchell of dogs, rabbits, and pigeons.

Diseases pointed to by the mode of death in chronic cases.

—The therapeutical indications afforded by the mode of death in chronic cases are not either great or very important or of wide scope; having their counterpart mainly in the later stages of diseases, the early symptoms of which have already pointed out the remedy. This mode of death, however, points very decidedly to those blood diseases in which secondary or reactive or reinfective fever occurs or is apt to occur, such as smallpox, which has a "maturation fever," malignant scarlet fever and diphtheria, in which the patient is reinfecting by the poisonous secretions from the throat, and in those other reinfecting diseases, such as gangrene, mortification, sloughing, phagedæna, malignant pustule, carbuncle, whitlow, burns, dissection wounds, compound fractures, and other serious results of mechanical injury, &c. It is not necessary to give examples, because the resemblance cannot but commend itself to each one.

B. THE GENERAL OR CONSTITUTIONAL EFFECTS.

In order the more easily to appreciate and comprehend the constitutional effects of *Crotalus* poisoning, it will be advisable to study them under three general classes, viz. : —I. MILD CASES, or such as recover within a few hours (acute fatal cases evolve few or no constitutional effects, v. "First Mode of Death"). II. SEVERE CASES, or such as die or recover within a day or two and before the super-vention of inflammation. III. PROLONGED CASES, or such as survive a sufficient length of time to allow reactive inflammation to take place.

I. MILD CASES.—In cases in which recovery takes place within a few hours the first constitutional effect is usually an immediate and sudden feeling of giddiness, or nausea, or faintness, or all three, perhaps followed very shortly by vomiting and great failure of strength, with sensation of coldness in the bitten limb or the whole body, and these perhaps followed by perspiration. The countenance becomes anxious and depressed; the mind usually wanders somewhat; the pulse becomes rapid, soft, small, feeble, perhaps tremulous, irregular. The respiration becomes anxious and hurried, perhaps laboured, irregular, or jerking. There may be sensation of constriction in the throat and chest, with an oppressed feeling about the heart. In somewhat less mild cases the speech and deglutition may become difficult, the tongue may swell, and there may be considerable thirst. The sight, hearing, and taste may become perverted, and some hæmorrhage may take place from some of the mucous surfaces, such as the eyes, nose, mouth, gums, kidneys, bowels, and rigors may occur or burning sensation (nervous, not inflammatory), and there may be burning pains throughout the body and general prostration.

After a few hours, and especially if *Alcohol*, *Ether*, or *Ammonia* be freely administered, though apparently so grave, these symptoms may pass off almost as rapidly as they came on, leaving the patient comparatively well, simply weak, nervous, and tremulous for the next few days.

It would appear as though the venom set up a kind of catalytic change in the blood and tissues, which for a time perverts or arrests the normal vital changes going on within the body until, either by the inadequacy of the quantity of venom for the size of the animal, or the superiority of the vital force, or the stimulus given by the *Alcohol, Ether, or Ammonia*, the normal vital processes are re-established, and the venom neutralised or destroyed and its results removed.

Though sadly wanting in detail and care and the fulness of symptoms desirable, the following cases will afford fair examples of the above general sketch, viz. Miss R—, Essen, A Woman, Cases 1 and 2, Mr. B—, and A Negress, and some of the cases of dogs and rabbits given by Dr. Mitchell. It will be sufficient here to relate the particulars of one case, that of Miss R—. Miss R—, a young lady, æt. 17, bitten on left instep, both fangs entering, about 5 p.m. September 20th, 1852, Dr. Atchison reports:—"I arrived about two hours and a half after the accident and found her almost moribund; pulse wavy and scarcely perceptible; the surface cold and bathed in perspiration; face swollen, with a besotted expression; mind wandering; pupils dilated, and she could not see, declaring it was dark and that candles were burning in the room; asked frequently if it were not raining, although the evening was calm and clear. The two little punctures on the instep were visible, and round each there was a greenish areola, with some puffiness. I administered brandy, half a glass at once, and the wound was freely scarified and cupped, and the extremity placed in a hot saline bath. Twenty grains of *Carbonate of Ammonium* were given, but immediately thrown up, together with the contents of the stomach coloured bright grass green. An ordinary glass of whiskey was now given, and the patient drank it with avidity and asked for more. A glass of whiskey and twenty grains of *Carbonate of Ammonium* were given every half hour alternately, until three pints of the former and eighty grains of the latter had been administered; and, what is very remarkable, not the slightest intoxication ensued; on the contrary, the urgent

and alarming symptoms gave way, warmth returned to the surface, the pulse returned to the wrist, the mind was called back from its wandering, and she fell into a quiet sleep, from which she awoke at 5 a.m. complaining of intense pain in the foot, shooting up the inside of the leg to the knee; for this she had a quarter of a grain of *Morphia* and fomentation of *Laudanum* and *Camphor*, followed by a poultice of linseed, with the effect of entire relief of the pain, and she was nearly well next day.

Diseases pointed to.—Mild cases of *Crotalus* poisoning furnish phenomena which, in their character and the manner and course of their development, afford therapeutic indications of extreme importance and value, vividly reminding us as they do of the onset of the zymotic diseases generally. In their onset, course, and termination the resemblance is striking between them and smallpox, measles, scarlet fever, typhus, cerebro-spinal fever, enteric fever, relapsing fever, yellow fever, plague, remittent fever, diphtheria, mumps, glanders, erysipelas, pyæmia, puerperal fever, and all such-like diseases, and *Crotalus* should always be remembered in the treatment of these diseases. This resemblance will be made more evident by the phenomena presented by the "severe cases" about to be described, and by the symptoms recorded under the first and second divisions of the pathogenetic dose already treated of. And there is the further and very important resemblance that they are both blood diseases, and that the blood state is very analogous in both, namely, septic. There is, however, one important dissimilarity, namely, that the elevation of temperature and febrile commotion that usually accompany the onset of the zymotic diseases is generally wanting in *Crotalus* poisoning; there may be the primary chilliness, sometimes amounting to rigor, in *Crotalus* poisoning, but there is not generally the febrile reaction well marked.

II. SEVERE CASES.—In cases in which recovery or death takes within a day or two, and before inflammation supervenes, the same constitutional effects are observed as in the "mild cases," but they are more pronounced, more violent, and more persistent. There may at first be a

sudden cry, as of terror or pain, or a shudder or tremor of the whole frame, or an effort to vomit. The giddiness, fainting, and debility are extreme, producing staggering, falling, and inability to stand or sit up. The pulse becomes extremely feeble and irregular, and almost imperceptible. The respiration becomes difficult, slow, laboured, stertorous, and the chest much oppressed, inducing gasping for breath. The eyes become sunken, the expression becomes besotted, the face becomes swollen, and the whole body œdematous, jaundiced, cold, and the skin covered with cold perspiration or intensely dry. The mind is very uneasy, restless, delirious, and there is sleeplessness, or the mental torpor becomes listlessness or coma. The voice becomes a whisper; swallowing almost impossible; thirst intense; vomiting incessant and bloody; stools diarrhœic, dysenteric, involuntary; urine albuminous, bloody, and urination involuntary. Blood issues from the eyes, nose, ears, mouth, gums, stomach, bowels, kidneys. Vesications form on the skin. The limbs tremble, are convulsed, or the whole frame may tremble or be convulsed, and the whole surface become sensitive or numb. The extremities may become cold, and the patient may lie motionless, unconscious, speechless, and cold, as if dead.

All these grave symptoms may be present for some time, and yet the patient may recover; especially if blisters be applied topically, and *Alcohol*, *Ether*, or *Ammonia* be freely exhibited internally. In this happy event the warmth returns to the surface, the pulse returns to the wrist, sleep returns, the mind ceases to wander, the breathing becomes easy, the vomiting ceases, the countenance regains its natural appearance, the swellings disappear, the vesications dry up, and the skin resumes its natural colour and appearance; the hæmorrhages cease, the secretions return to their natural character, and the patient recovers his usual health within a few days, except that he remains weak and debilitated for some weeks and liable for some time to periodical returns of some of the effects. Or, if this happy issue be not achieved, the patient sinks rapidly under the depressing influence of the poison, as though

narcotised, or gasping for breath or convulsed. After death muscular irritability is rapidly lost, and putrefactive changes speedily set in [v. Mode of Death in Subacute Cases].

These effects are fairly well exemplified in the cases of an Irishman, P. Burne, Drake, Miss Briggs, Shipman, Sprix, Lake, Wainwright, Machado, and Soper, and by the cases to be referred to under the following head, that is, "Prolonged Cases," as well as some of the cases of dogs, rabbits, and birds, given by Dr. Mitchell.

Take the history of one case, that of P. Burne, as the one that will occupy the least time. Patrick Burne, a young man, was bitten near the second joint of the left index finger about 6 a.m. on the 9th of August, 1851. When seen about 4 p.m.—ten hours after the bite—he was partially delirious; pulse very weak, and ranging from 115 to 130; respiration difficult and hurried; skin hot and dry; eyes red and fiery; the hand, arm, and shoulder were swollen to a great degree, and the pain of the limb almost insufferable. Bled, cupped and poulticed, with *Ammonia* and *Ether* internally.

10th, next day.—No better; still delirious; pulse about same; had not slept any during the night, and had suffered excruciating pain every moment in the night; still nausea; no abatement of swelling of the limb; arm, shoulder, and upper portion of the left side were thickly covered with small blisters filled with fluid of a yellowish colour. In addition to the former treatment, he had now whiskey *ad libitum* until the system was under its influence.

11th.—Slight improvement was recognisable; pulse 100; swelling of arm and shoulder a little diminished; still delirious, anxious and uneasy, and very restless, but dozes occasionally; skin still hot and dry. Same treatment continued, with the addition of some *Opium*.

12th.—Rather better; pulse less frequent; less restless, and but little pain; still delirious; occasionally slept a few minutes. Same treatment continued, with the addition of *Capsicum* to the whiskey, and administering it without regard to quantity until the patient was fully under its influence, with *Morphia* when necessary.

13th.—Decided improvement; skin moist and quite natural; swelling of arm and shoulder subsided; the delirium had ceased, and he talked rationally. He speedily recovered his usual health.

Diseases pointed to.—The phenomena manifested in severe cases of *Crotalus* poisoning are of very great importance in a therapeutical point of view, confirming as they do the resemblance to the zymotic diseases furnished by the mild cases, and carrying on this resemblance to the most severe and malignant examples of these diseases; which resemblance is still further strengthened by the effects enumerated under the "Mode of Death in Subacute Cases," and under the "First Division of the Pathogenetic Dose." The mere mention of this resemblance will be sufficient without adducing examples; I may, however, read Dr. Mitchell's observations on this point.

Analogy between the symptoms of Crotalus poisoning and those of certain diseases.—I am unwilling to leave this unsatisfactory but necessary part of my task without calling attention to the singular likeness between the symptoms and lesions of *Crotalus* poisoning and those of certain maladies such as yellow fever. If for a moment we lose sight of the local injection, and regard only the symptoms which follow and the tissue changes which ensue, the resemblance becomes still more striking.

"In both diseases, for such they are, we have a class of cases in which death seems to occur suddenly and inexplicably, as though caused by an overwhelming dose of poison. In both diseases these cases are marked by symptoms of profound prostration, and in both the post mortem revelations fail to explain the death. I have spoken, as an example, of yellow fever, but similar instances are not wanting in cholera, typhoid, and typhus fevers, and in scarlatina.

"A second class of cases, both of *Crotalus* poisoning and of yellow fever, survive the first shock of the malady, and then begin to exhibit the train of symptoms which terminates in more or less complete degradation of the character of the blood. Varying remarkably among themselves,

exhibiting, as it were, preferences for this or that organ, all of these maladies agree in the destruction of the fibrin of the blood which their fatal cases frequently exhibit. In yellow fever, the likeness to venom poisoning is most distinctly preserved, as we trace the symptoms of both diseases to the point where the diffuent blood leaks out into the mucous and serous cavities. The yellowness which characterises many yellow-fever cases, I do not find described as a current symptom of the venom malady, but it is often mentioned as one of the accompaniments of the period of recovery from the bite. It is, indeed, most probable, that if small and repeated doses of venom were introduced at intervals into the body of an animal, a disease might be produced even more nearly resembling the malady in question. In the parallel thus drawn, I have given but the broad outlines of resemblance, nor was it to be expected that the minor details would be alike. From a general and philosophic point of view, this similarity is sufficiently striking to make me hope that the complete control of one such septic poison, for experimental use, may enable us in the future to throw new light on those septic poisons of disease whose composition we know nothing of, and whose very means of entering the body they destroy, is, as yet, a mystery" (p. 97).

III. PROLONGED CASES.—In cases that are prolonged until reactive inflammation sets in, there are usually most of the effects exhibited by the "Severe Cases;" and these are followed by the symptoms, first of inflammatory fever, and secondly, by those of putrid absorption, hectic fever, and exhaustion. The symptoms are principally those of phlegmonous erysipelas, diffuse cellular inflammation, gangrene, mortification, sloughing, or deep-seated septicæmic abscesses, carbuncles, boils, &c., and are too well known to require repetition in this place. They are fairly well exhibited in the later stages of the cases of Steel, Brienthal, Belcher, Woodhouse, Soper, and Mary O., as well as some of the cases of dogs, rabbits and birds given by Dr. Mitchell. In the case of Steel, bitten on the finger, reaction appeared to set in on the third day, but "notwithstanding careful

nursing, suppuration supervened, and he was unable to leave his bed for about a week." In the case of Brienthal, bitten on the hand, "after nine days the fever abated, and he began to mend, but his hand and arm were spotted like a snake, and continued so all summer. In the autumn his arm swelled, suppurated, and burst, after which the unnatural appearances went away." In the case of Belcher, bitten on the finger, "on the fifth day the finger began to suppurate; it was opened the next day, and it continued to discharge freely for several days. Boils came out on the arm as far as the swelling had extended, in all about eighty at one time. After this convalescence was rapid, and he recovered perfectly, except the use of the finger." In the case of Woodhouse, bitten on the finger, "on the seventh day the first and second joints of the finger appeared gangrenous; the granulations were rough, and many of them appeared as if they had been sprinkled with yellow ochre; the nail was quite loose, and was afterwards removed. A large slough formed, and on coming away left the bone exposed; this afterwards exfoliated and had to be removed. After three months the finger was healed but deformed and its circulation defective."

Diseases pointed to.—The therapeutic indications afforded by prolonged cases of *Crotalus* poisoning are the same as those afforded by the "Mode of Death in Chronic Cases," and which have been already mentioned as the later stages of those blood diseases in which secondary or reactive or reinfective fever occurs or is apt to occur; such as smallpox, scarlet fever, diphtheria, &c., and the various reinfecting surgical diseases, such as phagedæna, malignant pustule, farcy, whitlow, &c.

C. THE TOPICAL EFFECTS.

In rattlesnake bites some of the topical effects show themselves immediately, others only afterwards; they are altogether absent in really acute cases, and are only slight after injection of the dried venom, or venom that has

been boiled or subjected to the influence of chemical reagents, and when injected merely into adipose tissue, also after poisoning by *Crotaline*.

1. The *immediate* topical effects are usually pain and swelling, and, if the wound be made into a muscular part, quivering; if into a vascular part hæmorrhage and discoloration, and sometimes a sensation of coldness or actual coldness, or burning sensation or actual heat.

2. The *later* topical effects are swelling, softening, blackening and disorganisation of the blood and tissues of the part; and later still, in chronic cases, inflammation, suppuration, gangrene, mortification, sloughing.

Diseases pointed to.—The chief therapeutical indications afforded by the topical effects of *Crotalus* poisoning are the earlier stages of poisoned wounds, and the bites of all sorts of venomous insects, as well as the local infective diseases, such as malignant pustule, carbuncle, whitlow, &c., just as the "Mode of Death in Chronic Cases," and the symptoms in "Prolonged Cases," point to the later stages of these same local maladies.

D. THE PATHOGENETIC DOSE.

When discussing "the Dose" of *Crotalus* venom it was mentioned that the pathogenetic dose should be studied under three divisions, viz. first, the dose that will produce the characteristic pathological lesions; second, the dose that will produce the absolute effects; and third, the dose that will elicit the contingent symptoms.

Numerous instances of these pathological lesions, absolute effects and contingent symptoms were there given, and it will be unnecessary to repeat them here. They serve to fill up very completely the pictures outlined by the modes of death and the general and topical effects; and to point with tolerable clearness to many cerebral, neuralgic, cardiac, respiratory, gastric, intestinal, hepatic, renal, uterine, and cutaneous affections; to various vertigos and headaches; to cardiac oppression, neuralgia, and palpitation; to various

sore throats, quinsies, coughs; to vomiting, diarrhoea, dysentery; to boils, acne, ulcers; to hæmorrhages, ecchymoses, scurvy, and the hæmorrhagic diathesis; to leucocythæmia, and to general degradation of the blood and vitality, and to all such-like conditions, especially if they acknowledge anything of a septic origin, such as from drinking foul water or drainage-impregnated milk, or eating too-long-kept game, or living in badly-drained or otherwise insanitary houses; or being otherwise exposed to septic poisoning, as are hide merchants, tanners, butchers, night-soil men, and medical students and accoucheurs.

The all-pervading substratum of the symptoms of *Crotalus* is *sepsis*; the sphere of its action is septic diseases, especially those of a hæmorrhagic character, and its principal general antidotes are *Alcohol, Ether, Ammonia, Ammon. carb.* the other serpent venoms; Dr. Drysdale's *Sepsin*; *Cth., Pho., Ipc., and Rhs., Ars., Aps., Sec.* Of course other medicines will antidote special spheres of the operation of *Crotalus*.

REVIEWS.

Die Homöopathie und ihre Bedeutung für das öffentliche Wohl, von Dr. JOHANNES RIGLER: Hirschwald, Berlin, 1882.

DR. RIGLER last year delivered a lecture which contained such offensive calumnies against his homœopathic colleagues that the latter brought an action at law against him, and he was condemned to pay a considerable fine, and the judgment against him was ordered to be published in the periodical which reported his calumnious lecture.

Smarting under his well-deserved punishment, he now seeks his revenge by publishing the pamphlet whose title we have given above, in which he endeavours to show the nefarious character of the founder of homœopathy and of his disciples, and the absurdity and unscientific character of the system of medicine they propounded and practised. In the preface he tells us that he has endeavoured "with all his might to avoid being hard and bitter," and we shall presently see how admirably he has carried out this laudable endeavour.

The first part of this pamphlet is occupied with a life of Hahnemann. Our truthful and conscientious author tells us that the grand motive that influenced Hahnemann throughout his whole career was the *auri sacra fames*, the desire to make money; and, as he could not do so honestly, he sought to accomplish the great aim of his life dishonestly, by deception, by falsehood, and quackery. Before the idea of promulgating a new medical system occurred to him he sought to fill his pockets by foisting on the world a new alkali under the name of "pneum," so-called from the Greek

word πνέω, I blow, breathe, make wind, "which was as much as to say, 'I am a wind-bag, a liar, a deceiver, a cut-purse.'" Though in the next sentence Dr. Rigler acknowledges that when his error was pointed out to him Hahnemann returned the money paid to him for his supposed new alkali, he apparently does not think that his sarcasm has anything "hard or bitter" about it.

Hahnemann's mode of testing the prophylactic action of *Belladonna* in scarlatina by inviting his colleagues to apply to him for powders impregnated with the drug, the name of which he did not reveal, is regarded by Dr. Rigler as another barefaced attempt to obtain money by false pretences. We would rather accept Hahnemann's own statement as to his motive, viz. to have the prophylactic well tested without exciting the prejudices of his colleagues, which he suspected the revelation of the name of the drug would have done. But as an unworthy motive for this unusual act is more consonant with Dr. Rigler's idea of the character of Hahnemann, he of course adopts it.

So also Hahnemann's frequent change of residence, which we know was generally occasioned by the persecution of the apothecaries, is attributed by Dr. Rigler to his own insatiable greed, though how Hahnemann was to make a fortune by his repeated "fittings" Dr. Rigler does not explain. He is apparently not acquainted with the proverb, "a rolling stone gathers no moss."

Speaking of Hahnemann's writings, and more particularly of his '*Æsculapius in the Balance*,' our upright critic says:—"The Incorruptible [as he sarcastically calls him] represents things just as he pleases, understands how to mingle skilfully with an inexhaustible amplitude of false deductions and lies, which he supports with powerful phraseology, pious and hypocritical forms of speech, in which he discourses with emphasis upon the 'goodness of the Creator,' the 'main-spring of love,' the 'divine spark,' and all this he does only to carry out his infamous secret aim." In this style our conscientious critic goes through all the well-known incidents of Hahnemann's life and all the doctrines he taught. In no one instance does he give him credit for either medical

knowledge or honesty of purpose. His doctrines are a bold defiance to common sense, his actions are always dictated by the meanest motives of self-interest and money-making.

He is "the most shameless of the shameless," the "arch-father of lies," "a swindler," and "a cheat." Not content with the authentic events of Hahnemann's life, he diligently rakes together all the stupid calumnies propagated concerning him by Simon in his *Pseudomessias medicus*, and his *Antihomöopathisches Archiv*, and by Heinroth, in his *Anti-Organon*.

Rigler's summing up of Hahnemann's life and labours will give a fair idea of the spirit that animates the whole work:—"Hahnemann's efforts," he says, "were directed to burst through the necessary boundaries of science, to change medicine into child's play by means of lies and sillinesses, to contemn and calumniate all the medical art, to represent the sources of medical knowledge as extremely nugatory and despicable, finally to introduce into practice the vilest misuse of dishonest dealing in secret nostrums.

. . . . And yet posterity erected to this most miserable of charlatans and cheats, 'in grateful acknowledgment of his immortal doctrine and of his immeasurable services to medicine,' a bronze memorial statue in the centre of Germany, and a German town submitted to this disgrace! German consciousness of right, German love of truth, and German feeling of shame, where were ye? Awake! hurl this lying god from his beggarly throne, and protect culture from further destruction!" In these spiteful ravings of impotent wrath we perceive the profound mortification of a mean mind, goaded to fury by his well-deserved punishment as a convicted libeller and calumniator.

The second part of this work is a long tirade against the disciples of Hahnemann, conceived in the same spirit of detraction and calumny. It would sicken our readers to go through the long and laboured attempt of the condemned libeller to turn into ridicule the disconnected expressions of various writers on homœopathy. He thinks the mere statement of the statistics given by practitioners, that the mortality in pneumonia is 5 per cent. under

homœopathic treatment, whilst it is 23 per cent. under the ordinary treatment; in pleurisy 3 per cent. under homœopathy, and 13 per cent. under allopathy; in peritonitis 4 per cent. under homœopathy, and 13 per cent. under allopathy; in dysentery 3 per cent. under homœopathy, and 22 per cent. under allopathy, is sufficient to show their mendacious character. Most melancholy, however, is Dr. Rigler when he tries to be jocular. One poor joke he seems to think so good that he repeats it at least a dozen times. *Aconite*, being a medicine which may be said to have been introduced into medical practice by Hahnemann, and is therefore peculiarly a medicine of the homœopathic school, is, he tells us, called in German "Narrenkappe," i.e. "fool's cap," and he is never tired of telling us that homœopaths are perpetually employing this "fool's cap." He does not seem to see how this joke may be turned against his own side, as the orthodox school have eagerly accepted the gift of this "fool's cap" from the despised homœopaths, but no doubt he would fail to appreciate the joke in this application.

The third part is a still more stupid denunciation of lay practitioners of homœopathy, in which he gives a long biographical account of the notorious Arthur Lutze, to whose ignorant and silly boasts and pretensions he devotes twelve pages of his pamphlet. As Lutze never was an acknowledged authority on homœopathy, and as he was universally regarded as a contemptible charlatan, it does not concern us in the least what he said or what he did, so Dr. Rigler is welcome to abuse him as much as he pleases.

The fourth part of Rigler's work is devoted to showing the impropriety of allowing practitioners of homœopathy to dispense their own medicines. He is not very consistent here, however, for he admits that the persecution of Hahnemann for giving his medicines was altogether wrong, because he really did not give any medicine at all, only sugar globules with the name of a medicine, so that when he administered these non-medicinal comfits he did not interfere with the apothecaries' practice, as they were only

entitled to dispense medicines, not innocuous comfits. If homœopaths, he urges, would confine themselves to giving globules or milk-sugar powders, in which no medicine can be detected either by the senses or by chemistry, they should be allowed to do this. But as they often give mother-tinctures and substantial doses of medicines they should be restrained from doing so, and compelled to resort to the apothecaries for their drugs. But then, again, as the state is bound to protect its citizens against false and erroneous systems, the practice of homœopathy, which is false and unscientific, should be suppressed altogether.

The State, he says, can only take cognisance of scientific medicine. But as homœopathy is utterly opposed to the firmly-grounded fundamental laws of science, and is besides contrary to common sense, the State should not have any hesitation in suppressing the practice of it altogether. It would have been as well that Dr. Rigler should have stated what are the fundamental laws of medical science, in order to guide the State in the matter. But here is the difficulty. We have made most diligent search to discover these fundamental laws, but have never succeeded in ascertaining what they are. It is all very well to say that homœopathy is opposed to them, but until we are informed what they are we can only regard the assertion as unproved, and we can make the counter-assertion that homœopathy is in accordance with the fundamental laws of medical science, and defy our opponents to disprove this statement.

Dr. Rigler will find it as difficult to persuade the State to suppress the practice of homœopathy as to persuade the six or eight thousand medical practitioners, who are convinced of the excellence of the homœopathic therapeutic rule, that Hahnemann was a cheat, a swindler, a cut-purse, and a liar—to use his refined language—and that the system he promulgated is absurd, unscientific, useless, and injurious.

The only excuse we can find for Dr. Rigler's most indecent diatribe is that the poor creature's mind was fairly unhinged by the ignominious punishment he had just received for his calumnies against the living representatives

of homœopathy, and he could not refrain from seeking his revenge by caluminating the dead founder and the most illustrious of his dead disciples. His work is fittingly closed by his hysterical appeal to the government to suppress altogether the practice of a system which, though supported by thousands of regularly qualified medical men and by millions of actual and potential patients, is not in accordance with his own views. Germany has yielded many of its hardly-earned liberties to Bismarck, the man of blood and iron, but it will scarcely yield its liberty to be treated medically according to its convictions to Rigler, the man of pills and potions. We do not know anything about Dr. Rigler's achievements in medical science, or the grounds on which he bases his claim to have his own views acknowledged as the sole truth in medicine and all others suppressed by the whole power of the State. We only know him as the convicted libeller of a number of his colleagues who are as certainly his superiors in professional status and therapeutic skill and knowledge as they are in courtesy and gentlemanly conduct. Dr. Rigler's venomous pamphlet shows us the author wriggling and "squirring" under his well-merited castigation, and his ferocious attack on the venerable Hahnemann reminds us of nothing so much as the odious little Quilp hammering away with an iron crowbar at the impassible figure-head in order to give a vent to his spite against one he hated but could not injure.

The New Handbook of Dosimetric Therapeutics. By Dr. AD. BURGGRÆVE. Translated by H. A. ALLBUTT, M.R.C.P.E. London: Bogue, 1882.

A good deal has been heard lately of Dr. Burggraeve's new method of treatment, which he named "Dosimetry," meaning thereby the giving of medicines in measured doses, but it is not generally understood what this method really

is. The work translated by Dr. Allbutt enables us to obtain a knowledge of the system, which is announced by its partisans to be "a system of therapeutics superior to all other systems." We are further informed that "Dosimetry will bind physicians together in one great brotherhood, and will raise their professional dignity, promoting greater harmony and good feeling between each member of the fraternity." If it is able to accomplish this it will be widely different from any other system of medicine hitherto promulgated, as each has only contributed to produce an exactly opposite effect on the medical fraternity.

Let us examine the system as here revealed, and we shall be able to judge whether it is so immensely superior to other methods, and is likely to fulfil the expectation of its author in the way of establishing universal concord among the brethren of the profession, so that in future the outside world, instead of sneering at the differences of doctors, shall point to us as illustrations of the saying: *Ecce quam bonum et jucundum, habitare fratres in unum!*

The dosimetric materia medica consists of medicines in the form of granules. These granules contain the most active medicines, such as *Aconitine, Atropine, Arseniate of Strychnine, Hyoscyamine, Veratrine, &c.*, in doses of half a milligramme; others, as *Arsenious acid, Phosphoric acid, Bryonine, Caffeine, Codeine, Digitaline, &c.*, in doses of one milligramme; and yet others of less active properties, such as *Salicylic acid, Tannic acid, Ergotine, Pepsine, &c.*, in doses of one centigramme. The quantities contained in the granules, it is thus seen, are very fractional. Besides these, an important item of the dosimetric materia medica is a preparation of calcined *Sulphate of Magnesia*, called strangely enough "Chanteaud-Seidlitz," though why *Epsom* salts should be called *Seidlitz* we are at a loss to understand, possibly for the same reason that the great *Epsom* race is called the "Derby."

The principle on which the medicines are administered in the various diseases is by no means clear. It is explained in the following passage, which itself stands in need of some explanation:—"The first law of dosimetry is

that the more rapidly the disease runs through its dynamic or vital period so much the more is it absolutely necessary to reach the therapeutic or curative stage as rapidly as possible; in other words, to acute diseases we must oppose an acute treatment, and to chronic diseases a chronic treatment. The second law is that of the *dominant* and *variable* treatment. The first addresses itself to the cause of the disease, the second to the symptoms."

Acute diseases are to be "jugulated," that is, cut short, before producing anatomico-pathological changes, which is all very fine in theory, but as most acute diseases are not recognisable until they have effected anatomico-pathological changes, it does not seem possible to tell that they have been "jugulated" if no anatomico-pathological changes have occurred. Where fever exists, the "defervescent" *Aconitine* and *Veratrine* are used; if the fever is periodic, *Quinine* in some form is the remedy. To Hahnemann is ascribed the merit of having discovered the "defervescent" properties of *Aconite* and *Veratrum*, but the manner in which they are exhibited is by no means Hahnemannic.

To give an idea of the *modus operandi* of dosimetry we may take the treatment recommended for typhoid fever. "The intestine must first be cleansed and refreshed by the *Seidlitz salt*, one small teaspoonful in a glass of water every morning, from the commencement of the attack." "To prevent tenesmus and diarrhoea, and at the same time to act as a sedative and antiseptic, the following enema may be administered every day or oftener if there is tenesmus: *Hydrate of Chloral* 10 parts, *Borax* 5 parts, water 250 parts." "The body must be frequently sponged with cold water or solution of *Salicylic acid*. In cases of high pyrexia the cold bath may be necessary. *Phosphoric acid* and *Strychnine* (*Arseniate* or *Sulphate*) must be employed whenever there is prostration, a granule of each, together, every hour or even half hour according to the degree of prostration." "To reduce the temperature *Aconitine* and *Veratrine* must be given, a granule of each together, every half hour." "When the morning and evening temperatures become markedly different, and especially when the

symptoms are aggravated, *Quinine* is indicated, one or two granules (*Arseniate* or *Hydroferrocyanate*) every half hour." "If the urine is scanty or suppressed, *Digitaline* and *Arseniate of Iron* must be given, a granule of each together, eight or ten times a day. Insomnia, restlessness, agitation and spasm, may be calmed by *Morphine* and *Hyoscyamine*, a granule of each together, every half hour, until sedation of these symptoms takes place. It may be requisite to combine these two alkaloids with *Strychnine* so as to re-establish muscular antagonism"—why, we are not told. "If the patient sleeps well, and calm has been restored, digestion may be promoted by *Quassine*, two granules three times a day, half an hour before food." "As reconstituents of the blood after the fever has ceased, the *Arseniates* must be employed—*Arseniate of Soda* or of *Iron*, six granules a day." "The *Salicylic acid* lemonade will be found a serviceable beverage. It is thus composed:—*Salicylic acid* 4, *Tartaric acid* 4, *Simple syrup* 75, *Tincture of Lemon peel* 5, warm water 920. It can be taken like ordinary lemonade." If called in early the fever can often be "jugulated" by the following treatment:—"The *Seidlitz salt* every morning to refresh and cleanse the intestine, and *Strychnine* (*Arseniate* or *Sulphate*), *Aconitine*, and *Digitaline*, a granule of each together, every half hour, administered till the pyrexia ceases."

We may add the dosimetric treatment of "true diphtheria." "True diphtheria is characterised by the formation of plates, polypous concretions, and false membranes, due to parasites (micrococci), which cause an occlusion of the principal passages and threaten suffocation. The treatment, therefore, cannot be too sufficiently active. The back of the throat must be painted with pure lemon-juice, and *Sulphide of Calcium* administered until the intestinal gas emits an odour of sulphuretted hydrogen. Not only is this gas innocuous, but it has the property of preventing the formation of ammoniacal compounds (carbonate), which induce a typhoid condition by decomposing the blood. *Seidlitz salt* must be used to cleanse the intestine, and fever should be combated by *Arseniate of Quinine*, the accessions being

cut short by *Aconitine* and *Veratrine*, a granule of each together, every half hour until sedation."

This, besides being a fair specimen of the treatment of dosimetry, is an average example of the pathology throughout the work. Dosimetric pathology, we should say, is on a par with dosimetric therapeutics. The administration of *Sulphide of Calcium*, our *Hepar sulphuris*, until the intestinal gas emits an odour of sulphuretted hydrogen is a delicious touch, and the reason for so doing—that it prevents the formation of carbonate of ammonia which decomposes the blood and thereby induces a typhoid condition—is worthy of the palmiest days of the iatro-chemical school.

In the very next page the *Sulphide of Calcium* plays the rôle of a parasiticide. It is there stated that whooping-cough is caused by "parasites of the genus *Penicillia*, which attach themselves to the mucous membrane of the larynx and trachea, which the vibratile epithelium is unable to dislodge," but which are easily destroyed by *Sulphide of Calcium*.

These instances of dosimetric treatment, taken at random, give an accurate notion of the method, which is an odd mixture of purgation by *Epsom salts*, for the purpose of "cleansing and refreshing the intestines," together with the exhibition of powerful concentrated medicines, whose hypothetical qualities are employed to combat hypothetical morbid states in the good old orthodox style. Dosimetry, we should say, is only crude symptomatic polypharmacy, with a somewhat novel pharmacology, the medicines being given in a highly-concentrated state in the form of granules, not combined in the orthodox mixture, but several, often three or four, given simultaneously, to meet hypothetical indications. Leeches, bloodletting, blisters and revulsives are also liberally used in many cases. A pseudo-scientific vitalistic pathological jargon is freely employed, which may impose on the uneducated laity and semi-educated practitioners, but which can only repel the really scientific. The dosimetric medicines are sold in boxes of ten tubes, each containing twenty granules, at prices ranging from two to four shillings per box, "guaranteed by the signature

of Professor Burggraeve." This savours suspiciously of quackery.

That the dosimetric system may gain a transient popularity we cannot doubt—what system, however absurd, does not? But that it can ever recommend itself to any considerable number of scientific medical men we cannot believe. It may attract some ill-informed practitioners of the old school, but those familiar with the scientific therapeutics of the homœopathic school will regard it with contempt, in spite of its quasi-homœopathic granules and its ridiculous pretensions to "jugulate" diseases before they have developed themselves. There is no backbone in the system, it rests on no principle; the medicines are either given on some vague and perverted homœopathic idea, as *Aconitine* and *Veratrine*, to produce "defervescence," or on some hypothetical pseudo-pathological notion, as *Phosphoric acid* or *Strychnine* to strengthen the nerves or vital force, or on some crude humoralistic popular fancy, as *Epsom salts* (under the misleading name of *Seidlitz*) to cleanse and freshen the intestines, or on some frankly enunciated enantiopathic principle, as *Morphine* or *Hyoscyamine* (or both together) to combat insomnia and restlessness, or, lastly, on some unreasoning Burggræveian fancy, as *Arseniate of Soda* or *Iron* to reconstitute the blood.

To illustrate more precisely the real character of dosimetry, we shall add a case of actual disease, treated by Dr. Burggræve himself, from the May number of the *Journal of Medicine and Dosimetric Therapeutics*. It is as follows:

"Adynamic pleuro-pneumonia.

"(Treatment with *Sulphate of Strychnine*, *Phosphoric acid*, *Veratrine*, *Digitaline*, *Cicutine*, and *Hydroferrocyanate of Quinine*, according to the dosimetric method, by Dr. Burggræve.)

"The subject of this observation was brought into the Ghent Hospital for contusion of the thorax. He was in a state of stupor, with a pulse scarcely perceptible; respiration short, abrupt, with oppression and shooting pains.

"The first indication was to increase the strength of the

patient. It was usual in such cases to bleed slightly, but in the present case the prostration was so great that a loss of blood might have proved fatal. The author began, therefore, by giving one granule of *Phosphoric acid* and one granule of *Sulphate of Strychnine* every half-hour. The chest was supported by a cotton-wool apparatus (Burggraeve's *appareil ouaté*), so as to restrict within certain limits the movements of the ribs, which caused extreme pain. The patient was placed in a half-sitting posture, in order to facilitate the abdominal movements of respiration. At the eighth administration of the granules the pulse rose, heat returned, and soon got beyond the physiological normal temperature; this circumstance necessitated the administration of *Aconitine* and *Veratrine*. It required eighteen granules of each (given the two together every quarter of an hour) to bring down the pulse to 95 and the heat to the normal degree—98.6°. There was no complication nor any symptom of intoxication. The bowels were kept open by the use of the *Seidlitz-Chanteaud*, one teaspoonful in a glass of water at different times. On the third day, the pulse remaining at 95 and the temperature being 100°, fearing an effusion might occur, the author gave *Digitaline*, which was continued on the fourth and fifth days, at the rate of twelve granules a day or one granule every hour. This medication occasioned diuresis very promptly, and brought the pulse and temperature nearly to the normal state.

“But as the intercostal pain still persisted, recourse was had to *Cicutine*, which was given alternately with *Digitaline*, one granule of each alternately every hour.

“Having observed on the eighth day that there was an increase of fever in the evening, recourse was had to *Hydroferrocyanate of Quinine* at the dose of eight granules in an infusion of cinchona with nitre.

“Thanks to this methodic treatment all disorders of the chest were avoided and the patient very soon became convalescent.

“It will be seen by the above that the alkaloids as usual played the most important part. In the first instance the *Phosphoric acid* and *Sulphate of Strychnine* guarded against the exhaustion of the respiratory forces and so prevented choking of the lungs and consequently asphyxia.”

It will be observed that though the case is called
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“adynamic pleuro-pneumonia,” there is not a symptom given to show that either pleurisy or pneumonia was present. The case seems to have been one of simple contusion of the thorax, which would have probably yielded quickly to *Arnica* with, perhaps, a dose or two of *Aconite*. But the dosimetric method required the administration of *Phosphoric acid*, combined with *Sulphate of Quinine*, then *Aconitine* and *Veratrine*, *Epsom salts ad libitum*, *Digitaline*, *Cicutine* and *Digitaline*, *Hydroferrocyanate of Quinine* in an infusion of *Cinchona* with *Nitre*, and apparently bleeding would have been resorted to had not the prostration been too great. The treatment lasted at least eight days, and we are gravely told that, “thanks to the methodic treatment, all disorders of the chest were avoided and the patient very soon became convalescent.” Would that patient have done worse under a purely expectant treatment? Would he not have done a great deal better under ordinary homœopathic treatment? It is all very well to say that the administration of this or the other medicine guarded against certain symptoms which would probably have never occurred, but the efficacy of any treatment is only shown by the speedy removal of symptoms that have actually occurred. When the author was about it he might as well have stated, that thanks to the treatment adopted, the patient had neither cerebral apoplexy, Bright’s disease, smallpox, syphilis, or locomotor ataxy.

Our judgment on dosimetry, as displayed in this *Hand-book of Dosimetric Therapeutics*, is that it is mere unscientific polypharmacy, inferior to the best practice of orthodox therapeutics and not comparable to the scientific method of homœopathy, which its author incessantly carps at while endeavouring to adopt some of its practices; but as he evidently does not understand the rational method of Hahnemann, and ignores his therapeutic rule, he makes a sad hungle of the small part of it he tries to appropriate, and commits such errors in its application as must excite the ridicule and contempt of all who are even slightly conversant with the scientific therapeutics of Hahnemann.

Dosimetry does not seem greatly to differ from the system of “*Parvules*” introduced by Warren and Co.,

of Philadelphia, who, for all we know, may have stolen the idea from Dr. Burggraeve, or *vice versa*. They introduce this new pharmacology by saying :—" It is claimed by some practitioners that small doses given at short intervals exert a more salutary effect. Sydney Ringer, in his recent work on *Therapeutics*, sustains this theory in a great number of cases without catering to homœopathy." We do not, of course, profess to understand what W. R. Warren and Co. mean by " catering to homœopathy," but perhaps as " Dosi-metry " causes its cultivators to talk pathological nonsense, so the traffic in " Parvules " causes its authors to talk nonsense of another description. However that may be, the doses of Parvules and the doses of Dosimetry seem to be very similar, and, like the latter, are colourable—or colourless—imitations of the homœopathic preparations. " Imitation is the sincerest flattery," so we must feel flattered by observing that the two most recent innovations in medical practice are but very imperfect imitations of homœopathy in one of its characteristic peculiarities.

Supersalinity of the Blood an accelerator of Senility and a cause of Cataract. By J. COMPTON BURNETT, M.D.
London, 1882.

EXCESSIVE salt-eating, or halophagy, as it is termed, is undoubtedly to blame for some morbid states frequently observed in practice. The late Dr. Liedbeck, of Stockholm, paid particular attention to the evils produced by excessive salt-eating, and has given an account of these in a periodical published in Stockholm, as well as in the *Zeitschrift für hom. Klinik*, vol. i, p. 5, and in this Journal, vol. xxx, p. 404. The chief symptoms he was able to ascribe to this cause are fetid breath, swelling of the upper lip and excoriation of the gums, various pains in the stomach after eating, itching eruptions, sleeplessness, cold feet, leucorrhœa, heat of head, headaches, and polyuria.

In our own experience we have fancied we could see a connection between excessive salt-eating and a certain form

of chronic catarrh, or rather a tendency to obstinate catarrh of the respiratory mucous membrane, a very aggravated state of constipation, and a dry annular exanthema, especially on the scrotum and neighbouring parts.

In this little work Dr. Burnett brings forward what he considers evidence to prove that excessive salt-eating is a probable cause of cataract. He quotes experiments of Kunde to show that the injection of salt hypodermically causes opacity of the lens, which Kunde ascribes to the abstraction of water from the animal by the salt, as the opacity disappears when water is restored to it. The same effect on the lens was caused in cats, but not in rabbits, by dosing them with salt. Köhnhorn likewise observed the production of cataract in some of the lower animals by salt. Richardson also produced cataract in frogs by injecting saline solutions under their skin. He attributes this effect to the accumulation of salt in the blood. Dr. Burnett mentions the occurrence of cataract in several patients who were addicted to excessive salt-eating. He also thinks that the excessive use of salt may "mineralise the tissues and thus accelerate senility."

We cannot say that Dr. Burnett has proved his case, viz. that cataract is produced by salt in human beings, or that salt-eating is a cause of premature senility. He gives eleven observations of cataract in proof that excessive salt-eating may cause cataract. No. 1 was evidently no great salt-eater, she was only "rather fond of salt." No. 2 was, as a child, when presumably she had not cataract, "a very great salt-eater," but "no longer cares specially for it," so this would rather prove the opposite of Dr. Burnett's theme, as thus: she had no cataract as long as she was a very great salt-eater, but when she came not to care for salt she got cataract, which proves that salt preserves the eyes from cataract—if it proves anything, which is doubtful. No. 3 "always eats salt, though not excessively he thinks." He also takes a saline aperient in summer, but as that presumably does not consist of salt—chloride of sodium—it will scarcely help Dr. Burnett's case. This patient is between seventy and eighty years of age, and is in "a very

mineralgic condition"—what that is we have not the most distant idea, but as we are told "at his age everybody is more or less so," we may say, with Mr. Toots, "it's of no consequence." No. 4 "eats a great deal of salt." No. 5 eats a small teaspoonful of salt with his breakfast eggs, otherwise he is "a moderate salt-eater only." No. 6 says she is "a big salt-eater," so does No. 7. No. 8 is "decidedly fond of salt, eating, at a rough guess, about a teaspoonful of salt a day with her food," which we should say was quite a moderate allowance. No. 9 says "she is really not partial to salt," but she admits that she uses daily the same quantity as No. 8. No. 10 is seventy-nine years old and is "highly mineralised," and "eats a great deal of salt and puts salt into his morning bath," which we should say is of no account, as salt is not absorbed by the skin. No. 11 is "fond of salt, but does not like salty things," so we may reckon her among the moderate salt-eaters.

In the above cases there is no evidence at all that excessive salt-eating was the cause of the cataract. Of the eleven cases only four can be considered as great salt-eaters, the remaining seven were evidently very moderate consumers of the condiment, and as to two of the "mineralised" condition, which we presume is the synonym for "senility," we cannot say that that was "premature," as the subjects were nearly octogenarians.

Nor can we admit the analogy between the production of cataracts in frogs and cats in the experiments of Kunde, Köhnhorn, and Richardson, and the occurrence of cataract in human salt-eaters. The experiments of the last-named physiologist show clearly that the opacity of the lens was caused by the abstraction of water from the system. The conditions necessary for producing the opacity were that the animals should be kept without water, and a saline solution of greater specific gravity than the blood injected hypodermically. The opacity was removed by the restoration of water. Moreover, it seems to be almost a matter of indifference for the success of the experiment what saline solution is employed, chloride of ammonium, chloride of potassium, lactate of soda, carbonate of soda, carbonate of

potash, sulphate of potash, chloride of calcium and chloride of barium doing quite as well as chloride of sodium. Now, the same conditions are not likely to obtain among human salt-eaters, who as a rule are given to drink rather more than less than others; and salt things, as every one knows, are often taken to excite an artificial thirst and so give an excuse for more drinking. If, then, salt develops cataract in human beings, which Dr. Burnett is very far from having proved, it must do so by a specific action on the lens, and not in the same way as Richardson's saline solution produced opacities of the lens in frogs.

As for Dr. Burnett's other point, that supersalinity of the blood accelerates senility, we have no proof that in salt-eaters the blood contains an abnormal amount of salt on the one hand, and we have no evidence that chloride of sodium has any specific tendency to "mineralise the tissues," or that it "would make a man, a man of salt," as King Lear says, on the other.

On the whole, the judgment we must pronounce on Dr. Burnett's last book is that he has utterly failed to prove any of his propositions:—1st, that excessive salt-eating causes supersalinity of the blood; 2nd, that it is an accelerator of senility; and 3rd, that it is a cause of cataract.

There is a tolerable amount of evidence scattered throughout medical literature to show that excessive salt-eating does occasion many morbid phenomena, among which, however, are not cataract and premature senility, and the profession would have been grateful to Dr. Burnett had he collected together all the information procurable on this subject. We fear that the publication of such books as this will not only imperil Dr. Burnett's well-merited reputation as an exponent of our rational therapeutics, but incidentally damage the scientific character of our school in the eyes of inquirers, when they see one of our prominent writers enunciating a wild hypothesis, and supporting it by a reference to physiological experiments of an irrelevant character. A short paper or paragraph in a medical periodical would have been a more fitting mode of ventilating Dr. Burnett's speculation. We expect in a book something more serious and substantial than a fanciful and tentative theory of this sort.

Die Parasitären Krankheiten des Menschen. 1. Entwicklungschichte und Parasitismus der menschlichen Cestoden. Von Sigmund Theodor Stein : Lehr, 1882.

THIS first part of Dr. Stein's great work on the parasitical diseases of man treats of the intestinal tapeworms, and is the most complete work of the kind that we have seen. The illustrative plates are photographs of the actual animals, some of the natural size, and some immensely enlarged. Dr. Stein, who is an adept in the photographic art, has given us here the most exact and beautiful representations of the whole animals and of their separate parts and organs. Not content with the photographic illustrations, he has also given woodcuts in the text illustrating the histology of the various parasites. The species treated of are *Tenia solium*, *T. saginata*, *T. nana*, *T. flavopunctata*, *T. cucumerina elliptica*, *Bothriocephalus latus*, *B. cordatus*, and *B. cristatus*, and finally the *Echinococci*. The embryo condition of the *T. solium*—*Cysticercus cellulosæ*, and that of the *T. saginata*—*C. saginata* are also described. The development history of *B. latus* was not clearly made out when this book was published. It was generally believed that the embryo lived in water—which it undoubtedly does—and passed thence immediately into the intestine of its host, where it developed into the pupal worm. But Braun's observations have just shown that the scolex first passes into the muscular tissue of a fish, generally a pike or eel, and thence into the host. Braun fed dogs and cats on the infested flesh of these fishes, and they passed segments of *B. latus*. Stein guesses that the flesh of fishes may be the source of *B. latus*, from the circumstance that Jews, who consume a great deal of fish, are the chief subjects of this parasite. The work is a master-piece of industry and science, and is well worth the study of all who are interested in the subject of tapeworms, either as medical men or natural historians. It would be foreign to the purpose of this Journal to enter into details concerning the development and structure of these interesting parasites, but the best means of expelling them when present in the

intestines is a subject that is every medical man's concern. Like all the rest of the world we have long ago abandoned the idea which Hahnemann and many of his contemporaries and predecessors entertained, that there was a particular worm diathesis which favoured the occurrence or persistence of the tapeworm in the human intestines, and we now all believe that tapeworms of all kinds are introduced into the intestines from without, and that no particular morbid condition of the intestines is requisite in order that they should fasten themselves on to the intestinal mucous membrane, and there grow to the enormous length they are apt to attain. We all also believe that the best thing to be done with them when they manifest their presence by the evacuation of proglottides, is to expel them as quick as possible.

We have hitherto been quite successful in getting rid of these pests by means of *Kousso* or *Cortex rad. granati*. But Dr. Stein prefers to all other remedies the ethereal extract of *Aspidium filix mas*, for the preparation of which he gives precise directions and which he prefers to the powder of the rhizomes of that fern and to the oil prepared from it. He does not consider any preliminary treatment necessary, but for all the three common forms of tapeworms, viz. *T. solium*, *T. saginata*, and *B. latus*, he adopts the same treatment, which is as follows:—"I let the patient take in the morning, fasting, a cup of coffee, and then with the help of a second cup I make the patient take the remedy enclosed in gelatin capsules according to this prescription: R *Extr. filicis maris ath.*, gram. 7·5 to 10. Divide in partes æqual, No. 15—20. Det. ad caps. gelatinos. elast. Sign. To be taken within half an hour." The coffee, he says, prevents the disagreeable taste of the remedy being perceived when the capsules burst in the stomach. Half an hour after taking the last capsule, he gives a mixture of cognac, castor oil, and syrup, fifteen grammes of each, and by this simple method, he assures us, he has never failed to expel the worm entire, head and all. Should this method fail, he says, this must be owing to the root of the fern employed not having been of good quality, or the extract not being properly prepared.

Translation of the Homœopathic Medical Society of the State of Pennsylvania. Seventeenth Annual Session, Pittsburgh, 1882.

DR. McCLELLAND, who presided, delivered an excellent address, in which he alludes to the recent discussions on homœopathy in this country, *apropos* of the addresses of the three Presidents of the British Medical Association. Speaking of the propriety of dropping the distinctive name implying a peculiar mode of practice, he says: "My own view, and it is shared by many, is that the title 'Doctor of Medicine' is sufficient, and includes homœopathy as a part of medical science, carrying with it a right to select a medicine according to our best judgment, without being subjected to even the mild stigma of 'irregular.'" This is interesting, as showing that some at least of our American colleagues are anxious to get rid of their sectarian title, while on this side of the Atlantic an attempt is being made by some of our own body to fasten on to us a title indicative of our mode of practice.

The volume contains the reports of the several Bureaus appointed for different subjects. A paper on "Accommodative Asthenopia" suggests some remarks. The author recommends *Ruta*, *Nat. mur.*, and *Arg. nit.* for it. We have found *Ruta* and *Bell.* the most efficacious remedies. In the discussions that followed are some remarks by Dr. Morgan, which show how easily false ideas as to the power of medicines administered may be propagated when the narrator has preferences for or against some remedy. "I had a case," said he, "that of a lady, who was subject to periodical attacks of sick headache. The pains were so severe that she would bury her eyes in her hands and press them into the pillow. *Bell.* did no good, and I gave her *Lac defloratum* (skim-milk) 1000, which I had secured two years before, but had never used. The next day she was perfectly free from pain. The previous attacks generally lasted three or four days." The inference intended to be conveyed is that the thousandth dilution of skim milk cured the disease. Before admitting this we would

inquire: Is it not possible that this was an attack that would have terminated spontaneously after one day, as so many sick-headaches do? Is it not possible that if this disease was cured by medicine the *Bell.* had something to do with the cure? It is not stated what dilution nor how many times it was given, nor how long the practitioner waited to see that it "did no good" before giving his dose of skim-milk. No doubt the next compiler of a *Materia Medica*, if he admits clinical experience, will put "sick-headache" under the head of *Lac defloratum*. An interesting case of leucoma of both corneæ, cured by *Graph. 2x* and *Sulph. 6* in six months, is given by Dr. J. E. Jones. Our surgical colleagues seem to be abreast of the most advanced surgery. There is a case by Dr. Thomas of the removal of 1875 grains of uric acid calculus at two sittings, which is an almost unexampled instance of rapid lithotripsy. There are many other interesting papers in this volume, which does great credit to the Society.

The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera morbus, Cholera infantum, and all other loose evacuations of the bowels. By JAMES B. BELL, M.D. Second edition, by Drs. BELL and LAIRD. New York: Boericke and Tafel, 1881.

THIS is a book that has doubtless caused the author or authors infinite pains, but we think the results are hardly commensurate with the labour expended on them. The author in his introduction tells us that he prefers the 200th to all others, at all events, all lower potencies, so we perceive from this that he is a so-called "high-dilutionist," which will perhaps account for the wonderful number of medicines he gives for diarrhœa and its congeners. Between A and Z he gives the indications for 140 medicines. We do not, of course, doubt that diarrhœa may cease under the administration of every one of these medicines even in the 200th potency, but then diarrhœa will as

often cease under no medicine at all, and it is scarcely enough for a text-book on diarrhœa to admit as special remedies for diarrhœa medicines during the use of which diarrhœa may have occasionally ceased. In the part that gives the medicines and their indications there is nothing to show that the author considers one medicine more important than another, and the indications for many are so very similar that it would be impossible to determine which was the best remedy for every given case unless we were aided in our selection by some accessory symptoms of a very peculiar character, and even then we doubt if our selection of a remedy under such guidance would be certainly correct. Thus, *Graphites* has *watery diarrhœa* in common with sixty or seventy other remedies, but it is alone in possessing the accompanying symptom of "impertinence." Could we depend on its being the right remedy for a watery diarrhœa if the patient were impertinent? How are these accompanying symptoms of the diarrhœa selected? Are they derived from the pathogeneses of the medicines? Hardly so, we should think. From clinical experience? Scarcely even that in all cases. From what source then do they come? Some of them seem to be taken from the pathogeneses of the *Mat. Med.* in this way, that peculiar symptoms are extracted from the pathogenesis of a medicine and tacked on to diarrhœa as accompaniments thereof, which in the original were united to quite other symptoms. Whence others are derived we have no idea. Special type indicates the supposed degrees of importance of different conditions and accompaniments, generally quite arbitrarily, as it seems to us.

A very copious repertory is appended, and with such a long list of medicines and their indications a repertory was absolutely necessary. This is very well done, and some attempt is made to distinguish the relative importance of medicines by means of different kinds of type, but we do not know on what principle this is done.

On the whole, we think that Dr. Bell's work would have been more practically useful had it been less ambitious. A dozen or two remedies carefully worked out, not over-

loaded with "accompaniments," many of which in this work are decidedly far-fetched, would have afforded more real help to the practitioner than this gross of medicines whose wealth of symptoms, conditions, and accompaniments serves only to puzzle the practitioner, and render his selection of the appropriate remedy more difficult by presenting him with so many medicines which have many of the most marked symptoms of diarrhœa in common, for the varieties of "accompaniments" which are intended to fix his choice are seldom found in connection with actual cases of diarrhœa, and many of those given in this work do not belong to diarrhœa at all, but in the proving were connected with totally different morbid states.

Index-Catalogue of the Library of the Surgeon-General's Office, U. S. Army. Vol. II. Berlioz—Cholas. Washington: Government Printing Office, 1881.

THIS second volume deserves all the praise we bestowed on the first. It is a sumptuous work, and the literary part is extremely well executed. The plan of indexing the subjects, as well as the authors, vastly increases the value of the work, and the various articles treated in the periodicals are entered in this double manner with tolerable copiousness, though we have to complain that the articles in the homœopathic periodicals are not entered anything like so fully as those in the orthodox journals.

Introductory Lecture. Delivered before the class, Sept. 30th, 1881. By Wm. OWENS, M.D., Professor of Materia Medica, Pulte Medical College, Cincinnati.

DR. OWENS is of opinion that no satisfactory rationale of drug-action has yet been given, and yet that such is

needed; so he propounds one of his own. He assumes that the sympathetic is the agent whereby vegetative life is carried on, calling it the "organic nervous system" accordingly, and maintaining that it originates in the solar plexus (1). Nerve-tissue alone he thinks endowed with irritability, and therefore capable of responding to drug-influence; and he argues that all the phenomena of drug-action can be explained by supposing it an irritation of certain tracts of the organic system of nerves.

Now, we have already pointed out, when commenting on Dr. Burt's somewhat analogous hypothesis, that Bichat's view of the sympathetic is quite untenable in the light of later physiology, and is universally abandoned. Dr. Owens supposes it to consist of "trophic" nerves, and that when its filaments are irritated (as by galvanism) increase of circulation and function takes place. When, however, he comes to relate experiments, it is plain (though he does not seem to perceive it) that it is the sensitive and motor nerves which—by reflex or direct action—exert this influence, while the sympathetic does so only when its fibres are *divided*—i.e. its current of nerve-force interrupted. If he had mentioned the opposite experiment of galvanising it, he must have said that the result is to make the part pale, cold and dry. In fact, the sympathetic is not a trophic nerve at all, but a vaso-motor; and the above phenomena are the natural results of reducing or increasing the energy with which it supplies the muscular coats of the arteries.

Still more untenable is the supposition that nerve-tissue is the sole seat of irritability. Dr. Owens has evidently been reading Fletcher, and forgetting to compare his views with present knowledge. He understands protoplasm, but does not see that it exists in every living part of the body, is everywhere irritable, and therefore everywhere responsive to medicinal as to other stimuli. Limiting it to nervous tissue, or supposing that nervous influence only can wake it to action, leads him to assume the existence of a nervous system wherever he finds irritability and life. Darwin is thus said to have demonstrated one in plants,

because he has shown that these display motor and reflex phenomena, perform functions and respond to poisons. "No life," it is laid down, "be it vegetable or animal, can survive a moment without innervation;" and therefore nerves are assumed as existing throughout animated nature, and the organism without them to be inert and quasi-dead. Dr. Owens must study the subject of protoplasm more thoroughly, and he will find the nervous system only one of its embodiments, playing a unifying and harmonising part in the organism, but by no means the *primus motor* of life, or the *primum mobile* of all drug-action.

OUR FOREIGN CONTEMPORARIES.

In the following notice we propose to bring down our surveys of French, Belgian, and Italian homœopathic journals from the time up to which we last followed them (see our number for April, 1881) to the end of last year.

FRANCE.—*L'Art Médical*, Nov., 1880—Dec., 1881.—We will mention what is noteworthy in these fourteen numbers.

1880, Nov.—It appears that M. Davaine's researches into the antiseptic action of *Iodine*, as exerted upon the virus of charbon, show that it continues up to an attenuation intermediate between our 5th and 6th decimal dilutions.

Dec.—The treatment of pneumonia in France does not seem to be successful in the old school. In the hospitals of Lyons, during the second and third *trimestres* of 1880, there were 53 deaths out of 152 cases of this disease, being a mortality of about 35 per cent. The mode of treatment is not stated.

1881, Feb.—We observe the adhesion to homœopathy of Dr. Regnault, professor of clinical medicine at Rennes. He is suffering the usual indignities, but maintains his ground.

March.—Dr. Imbert-Gourbeyre relates a case which

seems to show that the repute of *Antimonium tartaricum* in orchitis is due, not to its emetic, but to its dynamic action.

June.—Dr. Jousset is of the opinion of Torti, that the curative action of bark in ague is slow. It does not coincide with the development of the physiological effects of quinine. The remedy should thus be given as long as possible before the paroxysm it is desired to prevent.

July.—The same author here relates a case of typhoid, complicated with a very painful spasm of the anal sphincter. This yielded nicely to *Capsicum θ*.

August.—In this number Dr. Jousset, having previously given a translation of Dr. C. Wesselhoeft's researches into the behaviour of our triturations under the microscope, comments upon the conclusions drawn by him. Admitting all his facts, he maintains that the re-actions of highly attenuated drugs with the organism are as valid evidence of the presence of matter there as physical tests could furnish. He suggests that the matter in them has entered into altogether a new state. Dr. Ozanam maintains a novel thesis on a physiological point, viz. that the venous circulation is partly carried on by re-action from the neighbouring arterial pulsations.

Nov.—Dr. Piedvache here brings to bear upon the pathogenesis of *Opium* and the rationale of its therapeutic use the observations of Levinstein on the effects of long-continued hypodermic morphia. We cannot approve of the argument that because this pain or that flux has been observed in a subject of the influence of *Opium*, therefore the uses of opiates to hush pain and dry up diarrhœa are instances of the operation of the homœopathic law. Some observations in the *Gazette Hebdomadaire*, by Dr. Pecholier, on the action of *Veratrum album* and *Helleborus niger*, are given in this number, and contain some real additions to our knowledge of the action of these drugs.

It will be seen from the above that Dr. Jousset continues to be chief contributor, as well as editor, of *L'Art Médical*. Besides his clinical lectures, which are rarely wanting and always instructive, we have the lectures on *Materia Medica* which he is delivering at the "Enseigne-

ment Homœopathique" now carried on at the Rue Coquilliere. Here, however, he does not shine: his treatment of the subject is too superficial and (as we have said) uncritical. The studies of medicines for his projected work on the subject continue to appear from time to time, but are open to the same animadversions. In these, and in other departments of the journal, he has found a very intelligent *collaborateur* in a Dr. Piedvache, whose name is new to us.

Bulletin de la Société Médicale Homœopathique de France, July, 1880—Sept. 1881.—This is as far as the *Bulletin* has reached at present; but in the present series we have no gaps to lament. We will go through it as before.

1880, Oct.—Dr. d'Espiney, of Nice, here appears as an earnest advocate of the plan of giving single doses and allowing them to act for a long time. By the opposite course he thinks the progress of disease actually hastened. This especially applies to cases of profound alteration of tissue, as phthisis and cardiac disease.

Nov.—In this number Dr. Claude begins a paper which extends into several others, giving his experience with *China* in gall-stone colic, which is entirely confirmatory of that of Dr. Thayer already noted in our pages.* It is a very interesting series of cases. Dr. Claude, however, must not argue the homœopathicity of the drug from the jaundice-symptoms in Hahnemann's pathogenesis of it. These are all taken from aguish subjects.

1881, Jan.—Dr. Serrand, of Cauterets, relates a case showing great influence on the erethism of typhoid fever from *Veratrum viride* l.

Feb.—Here the same physician, together with a relative, puts on record a number of cases illustrative of the action of *Hamamelis*. They include various congestions of several parts—the throat and uterus especially, and confirm its influence on the venous system generally. One of them, however, is an instance of neuralgia of the internal saphenous nerve, which is a new application of the drug.

March.—Dr. Gounard states that he was told by a

* See vol. xxxiii, p. 345.

Spanish physician that in the last two years of his life Nuñez advised his pupils to use only the lower dilutions. Dr. Claude makes the following statement:—"Thomas Casper has studied the triturations of *Lycopodium*. He has remarked that up to the 9th the spores remain intact, and that it is only from this point they begin to open and communicate active virtues to the preparation." If this refers to Mr. Thompson's researches ("Thomas Casper" = Thompson and Capper) it is curiously incorrect, as what he showed was that, not higher degrees, but more prolonged trituration was necessary for the purpose named. Dr. Ozanam is quite as far out when he states that "Dr. Meyhoffer has found particles of metals in the 20th trituration." It was Dr. Mayerhofer who made the observations; and the 14th *dilution* (the preliminary triturations being made in the proportion of 2 to 98) was the utmost point at which any particles were thought to be visible. Dr. Claude further confirms Dr. Ludlam's favourable testimony to *Nitric acid* in metrorrhagia, giving a case where this trouble resulted from an ulcer on the cervix, but yielded in three days to the 12th dilution of the medicine, the ulcer itself soon afterwards healing up. Dr. Rochet contributes to this number several interesting clinical cases, among them one of chronic superficial inflammation of the tongue, cured by *Nitric acid* 1; another of diabetes in a lady of 58, cured in four months by *Uranium nitricum* 3, with a moderately restricted diet.

April.—This number is entirely filled with one of Dr. Gallavardin's "Causeries Cliniques," the subject being "The Power of Homœopathy to improve the character of man and develop his intelligence." According to him, there is hardly any fault of temper or disposition which may not be corrected by a few doses of one or other of our medicines, generally infused by the friends in the offender's drink. We wish such experiences were more common.

June.—Dr. Claude commences in this number, and finishes in the next, an essay "On the Rhythm of certain Medicines" which is full of instruction, illustrating the evening exacerbation of *Atropia* (neuralgia and intermit-

tent fever), that about 4 p.m. of *Lycopodium*, and the clock-work periodicity of *Cedron*. This has since been published separately (Baillière and Co.), and would well repay purchase by any who (to their own loss) do not read the *Bulletin*.

July.—Dr. Tessier is the clinician in this number, and his cases are well worth perusal. Chronic coryza cured by *Kali iodatum* 1x, the same and maxillary necrosis by *Aurum* 3 and 30, and psoriasis by *Manganum* 2, are specimens of them.

August.—The clinique of the Hôpital S. Jacques reported here contains a case of gangrenous phlegmon of the palm of the hand rapidly cured by *Lachesis* 3 internally and applications of a 5 per cent. solution of *Chloral hydrate*.

September.—Dr. Cretin, reporting here a case of undeveloped scarlatina, surprises us by taking no note of the temperature, and still more by justifying his neglect to do so on the ground of want of time. If the practitioner will always begin by putting in his thermometer, the five minutes required for its rise can be profitably spent in inquiries and examinations. Dr. Partenay has turned to good effect the ascertained power of *Fuchsine* to cause albuminuria by giving it (3rd dil.) in this condition occurring in scarlatina, and with the best effects.

Bibliothèque Homœopathique.—From our last notice of this journal, it will be seen that we have to survey it from Nov., 1878, to Dec., 1879, and then from Nov., 1880, to Dec., 1881.

The earlier series, before the adoption of the journal by the Société Hahnemannienne Fédérative, consists almost entirely of extracted and translated matter, so that we have hardly anything to note in it. In Jan., 1879, Dr. Heermann confirms Dr. Farrington's favourable experience with *Paris quadrifolia* in headache where a thread seems to draw back the eyes and root of the nose towards the occiput. The same physician is not so happy when he states in February that in the past year the American homœopathic colleges had turned out more than a thousand graduates! Less than half that number would be a more correct estimate.

In July, Dr. Kruger animadverted upon Dr. Cartier's treatment of acute nephritis, as reported to the Paris Congress of 1878. He represents him, however, as giving *Terebinthina* by the spoonful, whereas he put a teaspoonful of the oil into about 4 oz. of water, and administered dessert-spoonful doses of this mixture. The writer's position may be inferred from this bizarre exclamation—"suppress the globule, and you suppress the very heart of homœopathy!" Dr. Chargé supplies several of his therapeutic indications for remedies in particular types of disease, and in the double number for Nov.—Dec., 1879, Dr. V. Léon Simon gives an interesting sketch of "The State of Medicine in the time of Hahnemann." Dr. Krüger contributes to the same number a somewhat imaginative sketch of the state of homœopathy throughout the world, in which we find (*inter alia*) that our hospital in Great Ormond Street contains from 120 to 150 beds, and that we have in London another hospital devoted to children!

The series dating from October, 1880 (whose initial number we have already noticed), presents us with much more original matter. The meetings of the Société Fédérative are recorded, and cases are reported from the Hôpital Hahnemann founded and officered by it. We have to note with regret that in the latter thermometric observations are wanting. The neglect to take them is yet more reprehensible in hospital than in private practice. In Jan., 1881, we find Dr. V. Léon Simon, in communicating to the Society the declaration of homœopathic principles made by the so-called "Legion of Honour" among us describes them as a minimum, and regrets the absence from them of Hahnemann's doctrine of chronic diseases! The members present approved these sentiments. In February, we find Dr. Nankivell communicating to the Society a cure of hypopion with *Colchicum*, to which he was led by the case reported in the number of the previous October. In March, Dr. Heermann mentions a case in which *Vaccinium*, given to an infant in the 30th dilution as a prophylactic (in place of vaccination at the arm), was followed by a general eruption closely resembling that of smallpox.

In April, Dr. Duprat communicates a case of chorea of sixteen months' standing in a child of eleven. *Stramonium* 3, chosen because bright light of any kind developed an attack of rage, rapidly cured. In May, the same physician reports mucous polypi of the nose, coming away under the influence of *Thuja* 6. The patient had several warts on the hands, and some years previously had had condylomata excised from around the anus. In June, apropos of one of Dr. Serrand's cures with *Hamamelis*, which was of a neuralgia of the saphenal nerve, is communicated a similar case. The 12th and 18th dilutions were used. In July, apropos of alternation, Dr. Lieboucher mentions that, having at one time been accustomed to give the usual *Belladonna* and *Mercurius* in pultaceous sore throat, he had since tried them separately, and found *Belladonna* the effective agent—the *Mercurius* being quite inert. The numbers for August and September contain a full and very fairly correct account of our International Congress, from the pen of our friend, Dr. V. Léon Simon, who favoured it with his presence. The same physician relates an obstinate case of facial neuralgia, characterised by relief from holding cold water in the mouth, which went off as this grew warm, cured by *Bismuth* 6. In October, Dr. Chargé delivers himself strongly against what we consider rational homœopathy; but he is more Hahnemannian than was Hahnemann himself. "Has he given us," he asks, "the specific for measles, scarlatina, cholera, syphilis?" He answers, No; but if he will read Hahnemann's writings, instead of imagining what his teaching must have been, he will find that as regards the second and fourth at least the reply must be in the affirmative. In November, Dr. V. Léon Simon commences a study of Hahnemann's pathogenesis of *China*, in which he arranges the symptoms of each prover in order according to the time of their appearance. This is a very useful task.

BELGIUM.—*Revue Homœopathique Belge*.—Oct., 1880—Dec., 1881.*

1881, Feb.—Cures of acute meningitis occurring in

* The number for January, 1881, is missing from this series.

childhood are so rare, that we notice that recorded here by Dr. Thomas, of Brussels, though none but the usual medicines—*Aconite*, *Belladonna*, *Bryonia* and *Stramonium*—were given.

April.—Dr. Bernard reproduces here his case of chronic prurigo cured by *Rumex crispus*, which he had already published in English in the *Homœopathic World* for Nov., 1880. It confirms Dr. Searle's indication for the drug—that the itching is made worse by exposing the surface to cold, as in undressing.

June.—Dr. Martiny continues from time to time his valuable clinical observations on cardiac disease, and in this number points out how strong is the natural tendency to compensation when valvular defects are present, and how much this is interfered with by the violent treatment of the old school, while our gentle remedies do nothing but favour it.

Nov.—Apropos of a collection of observations regarding *Digitalis* made by Dr. Bernard, the same physician mentions an interesting fact, that Jahr, who confined himself to infinitesimal doses (generally thirtieths), never used *Digitalis* in cardiac affections.

Dec.—M. Sentin, *pharmacien* of Brussels, relates a case of phosphorus poisoning where, no physician being at hand, he was appealed to for medicines. On the strength of the symptoms mentioned, he sent *Aconite* 6 and *Arsenicum* 12, and the result was so satisfactory that when the (old school) practitioner arrived, he did nothing but continue the remedies.

L'Homœopathie Militante.—This journal now appears at such rare and irregular intervals that it has ceased to mark its issues by months, and designates them only as numbers of a "troisième année" extending over three solar years (1880—2). Six of these have appeared since our last notice.

The Académie Royal de Médecine of Belgium has again had its peace disturbed by the troublesome subject of homœopathy. One of its supposed orthodox members—a Dr. Stappaerts—has submitted to it a memoir entitled "An examination of the System of Hahnemann," which,

though condemning his vitalism, is by no means unfavourable to his proposed reforms in medicine. A commission appointed to examine this work reported in favour of thanking the author and publishing it among the memoirs of the Society. An amendment was proposed, relegating it to the (unpublished) archives; and on a division this was carried, but only by 16 to 14, there being two abstentions. Dr. Gaillard makes much of this occurrence, and gives a critical account of the essay which brought it about. In No. 9 he affords an amusing picture of the gradual change of attitude of his chief opponent, Professor Crocq. At first, this gentleman regretted that homœopathy was not included among the crimes of the penal code. Next, he described it as an ignominious practice, making its adopter infamous: he declared that he despised such a man as dishonest. In 1875, "*ignorants, illuminés, imposteurs*" were his phrases for describing his homœopathic colleagues. In 1881, he denies that he is hostile to homœopathy or any other mode of practice; and that he would vindicate the liberty of their adoption against any one who should seek to contract it. Finally, we have him saying—"As to the question of infinitesimal doses, observe well that I do not deny the action of any medicine in any dose."

ITALY.—*Rivista Omiopatica*.—Oct., 1880—Dec., 1881. —This journal retains its wonted character, and accordingly presents nothing for our comment. We are glad to see, however, that the homœopathic practitioners of Italy are making a move towards concerted action. In August of last year fifteen of them met at Milan, and formed themselves into an Institute, which is to assemble again at Genoa next September, and will—we hope—increase in bulk like a snowball as it progresses.

MISCELLANEOUS.

Wicked Homœopathic Engineering.

TO MY COLLEAGUES,—Allow me to draw your attention to a short sermon in No. V of a curious serial styled *Homœopathic Medical Progress* (lucus a non lucendo?).

In this discourse, duly commenced and finished with Scripture texts, the preacher points the finger of condemnation thus:—“Their wish is *to do away with the ‘distinctive title’* of Homœopathy altogether. With a degree of caution commendable in *purely partisan politics* only, their policy has been to approach the subject cautiously, *by a series of ‘zigzags,’ thus hoping to conceal their approach from the garrison of the Homœopathic fortress* till they shall have approached it so near as to make it possible to carry its defences, and to ‘lower the flag’ for which we have so long fought manfully. One of the first ‘approaches’ was made, many years gone by (by Dr. Francis Black), in a paper read by him (if we remember rightly) at the British Homœopathic Society, called ‘Am I a Physician, or a Homœopath?’ Steadily and persistently Dr. Black, Dr. Dudgeon, and a few others, have been undermining the defences by which homœopathy has been made a *‘distinctive and special branch of medicine.’*”

Why single me out to his flock as a warning? If I have sinned is not he more worthy of the stocks who, posing as Governor of the homœopathic fortress, not only sanctions but claims priority in the construction of these naughty, naughty zigzag approaches?

In order that the preacher may smite this treacherous engineer on the hip, I recommend to his notice the paper referred to; he

will find it in the *Ann. Br. Hom. Soc.*, 1866, and at the end a note worthy of his perusal; the italics in it are not mine.

"Since reading this paper, Dr. Bayes, who was present but unable to wait for the discussion, has drawn my attention to a pamphlet (*Two Sides to a Question*, 1860), in which he thus alludes to my question:—'For my own part, I have investigated the subject, and the result of my investigation has been that I have adopted homœopathy into my practice. Observe, *I object to the title of Homœopath.* Its assumption savours of sectarianism. I object to any other title than that of physician, or at the most physician practising homœopathy.'

After reading this passage, I can imagine the preacher, in his next discourse on the text "Hoist by his own petard," waxing wrathful, and exclaiming, "Oh, Doctor! how very naughty of you to have drawn wicked zigzags so long ago as 1860. You the chief elder of my flock, alas! treacherous engineer, alas! evil writer of 'voyages en zigzag,' how you have deceived me! How can I ever again rouse my flock with the wonted high falutin strains, when they hear that you, the Goody-Goody, the Governor of the homœopathic fort, *object to the title of Homœopath because its assumption savours of sectarianism.*"

Alack and alas the heavy day! What terms strong enough can I find for treacherous zigzagers—they are—they are—alas! in my sorrowful astonishment I can only groan they are "*quite utterly too utter.*"

FRANCIS BLACK.

New York Homœopathic College.

PROFESSOR J. W. DOWLING, after a service of twelve years as Registrar and Dean of the New York Homœopathic College, has retired from the Deanship on account of the arduous duties connected with his private practice.

The faculty and trustees, on accepting his resignation, passed very complimentary resolutions, which were ordered to be engrossed and presented to the retiring Dean as a token of their continued friendship and appreciation of his many years of labour in behalf of the college.

Prof. Dowling was elected President of the Faculty, and retains his chair of Professor of Physical Diagnosis and Diseases of the Heart and Lungs.

Prof. Allen was unanimously elected Dean.

[We would call attention to a very able article on homœopathy in the June number of the *North American Review*, by Professor Dowling, in reply to a very silly attack on the system by Professor Palmer in the May number of the same periodical.—Eds.]

CORRESPONDENCE.

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

GENTLEMEN,—The editor of *Homœopathic Medical Progress*, in his issue of May 25th of this year, gives us the following passage:—“He says that the ultimate adoption of homœopathic truths by all the profession will be *coincident with the extinction of the name*; this, he says, will constitute *its final triumph*. We confess this appears to us false and paradoxical.” The *He* of the above passage is Dr. Drysdale, who so expresses himself in the letter he wrote to you in the April number of your Journal when giving his opinion on the subject of the L.H. degree of the London School of Homœopathy.

False and *paradoxical* are not convertible terms, as I have no doubt the editor of *Homœopathic Medical Progress* knows. Paradox is simply that which is contrary to received or common opinion. Let it be granted that Dr. Drysdale's opinion is paradoxical in the strict sense of the word, that is to say, that it is contrary to *common* opinion, does that constitute it false? If it is so, I have been cherishing a falsehood for more than half of my professional life, as some of my friends know. Homœopaths should be the first to acknowledge that a paradox may be true and a received opinion false. That “likes are cured by likes” is a paradox to old medicine. That the thousandth part of a grain of medicine cures disease is another paradox. But both are true, nevertheless.

The paradox complained of is that the final triumph of homœopathy will be coincident with the extinction of the name. This assertion is declared to be “absolutely self-contradictory.” Such “extinction,” it is said, “would lead to the slow destruction of our whole scientific system of medicine.” It does not appear to me that this would be the case. The death of the sect (for sect

we are) and its name would not involve the death of the thing. Those who are unable to realise the truth of this can find no meaning in the faith that death is a transition-stage to life, nor in the well-known passage, "that which thou sowest is not quickened except it die." Such as see truth in this passage find no difficulty in understanding that when the words *homœopathy* and *homœopathist* cease to be used, except historically, the doctrine of similars may be more widely recognised and practised than it is now.

The explanation of this paradox implies an estimate other than high of our profession. The relation between medicine and homœopathy in this country during the last half century has not been, to say the least, an amicable one. It is not necessary here to say which party is most responsible for that relationship. It is sufficient that the fact should be recognised that it is not a friendly one. Such being the case, the question arises: How is it to be made friendly? It must be by one party or the other making overtures towards a reconciliation. Which party is to do that? It is too much to expect that the most numerous and powerful party, the party in the wrong, will do it. It must then be the smaller party. And how, and on what terms? Certainly not by forswearing itself; not by unsaying all that it has been saying since it formed itself into a party. It believes as firmly in the doctrine of similars now as it did then. It holds to that doctrine and it will continue to hold to it.

But if we, the smaller party, are not asked, as the terms of reconciliation, to sacrifice our law of similars, we are justified in listening to the terms proposed. Suppose, then, the terms to be the surrender of the word *homœopathy* and of all its derivatives? a surrender of the name not of the thing? May not such terms be reasonably listened to and taken into consideration? Does any one ask, *cui dono?* In the first place, and chiefly, we shall have it in our power by accepting those terms to free ourselves from the stigma of sectarianism, and from the evils, moral and intellectual, professional and social, which follow necessarily in its train. In the second place, being merged in the general body of medicine, all the rights and privileges, the honours and distinctions at its disposal will be open to the deserving amongst us. But, what is of still more consequence, we shall then, for the first time, have the opportunity of advocating our cause on a

fair platform. Clubs and societies, journals, hospitals, and professional offices, libraries, &c., from which we are at present effectually excluded, will be thrown open to us. In those, with pen and voice, we shall be able to indoctrinate the profession with our theories and practice, and prove to it how much of their own theory and practice is derived from ours, and how medicine will be still more a gainer if the doctrine of similars is accepted as a rule if not *the* rule of practice.

Is not this a consummation devoutly to be wished? Is it not the likely means of securing the general recognition of our doctrine? Is it not worth while to die as a sect to live healthily and triumphantly hereafter in full enjoyment of all we have struggled and fought for?

Nothing can be more harmful to medicine than the present attitude of the two parties towards each other. In politics partisanship may be allowed, but in it only as a necessary evil. But in medicine partisanship can do nothing but harm. Questions which ought to be considered and discussed simply on their merits are considered and discussed as emanating from rival schools. The result can be foreseen. They are not argued fairly if they are argued at all.

But when the word *homœopathy* disappears and gives place to the comprehensive one, *medicine*, as the only one to be recognised and used, there will be good assurance of no interests but those of medicine being taken into account. In schools, societies, and journals, all that relates to medicine will be discussed, and that without thought of excluding or condemning the propounders of strange doctrines. It may be that one man or set of men will be pointed at as having a craze in favour of the water cure, another for swearing by the law of similars rather than by the law of contraries, another for maintaining that electro-magnetism cures all ills to which flesh is heir, and others for faith in salicylic acid in rheumatism, for faith in diet rather than in drugs, for faith in mineral waters, expectancy, one medicine at a time, polypharmacy, small doses, movement-cure, &c. These will be pointed at as the riders of hobbies; but, and this is the important matter, they will have scope and opportunity for exhibiting the paces, blood, and breed of their hobbies. But, to drop metaphor, what is good and true and verified by observation and experiment will hold its ground and leaven medicine to its profit. We may, therefore,

confidently look forward to the acceptance of our law by the profession when we have a fair stage on which to display its truth. We have not that fair stage now. It must be the heart's desire of each one of us to stand on that stage, so that we may, for the first time in the history of homœopathy in this country, have the long-awaited for opportunity of teaching it to the profession.

I have shown, I believe, that Dr. Drysdale's paradox is founded on truth and common sense, that to die may mean to live. I scarcely can bring myself to believe that many of our body are contented to allow the existing state of matters to continue, a state of matters most unfavourable to homœopathy, most unfavourable to medicine. A change in the relationship of the two parties could not well be to the worse. Let a change, then, be made on the lines I have sketched out in the hope that it may be to the better. Those should be the first to advocate the change who speak so loudly and fervently about the honour of their flag, about having the courage of their opinions, about open avowal of belief. Those who use such expressions mean this if they mean anything, that the law of their practice is a sacred deposit to be cherished and fostered and used like the talents given to the stewards of sacred story; that is to say, so as to bring forth thirty, sixty, a hundredfold profit. But the truth, the law which is their pride and boast cannot have its full development and extension so long as its use is confined to a small and strait sect. Its greater development and extension may be secured by a sacrifice on the part of that sect. The question is, will it make that sacrifice? Is it ready to enact a self-denying ordinance to secure a great gain? All the future of homœopathy and much of the future of medicine depend on the answer to this question given by our body. It cannot surely be doubted for a moment what the answer will be. What we all desire and pray and work for is the conversion of medicine to belief in the homœopathic law. Half a century's endeavours to this end have signally failed to effect this. But here is a new method of proselytism suggested, a method more likely to succeed than those that have been already tried, and we shall be disloyal to homœopathy if we do not try it.

Your faithful servant,
C. B. KER.

CHELLENHAM, *June*, 1882.

74, NEW BOND STREET, LONDON, W.

May 24th, 1882.

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

DEAR SIRS,—Will you kindly allow us space to say we fully intended the substitution of the word "official" in place of "official" throughout the *Companion*. The former represents the fact more correctly than the latter, which is derived from "officina," "a shop." We understand the word "official" to convey "that which emanates from those in office." It is used in Bentley and Redwood's *Elements of Materia Medica* and in Squire's *Companion to the British Pharmacopœia*, both standard works.

We are, dear Sirs,

Your obedient servants,

KEENE AND ASHWELL.

188, FLEET STREET, LONDON, E.C. ;

April 5th, 1882.

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

GENTLEMEN,—We beg to call your attention to a review of *Smith's Operative Surgery* which appears in your current issue, wherein you make the following remark :—"This American work (for it is written by an American, and belongs apparently to Wood's Library of Medical Works, though it bears the name of an English publisher on the title)." This is an error on the part of the reviewer, as the work in question is in no way connected with Wood's Library of Medical Works, nor does it even belong to our series of such works, being an entirely independent work published at 18s. We are its authorised publishers here.

With many thanks for the admirable notice, and trusting you will excuse our calling your attention to the above error,

We remain,

Yours truly,

SAMPSON LOW AND CO.

4, Highbury New Park, N. ;
4th April, 1882.

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

GENTLEMEN,—At p. 103 of your Journal you state that Hahnemann gave medicines on unhomœopathic principles "down to a very late period of his life." Will you in your next number favour me with the proofs of your assertion?

Yours faithfully,

E. W. BERRIDGE, M.D.

[We would refer Dr. Berridge to our 11th vol., pp. 37, 38, for the proofs he desires, and would also remark that in vol. xii, p. 349, he will find a case in which Hahnemann prescribed *Castor oil*. Moreover, the antidotes for medicines he mentions in the *B. A. M. L.* are often not homœopathic, and his recommendation of *Camphor* in cholera was on the ground that it destroyed the animated miasma of which he considered the contagion of cholera consisted (see *Lesser Writings*, pp. 845 and 849 *et seq.*)—Eds.]

BOOKS RECEIVED.

Electricity in Surgery. By JOHN BUTLER, M.D. New York : Boericke and Tafel, 1882.

Gastein, its Springs and Climate. By G. PROELL, M.D. 3rd edit. Salzburg, 1877.

Leucorrhœa, its Concomitant Symptoms and its Homœopathic Treatment. By A. M. CUSHING, M.D. 2nd edit. Boston, 1882.

A Treatise on Diseases of the Eye. By HENRY C. ANGELL, M.D. 6th edit. New York, 1882.

Supersalinity of the Blood; an accelerator of Senility and a Cause of Cataract. By J. C. BURNETT, M.D. London, 1882.

New South Wales, Compulsory Vaccination. Opinions of Fifteen Medical Men. Sydney, 1881.

Report of the Bureau of General Sanitary Science, &c., to the Am. Inst. of Hom. Pittsburgh, 1881.

The Treatment of Lateral Curvature of the Spine. By B. ROTH, F.R.C.S.

Archivos de la Medicina Homeopatica.

Revista Homeopatica, organo oficial de la Sociedad, Hahnemanniana Uruguaya.

The Calcutta Journal of Medicine.

Boletin Clinico del Instituto Homeopatico de Madrid.

The Medical Counselor.

L'Art Médical.

Rivista Oniopatica.

Bulletin de la Société Méd.

St. Louis Clinical Record.

Hom. de France.

Revue Homœopathique Belge.

Allgemeine homöopathische Zeitung.

The Monthly Homœopathic Review.

The Homœopathic World.

The Homœopathic World.

New York Medical Times.

The Hahnemannian Monthly.

L'Homœopathie Militante.

The American Homœopathic Observer.

The Medical Herald.

The United States Medical Investigator.

Homœopathic Journal of Obstetrics.

The North American Journal of Homœopathy.

The Medical Call.]

The Olinique.

The New England Medical Gazette.

The Homœopathic Physician.

Bibliothèque Homœopathique.

El Criterio Medico.

Indian Homœopathic Review.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

FORTY YEARS OF MEDICAL JOURNALISM.

THIS number completes the fortieth volume of the *British Journal of Homœopathy*. The first number was published in 1843, under the editorship of Drs. Drysdale, Russell and Black, and the death of Hahnemann occurred the same year, before the publication of the concluding number of the first volume. When this periodical was started the number of practitioners of Hahnemann's system in these islands could be counted on the fingers of both hands. During the next few years the medical converts to homœopathy multiplied exceedingly, and we do not think we are wrong in thinking that to our Journal may be ascribed some of the credit of this great increase of homœopathic practitioners; at all events, the new adherents found our columns a very convenient medium for ventilating their ideas and for recording the history of their conversion, and in them they found a goodly number of practical and theoretical essays by distinguished continental authors and by the editors, which were of considerable use to them in increasing their knowledge of the system, and in putting them *au courant* with the state and progress of homœopathy all over the world.

Though the editorial staff of the journal has undergone some changes during the forty years, the continuity of the journal as to its aims and objects has been preserved, and though the quality of the articles we have published at different times has varied, as it must in every periodical publication, we flatter ourselves that on the whole we have not deteriorated. From the first number, when we could not depend on having a public of more than a dozen, we have always kept within strictly professional lines, and have never sought to appeal to unprofessional readers. Though the great majority of the articles we have written and published have a more or less direct reference to homœopathy, we have from the very first admitted papers on other subjects, and we have endeavoured to keep abreast of the advance that has been made in all the branches of medical science, not even excluding notices of remedial means other than homœopathic. Our contributors have mostly been members of the medical profession, but we can point with pride to articles that have been written for us by men of science unconnected with medicine.

Our volumes are a perfect encyclopædia of therapeutics. From home and foreign sources we have culled the most valuable information with regard to the treatment of diseases and the remedial powers of drugs old and new. We have likewise given many valuable theoretical and practical papers by the most distinguished men of our school, most of them original, but we have not neglected to translate some of the most valuable essays that have appeared in French and German periodicals. In our back volumes will be found original essays by Professor Henderson, Drs. Chapman, Samuel Brown, Geddes Scott, Quin, Curie, Giglioli, Madden, Yeldham, Ker, Walker, Kidd, Laurie, Ozanne, Pope, McGilchrist, Moore, Blackley, Dyce Brown, Ludlam, Helmuth, E. Blake, Cooper, Nankivell, Wilkinson, Wyld, Leadam, Drury, Roth, Clifton, Berridge, Ransford, Hamilton, Cameron, &c., and translations and valuable articles by Drs. Arnold, Triunks, Mayerhofer, Müller, Gerstel, D'Amador, Jousset, Chargé, Tessier, Fleischmann, Wurmb,

Watzke, Schmid, Meyhoffer, Imbert-Gourbeyre, Rubini, Kafka, Käsemann, Goullon, Grauvogl, Hering, &c. Nor must we forget the numerous and able papers contributed by past editors, especially the scientific and practical articles by Dr. Drysdale, the masterly essays by Dr. Russell, models of literary style and rippling over with "pawky" wit, the thoughtful and inestimable contributions of Dr. Black, who, though he early retired from the editorship, has continued to enrich our pages with his instructive essays through all our volumes down to the present time. Dr. Atkin, too, should not be forgotten, though his editorial connexion with the Journal was, unfortunately, too early cut short by his premature death. The few papers he furnished to our pages are distinguished by sound common sense and practical insight.

The forty years of our existence have witnessed enormous changes in the general practice of medicine. When our Journal commenced the traditional methods of bleeding, purging, vomiting, and salivation were in full swing. The influence of our milder and more successful therapeutics caused a gradual cessation of the old perturbing methods that had been handed down from generation to generation. Medicine passed through the period of expectancy to a therapeutic revival in which a diligent search was made for remedies having some physiological relation to diseases; and though some few were discovered by original research, many more were furtively adopted from our own *Materia Medica* and recommended on homœopathic indications. The most popular work on therapeutics of the present day, that of Ringer, could have had no existence except for the teachings of our school, and the whole practice of medicine is gradually becoming more and more permeated by homœopathic ideas. We believe that our Journal has had a considerable share in bringing about the change.

The attempts that have been made by unscrupulous adversaries to create a prejudice against homœopathy, its practitioners and students, have always been steadily opposed by us. The verdicts obtained by hostile coroners from compliant juries have been denounced and held up to

reprobation in our pages. The unfair attacks on homœopathy in journal articles, pamphlets, and books, have been vigorously repelled. The unjust and illegal persecutions of candidates for diplomas suspected of homœopathic leanings by examining bodies have been mercilessly exposed, and their authors brought to shame before the bar of public opinion. The ill-concealed design of the promoters of the Medical Act to make it an instrument of oppression to practitioners of homœopathy was detected in our pages, and the wily scheme frustrated.

By constantly setting forth the scientific character of our therapeutics, by correcting the misrepresentations of its adversaries, and by demonstrating the irrational and unscientific character of traditional medicine, we have gradually won for our system an acknowledged place in medicine. We no longer see ourselves denounced in all the periodical medical literature as quacks, as dishonest and ignorant practitioners. We are treated with a respect to which we had long been strangers. Some of the periodicals of the dominant school publish in their columns essays written by adherents of homœopathy. Even the *Lancet*, which in former days exhausted the vocabulary of vituperation upon us, occasionally attempts to argue calmly on the doctrines of our school, and even admits replies by us to its arguments. The British Medical Association, which thirty years ago unanimously passed resolutions denouncing homœopaths as unworthy of any professional intercourse, now listens attentively to its presidents and addressers, admitting the scientific claims of homœopathy, and advocating the recognition of its practitioners as honourable and scientific medical men. We may without undue boasting take some credit to ourselves for having brought about this better state of feeling among our colleagues of the old school.

The position of homœopathy in general medicine having thus altered very considerably of late years, there is less occasion for controversial articles than there was at the commencement of our career. The tendency of men of science in the dominant school is to investigate the physiological properties of drugs, which has always been a feature

in the homœopathic school. We hope in future to cultivate this branch of our therapeutics in a greater degree than heretofore. In so doing we will be working on much the same lines as the most advanced representatives of old physic, of whose labours in this field we shall avail ourselves more than we have hitherto done. In other respects our Journal will not undergo any alteration with the exception that we shall increase our editorial staff by another member in the person of Dr. John H. Clarke, by whose assistance we trust to maintain and increase the usefulness of our periodical.

FOUR CASES OF RATTLESNAKE BITE.

By JOHN W. HAYWARD, M.D.

I. *Case of DANIEL STEEL ; reported by Prof. HARLAN.
Rapid recovery, but followed by local suppuration.*

On Monday, Sept. 13th, 1835, Daniel Steel, a showman of living animals in Philadelphia, was bitten by a large male rattlesnake immediately below and on the metacarpal joint of the index finger of the left hand. The accident occurred about 4 p.m. on a warm day just as he had incautiously seized the reptile by the neck, not so closely to the head but that the animal was able to turn upon him. Immediately after the bite, the blood flowed from both the fang punctures ; the parts in the immediate vicinity of the punctures became tumid and livid notwithstanding the efforts of the patient at suction with his mouth, which, however, faintness obliged him soon to relinquish. On my arrival, about half an hour after the accident, I found him extremely pale and faint, and was informed he had fainted several times. The whole of the back of the hand was puffy and tumid with effused uncoagulable blood which appeared to have infiltrated from the vessels and forced its way through

the cellular tissue; a ligature had been previously applied on the wrist, another was now placed on the arm, the forearm having already commenced swelling. The situation of the wound rendered the use of cups inapplicable, and the flow of blood was so rapid as to make their application inexpedient. The punctures were at some distance one from the other; this rendered it requisite to excise a large portion of the integument, the excisions extending down to the tendinous fasciæ. The blood which flowed after the operation did not appear disposed to coagulate. Cold water was now poured on the wound in a continued stream from the mouth of a pitcher held at a considerable elevation, and the swollen parts in the vicinity of the wound were forcibly pressed, in order to expel the effused blood. The patient immediately became very faint, and so was laid in a recumbent posture. The wounds were next washed with spirits of hartshorn; several doses of this were also administered internally; but being now informed that the patient had drunk freely of sweet oil, the hartshorn was omitted until the stomach should be evacuated by warm water. A poultice of bread and water was next applied to encourage the bleeding and the patient was put to bed. At 10 p.m. I was sent for in haste as the patient was thought to be dying; the bleeding from the wound had been extensive, the tumefaction had extended up to the arm, the inner and inferior portions of which were discoloured by effused blood; the patient vomited incessantly, he complained of insatiable thirst, and drank cold water every few minutes; he had pain and stricture at the pit of the stomach; great restlessness and anxiety; cold skin, with the exception of the wounded arm, which was also very painful; in addition there existed delirium, subsultus, and difficult breathing; and the pulse at the wrist was scarcely perceptible. The poultice, bandages, and all the ligatures were immediately removed: the back of the hand was blackish and more swollen; and the skin of the forearm was hot and tense. As a substitute for the poultice, and in order to suppress the bleeding, which appeared to be endangering the life of the patient by the debility it occasioned, large flat pieces of fresh meat were

bound on the wounds, the hand and the forearm; before this operation was completed the patient exclaimed: "I feel comfortable!" After this a sinapism was applied to the pit of the stomach; sixty drops of *Laudanum* were administered every half hour until the vomiting was arrested; after which the following bolus was given every two hours until sleep was induced:—*R. Pulv. Opii*, gr. vj, *Pulv. Camph.* gr. xvij, *Ammon. Carb.* gr. xxx; ft. mas. in bol. iij div.; all these boluses were taken before the desired effects were manifested.

On the morning of the second day, the 14th, his pulse was raised, the extreme thirst and irritability of the stomach were allayed, and reaction of the system in several respects was manifested; but the tumefaction of the arm had extended to the shoulder, with blue-black streaks up to the axilla. Stricture at the breast and great local pain were now the chief complaints. The application of raw meat was renewed, as it afforded comfort and appeared to reduce the swelling of the hand, and by its pressure had nearly arrested the hæmorrhage. In order to allay the pain and effusion of the whole arm he was directed to expose it naked to the fumes of burning wool in a convenient apparatus; this was attended by such marked alleviation of symptoms that the patient himself was desirous to have the operation frequently repeated; this was continued for two or three days, and the swelling always diminished after each application; it caused the arm to perspire profusely and covered it with a black soot impregnated with ammonia resulting from the decomposition of the wool. During the intervals the arm was rubbed with volatile liniment. The raw meat having become offensive, from its disposition to ferment and putrefy, was omitted, and flax-seed poultices were substituted. The anodyne boluses were continued in half doses through the day, and the quantity was increased at night to produce sleep. The system again became depressed and appeared to struggle with the effects of the poison. As the patient had been somewhat addicted to intemperance he was allowed milk punch to support his strength.

On the third day, the 15th, a greater degree of reaction

was obvious ; the bowels were evacuated by *Castor oil*, a dose of anodyne was administered : and though the arm suppurated, by carefully nursing the patient was able to leave his bed in less than a week.—*Harlan's Med. and Phys. Researches*, Philadelphia, 1835, p. 490 ; also *Lancet*, 1835—6, vol. ii, p. 574.

II. *Case of Dr. WOODHOUSE, reported by himself Slow recovery, followed by gangrene and necrosis.*

“ On Wednesday morning, Sept. 17th, 1851, whilst Lieutenant Parke and I were walking out to procure some specimens of birds, when about two miles from Zuñi, in passing along an Indian trail, I came within a few inches of treading upon a rattlesnake, which immediately coiled itself and prepared to strike. Jumping back I drew my ramrod and with it struck him over the back with sufficient force to break it. Being a fine specimen I wished to preserve it without further injury, when, placing my gun on his head and seizing him, as I supposed, immediately at the back of the neck, I picked him up ; but unfortunately I had too long a hold, for he threw round his head and buried his fang into the side of the index finger of my left hand about the middle of the first phalanx. The pain was intense, and immediately produced a sickening sensation. I immediately commenced sucking the wound ; at the same time I got Lieutenant Parke to apply a ligature round the finger to prevent rapid absorption of the poison. Scarifying the finger freely, I continued sucking the wound until I returned to camp. I sent a man who was with us immediately back to the pueblo to bring some *Liq. Amm. fortis*. He met me about three parts of the way from the pueblo ; I immediately applied the *Ammonia* freely to the wound, when I was met by Mr. Kern, who wished me to try the Western remedy, that is to say, get drunk. This remedy I had often heard of, and I determined to try its efficacy ; I commenced drinking whiskey. By the time I had reached the pueblo I had drunk about half-a-pint. During all this time I con-

tinued sucking the wound ; then, taking some *Ammonia* internally, I scarified the finger, holding it in a basin of warm water, which allowed it to bleed freely ; already (about half an hour, that is, on arriving at the camp, after walking about two miles) the glands in the axilla were getting sore and painful. I commenced drinking brandy, at the same time holding my finger in a cup of *Ammonia*. It took a quart of fourth-proof brandy, besides the whiskey, to produce intoxication, which lasted only about four or five hours ; during this state I vomited freely. Soon after coming to my senses I removed the ligature and applied a large poultice of flax-seed meal. I repeated the ammonia internally and took some *Massa Hydrarg. et Extr. Coloc. co.* as a cathartic. In the evening the glands in the axilla were quite painful ; so also was the finger. Took *Pulv. Doveri* gr. x.

“ Thursday, Sept. 18th,—Passed a restless night without sleep, although having taken during the night *Pulv. Opii* gr. iv. This morning the pain in the finger is intense ; a well-marked line of inflammation extends along the arm to the axilla. Had the entire arm and hand painted with *Tinct. Iodini*, and the poultice renewed. Commenced taking *Pot. Iod.* as an alterative. The pills not having operated took *Pulv. Seidlitz*, which had the desired effect. Diet.—Boiled rice. Several times on my attempting to walk a few yards I would be seized immediately with nausea and vomiting. This condition continued for several days. Took at bedtime *Pulv. Doveri* gr. x. The arm and hand I have had resting on an inclined plane, which affords considerable relief.

“ Friday, Sept. 19th.—I rested pretty well last night but this morning my arm, hand, and the glands in the axilla are much swollen and very painful. Repeated the *Tinct. Iod.* Diet, boiled farina. Took, on retiring, *Pulv. Doveri* gr. x.

“ Saturday, Sept. 20th.—Passed a tolerable night, but my back is getting very sore, as the blankets on the stone floor make rather a hard bed. This morning the pain is very great, and the swelling extends down the left side to the hip ; renewed the *Tinct. Iod.* ; removed the skin from off the

finger ; it discharged freely a watery sanguineous fluid without smell. The nail is becoming loose. The broad red line following the course of the lymphatics is now filled with yellow serum. The point where the fang entered, for the space of about $\frac{3}{8}$ ths of an inch, is of a dark brown colour. This evening, at bedtime, took *Mass. Hydrarg. gr. v.* and *Pulv. Doveri gr. x*, and continued *Pot. Iod.* Diet the same.

“ Sunday, Sept. 21st.—Passed a restless night, the hand being filled with serum, and was much troubled with colic. Took *Magn. Calc. et Sp. Ment. Piper.* Bowels not acting, took *Pulv. Seid.* and was relieved.

“ Monday, Sept. 22nd.—Passed a comfortable night, the swelling having left the side and arm, but a little remains in the hand. Continue *Pot. Iod.* and low diet. I can now walk a few yards without nausea, and am able to sit up most of the day. Diet :—Mutton broth and farina.

“ Tuesday, Sept. 23rd.—I awoke this morning feeling much improved. The swelling and pain have left, with the exception of the finger, the first and second joints of which do not present a healthy appearance, the palmar surface having much the appearance of gangrene; the discharge is thin and watery; I cannot detect any smell. The granulations do not present a healthy appearance; they are rough, and many of them look as if they were sprinkled with yellow ochre. The nail is quite loose. Continue *Pot. Iod.* Diet, mutton broth with a little meat.

“ Wednesday, Sept. 24th.—This day we commenced our march; encamped after going six miles. I placed my hand in a sling and it was with the greatest difficulty I could manage the mule with the one hand, being rather weak. The sun was very hot; this and the jolting caused me to suffer considerable pain. I removed the nail. From this time the finger gradually improved. I continued the poultice until the end of October, when I employed *Cer. simplex.* In the mean time there was a large slough, which gradually came away and left the last phalanx exposed in two places. The granulations required occasionally the application of *Nitrate of Silver.* I continued my hand in the sling until

the middle of November. A new nail commenced growing, and a small sinus remained in the end of finger, upon the introduction of a probe into which the bone could be felt rough. A discharge from this kept up until about the seventh of February, when I removed the exfoliated end of the last phalanx, showing evidently that the fang had entered the periosteum. Soon after this the sinus closed, leaving the finger in a deformed state, ankylosis having taken place in the first joint. The circulation is very imperfect, one of the arteries having been destroyed, rendering the finger very susceptible to cold. The insertion of the flexor muscles is also destroyed."

"Extract from Reports of Expedition down the Zuñi and Colorado River, by Capt. Sidgreaves, topographical engineer. 1853."—*Medical Report by S. W. Woodhouse, M.D., Surgeon and Naturalist to Expedition.*

III. *Case of Mr. DRAKE; reported by M. PIHOREL.*
An acute case, fatal, without reactive inflammation.

"Mr. Drake, an Englishman, aged about fifty years, and of a robust constitution, brought three rattlesnakes from London. Having left Havre on the Wednesday for Rouen, he had taken various precautions for protecting them from the cold of the night. On his arrival, having perceived that the most beautiful snake of the three was dead, he removed it from the cage with pincers; the two others, which seemed to be languishing, were placed in their cage close to a stove. Mr. Drake stirred them up with a stick, at the same time complaining of the loss they would be to him; he thought he noticed that one of them showed no sign of life, so he had the foolhardiness to open the cage and to take hold of the reptile by its tail, and again a few inches from its head; when the creature, suddenly recovering from its torpid condition, buried one of its fangs in the lower posterior portion of the left hand, close to the dorsal surface of the thumb. In spite of this bite, Drake did not let go of the serpent, and was bitten a second time

on the palmar surface of the same hand, in the interspace between the first and second metacarpal bones, at the instant when he was putting it back into the cage.

“ At this time it was half-past eleven in the morning of the 9th of February, 1841. Drake bathed his hands with cold water, and, from three to four minutes after the accident, fastened a ligature above the wrist while he sent for a doctor. I arrived ten or twelve minutes after the bite; my presence seemed to calm the great anxiety of Drake, who was pale and very agitated. A cold sweat bathed his face and chest. His eyes expressed anxiety. I made him take half a glassful of olive oil, while they were getting ready a fire in a small grate for me to use the cautery, which I did with some knitting needles which happened to be handy; this was from eighteen to twenty minutes after the accident.

“ The ligature round the forearm had caused the hand to become of a violet colour; it was cedematous, and its swollen condition had become insupportable; so I had to remove the ligature. Linen soaked in lukewarm olive oil was applied to the places.

“ Five or eight minutes after the cauterisation there was sudden paleness of the face. Drake went to sit down, but fell over. There was general relaxation of the muscles and total loss of power of movement; his head hung upon his chest. There were stertorous breathing, syncope, and involuntary evacuation of urine and fæces; with cold extremities.

“ About twelve o'clock I had the patient carried into his room. The pulse was scarcely perceptible. Respiration still noisy. Eyes closed, and pupils contracted. The conjunctiva was not yellow at all, as has been described as the case after the bite of rattlesnakes. In spite of his very weak condition, he made painful efforts to aid those who were trying to take off his clothes. He was placed in bed.

“ His pulse became perceptible again; it was weak and only beating fifty times in the minute.

“ The skin of the extremities was cold; that of the abdomen, trunk, and head was much less so. The lower extre-

mities seemed insensible ; strong pressure on pinching up of the skin excited no expression of pain. There was no tumefaction of the wounded hand, nor any congestion of the arm.

“The state of torpor continued until half-past twelve. The patient complained of feeling cold. Warmed sheets were applied. The first vomiting now occurred, with marked relief. I administered a draught by spoonfuls containing opium and sulphuric ether. At one o'clock renewed vomitings occurred ; the vomited materials were of a yellowish green and had a fetid smell.

“The following sudorific draught was given :—*R. Olei Amygd. Dulc.*, ℥iv, *Liq. Ammonia Acetatis*, ℥iij. *Misce.*

“The hand was slightly swollen round the wounds, and the patient said it was painful. A linseed poultice, over which two teaspoonfuls of salad oil were poured, was applied to the hand. There were three stools, at midday, at half-past twelve, and at a quarter to two. He was remarkably calm up to two o'clock, the time at which the new attack of vomiting occurred.

“At three o'clock Drake felt better, his pulse was eighty in the minute, firm but irregular. Whenever he attempted to drink or to take anything it was with the damaged hand, and he complained that he could not use his right arm freely, though this was the arm he has been accustomed to use the most. The poultice was replaced by olive-oil fomentations. A purgative enema was ordered, but the patient refused its administration. Drake had the hope of recovery. He lay over on his right side to examine the serpents, which had been placed near the fire. He was so interested in them as to recommend hot water to be placed in their neighbourhood in order to guard them from cold during the night. His intellectual faculties were intact, except that he was readily annoyed by the least noise. He answered all questions promptly and rationally.

“At four o'clock his respiration became difficult, and he had trouble in swallowing liquids. He could drink, but only a little at a time. The vomitings became less frequent. The pulse became accelerated to from 90 to 100 beats. At

five o'clock he was complaining of pain in the left shoulder. The upper lip was evidently swollen. The tongue was yellowish, but not at all swollen.

"By six o'clock there was acute pain in the shoulder, but without any appearance of inflammation. The forearm, arm, and shoulder were rubbed with opiated olive oil on a flannel.

"At seven o'clock face drawn, voice very weak, tongue with a white fur, considerable oppression with great anxiety. The patient begged to be bled. His pulse beat 110 times in the minute. The draughts had to be given in a spoon, and he kept them in his mouth a long time, and only after a painful effort could he swallow them. He often objected to take the medicine and other liquids. He told the interpreter to tell me that his blood was suffocating him. Perceiving his anxiety I ordered ten leeches to be applied to the front part of his neck, near the left clavicular region. Drake felt less oppressed after their use.

"At half-past seven the breathing became stertorous. Only the upper lip was swollen. The neck was bent, the head hung slightly towards the right shoulder, the body lying on the back, the limbs flexed. Much agitation; efforts to get out of bed, as he believed he could then breathe more easily. By eight o'clock the extremities were cold; pulse imperceptible; total incapacity for swallowing (although there was no inflammation of the pharynx). His mental faculties were unaffected, and he had no incoherent ideas, even while the most alarming symptoms were present. He took notice of all that was going on around him. While enduring the very agonies of death he even paid attention to noises in the street. The noise of the diligence starting for Paris recalled memories of home. "Is that Martin going off?" (Martin was the conductor.) "No," said the interpreter. "I am very sorry, as he would bring my wife; for I believe I shall never see her again. . . . I feel very bad." Some minutes afterwards there was a sudden extension of the lower extremities; he sat up and tried, in vain, to get out of bed. His respiration became more and more embarrassed; his head was thrown back,

and the rattling in the throat increased. He expired at a quarter past eight o'clock, that is, eight hours and three quarters after being bitten.

Post-mortem.—Drake died at 8.15 in the evening of the 9th of February; was interred on the 10th.

An order by the mayor of the town of Rouen, dated the 12th, was requested by Drs. Pihorel and Desmoulins, and by its permission was obtained for his exhumation. The post-mortem was made at one o'clock in the presence of several other physicians; below is the result thereof.

The exterior of the body, with the exception of the places where the two cauterisations were performed, did not differ in any respect from the post-mortem condition of a healthy person who had died of syncope. The preservation of the body was the same as that of one twenty-four hours after death, thanks to the season of the year. The semi-transparent condition of the cornea allowed the pupil to show through, and showed the dilatation which it had assumed immediately after death, that is to say, its diameter was twice that of the iris itself. The state of the corpse itself was such that the autopsy was just as valuable as if it had been made immediately after death.

There was no swelling of the bitten hand, no colouration of the rest of the limb, of the lips or tongue. The marks which had been made by the application of the leeches to the neck were not ecchymosed out of the common. The skin of all dependent parts was slightly œdematous and swollen from gravitation of blood, the ordinary result of gravity in any body when death has been due to hæmorrhage or blood-poisoning.

In the brain and spinal cord the only alteration was a little injection, of such a kind that the section was just a little spotted with blood, but the cerebral arachnoid was notably thicker and more tough than normally, and was too opaque; moreover, it adhered to the pia mater, the meshes of which were distended with viscid serum. The membranous covering of the spinal cord, also, was more injected than in health. The basilar arteries contained some small clots like those we shall consider further on. The blood

was liquid in the cerebral sinuses and in the vessels of the dura mater.

“ His skin was examined carefully at each of the two bites, and presented no other alteration than that caused by the cauterisation with the red-hot iron. This alteration was little more than a line of redness. The subjacent cellular tissue of the wound on the dorsal surface of the thumb was in no way infiltrated, but it was for the extent of a circle of half an inch diameter round the second mark, that situated at the upper part of the interosseous space between the first and second metacarpal bones. The muscle surrounding this infiltrated area did not present the least alteration in texture or colour.

“ All the veins of the back of the hand, and their tributary vessels, were dissected up to the axilla, and did not present any alteration; they resembled perfectly in all respects the corresponding veins of the other arm. They contained no blood below the elbow; from the elbow as far as the axilla they contained disseminated clots. In the clavicular extremity of each axillary vein commenced a clot, moulded to the interior of the vessel, and reaching as far as the junction of the hepatic vein with the vena cava inferior, passing by the right auricle of the heart; this clot was homogeneous throughout and of only slight consistence, and nowhere was there any evidence of deposited fibrin; a large clot also filled the left auricle of the heart, spreading into the pulmonary veins, but in the centre of this clot there was a band of yellowish fibrin, sixteen or eighteen lines in length, and such as is commonly found in venous clots.

“ The completely empty condition of the two cardiac ventricles contrasted with the distension of the auricles, more especially of the right.

“ The mucous membrane of the windpipe and of the bronchi was notably injected. A patch corresponding with the cricoid cartilage was indeed inflamed. The trachea and bronchi were filled with reddish frothy serum. His lungs throughout were healthy and crepitant, and presented the first stage of sanguineous engorgement. The blood did not

flow from a cut made anywhere. Two inches below the pharynx the œsophagus was narrowed for about half an inch, but without any evident alteration of texture.

“The stomach, intestines, liver and gall-bladder were quite normal.”—*Lond. Med. Gaz.*, vol. xxix, p. 478, 1841—2.

IV. *Case of THOMAS SOPER; reported by Sir EVERARD HOME, F.R.S. A prolonged case, followed by extensive sloughing; fatal on the eighteenth day.*

“Thomas Soper, aged 26, of spare habit, was, on the 17th of October 1809, bitten in the right hand, twice in succession, making two wounds on the back part of the first phalanx of the thumb, and two on the side of the second joint of the forefinger. The bites took place at about 2.30 p.m. He went immediately to a chemist in the neighbourhood, who made some slight application to the bites and gave him a dose of jalap, because the man was so incoherent in his language and behaviour that the chemist thought him intoxicated; there was then no swelling of the hand. On inquiry it appeared that the man had been drunk, but that before he was bitten there was nothing unusual in his behaviour. After leaving the chemist, the hand beginning to swell alarmed him, and he went to St. George’s Hospital, arriving there at 3 o’clock. The wristband of his shirt had been loosed, and the swelling had extended half-way up the forearm before his admission. The skin on the back of the hand was very tense and the part very painful. At 4. o’clock, that is, an hour and a half after the bite, the swelling had extended to the elbow; at 4.30 it had reached half-way up the arm, and the pain had extended to the axilla. At this time Mr. Brodie saw him; he found the skin cold, the man’s answers were incoherent, his pulse 100, and he complained of sickness. 40 drops of *Aq. Amm. Pur.*, 30 drops of *Sp. Ether. Vitriol*, in an ounce of *Mist. Camph.* were given to him; but he did not retain them on his stomach. The wounds were bathed with *Aq. Amm. Pur.*,

and the arm and forearm had compresses of camphorated spirit applied to them. At 5 o'clock he took *Sp. Amm. Co.* ʒij, *Etheris* ʒxxx, *Mist. Camph.* ʒiiss, and this remained down. At 6. his pulse was stronger; at 7.30 the pulse was very feeble, and he had *Aq. Amm. Pur.* ʒxxx, *Eth.* ʒxxx, in pure water; at 8.30 this draught was repeated; at 9, he had a feeling of great depression; his skin was cold; his pulse weak, 80 per minute. The dose was increased to fifty drops of each medicine, and repeated. At 10.15 the pain had been very violent in the arm; the pulse was stronger; fits of faintness attacked him every fifteen minutes, in which the pulse was not perceptible, but in the intervals his spirits were less depressed. In the course of the evening he had two stools. At 11.30 I saw him; the hand, wrist, forearm, and arm were much swollen up to the top of the shoulder and into the axilla; the arm was quite cold, and no pulse could be felt in any part, not even in the axilla, the swelling preventing me from feeling the axillary artery with any degree of accuracy. The wounds made on the thumb were just perceptible, those on the finger were very distinct; the skin generally was unusually cold. I took some pains to diminish his alarm, and found his mind perfectly collected, and he said he hoped he should recover. At 1, on the morning of the 18th, he talked indistinctly; pulse 100; the attacks of fainting came on occasionally; the medicine was repeated every hour. At 8 a.m. on the 18th the pulse was 132, and very feeble; the swelling did not extend beyond the shoulder to the neck, but there was a fulness down the side and blood was extravasated under the skin as low as the loins, giving to the back on the right side a mottled appearance. The whole arm and hand were cold, but painful when pressed, and the skin was very tense. On the inside of the arm below the axilla and near the elbow vesications had formed, and under each of the vesicles there was a red spot in the cutis of the size of a crown piece. The skin generally over the body had become warm. He was low and depressed, there was a tremulous motion of his lips, and the fainting occurred at nearly the same intervals as on the preceding evening. The last dose

of medicine was rejected by vomiting, but some warm wine remained on his stomach; the arm was fomented. At 12, noon, in addition to the above symptoms, there was starting of the limbs. He had attempted to take some broth, but his stomach did not retain it. The skin of the whole arm had a livid appearance similar to what is met with in a dead body when putrefaction has begun to take place, unlike anything I had ever seen in so large a portion of the living body. An obscure fluctuation was found under the skin of the outside of the wrist and forearm, which induced me to make a puncture with a lancet, but only a small portion of serous fluid was discharged. At 11 p.m. finding that his stomach did not always retain the medicine, nor even small quantities of brandy, I directed the volatile alkali to be left off and gr. ij of *Opium* to be given and repeated every four hours. At this time his pulse was scarcely perceptible at the wrist, the fainting fits were more or less frequent, and the vesications and red spots were increased in size. On October 19th, at 9. a.m. his pulse was scarcely perceptible, his extremities were cold, the vesications were larger but the size of the arm was diminished. He was drowsy, probably from the effect of the opium. He had taken nothing but brandy during the night. At 3 p.m. he was very depressed, spoke in whispers, the vesications were larger, the vomiting fits less frequent, the arm diminished in size, and he had sensation in it down to the fingers. At 11 p.m. the pulse beat 180 and he was low; the *Opium* was left off; a stool was procured by *Castor oil*; he was ordered to have a glass of camphorated mixture occasionally, and wine and brandy as often as he could be induced to take them. October 20th: he had dozed at intervals during the night, his spirits were rather better, and his extremities warm; at 9. a.m. he took coffee for breakfast; he afterwards took some fish for dinner, but it did not remain on his stomach; he took brandy and coffee at intervals, half an ounce at a time, as large quantities did not remain on the stomach, Oct. 21st: he had slept at intervals during the night, but was occasionally delirious, pulse 120. Brandy and jelly were the only things that stayed on his stomach. The size

of the arm was reduced, but the skin was extremely tender. Oct. 22nd : he had slept during the greater part of the night ; pulse 98 ; he took some veal for dinner, and brandy at intervals. In the evening his pulse became full and strong ; he was ordered wine instead of brandy. The right side of the neck and body down to the loins was inflamed and painful, and had a very mottled appearance, from the extravasated blood in the skin. Oct. 23rd : his pulse continued full, the arm very painful, though reduced in size ; the vesications had burst, and the exposed cutis was dressed with white ointment. Stools were procured by opening medicine. He took some veal and porter for dinner ; the wine was left off. In the evening he had a saline draught with antimonial wine. Oct. 24th : no material change. Oct. 25th : his pulse increased in frequency ; in other respects he is nearly the same ; bowels opened by medicine. Oct. 26th : the arm more swollen and inflamed. Oct. 27th : the inflammation of the arm increased ; tongue furred and pulse very frequent. He attempted to sit up, but the weight of the arm and the pain prevented him. The arm was bathed with *Spirits of wine* and *Aq. Amm. Acet.* in equal parts. Oct. 28th, a slough had begun to separate on the inside of the arm below the axilla, and a purging had come on ; for the latter he was ordered *Chalk mixture* and *Laudanum*. In the night he had a rigor. Oct. 29th : the purging had abated ; pulse 100, and feeble. A large abscess had formed on the outside of the elbow ; this was opened and half a pint of brown matter was discharged, with sloughs of cellular membrane floating in it. The lower part of the arm became much smaller, but the upper part continued tense. A poultice was applied to the wound. The lower portions of the arm and forearm were covered with circular straps of soap cerate. He was ordered to take the bark and was allowed wine and porter. Oct. 30th : the redness and swelling of the upper part of the arm had subsided ; pulse 100 ; purging returned. The bark left off and the *Chalk mixture* and *Laudanum*, resumed, and an opiate clyster administered. Oct. 31st : pulse 120, the discharge from the abscess diminished, the purging continued, and at night he had a rigor. Nov. 1st.

pulse 120, voice feeble, no appetite, delirious at intervals. Ulceration had taken place in the opening of the abscess, so that it was increased in size. He drank two pints of water in the course of the day. Nov. 2nd, pulse very weak; countenance depressed; tongue brown; the ulcers had spread to the extent of two or three inches; mortification had taken the place in the skin nearer to the axilla. His stomach rejected everything but porter. In the night he was delirious. Nov. 3rd: the mortification had spread considerably; the purging continued. The forefinger which had mortified was now removed at the second joint. Nov. 4th, he died at 4.30 in the afternoon.

Post-mortem,—Nov. 5th, sixteen hours after death, he was examined by Mr. Brodie and myself (Sir. E. Home) in the presence of Mr. Maynard, the house-surgeon, and several of the pupils of the hospital. With the exception of the right arm, which had been bitten, the body had a natural appearance; the skin was clear and white. The wounds made by the fangs at the root of the thumb were healed, but the puncture made by the lancet at the back of the wrist was still open. That part of the back of the hand which immediately surrounded the wound made by the fangs, for the extent of one inch and a half in every direction, as also the whole of the palm, was in a natural state, except that there was a small quantity of extravasated blood in the cellular membrane. The orifice of the abscess was so enlarged as to form a sore on the outside of the arm, elbow, and forearm, nearly six inches in length; round this the skin was in a state of mortification more than half-way up the outside of the arm and as far downwards on the outside of the forearm. The skin still adhered to the biceps flexor muscle of the arm and flexor muscles of the forearm by a dark-coloured cellular membrane. Everywhere else in the arm and forearm, from the axilla downwards, the skin was separated from the muscles, and between these parts there was a dark coloured fluid with an offensive odour, and sloughs of cellular membrane resembling wet tow floating in it. The muscles had their natural appearance everywhere except on the surface that was next to the abscess. Beyond

the limits of the abscess blood was extravasated into the cellular membrane, and this appearance was observable on the right side of the back as far as the loins, and on the right side of the chest over the serratus major anticus muscle. Within the thorax the lungs had their natural appearance. The exterior part of the loose fold of the pericardium where it is exposed on elevating the sternum, was dry, resembling a dried bladder. The cavity of the pericardium contained about half an ounce of serous fluid, which had a frothy appearance from the admixture of bubbles of air. On cutting into the aorta a small quantity of fluid escaped and had a similar appearance. The cavities of the heart contained congealed blood. In the abdomen the cardiac portion of the stomach was moderately distended with fluid; the pyloric portion was rather constricted; the internal membrane had its vessels very turgid with blood. The intestines and liver had a livid appearance. The gall-bladder was moderately full of healthy bile. The lacteals and thoracic duct were empty and they had a natural appearance. Within the cranium the vessels of the pia-mater and brain were turgid with blood; the ventricles contained rather more water than is usual, and water was effused into the cells connecting the pia mater and arachnoid. It is to be observed that these appearances of the brain and its membranes are very frequently found in cases of acute diseases which terminate fatally."—*Read before the Royal Society, Dec. 21st, 1809, by Everard Home Esq., was published in Phil. Trans., vol. i, p. 75, 1810.*

THREE CASES OF EXTIRPATION OF THE RECTUM.

By WM. TOD HELMUTH, M.D., Professor of Surgery in the N.Y. Hom. Med. College.

IN presenting these cases of excision of the rectum the author is actuated by the endeavour to popularise an

operation, which not only is of rather rare occurrence, but one which has well nigh fallen into disrepute, and also because he believes that, especially in females, the procedure is feasible and proper, and offers even better chances of success than any of the methods adopted for the removal of cancer.

The lessons that are taught by these operations are manifold; chief among them, however, is the fact *that without a sphincter, sphincteric power is obtained around the new anus* by the action of conjoined muscles, and that Chadwick rather than Hyrtl has the correct idea regarding the so-called *sphincter ani tertius*.

Prof. Hyrtl, as well as Nélaton and Velpeau, have asserted that there is a peculiar band of muscular fibres above the internal *sphincter ani* which possesses sphincteric powers, and I was at first disposed to believe that this *sphincter ani tertius* was the muscle that enabled patients after the removal of the lower portions of the rectum to regain the control of the fæces. Hyrtl writes:* "The older surgeons were astonished after having divided the sphincter muscles in operations for fistulæ that no involuntary discharges of fæces followed. Paget found after removing the lower end of the rectum from a patient, that he could retain his fæces and flatus, and he explained this upon the hypothesis that a new sphincter must have subsequently formed. Houston was not disinclined to believe that the lower portion of the rectum, where a fold occurs as it passes through the pelvic fascia, was surrounded with a development of circular fibres. Lisfranc, who many times extirpated the terminal portion of the rectum, noticed that such patients were not deprived of the power of holding back their stools, and declared it as his opinion, that as a positive necessity a superior sphincter must exist. Likewise every unprejudiced observer must allow the existence of such a muscle, for the reason that in prolapsus ani, when both the external and internal sphincter are paralysed, no involuntary stools occur."

* *Handbuch der topographischen Anatomie*, von Joseph Hyrtl. Zweiter Band, pp. 130—33. Wien, 1860.

From the experiments made also by Goltz and Gowers, as well as those of Dr. Chadwick, it would appear also that the internal sphincter ani, instead of obstructing, really materially assists in the expulsion of the fæcal matter. In other words the intermittent relaxation and tonic contraction of this portion of the intestine point to distinct inhibitory action of the splanchnics and vagus, which control or perhaps constitute peristalsis. According, then, to these views, the external sphincter ani "is the only one of the anal muscles which can properly assume the title of sphincter."

After making myself aware of these interesting points, I was for a time, and indeed am in a measure now, at a loss to understand certain facts which have been made apparent by these operations of extirpation of the rectum.

In the first place, I am of the opinion that the external sphincter is *per se* a partial *detrusor fæcium*. I know that when fæces are passing through the external outlet the sphincter, with partly automatic and partly voluntary power, propels the mass forwards, and sometimes with considerable force. I know also from the many times in which I have operated for fistula in ano with the knife, that after complete division of the fistula, the patients in most instances have had no trouble whatever in retaining their fæces.

In operations about the anus with the elastic ligature, in some of which the fistulæ were very deep, the power of retaining excrement was not materially interfered with. Even in two cases in which the ligatures cut themselves out, leaving their tracks entirely open, very little difference in the power of retention was noticed. Such facts as these would certainly point conclusively toward the proof of Hyrtl's idea of the action of the *sphincter ani tertius*. But on the other hand, it must be remembered, that after operations for extirpation of the rectum, there is no control whatever of the fæcal discharges for several weeks. They pass constantly without effort, often even without the knowledge of the patient. Would this be so, if the third sphincter possessed anything like obstructive powers?

As a rule also in all the cases I can find on record, and from a careful observation of my own, this fact is apparent; that in proportion as the wounds heal around the margin of the anus, just in that proportion does the power of controlling the *fæces* return. I can scarcely account for this - by the increased power said to be obtained by the circular fibres of the rectum, because, in the first place, these circular fibres are composed of unstriped muscular tissue, exactly similar to that of other portions of the intestinal tract, and must therefore be, in a great measure, under central control, and are a part of the general peristaltic system. I am, therefore, forced to conclude that the sphincter ani, *per se*, is a muscle of very mixed action; that alone, that is, uncombined with other muscular force, it may and does assist in expelling *fæcal* masses; that in conjunction with the surrounding muscles it becomes sphincteric, and it is this connection with other sets of muscles that has much to do with the production of the act sphincteric. All the so-called sphincters of the body are in close connection with other muscles, muscles which interlace their fibres, and the sphincter ani is markedly so; cut through the sphincters on one side, as a rule there is no difficulty in retaining the *fæces*. Cut off the sphincters, take them out entirely, as in excisions, and just in the ratio as the healing process connects the stump of the rectum with the surrounding muscular tissue, just in that proportion the sphincteric power returns. Still more important, however, is the nervous control of the parts. Dr. Chadwick, in the article alluded to, quotes a most remarkable case from Gowers, though not for the purpose of elucidating this point, but it is so *apropos* in this relation that I desire to mention it. A man had a violent fall upon the sacrum, apparently injuring the posterior roots of the sacral nerves, there was no muscular paralysis excepting of the *levator ani*, the sphincter ani, and the *sphincter vesicæ*, which were in a state of continuous slightly varying contraction, a condition generally supposed to constitute sphincteric power; *the incontinence of fæces was complete.*

I know also from the peculiar action of other muscles,

especially when those muscles surround cavities, and are inserted into others, that the fibres of the one act upon the other in a most peculiar manner.

For instance, in a state of health, the *velum palati* is composed of symmetrical muscles having a tendency to draw that septum upward and outward. In the cleft state, from the action of these muscles we would most naturally expect the cleft to widen during deglutition. How could it be otherwise? The levator of each side draws the fold upward; the tensor directly outward, by the action of its tendon around the trochlea; the palato-glossus downward and forward; and the palato-pharyngeus downward and backward. Yet the entire reverse of this is the case. The cleft shuts during deglutition, from the action of the superior fibres of the constrictor. If this be so, and there is no doubt about it, why may not all these muscles in the perineum, and especially the levators, which are in such close connection, produce some such similar results. These are but crude remarks and are only offered for further suggestions.

CASE I.—Mrs. S— entered the Hahnemann Hospital in January, 1876. Upon careful examination, a nodular stricture, in some places softer than in others, was found encircling the rectum, and so completely blocking up the passage as to render defæcation impossible without the use of laxatives and enemata; even after such means had been employed the stools were thin, broken, flattened and uneven. Her suffering during the stool and for some hours after was agonising; frequent hæmorrhages, and withal a constant muco-purulent discharge from the anus, rendered her life miserable. Added to this, she had a recto-vaginal fistula, which necessarily at times increased her pain and complicated the case. I began the treatment with the cautious introduction of a small sized urethral bougie, which was with difficulty passed through the canal. Combined with this, injections of *Hydrastis* and hot water were daily used. Up to this time, I had not made up my mind whether the stricture was cancerous or syphilitic, but the disease not

yielding to the ordinary treatment generally employed for the latter affection, and the continued and persistent breaking down of the tissue, with infiltration of the parts, convinced me that the disease was malignant. As a rule, if the stricture is annular and smooth, we can generally say it is inflammatory; if the constriction is caused by the filling up of the lower portion of the rectum with irregular nodules which soften and break down and infiltrate the tissues, in all probability the disease is cancerous. In cancer of the rectum, indeed in all malignant diseases of this tube, there is more or less obstruction of the canal. In the earlier stages, the affection is known by the peculiar, hard, uneven (nodular) masses that are felt by the finger or sometimes seen with the speculum, situated from an inch to four inches beyond the sphincter ani. The symptoms are pain during the efforts at defecation with occasionally loss of blood, which becomes more frequent and profuse as the disease advances. The suffering lasts for some hours after stool, which is accompanied with tenesmus. The feces are altered in shape, being thin and tape-like, and the patients become gradually emaciated. After a time, a fetid and acrid discharge escapes from the anus, there is absolute constipation, and an examination reveals a soft and pulpy degenerate tissue, which is reddish or purplish, friable, and readily bleeding. The constitutional symptoms are, by this time, well-marked, and the cancer cachexia is very apparent. A portion of the entire walls of the rectum may be involved, but as the disease advances, all the surrounding tissues may be infiltrated and destroyed. I have seen cases in which the entire sphincters and perineum had been eaten away, presenting a hideous and disgusting deformity. The cases that have come under my care have generally been those of epithelioma. If the disease be syphilitic, there will generally be found around the margin of the anus specific ulcerations, which, together with the history of the case and the absence of any profuse hæmorrhage, will serve to assist in diagnosis.

After several months of patient and gentle treatment (the latter I believe to be a very essential element in the

manipulation, for I have lately seen two cases where the rectum bougie had been forced through the tender and attenuated posterior wall of the rectum), it was quite evident that no improvement was taking place, indeed, the gut seemed rather more impassable than before. I therefore requested Dr. John Butler to take charge of the case and apply electrolysis. This he kindly and with some inconvenience to himself consented to do. He began with the smallest electrode, and finally, after several months, succeeded in curing the fistula and in opening the stricture to such an extent that the stools became quite natural and regular. After six months of this treatment, he sent her to see me. I could scarcely recognise her; she was improved in health, had gained much flesh, and only experienced pain during defæcation once in a great while. She returned home healthy; of course immediately became pregnant, came back after a year or more with a lacerated perineum, the rectum closed with cancerous deposits, emaciated, discouraged and desperate. I suggested to her extirpation of the rectum as her last and only means of relief. To this she readily assented.

With reference to the history of this operation, I may remark that Lisfranc made the operation somewhat popular in 1826, and Prof. Schuh in 1868 operated successfully;* of late years, however, the performance has been revived and with sufficient success to warrant a further trial. Volkmann has given a new impetus to the operation, and it has already been performed several times with success in this country by Dr. R. J. Levis,† of Philadelphia, Drs. Van Buren and Keys, of New York,‡ Dr. L. A. Stimson, Dr. Briddon,§ and others. The method of removal is thus practised as recommended by Volkmann, whose paper, March 13th, 1878, has been accurately studied by Dr. L. A. Stimson, of New York, and Dr. J. C. Warren, of Boston. After the usual precaution of emptying the bowel, and preparing all the details for

* *Medical Record*. New York, July 13th, 1878.

† *Archives of Clinical Surgery*, vol. i, p. 311, 1877.

‡ *Medical Record*. New York, July 18th, 1878.

§ *Loc. cit.*, October 19th, 1878; *Archives of Clinical Surgery*, vol. i, p. 313.

the antiseptic plan, a circular incision is carried around the anus about three quarters of an inch from its margin; a second cut is then made in the median line from the circular one back to the coccyx, and if necessary, a forward one in the perineum; the rectum is drawn gradually down and dissected out. According to Dr. Levis, the hand of the operator may be gradually insinuated into the hollow of the sacrum and the attachments of the gut torn loose. The front portion of the bowel must be removed with more care, as the peritoneal fold on its anterior face is much lower than on its posterior portion. Threads are now passed through the healthy portion of the intestine, which is stitched carefully to the sides of the aperture and the cancerous portion removed with the knife or scissors; as a necessary precaution, and also as a guide, a good sized bougie should be introduced into the bladder and held there during the operation. Volkmann, in one instance, to allow himself room, resected portions of the sacrum as high up as its promontory, and in another removed a portion of the posterior wall of the vagina. If the peritoneum is incised, the rent is immediately to be plugged with sponges, saturated with a solution of thymol or carbolic acid, and afterwards carefully brought together with catgut sutures. If the entire circumference of the rectum is not involved, a portion may be taken away, and the lips of the wound united by suture.

My operation was performed as above. After the division of the levatores ani, the hand was inserted into the hollow of the sacrum, and the bands of tissue separated or divided with the scissors and the knife. The hæmorrhage was profuse, but not as great as I had anticipated, and was arrested by tying the vessels as they sprung. The chief difficulty was separating the anterior wall of the gut from the vaginal septum (the perineal body being destroyed), and which was only accomplished with great care. The rectum being now thoroughly loosened was drawn down and the diseased mass cut off from before backward, it being about two inches in length in the anterior, and two and a half inches in the posterior wall. The stump was stitched to the

raw surface. The operation was done under thymol spray (all the instruments, ligatures, &c., being carbolised), at the Hahnemann Hospital, November 19th, 1878, at 2.45 p.m. I was assisted by Drs. Cornell, Butler, Moseman, and Dr. Blodget, the house surgeon, in whose charge the case remained after the operation, and to whom I am greatly indebted, not only for the subsequent care of a disagreeable case of nursing, but for the following record:—The patient was under ether one hour and ten minutes, the operation being completed at 3.55 p.m.; hæmorrhage quite profuse, but then being entirely controlled, the patient was dressed with an antiseptic compress of marine lint, secured by the means of a series of T bandages, the drainage tubes being inserted in front of and behind the new bowel, while in the gut itself was placed a rubber water-bag to prevent collapse of the same. Through the centre of this bag passed a rubber tube, permitting the discharge of flatus.

The pulse at this time was 84, temp. 99°; there being no nausea or vomiting from the anæsthetic. At 6 p.m., however, there was some slight nausea and vomiting with much pain in rectum. Patient being quite restless, with a temperature of 100°, pulse 101, *Aconite* θ , 5 gtt. to ζ ij water, a teaspoonful of which has been given at half-hour intervals, was now continued at intervals of one hour.

8 p.m.—Pulse 136, temperature had risen to 101.5°. There was no more nausea, but the pain being very intense, gr. $\frac{1}{4}$ *Morphia* was administered.

3 p.m.—Pulse 108, temp. 102.5°; not much pain. Patient has had some sleep. *Aconite* continued. A half glass of milk has been given every hour.

7.20 p.m.—Pulse 121, temp. 103°. The water was drawn, drainage tube was injected with the solution of carbolic acid, which caused much pain. Patient has been sleeping throughout the afternoon.

10 p.m.—Complains of feeling cold. Pulse 124, temp. 103°. *Aconite* continued.

21st, 8 a.m.—Pulse 124, temp. 103°. Patient was seen at 1 o'clock this morning, when she was sleeping

quietly; during the night she slept about three hours, and complains of having had several "hot flashes." Urine was now drawn. The dressing was renewed at 10 a.m., occupying one hour, causing great pain. There was some purulent discharge but no blood. Immediately after the dressing the temp. was $103\frac{3}{4}^{\circ}$, pulse 130.

11 p.m.—Pulse 130, temp. 104° . Not much pain, but no sleep; tenderness still remained. She received 10 gtts. McM.'s elixir, and 20 gtts. were left to be administered at 3 a.m., if there was much pain. *Aconite* continued every 2 hours.

November 22nd, 7 a.m.—Pulse 120, temp. 100. She has had three hours' sleep and there is now no pain, the *Opium* having been given at 3 a.m. The water was drawn and the tenderness found to have disappeared.

11 p.m.—Patient felt faint and nauseated. She received ʒij brandy. At midnight faintness disappeared. Pulse and temp. the same.

23rd, 9 a.m.—She has had a good night and is better. Pulse 98, temp. 101° . There was no pain, and the wound dressed as usual. The water was drawn.

10 p.m.—Pulse 100, temp. $103\cdot5^{\circ}$. Pulling pain in rectum; has had no *Aconite* since 2 p.m. Water was drawn; she was to receive grs. ij. *Quinine* at midnight, and same at 4 a.m.

24th, 7 a.m.—Pulse 96, temp. 101° . Has had a good night; feels as if something had given away. Much pus is being discharged. The gut is partially adherent to the anal margin and is in place; one ligature has come away.

25th, 8 a.m.—Pulse 100, temp. 102° . Water was drawn. There is no pain this morning. Patient slept well last night. *Quinine* continued.

On the 27th; had a stool during the day. She continued to gain, and on the 28th symptoms of uræmia were almost entirely overcome. On that day patient had three passages, which were normal in size but caused much pain. The gut was found retracted, but the canal is continued by granulated tissue.

29th.—She has had another stool and passes her own water.

Dec. 20th.—For the last week the patient has been walking about the hospital ; can retain fæces long enough to walk to the closet. Size and colour of stool normal.

January 3rd.—Left hospital cured.

February 2nd.—Received a letter from her stating that she continued well.

CASE II.—In the month of December, 1878, I was consulted by Miss E. B—, aged twenty years, who gave me the following history of her case :

In December, 1867, she noticed occasional discharges of blood and pus from the rectum, without any apparent cause. She had always enjoyed good health and had, during her childhood, passed through all the diseases incident to that period, without any detriment to her general condition, and therefore it appeared impossible for either herself or her family to account for this abnormal discharge. A doctor was called, who gave the diagnosis of "inward cancer," and began a course of treatment. After several months' continuance, no impression being produced upon the case, other advice was sought, and the patient found to be labouring under an attack of "inflammation of the bowels;" medicines and topical applications were therefore administered for that condition, with the effect of arresting the discharges of pus but of producing frequent hæmorrhages from the rectum. The injections used during this time always produced severe burning pain and appeared to aggravate rather than relieve her sufferings. Again the physician was changed, and the gentleman now consulted was fain to lay the entire appearance and persistence of the troubles to improper medication during the attacks of scarlet fever, which had appeared some years before. Upon learning that he himself was the identical medical man who had charge of her while she was passing through that disease, he then thought, *perhaps*, the cause might be attributable to improper nursing during the period when the sequelæ are most likely to develop. After a mild prescription of *Aqua calcis*, he never more appeared.

Shortly after this, another medical *savant* had opportunity of displaying his perceptions in diagnosis, by affirming the disease to be "scrofula of the blood and fissures of the anus," which might be cured by the injection of a preparation of pine tar soap, with incisions, all of which were used for some time. After each "cutting" operation oiled cotton was introduced into the gut. Under this method, and for the first time, improvement in her condition was noticed, which continued until she was obliged, by the removal of her family to another section of the country, to place herself in other hands. Her health was now in a measure restored, her chief inconvenience being the frequency with which her bowels moved. Sometimes defæcation occurred as many as fifteen or twenty times during twenty-four hours. These symptoms, although never entirely removed, became gradually better, and with the exception of an attack of fever, which lasted five or six weeks, she remained in moderate health for several years. She then became aware that there must be some obstruction in the rectum; there were occasional pains in the stomach and bowels, which increased in frequency and severity, up to the time when I was consulted. At every attempt at defæcation a feeling of great faintness distressed her, accompanied with such severe tenesmus that she actually feared the fæcal matter would rupture the anterior wall of the rectum and open into the vagina. Bloody discharges occurred continually, with purulent and ichorous matters and severe pain in the abdomen, which she always located in the left side. On the 29th day of August, 1878, she called upon a surgeon, who, after a careful and intelligent examination of the case, pronounced it one of stricture of the rectum and used bougies, which the patient states were about an inch long and attached to a copper wire. (I have an idea, however, that these exploring tubes were made after the fashion of the instrument employed by Dr. Chadwick in the detection of the "third sphincter" of Hyrtl, or as he (Chadwick) denominates it, the "internal detrusor fæcium"*. The bougies were allowed

* *Transactions of the American Gynecological Society*, vol. ii, p. 43. Boston, 1878.

to remain within the strictures for twenty minutes, when they were removed, and injections given of vaseline and carbolic acid. After this treatment had been continued for some time, a consultation was called in her case, and a most thorough examination made; two strictures were found, and a line of treatment, consisting of injections, the introduction of bougies and suppositories, tonics, and other means adopted. Not much, if any success followed, and for several months again she was without treatment. About the middle of December she consulted me, and upon introducing the finger within the rectum, a nodular stricture, extending entirely around the gut, and so obstructing it that the end of the little finger could not be passed into it, was detected about two and a half inches from the anus. It was impossible for me, without using more force than I deem proper in such cases, to pass this barrier, and therefore I sent her to Dr. Butler, for examination with electrodes. He returned her, saying that there were two distinct strictures, the internal about half an inch above the lower one, and that above the second one. There was evident thickening of the walls of the intestine.

Knowing that she had been treated thoroughly by dilatation, I proposed to her the operation of excision of the rectum, detailing its dangers and its results. Her discomfort, nay, her actual suffering, had been of such long duration that she immediately declared in favour of the operation. I therefore sent her to the Hahnemann Hospital, and after some preparatory treatment performed the operation on the 26th of January, as already described.

The procedure consisted in encircling the anus about three quarters of an inch from its margin with a cut, with a longitudinal incision backward to the coccyx, and one forward to the posterior fourchette of the vulva, and dissecting with scissors and the knife the rectum from the surrounding structures. The differences I made in this from the previous operation were these: in the former, after having drawn down the intestine, the diseased parts were cut off and the stump stitched to the margins of the cut; in this operation, having drawn the intestine well down, I passed a large

sized needle, armed with silver wire, through the integument into the rectum; then made a small horizontal cut into it, on a level with the anus, above the extended portion, and brought the wire through this opening and twisted it; then partially severing the rectum below this stitch, I had room sufficient to place another wire, which I did in like manner, twisted it, and cut off a little more of the stump, and so on continued around the margin of the anus. Or, to make myself better understood, I availed myself of the diseased part of the rectum, which I had dissected and pulled down as a handle to hold the gut out while it was being fastened to the sides of the incision, instead of cutting off the diseased mass and then stitching it, the latter always being troublesome from the tendency to retraction of the intestine. The rent made in these operations is great in size and very deep, but it is surprising how the cavities fill; but of this more anon. In this case I made no use of the water-bag, but placed within the bowel a rectum tube, and in the surrounding incisions three drainage tubes. The whole wound was then dressed with marine lint, a T-bandage, and the patient put to bed; warm bottles were placed at her feet and *Aconite* given her.

The operation lasted in all an hour and a half. There was no anæsthetic sickness. At 3 o'clock p.m. she was in very great pain, and 8 mm. of Magendie's solution were given hypodermically. Pulse 104, temp. 102°.

It is not necessary for me to enter further into the details of the after treatment. Suffice it to say that, with the exception of some hysterical symptoms and the tenesmus which was observed in the former case, nothing unusual occurred. At first the patient had no sensation whatever in the parts. After the eighth day one by one, as in the former case, the sutures tore out and the gut retracted into the pelvis. The wires were all removed on the twelfth day, and the granulating process went steadily forward. The deep incisions were packed with marine lint and a round wad of linen smeared with vaseline was kept in the rectum. Gradually the power of defæcation returned, and on March 14th, she walked about the house and returned to her home shortly after.

April 14th.—Saw her again to-day. Her menstrual period is upon her. She has free and easy movements from the bowels, and I believe is cured.

CASE III.—Mrs. W—, æt. 58, mother of one child, at the suggestion of Dr. J. G. Baldwin consulted me on the 17th of January, 1879, for “a trouble,” as she said, “of the lower bowel,” which she had noticed was gradually increasing until at present she was scarcely ever free from pain. She stated that she had for the past four years been subject to frequent bloody discharges from the rectum, with most severe sufferings, generally referred to the epigastrium and lumbar regions; the aching in the loins extended down the thighs, and was sometimes so intense that it was almost unbearable; her fæces were broken, flat, and covered with mucus, and had never during several years been of natural size or consistence. Living in the country, she had not the opportunity of consulting many physicians, but when she had sought advice she had obtained but little benefit from the treatment prescribed. Upon visiting Dr. Baldwin, he referred her to me for examination. I may say here that although she was not in contour of person what is called thin or spare in flesh, yet she had that shrunken and pallid appearance which is noticeable in chronic invalids. They look “used to it.” Cancerous cachexia exhibited itself in her face, parchment-like and dry, although from close questioning I could find no hereditary predisposition to malignant disease. Placing her supine in the operating chair, and flexing the knees upon the abdomen and introducing the right forefinger within the *ampoule rectale*, the lower portion was found empty, but at about the top segment of the sphincter secundus a large, irregular, hard mass was detected, extending upwards to the promontory of the sacrum, and filling up almost entirely the upper rectum. I can only compare this growth to those irregular, hard, and knotty portions of dried ginger root which are seen exposed for sale at the doors of grocers’ shops. The anterior wall of the rectum was but little infiltrated, and the posterior wall, up to the very margin of the attachment of the tumour, was

singularly free from deposit of any kind. I diagnosed the neoplasm as a scirrhus of the intestine, not only from its hard, irregular, and nodulated form, but from its lack of proneness to ulceration, and its comparative freedom from hæmorrhage, especially when touched, and from the absence of infiltration of the surrounding structures. This is the first time that scirrhus in this locality has ever come under my observation, the cases that I have seen being always, without a single exception, one or the other of the varieties of epithelioma. The patient had suffered so long and so severely that when I suggested to her the operation of excision, although pointing out its dangers, she immediately consented. During the time between the date of her examination and that of the proposed operation, I sent her to the Hahnemann Hospital, in order that she might be placed under that variety of restful, tonic, and hygienic treatment which in these days of careful and conservative surgery is considered almost essential to success. On the very first day of her entrance into the house, she was attacked with a profuse and exhausting diarrhœa, which lasted several days, and was very intractable. *Arsenicum* 3rd and *China* 3 relieved this with appropriate diet, but the pains afterwards became so insupportable, that morphia was given to allay them. During this preparatory term I was carefully watching the healing of my second case of excision, which was still in the wards, and which presented symptoms similar in every particular to that of the first case, the latter patient having just left for her home. I was endeavouring to reconcile the ideas of Hyrtl regarding the sphincter tertius, as he names it, with the conclusions of Chadwick in reference to the action of these muscular fasciculi. To throw some light on this subject it occurred to me that in this instance, not only to prevent retraction of the rectal stump, but to preserve in a measure at least the sphincter, and thus watch the results regarding primary complete fæcal incontinence after the operation, I would vary the incisions from those made in my former operations.

The patient during this time did not improve as much as I had hoped, the diarrhœa (never bloody and also with-

out pus) returning at irregular intervals. Fearful, therefore, that the operation had perhaps been delayed too long, and that trouble higher up in the intestinal tract might be developing, on the 13th of February I performed the following operation, in the presence of Drs. Baldwin, Butler, Scott, Mosman, Blodgett, Blakelock, and a number of medical students. After the patient had been thoroughly anæsthetised, instead, as in the former cases, of encircling the anus with an incision, and thus completely cutting out both sphincters, I drew the knife in a semicircle around the posterior margin of the gut, and from the middle of the convexity of this cut extended a second, directly backward along the raphé to the point of the coccyx. There was a profuse gush of blood from these incisions, which being arrested, the muscular fibres were cleanly divided with the scalpel, and the balance of the cutting was done with strong scissors, curved on the flat. The whole posterior lumen of the rectum was thus liberated beyond the internal sphincter. The tumour could now be distinctly felt with the hand in the hollow of the sacrum. Putting, then, the rectum on the stretch, I slit up its posterior wall to the attachment of the growth, and Dr. Butler being ready with the galvano-écraseur, surrounded with the wire the protruding mass and quickly removed it. The blood and clots were then carefully washed out, and bleeding vessels secured, so that the parts could be more thoroughly examined. Beyond the pedicle hard masses could be felt, extending anteriorly and posteriorly and therefore to make the work as thorough as possible, the severed flaps of the posterior wall were widely separated, and the largest sized Fergusson's speculum inserted into the gut and pushed well up. Through this Dr. Butler with the galvano-cautery thoroughly cauterised all the diseased parts in sight. Again the wound was injected with thymol solution (1 to 100), and the bleeding having in a measure ceased, the cut surfaces were approximated as follows:—The spray apparatus was brought close to the body, to allow its full force within the wound, and all clots and débris from the cautery removed; then the divided posterior wall was brought together with five silver sutures;

four medium sized drainage tubes were inserted, two in the straight wound, and one on either side of the angles made at the junction of the semicircular cuts. These flesh wounds were brought together and united to the anus by deep and superficial silver sutures. The ends of these wires were then twisted together as in the operation for perineorrhaphy and then bound round with a small roll of plaster. I did not in this case insert either a water-bag or a rectum tube into the gut, because I was desirous of ascertaining whether any control of the fæcal matter would be retained by the sphincter, and if not, how soon that power would return, the rectum itself being only slit up, as happens in any of the old fashioned cutting operations for fistula in ano. The whole anterior portion of these muscles with their attachments had not been touched, and when the rectum had been stitched together, which I did in a careful and deliberate manner, the circle of fibres was complete. The balance of the dressing was as I have already mentioned. The operation lasted over an hour and a half, and the patient bore the shock and loss of blood better than I had anticipated, especially since she was so much debilitated by the previous diarrhœa.

I will spare my readers the long details of pulse and temperature, which were taken regularly, from four to six times during the twenty-four hours, as recorded in the other cases, and which is absolutely necessary in hospital routine; I will only state that she had complete incontinence of fæces from the first hour after the operation, which was no doubt increased on account of the thin and acrid nature of the discharges.

It may be interesting here to state the routine of dressing, and I may say that in all the surgical operations I have ever known there is none that requires such care and such attention, such patience and such watchfulness, and is withal so disgusting, as that of excision of the rectum. An india-rubber sheet, somewhat after the manner of a diaper, was first "Listered" and placed under the patient, the upper portion being tied around the waist; it was of sufficient size to fall to the floor to the side of the bed. By means

of a fountain syringe, the parts were then thoroughly washed with carbolized water—1 to 60. This removed blood, pus, and fæcal matter. The drainage tubes were then removed, cleaned and carbolised, and the nozzle of the syringe inserted into the cavities and a stream of carbolised water allowed to pass gently into the deep wounds. After the eighth day, and when the sutures in the skin wounds had been removed, the parts around the rectum were packed with oakum. The sutures inserted into the wall of the rectum were allowed to remain a much longer period, there being no strain upon them, and there being no indication that they were cutting themselves out. A soft linen bougie smeared with vaseline was then inserted into the rectum, over this a large wad of marine lint, and over this again an india-rubber contrivance, resembling an oblong dish, having a strap extending between the nates on the back, and another up upon the abdomen in front, which were fastened to a waistband. This was changed, washed, and new oakum applied every two hours. It was a source of great comfort both to the patient and the nurse. On the fourteenth day, the rectal sutures were removed, and I was pleased to see that two thirds of the cut had united by first intention.

For four weeks this patient did so well that I had no doubt of her recovery. During this time large masses of decayed tissue came away, evidently having been destroyed by the cautery; her temperature was generally 99° to 101°, and her pulse 90° to 110° beats to the minute. Her appetite was fair and her spirits good. She was able to raise herself upon her knees and remain so for a long time during the tedious and frequent dressings.

She sat up in bed with the bed-rest, and was cheerful and bright. Suddenly, and without any apparent cause, she was seized with agonizing pains in the bowels, and a profuse colliquative diarrhoea came on. The fæcal matters were acrid, fetid, corrosive and profuse; they poured from her constantly with but a few moments' intermission. Concluding that cancerous ulceration had developed and was progressing rapidly, I tried *Arsenicum* 3, *Hydrastis* 3, *Carbo. veg.* 6, *Nux.* 3, with a boiled milk diet—but no effect whatever

was produced. Only the largest doses of *Morphine* were of any avail, and these but temporarily arrested the terrible purgation. She had no sleep withal, and though she was rendered somewhat more comfortable by great care and tender nursing, she died in 18 hours after the commencement of the attack.

This was a sore disappointment, simply because four weeks had elapsed since the operation; the wounds were all in a most healthy condition and the split rectum had almost entirely united—completely so, as far as the sphincters were concerned. No autopsy was made, as the friends would not permit it.

Deductions.—From these cases, then, we may learn that if Hyrtl's ideas regarding the sphincter tertius be true, there would not be such complete inability to control the fæces after these operations.

That Chadwick's explanations of the action of these bands are sustained.

That the full sphincteric power is maintained by the conjoined action of a set of muscles.

That control is gained over the fæces in proportion as the cuts heal and the nervous control is restored.

That in a majority of cases after the operation a retraction of the gut will take place.

That the water-bag is not as efficient as the simple rectal tube, which ought never to be dispensed with after complete excision, as the accumulation of gases give rise to great pain.

That the operation of excision is much more feasible in women than in men.

THE ACTION OF DRUGS UPON THE EYE.

A Course of Lectures delivered at the London School of Homœopathy in the Summer Session of 1880.*

By Dr. HUGHES.

GENTLEMEN,—I propose to occupy your attention at our next few meetings with the consideration of the action of drugs upon the eye. There are certain substances which, when introduced into the system, display an elective affinity for this organ, and cause more or less disorder or distress within it; there are others, whose physiological action upon it is doubtful or unknown, and which yet display considerable power over its morbid states. A study of these medicines in their relation to the eye, conducted both positively for each and comparatively as between one another, can hardly be devoid of interest or of practical advantage.

Let us first consider what is the organ whose drug-relations we are to study. It is a very complex structure, whether considered in itself or in its connections with other parts.

We have first the mucous membrane which covers it in front—the *conjunctiva*. This, as you know, is continuous on the one hand with the skin of the face, into which it merges at the border of the lids, on the other with the nasal

* These lectures have lain by me since their delivery, and, my lectureship on *Materia Medica* having been exchanged for that on the *Institutes of Homœopathy*, cannot be made available at the School again. In publishing them here, however, I have done as it would have been my duty to do had I continued to deliver them year by year; I have brought them down to the present time by the incorporation of such fresh material as has been accumulated, and by such corrections and modifications as the progress of knowledge has required. I have, in this task, gratefully availed myself of the clinical portion (the physiological is naught) of the new edition of '*Ophthalmic Therapeutics*,' now fathered by Dr. Norton alone. When I have quoted this physician without reference, I am drawing upon his book.

I have made some use of these lectures in the fourth edition of my *Pharmacodynamics* and in my *Commentary on Allen's Encyclopædia*. I have not thought it necessary, however, to expunge here what I have reproduced there.

mucous membrane through the lachrymal ducts. The most important fact about it in relation to drugs is that it is an offset of the respiratory mucous membrane, and is thus liable to be influenced mainly by medicines affecting that tract. It is the seat of several kinds of inflammation, three of which, the catarrhal, the purulent, and the diphtheritic, are common to it with similar structures, but two others, the phlyctenular and granular, are seen in it alone. The lachrymal and Meibomian glands are involutions of this mucous membrane.

Next comes the fibrous coat of the eyeball—the *sclerotic* and the *cornea*. It is important to notice that the former is continuous with the sheath of the optic nerve, which is itself a prolongation of the cranial dura mater. It is thus obviously liable to be affected (together with the muscular elements of the eye) by what is called “rheumatism.” The cornea, owing to its intimate connection with the conjunctiva, and being itself non-vascular, seems very apt to suffer from extension of inflammation from that membrane, as in strumous ophthalmia. It may, however, as in the interstitial keratitis of hereditary syphilitics, be primarily inflamed; and may become the seat of abscess, of ulceration, and of such alteration of structure as to make it dim or opaque.

Beneath the fibrous is the vascular coat of the eye—the *choroid* and the *iris*. Besides blood-vessels, its substance is made up of connective tissue and of pigment cells, and, in the iris, of muscular fibres. These last are divided into a radiating and an encircling set, the contraction of the former widening, that of the latter narrowing the pupillary aperture. The radiating fibres are animated by branches from the upper cervical ganglion of the sympathetic, the circular set by the ciliary nerves of the third. But the iris must also, I think, be regarded as an erectile tissue in close sympathy with the cranial circulation in general, and influencing the size of the pupil by the fulness or emptiness of its vessels. The conditions of the eye in apoplexy and in moribund states from hæmorrhage respectively illustrate what I mean. Yet again, we have in connection with the iris a

quasi-serous membrane with which to deal, in the shape of the capsule of the aqueous humour, the membrane of Descemet. I apprehend that not only in the so-called keratitis punctata, where its corneal portion is attacked, but also in syphilitic and (perhaps) rheumatic iritis, this membrane is the primary seat of the inflammation, and that from it the lymph is exuded. Hence iritis having such causation may be a different thing from the affection so called when traumatically induced, or when occurring as an extension of choroiditis.

We then have the nervous elements of the eyeball, the *optic nerve* and the *retina*. The former is an actual projection of the brain substance forward, and the value of the ophthalmoscopic appearances of its entrance in the diagnosis of cerebral disease is now universally recognised. The retina is something more than an expansion of the optic nerve, and has a life of its own with a distinct circulation—a branch from the ophthalmic artery (a. centralis retinæ) piercing the optic nerve to supply it, while that nerve itself is supplied by the cerebral arteries from the circle of Willis. It may become inflamed (as from Bright's disease or syphilis) or atrophied (as from the excessive use of tobacco) without the occurrence of optic neuritis.

These are the coats of the eyeball. Its contents—the aqueous and vitreous humours, and the lens—have little pathological or pharmacological interest. The so-called fibres of which the last is composed are, it seems, thin-walled tubes containing a clear albuminous fluid; this must be remembered in connection with cataract. Of more importance are the muscular structures connected with the eye, and its vascular and nervous supply.

Besides the muscular fibres of the iris, we have the extrinsic muscles of the eyeball, the four recti and two obliqui, and the ciliary muscle. All of these are, as you will remember, animated by the third cranial nerve (oculomotorius), save the inferior oblique and external rectus, to which (for the independent action they subserve) the fourth and sixth nerves are respectively devoted. The interest of the ciliary muscle lies in its being the instrument whereby

accommodation for near vision is effected. By what modification in the eyeball itself the altered focal distance is obtained is a matter of doubt—our colleague Dr. Dudgeon advancing grave objections to the commonly received explanation of Helmholtz, and a plausible counter theory;* but of the office of the ciliary muscle in the process there is no question.

The eye receives its blood from the ophthalmic branch of the *internal* carotid artery. Its vascular connections are thus with the brain rather than with the face. Of its nerve of special sensibility (the optic) and of the motor nerves of its muscles I have already spoken: I have only further to remind you that its nerve of common sensation is the fifth. Remembering the various alterations of nutrition and circulation, as well as of sensibility, which are apt to accompany neuralgia of the trigeminus, we shall not be surprised if some well-defined morbid conditions of the eye—as glaucoma and detachment of the retina—should be traced to a disturbing influence starting from this nerve.

I think that this will suffice by way of introductory survey of our present sphere of action, and that we may now pass to the drugs which play their part therein.

The first on my alphabetical list is the new acid which has awakened so much interest among homœopathists of late:

Acidum picricum.

The provings of this drug, conducted by Dr. Couch and Dr. Samuel Jones, showed no little power on its part of irritating the conjunctiva. But the depressing and even disorganising influence which it was found to exert upon the nervous centres make us look with special interest to its effect upon vision, as suggestive of an altered state of the optic nerve and retina. One of each set of provers (the high and the low attenuations being employed by these respectively) experienced symptoms of this kind—the sight being variously described as “dim,” “confused,” “veiled,” “blurred” (S. 145, 146, 148 of Allen). But still more

* See his little treatise entitled *The Human Eye: its Optical Construction* (Hardwick and Bogue).

decided effects were produced when the acid was given to dogs in substantial doses of the crystals. The veins of the retina were always found enlarged, and in one, examined by Dr. George Norton, of the New York Ophthalmic Hospital, "immense white patches of exudation were observed, with some hæmorrhagic spots." He could not then determine whether these were in the retina or the choroid; but on post-mortem (microscopical) examination the latter membrane was found healthy, while it was quite otherwise with the nervous elements. "The optic nerve entrance," he reports, "was much swollen and infiltrated; masses of yellowish-white exudation were observed, extending from the nerve into the various portions of the retina; others were unconnected with the nerve-entrance. In some places these points have a white glistening look, but generally partake of the appearance noted above. The whole retina appears as if infiltrated; small extravasations are found in it and on the optic nerve."

These facts have not yet received their therapeutical explanation; but they are too important in connection with the optic neuritis of brain disease and the retinitis of albuminuria and syphilis, to be omitted here.

My next medicine is the

Aconitum napellus.

No very marked influence of this poison on the eyes appeared in the experiments made with it by Hahnemann and his pupils,* save that he himself gives the symptom "very painful inflammation of the eyes (chemosis)" (S. 89). One would like to know under what circumstances this condition was observed, as in no other instance has the conjunctiva been inflamed under its use; the only approach to such a state being seen in the injection of that membrane noted by Schneller in his proving on his own person.* Several of the Austrian provers speak of a sense of enlargement of the eyeballs with pressure outwards. It was probably

* Dr. Allen also gives as S. 309 of his pathogenesis—"Conjunctiva, especially towards internal canthus, highly injected." Its authority is "t"—i.e. "toxicological;" but in the collection of poisoning cases in vol. x of his

a similar action of the drug which was experienced by two of the patients treated by Fleming with his strong tincture of the root.* Both had considerable pain in the eyeballs and profuse lachrymation; with one dimness of vision coincided, with the other photophobia; and febrile symptoms were present. In neither, however, was there any visible increase in the vascularity of the organs. Still more violent seems to have been the effect of the drug in a case of poisoning (Richard's) cited by Hahnemann, in which the patient (who had taken a drachm) "was attacked with so frightful and painful an inflammation of the eyes, with lachrymation,† that he rather wished himself dead than to be forced to bear such agony long."

These symptoms, and our general knowledge of the action of *Aconite*, suggest plainly its sphere of action in ophthalmic affections. Its great power of relaxing arterial tension makes it suitable in acute congestion, and in the initial stage of actual inflammation of any of the structures of the eye, especially those whose engorgement causes pain and sense of enlargement. Thus it has cured active hyperæmia of the lids from over-use of the eyes,‡ and recent amaurosis from exposure to cold.§ It is also highly esteemed by oculists of both schools|| for its power of checking incipient inflammation of the eye after mechanical injury, whether accidental or operative. Look out, says Dr. Vilas, for the ciliary zone in these cases, and directly it appears put in your *Aconite*. Drs. Allen and Norton praise it for the acute aggravations of granular and in the incipience of purulent ophthalmia.

Aconite is also of great value in what we used to call sclerotitis, the "rheumatic ophthalmia" resulting from exposure of the eyes to cold. We are now taught that the

Encyclopædia no such symptom occurs, S. 1671 being the result of local application.

* On *Aconitum napellus*. 1845. Cases 15 and 17 in Appendix.

† In original "ophthalmia *lippiitudinosa*," which may mean "with discharge."

‡ *Ophthalmic Therapeutics*, by Drs. Allen and Norton: *sub voce*.

§ *Brit. Journ. of Hom.*, xxxvi, 370.

|| See *Journ. des conn. méd.-chir.*, Nos. 9 and 10 of 1856.

sclera is rarely inflamed, and that the redness of its hyperæmia appears in patches. But, clinically, I mean by scleritis a *painful* inflammation of the surface of the ball presenting a crimson and straight-lined injection instead of the scarlet network of catarrhal ophthalmia. Here, when the suffering is a diffused ache (not the shooting pain of *Spigelia*), *Aconite* is—*meipso teste*—most effective. It has less influence over rheumatic iritis.

Dr. Dekeersmaecker has lately spoken highly of *Aconite* in glaucoma, when this ocular affection is associated with anæsthesia or neuralgic pains in the parts supplied by the trigeminus, suggesting its own dependence on some disorder at the origin of that nerve.* This is a beautiful homœopathic application of the elective action of the drug thereon, as ascertained by Schroff.

I have next to speak of *Cimicifuga*, or, as I prefer (with Linnæus) to call it,

Actæa racemosa.

The characteristic symptom of the development of the physiological action of this plant—of what we may call actæism—is the occurrence of severe aching pain in the head and eyeballs. There is no hyperæmia, save in the lids. Now, the general action of the drug, and the direction in which it has found most therapeutic employment, suggest that it is in the *muscles* of the eyes that its peculiar pains are situated, and that it should prove useful when these are aching from undue exercise or from “rheumatic” influences. Correspondingly, we find that Dr. Angell has been led to use it largely (in the form of its concentrated preparation, *Macroton*) in accommodative and muscular asthenopia, to remove the evil consequences of prolonged exertion of eyes thus affected, as hyperæmia and photophobia. It should be useful (as Dr. Hale suggests, and as its influence on the nervous system plainly indicates) in the ocular hyperæsthesia which Mr. Hutchinson has lately described so well, when it is use of the eyes which brings on the aching. I know not whether “muscular rheumatism” ever affects its appropriate

* *L'Hom. Militante*, i, 271.

parts in the optical apparatus ; if it did, *Actæa* would be quite in place in its treatment.

Our next medicine is the mushroom known as

Agaricus muscarius.

This medicine has been very thoroughly proved, having been taken up by the Austrian Society as well as by Hahnemann and his disciples. It has in Allen's *Encyclopædia* as many as 148 eye symptoms. They are, however, almost entirely subjective ; and may be reduced to very few elements. Sensations of burning and pressure, such as over-use of the eyes will cause, were most frequently experienced, and twitchings of both lids and balls were not uncommon. The muscular and motor nervous apparatus of the eyes are here at fault, and the symptoms correspond with those of a paretic and choreiform nature which are observed elsewhere under the action of the drug. We have also, however, a good many symptoms relating to dimness of vision, which may be thought to indicate a primary and anæsthetising influence of the drug on the optic nerve or retina. I incline to think, however, that asthenopia rather than amblyopia is the term descriptive of these effects. Speedy fatigue,* and want of power to fix the eyes and accommodate the vision, are the characteristic feelings experienced by the provers.

Further light on the influence of *Agaricus* on the eyes has been thrown by the experiments instituted with its alkaloid, *Muscarin*. This substance has been found an analogue of *Pilocarpin*—the alkaloid of *Jaborandi*—in its influence upon the secretions, and an opposite (with it) of *Atropin*. It was interesting, therefore, to ascertain if the antagonism extended also to the pupil, which *Pilocarpin*—like *Physostigma* and *Morphia*—contracts and *Atropin*, as you know, dilates. Drs. Ringer and Morehead are the only ones who have as yet proved *Muscarin* on the human subject ; and they have found* that when fractions of a grain are injected subcutaneously, the pupils are contracted.

* *Lancet*, August 11th, 1877.

On the other hand, when a ten per-cent. solution was locally applied, they became widely dilated. In this respect *Muscarin* agrees with *Gelsemium*, and differs from *Pilocarpin*, which contracts the pupils whether internally or externally administered. The differing effects are possibly connected with dosage, as in poisoning by *Agaricus* dilatation is present. The changes in the pupil induced by *Muscarin* are unaccompanied with disturbance of vision, so that it probably has little action on the accommodative apparatus—*i.e.* the ciliary muscle.

The conclusion is thus confirmed at which we have otherwise arrived, that *Agaricus* influences mainly the motor nervous and muscular apparatus of the eyes. Herein it resembles *Actæa*, but it is not so much indicated for the sensory disorder and rheumatic and neuralgic aching of that drug, as for the actual muscular weakness on which these depend, and for the twitchings to which weak muscles are subject. Its power over chorea and ataxic typhus strongly recommends it for spasmodic affections of the lids and eyeballs; and Drs. Allen and Norton speak very favourably of its action here and in muscular asthenopia, especially when the internal rectus is most at fault, hindering the convergence of the eyes.

The effect of the internal use of *Muscarin* must predominate over that of its local application as an indication for it as a medicine; and it would be suitable for acquired myopia, as we shall see *Physostigma* to be. Drs. Allen and Norton say that it has caused benefit here, when twitching of the eyelids has coincided.

And now of the virus of the honey-bee,

Apis mellifica.

The well-known power of bee-stings to set up acute inflammatory œdema is, of course, liable to be manifested in the loose cellular tissue of the eyelids, and redness and swelling of these parts has often been noted in the subjects of the insect's attack. *Apis* thus becomes a prime remedy for external blepharitis, and has often done good service

therein. Whether it has any pathogenetic influence upon the conjunctiva I cannot say. Dr. Allen, in his *Encyclopædia*, gives only two observations in which the eyes were visibly red;* and in one of these their condition was only a part of a congestive headache which had come on in a patient taking the drug.† The other symptom is, "eyes red and itching," which is given upon Dr. Hering's authority as an effect of the sting; but it is too vague to stand for much. *Apis* can therefore hardly be considered homœopathic to conjunctivitis, though its relation to acute œdema might make it suitable when chemosis was present. The chief subjective sensation experienced by the provers was itching, often described as piercing.

My own attention was early attracted to the power of the drug over keratitis displayed in the two cases of ophthalmia treated by it appended to the original provings.‡ I was thus led to use it whenever the cornea became much involved in scrofulous ophthalmia, and also in primary inflammations of this part. Dr. Casal, of Mentone, has lately substantiated its homœopathicity here by reporting a case in which the sting of a wasp (which seems pathogenetically identical with that of the bee), inflicted near the right eye, caused—after a lapse of some days—a subacute keratitis, first on that side and then on the other.§ Dr. Jousset expresses great confidence in *Apis* as a remedy for strumous ophthalmia invading the cornea; and finds it important in these cases to use the solution of the virus, and not the trituration of the whole bee.|| Dr. Norton reports an acute case of interstitial (syphilitic) keratitis cured by it.

I would next speak of the nitrate of silver,

* In the treatise on *Ophthalmic Therapeutics* edited by him in conjunction with Dr. Norton, "the conjunctiva becomes congested, puffy, chemosed, full of dark red veins," is given in the symptomatology of the drug. It must, I think, be clinical only.

† See Metcalf's *Homœopathic Provings*, p. 193.

‡ *Ibid.*, p. 201.

§ *Bull. de la Soc. Med. Hom. de France*, xviii, 111.

|| *Leçons Cliniques*, xix.

Argentum nitricum.

This substance is well known as an external application to inflamed eyes, in which mode of employment it is supposed to act "substitutively," removing the existing inflammation by that of a milder kind which itself sets up. It would thus be homœopathic enough, though only locally so. The results of its internal administration, however, have proved it capable of causing conjunctivitis from within. You must not take in evidence thereof S. 124 and 152 of Allen's pathogenesis,* as they were effects of the local application of the caustic. But in the proving of *Argentum nitricum* carried on at Vienna by Dr. J. O. Müller he developed in his own person a very marked attack of conjunctival inflammation.† After taking two doses, of ten and three drops respectively, of the second decimal attenuation, he woke the next morning with the eyes feeling hot and dry, and the right one showing redness in the inner canthus, which during the day spread to the cornea. On the following morning the eye was agglutinated on waking; when opened, was found to be redder than ever; and pressure and pain were present. The ophthalmia did not decrease until the next day. Later, a single dose of the same potency caused the left eye to be affected as the right was. "The canthus," he says, "is as red as blood; there is swelling of the caruncula lachrymalis, it stands out like a lump of red flesh; intensely red clusters of vessels extend from the inner canthus to the cornea; the conjunctiva becomes thickened and interstitially distended. The secretion of mucus and tears increases."

This specific irritant effect of *Argentum nitricum* upon the conjunctiva led Dr. Dudgeon (in 1848) to argue that its local application, as practised in the old school, acted after a true specific manner, pointing out that "the instant the solution comes in contact with the secretions of

* "Ophthalmia, with intense pains," "Opacity of the cornea, &c." Dr. Dudgeon also erroneously includes these symptoms as "produced by the action of the drug when taken internally in small doses" (*Brit. Journ. of Med.*, vi, 217).

† See Hempel's transl. of Stapf's *Additions*, pp. 241—4.

the eye it is decomposed, and an inert chloride of silver formed, which is speedily washed away by the gush of tears that ensues: thus the action of the caustic is but momentary and the quantity infinitesimal." I was led hereby to use it internally in the treatment of the ophthalmia neonatorum for which it is so much esteemed as a local application; and have been so satisfied with it thus given that I have never had to resort to any external measures beyond those needed for cleanliness. The experience of our American oculists is quite confirmatory of its power over such purulent inflammations of the conjunctiva. Dr. Angell commends the remedy "in affections of the lining membrane of the lids, and of the lachrymal duct and sac, when there is an abundant discharge of pus;" and Drs. Allen and Norton write—"The greatest service that *Argentum nitricum* performs is in *purulent ophthalmia*. With large experience in both hospital and private practice, we have not lost a single eye from this disease, and every one has been treated with internal remedies, most of them with *Argentum nitricum* of a high potency, 30th or 200th. We have witnessed the most intense chemosis with strangulated vessels, most profuse purulent discharge, even the cornea beginning to get hazy and looking as though it would slough, subside rapidly under *Argentum nitricum* internally." These writers also recommend it in the early stages of granular conjunctivitis.

Two of the provers of *Argentum nitricum* complained of disturbance of vision, which in one took the form of presbyopia. Dr. Woodyatt, of Chicago, connecting this effect with the general nervous depression produced by the drug, has been led to use it in cases of paralytic weakness of the ciliary muscle, brought on by fatigue and defective nutrition, and causing imperfect accommodation of vision.*

We proceed now to a still greater medicine,

Arsenicum album.

The inflammatory action of *Arsenic* does not reach deeper than the conjunctiva, but there it is very marked

* See also *Monthly Hom. Rev.*, xxii, 152.

and intense. Mr. Hunt makes conjunctivitis the sign of the full development of arsenicism, as stomatitis is of that of mercurialism. In provings of the drug in the minutest doses—as in those conducted with the fourth trituration by Dr. Imbert Gourbeyre—the eyes feel its influence, in stiffness, sense as if sand were in them, burning, smarting, and itching; and in cases of poisoning acute inflammation is seen, which may even be purulent. In one instance of this kind the lachrymation was corrosive, making the cheeks and eyelids sore. *Arsenic* seems also to exert a direct influence upon the cornea, at any rate in frogs, causing a necrosis of its cells analogous to that which occurs under its influence in the skin.

Arsenicum has accordingly played a great part in homœopathic therapeutics in the treatment of conjunctival inflammations. In simple chronic conjunctivitis I myself place great reliance upon it; and in strumous ophthalmia my experience coincides with that of many others that it will often cure obstinate cases where every other medicine has failed. Dr. Angell commends it in superficial and deep-seated ulcerations of the cornea, especially in scrofulous subjects; in catarrhal ophthalmia, with thin secretion and irritation of the edges of the lids; and in ulceration of the tarsal edges, with thin secretion. Drs. Allen and Norton make this same thinness of secretion a prominent indication for *Arsenic*, adding excoriating quality of the same, burning pains, and sense of dryness.

Arsenicum is also reported to have cured choroiditis; and has certainly relieved the pains of the so-called arthritic ophthalmia (qy. glaucoma), when these present the burning stitching character and paroxysmal recurrence proper to the drug.

And now a few words upon the action on the eyes of gold—

Aurum.

Metallic gold was proved by Hahnemann in pretty substantial doses; and one of his fellow-observers, Herrmann, experienced very marked effects from its use. His chief

sensation was one of *tension*, "Spannung," as seen in S. 102 and 103 of Allen's pathogenesis; it was accompanied with dimness of sight, which at one time took the form of diplopia, objects seeming also to be mixed one with the other, and at another of hemiopia, the upper half of objects being invisible. A girl, on whom Buchner proved the chloride (*A. muriaticum*), experienced "severe pressure in the eyes in the open air, and tearing in them, with complete blindness" (S. 32 in Allen).

Drs. Allen and Norton report several cases, of their own or of others, in which *Aurum*, administered because of the presence of its characteristic hemiopia, has caused great amelioration; although the symptom is usually indicative of tissue-changes too great for cure to be expected. It often, of course, signifies partial detachment of the retina. The suggestion of its "tension" as to employment in glaucoma has not as yet been carried out. On the other hand (as we have seen with *Apis*) it has been found to exert an action on the cornea which has been employed with the happiest results. There are on record a good many cases of chronic scrofulous ophthalmia, involving this membrane, in which it has proved very effectual, even to restoring its transparency when opaque.* The suggestion of its deeper action thus given has led to its employment in interstitial keratitis. Drs. Allen and Norton speak highly of it here; and Mr. Clifton has lately communicated a case of the syphilitic form of the disease, in which its beneficial effects were unquestionable.† Perhaps the analogy of *Apis* will hereafter be completed by the ascertainment of a pathogenic action also being exerted on the cornea by our present drug. Dr. Norton, while confirming its value in syphilitic keratitis, commends it also in iritis of this origin, especially after the abuse of *Mercury*.

The action upon the eye of our next medicine, *Belladonna*, is so extensive that I must reserve it for our next meeting.

* *North. Am. Journ. of Hom.*, vol. viii.

† *Monthly Hom. Review*, xxi, 528.

REVIEWS.

Mein ärztliches Testament. Von Dr. GEORG SCHMID.
Wien, 1882.

THE author of this brochure did not long survive its publication, so the title he gave it is very appropriate. Dr. Schmid was one of the earliest practitioners of homœopathy in the Austrian dominion. As he never yielded his judgment to the authority of Hahnemann in the matter of the dose, but continued to give his medicines in the more material form used by Hahnemann in the earlier days of homœopathy, he was regarded by the Hahnemannian purists as somewhat of a heretic and subjected to a little persecution, which did not increase his love for his colleagues and forced him into rather an isolated position. This did not prevent him giving his colleagues and adversaries "a bit of his mind" occasionally in the pamphlet form, and the present publication may be looked upon as a Parthian dart from the brave old man as he drove off to the Elysian fields. There is nothing very acrid in the contents of the work, and it hardly comes up to the expectations that might be raised by the declarations on the title page as to the work being "necessary and important explanations regarding homœopathy." The burden of Dr. Schmid's song is that homœopathy should avail itself of all the improvements that have been made in the methods of diagnosis, and he reminds his readers that the revelations of instrumental aids to research, like the stethoscope and the pleximeter, are as much symptoms as what we observe in the patient by our unaided senses. He pays a merited tribute to Skoda and Rokitansky for their contributions to pathological knowledge, the former at the bedside of the sick, the latter

on the dissecting table. As regards therapeutic knowledge, however, neither did anything to advance it.

Dr. Schmid gives some amusing passages from the writings of distinguished living medical authorities, showing their disbelief in anything like scientific or rational therapeutics. Thus, Wunderlich: "Nowadays we see nothing but the most perfect therapeutic anarchy." Again, "Many physicians, and these by no means the worst or most ignorant, have expressly renounced all therapeutics, and are content to be merely spectators and observers of the development of morbid processes." And of homœopathy he says: "It is not the falsity and the uncertainty of the assertions of the homœopaths that make us suspect them, but because they have never attempted to prove their assertions or to give a scientific demonstration of their experience on the sick," which is ludicrously untrue.

Oesterlen, whose *Manual of Materia Medica* has gone through seven editions, says: "When physicians reflect that our medicines are foreign substances which are apt to do harm and become poisons, they will come ever more and more to substitute for them hygienic dietetic remedies." "This view," he says further, "will not seem too improbable when we consider the long list of diverse remedies which are all said to cure the same disease, and, again, the list of quite diverse diseases which are said to be all curable by one and the same remedy; further, when we see that the infinite majority of diseases can recover as quickly and as certainly without any medicine at all. The surest proof that physicians perceive that their remedies are useless in serious diseases, is that they are always on the outlook for new remedies."

Girtanner says: "The *apparatus medicaminum* is nothing more than a careful collection of all the false maxims that physicians have ever enunciated."

Schmid thinks that the only way to improve medicine is for the State to establish professorial chairs of homœopathy. 1. A chair for general instruction in homœopathy. 2. A chair for the special teaching of *materia medica* in combination with an institute for proving medicines, the

president of which should be the teacher of materia medica.
3. A chair for clinical homœopathy.

In the second part of this little work, Schmid gives a criticism of Hahnemann's doctrines as developed by him in his retreat at Coethen, showing that he left his original path of pure observation of nature and betook himself to speculation and dogmatism. There is nothing particularly novel in his observations on this subject, but still they are well worth reading, and may be of use in the present day when some of Hahnemann's disciples are bent on regarding some of the most unfounded of his speculations as the only true homœopathy and developing them to the most absurd lengths.

American Medicinal Plants, an Illustrative and Descriptive Guide to the American Plants used as Homœopathic Remedies. By C. F. Millspaugh, M.D. New York: Boericke and Tafel.

A SPECIMEN number of this work has been sent to us by the publishers. Dr. Millspaugh, the author, is at the same time an artist, and has drawn from nature beautiful representations of the plants treated of in the work. When completed, this work will be of the greatest value, as it will enable the plants employed in homœopathic practice to be identified for ever in spite of the frequent changes of their nomenclature. We heartily congratulate our American colleagues on possessing such an excellent artist among them, and such public-spirited publishers as Messrs. Boericke and Tafel, who must have incurred enormous expense in bringing out this beautiful work in the style this specimen gives promise of. We trust they may meet with many subscribers on this side the Atlantic.

OUR FOREIGN CONTEMPORARIES.

GERMANY. *Zeitschrift des Berliner Vereins homöopathischer Aertze, herausgegeben von Dr. Windelbund und Dr. Sulzer.*—At length this long-announced periodical has seen the light, and we have before us the first issue, which is a double number. The editors say in their opening address that they are chiefly moved to publish a new periodical in Berlin by the violent attacks of the partisans of allopathy upon homœopathy and its practitioners. Since these attacks commenced with the diatribe of Jürgensen, the friendly conduct of their allopathic colleagues, which used to be the rule, has been exchanged for an entirely contrary behaviour. Even specialists will now no longer give their assistance or advice to the patients of their homœopathic colleagues, and a resolution was lately passed by the Central Committee of the Berlin Medical Societies analogous to the famous Brighton resolution of the British Medical Association. In July of last year, in the chief medical society, Professor Liman and Dr. Geldtammer made insulting observations respecting homœopathists, classing them with quacks, and recommending that steps should be taken to put them down along with other quacks. Next, Dr. Rigler, in the Western Society of Berlin Physicians, read a paper in which the most insulting language was used towards homœopaths, and the society was induced to address a petition to Government to withdraw the right to dispense their own medicines, which homœopathic practitioners had enjoyed for many years. This petition was signed by many of the chief physicians of Berlin. The most insolent attack on homœopathy was made by Professor Liebreich in a public address, in which its practitioners were denounced as charlatans, quacks, and false doctors. All these attacks were published in the newspapers, with the object of disparaging and discrediting the homœopathic practitioners who have large practices in Berlin in the eyes of the public. The Berlin Homœopathic Society replied to these attacks by opening a dispensary in Berlin, which is served by eight homœopathic

physicians, and during the three years of its existence has relieved 16,000 patients. Steps are now being taken to establish a homœopathic hospital in Berlin. The petition of the allopaths against the continuance of the right of dispensing their medicines by homœopaths has been met by a counter-petition of the homœopaths. Dr. Rigler and the publisher of his libel, as also Drs. Liman and Geldtammer, were prosecuted legally by the Society, and a verdict obtained against them all except Geldtammer, whose process has not yet terminated. Heinze, of Leipzig, who published Rigler's calumnies, was also condemned. Liebreich's libels were met by the publication of a reply by the Berlin Homœopathic Society, and a process is being instituted against him by the Central German Homœopathic Society. But it was felt that the issue of a special periodical was called for, and hence the establishment of this new homœopathic journal, to which we wish all success.

The first article is by Dr. Sorge, and is entitled "Homœopathic Truth." It is a reply to the pamphlet by Dr. Koeppé, reviewed by us in a former number of this journal. It fills 110 pages, and goes minutely into all the points touched upon by Koeppé. Like everything proceeding from the pen of Sorge, it testifies to the great literary ability and sound and extensive scientific acquirements of the author. The only fault we can find with it, and this is a very venial one, is that the pamphlet of Koeppé hardly deserved such a serious consideration as Sorge has accorded to it. Koeppé's misrepresentations differ in no way from those of others which have been over and over again refuted, so Sorge's reply necessarily goes over much the same ground as is already familiar to us, and though it may be desirable that those into whose hands Koeppé's pamphlet may have fallen should see the refutations of the other side, it is doubtful whether its publication in this periodical will effect this desirable object. A shorter and more popular essay published as a pamphlet would perhaps have been a better way of meeting the attack of Koeppé. Moreover, an exhaustive reply to Koeppé's attack, by Dr. Mayntzer, has already appeared in the *Allgemeine Homöopathische Zeitung*,

and has, we believe, been published as a separate pamphlet, so Sorge's work, which goes over the same ground, might as well have been unperformed. Two long replies to a pamphlet of the calibre of Koeppé's seem to be at least one too many.

The next article is the counter-petition of the Berlin Homœopathic Society referred to above. In this country, where the liberty to prepare and dispense their own medicines has always been enjoyed by practitioners, we are not interested in the subject in the same way as our German colleagues, who, without the special dispensation that has been accorded to them by Government, would find themselves at the mercy of the apothecaries, whose interests are quite opposed to the pharmacy of the homœopath.

This is followed by an appeal by the Homœopathic Society of Stettin to all who are interested in homœopathy—both medical and lay—to unite in order to repel the onslaught that the allopathic school has commenced against homœopathy.

The last article is an appeal to the physicians of Berlin against their recent action in their societies against their homœopathic colleagues. It consists of a short and pithy exposition of what homœopathy is, and an urgent request to them to cease from their attempt to suppress homœopathy by the unworthy means adopted by several influential members of these societies.

Altogether this first No. of the new German homœopathic periodical is not so interesting as we might have expected, and we trust that subsequent Nos. will furnish us with some of the valuable practical experience of our Berlin colleagues, and less of that uninteresting controversial matter which does no good to the adversaries of homœopathy, who never read it, and is of little use to the friends of homœopathy, who have read it already too often.

Allgemeine Homöopathische Zeitung.—Continuing our examination of this periodical we commence here where we left off in our last vol. with vol. 103, No. 8.

The first thing that strikes us is a case quoted by Goullon

from Welsch. The subject was a lady who, in addition to a congenital vascular tumour on the left side of the face, with atrophy of the left eye, had a polypus projecting from the left nostril of the size of a walnut, which had been growing for two years. By the use of *Thuja* 30, six drops daily, in three months the polypus had diminished to the size of a small pea. Goullon gives a still more striking case of Schlegel's:—"On the 11th March of this year, V—, a gardener, consulted me about a small cutaneous growth at the outer canthus of the right eye, the size of a hemp seed, pedunculated, and latterly the seat of burning pain, whereas formerly there had been no feeling in it. I advised against cutting it off, which the patient proposed I should do, and gave two globules of *Thuja* 30 on the tongue dry. My astonishment was great to find next day at the same hour a withered, brownish-black, dry lump instead of the cutaneous growth. I suspected that an attempt had been made to remove it by a ligature, but was distinctly assured that nothing had been done to it, but that a change had been made in the growth an hour after taking the medicine. It fell off that same evening, twenty-five hours after taking the medicine."

In No. 9 Amberg relates a case of religious melancholia in a woman of 44, the patient imagining she had committed in her youth an unpardonable sin, for which she must certainly go to hell, she refused to take food or medicine, did not sleep, tore her clothes and bedclothes, supposed she had murdered several of her relatives who were all alive, did not know those about her, &c. *Bromide of Potassium*, *Chloral hydrate*, and *Morphia* failed to produce sleep, but *Kali phosph.* 6, soon effected a perfect cure.

The specific curative action of *Merc. cyan.* in diphtheria, as established by Dr. von Villers, has been corroborated by an allopathic physician, Dr. Rothe, of Altenburg, who gives in the *All. Med. Central Zeitung*, No. 89, thirty-five cases of diphtheria treated with this medicine without a single death. Rothe added *Tincture of Aconite* in mild doses to the solution of *Merc. cyan.* occasionally, to subdue the febrile symptoms, but doubtless the cures were attributable

to the latter medicine, as *Acon.* does not stand in any specific relation to diphtheria.

In No. 17 Wiel relates an interesting case of nephritis desquamativa, with dropsical swelling of legs, following pneumonia, which was fruitlessly treated with *Bell.*, *Canth.*, *Sulph.*, *Coccus*, *Tereb.*, but which rapidly yielded to *Plumb. acet.* 2x. The indications for this last remedy were headaches from occiput to forehead, relaxed and œdematous eyelids, sunken eyes with staring look, pains in limbs, emaciation, small slow pulse, hoarse voice, catarrh of wind-pipe with secretion of viscid mucus, dry short cough, total loss of appetite, vomiting, loathing of all food, eructations and vomiting of slimy stuff and constipation, retention of urine, spasm of the bladder, urine passed with pains, bloody, fiery red urine containing albumen, restless sleep and sleeplessness, great dejection and indifference.

Leeser relates a case of Ménière's disease in a man of 71. He had suffered for three years from attacks of vertigo, which recurred every three or four weeks. The vertigo was worse on rising or walking, so that he could not move without assistance. The vertigo persisted even when he lay with closed eyes. Before the attack commenced the hearing was very much diminished, the appetite was small, and there was severe headache. The attacks lasted two or three days, then salivation set in, and the vertigo and deafness ceased. The patient had recovered from an attack eight days, when a more severe attack came on, with great thirst, eructation and vomiting of sour stuff; he also complained of coldness in the occiput. Examination showed no affection of the drum-head or of the middle ear. As no cause could be discovered, he was guided in the treatment by the symptoms, and as the vertigo persisted even when lying, he selected *Arnica* 3x, three drops every three hours; the first dose improved the vertigo, which gradually went off, the hearing returned, and in eight days all the symptoms were gone. Nine weeks have elapsed and he has had no further attack.

Köck gives a case of a man aged 50, who said that thirty years previously, when he was a soldier, he had got ague,

and since then he was subject to attacks of the most horrible pains in the head every six or eight weeks. For this he has undergone all sorts of treatment. The seat of the pains was chiefly the crown of the head, whence the pains spread all over the head, and were so violent that those about him could with difficulty prevent him blowing his brains out. He was always quite well during the day. The pains commenced about 9 p.m. and increased in violence until the morning. The character of the pains was indescribable; they were tearing, shooting, burning, and pressive; to use his own expression, he felt as if all the devils were in his hair and brain, he could not remain in bed. About 4 or 5 a.m. the pains subsided, he fell asleep, and was quite well during the day, but the old story recommenced in the evening. This was repeated for from eight days to three weeks, after this he felt quite ill and exhausted and half-paralysed in the arms and legs. He was refreshed by a journey, but was sure of a repetition of the attack in two months. The first medicine given was *Stram.* 2, but this did no good. Under the use of *Thuja* 30 he was completely cured, and when Köck saw him two years later he found that he had had no recurrence of the headaches.

In No. 18 Weil gives from various sources a collection of cases proving the power of *Cinchona Bark* to cause a febrile attack resembling ague.

In No. 19 Köck gives an interesting case of a kind of goitre, the size of a hen's egg, not in the usual place of goitres, but lying upon the larynx. Two doses of *Thuja* 30 removed it in four weeks. It had been there three years. Another case of very severe neuralgic pain in the supra-orbital region in a man who had a chronic gleet was cured in three days by *Thuja* 10. Still another case of gonitis, with great swelling and redness of the knee, in a young married woman, yielded rapidly to *Thuja* 10, after *Bell.*, *Atropin.*, and *Merc. sol.* had proved useless.

In No. 22 and following Nos. is a report by Dr. Huber of the Lebenswarth Children's Hospital in Vienna. Four cases are reported in detail, among others a case of diabetes mellitus in a boy, aged 8, which yielded to *Acid.*

phos. 4, but a relapse occurred and the urine, in addition to sugar, contained albumen. *Arsen.* 6 cured completely in five weeks. A case of polyuria in a girl of two and a half years was cured by *Ferr. phos.* 2 and *Arsen.* 6 alternately, each for two or three weeks. The cure was interrupted by whooping-cough which yielded to *Ipec.* and *Verat.*, and by attacks of catarrh of the bowels which required *Merc.*, *Chin.*, and *Acid nit.* Three cases of rheumatic arthritis were successfully treated by *Arsen.*, *Bry.* and *Puls.* One in which there was endocarditis required *Arsen.* and *Spigel.* Another case in which there were very severe symptoms of endocarditis was cured by *Arsen.* In this case there was also an extensive pleuritic exudation, for which *Bry.* was given, but it had to be discontinued and *Arsen.* completed the cure, only there remained insufficiency of the mitral valve, though the patient was otherwise well. Six cases of ileotyphus were treated. One case died. He had been treated allopathically, and when brought to the hospital was in complete stupor, cyanotic, with pneumonia of the right side, diarrhoea, &c. He was dead in three days. Another case of a girl of 9, very weak and bloodless, slight diarrhoea. *Rhus* 3 and *Chin.* 1 cured the disease. Another case of a girl of 13, with constipation. *Bry.* was effectual. An abscess that came on during the convalescence was treated by *Hepar*, and diarrhoea, which came on later, and occurred in the morning, was cured by *Rhus* 4. Another case, complicated with pleurisy, was cured by *Bry.* The last case was of a boy of 5, in which the weakness was extreme. Though the temperature was high in the axilla the hands felt icy cold and were blue. *Arsen.* 6 was of use. Bloody stools set in after a week, and were cured by *Carb. veg.* 6. He made a good recovery. One case of intermittent fever was observed in a girl of 10. She had quotidian fever for three months. The cold stage was slight, but the hot stage was severe, and the sweating stage slight. *Ars.* 6 cured her in a week. Nine cases of tubercular meningitis were admitted, of whom eight died. The one that was cured was a boy of 3. When admitted he had severe fever, headache, vomiting. The first two

days he got *Acon.* He then began to squint, to bore the head in the pillow; the pupils were insensible to light; the child lay quite apathetic; the abdomen retracted; no stool. *Bell.* 4 was given. Some days afterwards a normal stool occurred. Then the other symptoms gradually declined. The child was dismissed cured after less than five weeks of treatment. An obstinate case of sciatica in a girl of 12 years was unaffected by *Rhus*, *Ars.* and *Carb. veg.*, but at length yielded to *Gels.* 6. In the cases of whooping-cough *Verat.* when the attacks were severe, and *Con.* in nocturnal attacks, were the best remedies. In two cases where the child became quite blue *Cupr. met.* 4 was of use, when there was much mucus *Ant. tart.* *Atrop.* was useful in the beginning when the head was congested. *Dros.* and *Ipec.* were of no use. *Napthaline* was frequently prescribed, but did no good. Two cases of croupous pneumonia were admitted. One, a boy of 2½ years, recovered under *Acon.* and *Iod.* followed by *Sulph.* The other, a girl of 12, had also muscular rheumatism; she got *Bry.*, and in a relapse occurring in convalescence *Phos.* Four cases of catarrhal pneumonia recovered under *Phos.* 6, followed by *Sulph.* In one case of chronic pneumonia, where the whole left lung was infiltrated, percussion quite dull, breathing bronchial, no displacement of heart, dyspnoea, cyanosis, the left cheek always with a circumscribed red patch, *Sulph.* 6, twice or thrice a day, completely restored the lung in three weeks. A second case got, on account of a troublesome dry cough, *Phos.*, which promoted absorption, afterwards *Calc. phos.* The third case was improved by treatment, but, as she had fever and night sweats, she was sent into the country. Nine cases of slight diphtheria were treated. *Merc. cyan.* 6 was the only remedy employed, and all recovered in from six to nine days.

A case of enteritis follicularis is remarkable. The patient, a boy of 1½ year old, emaciated to a skeleton, lay day and night on his right side with the legs drawn up. The number of stools *per diem* could not be counted, as whenever he was looked to he lay in his excrement. The evacuations were almost entirely composed of

bloody mucus, and excoriated the anus and surrounding parts. The abdomen was distended like a drum. The child uttered cries of pain day and night, and cried half the night. Appetite almost *nil*, small quantities of milk only could be given. *Cham.* and *Coloc.* had no effect on the pains, but *Cupr. met.* 4 allayed them and caused a diminution in the frequency of the stools. As soon as the pains were gone the child got *Ars.* 6, at first every two or three hours, later twice a day. Scarcely had the patient got rid of the enteritis than laryngitis crouposa came on, which was cured by *Hep.* and *Spong.* Then the enteritis recurred, which was first treated with *Merc. cor.*, and again cured by *Ars.* and *Cupr.* Afterwards the child got a daily dose of *Calc. c.* 12, and was soon dismissed cured. Two other cases were cured by *Merc. cor.* and *sol.* 6, followed by *Sulph.* Another case which died was syphilitic, shown by severe angina and stomatitis and *plaques muqueuses.* Eczema of the hairy scalp was cured in three weeks by *Hep.* 4 when there were thick scabs, by *Graph.* 6 when there were scales. Humid eczema of other parts yielded to *Petrol.* and *Merc.*, followed by *Sulph.* and *Calc.* An obstinate case of facial eczema was rapidly removed by the local application of Hebra's diachylon ointment, but as it broke out again in a week it was treated with *Ars. iod.* and cured.

No. 26 contains a remarkable testimony to the truth of homœopathy by an orthodox practitioner, extracted from *Allg. Central f. Zeitung.* The physician is Dr. Ide, of Stettin, and he introduces his experience in the following words:

“ ‘ Je ne suis ni allopathe ni homœopathe, je me contente de rester médecin.’ ”

“ Without engaging in the strife that is now going on as to the justification of homœopathy, which, in my opinion, can neither lead to conviction nor be justified as long as it is conducted on mere *à priori* principles, and in its form proves the truth of the saying, ‘ *invidia medicorum pessima,*’ I will allow simple experience to speak, which is alone reliable in the question, and give the testimony of cases of disease from my practice, which is not that of a

homœopathic practitioner in the ordinary sense of the word, for I do not dispense my own medicines, nor do I employ exclusively homœopathic remedies or so-called potencies. These cases show (1) that the Hahnemannian maxim, *similia similibus curentur*, has really a high therapeutic significance, though perhaps it is not a therapeutic law, but it is at all events a therapeutic guide; (2) that small and very small doses act and cure. Such a confession on my part may at the present time seem serious and even dangerous. But I hold it to be a duty to acknowledge publicly a recognised truth.

“Nor was it mere culpable curiosity that led me to touch the forbidden fruit: it was the necessity, the endeavour to help my patients in cases where the methods inculcated by the schools and the experience of them left me in the lurch—cases which are not rare in the practice of other physicians. The insufficiency of the ordinary methods drove me to seek the help promised by homœopathy, and I experienced the help often enough. I believe that such a situation excuses the practical physician, for *salus ægroti suprema lex*.

“It has happened to me, and I know to many others of my colleagues, that patients who, after long treatment by myself were not cured, have had their health restored, and often very quickly, by the homœopathic treatment. It is quite irrelevant and even silly to ascribe the effect to diet, cure by nature, and so forth. The public does not believe this, and simply asks, why we did not employ the homœopathic remedies, which would be so easy? But I hold it to be immoral, and the public ascribes it to hateful envy, when in cases where homœopathy has succeeded we inveigh against the system and denounce it as nonsense or worse, and that only because it is incomprehensible to us, and we cannot understand it. The history of the sciences should teach us better, so that we should not expose ourselves to have it said to us:

“There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy.”

and what strikes us as incomprehensible and astonishing is not on that account false.

“It is much more honest and honourable to confess a more or less complete ignorance of this method of treatment, and provided we have the requisite power and will, not only to study theoretically the homœopathic doctrine, but to make ourselves thoroughly acquainted earnestly and diligently with its materia medica, and to test repeatedly its efficacy and truth, which are testified to by such a large number of practitioners.”

In No. 1 of vol. 104, Grubenmann gives several cases of pleuritic exudation cured by *Kal. iod.* 2 to 4. He mentions also a case of lobular pneumonia where *Sulph.* and *Phos.* were of no use, but which was cured by *K. iod.* 3. In chronic syphilis, where gummata, nodes on the bones, ostitis, necrosis, or ulcers of the mucous membrane were present, and in the so-called tuberculous syphilide, *K. iod.* was almost always efficacious. But here he gave larger doses, 8 grammes in distilled water for fourteen days, the dose always given in warm milk, in which excipient it acts better than in water.

In No. 2 Bergk relates a case of subacute gastritis and hepatitis in a young lady who, after a severe mental shock, was attacked by violent convulsions and long-continued unconsciousness, followed by complete anorexia and vomiting of all food and drink, with the exception of diluted milk and a couple of rusks. For six months she was treated allopathically with all sorts of strong medicines, such as *Opium*, *Morphia*, *Calcarea*, and *Nitrate of Silver*, without the least benefit. She also underwent a cold-water treatment with the same result. At length it was resolved to try homœopathic treatment. In spite of the six months' vomiting, the patient had a fresh complexion and rounded form. The tongue was normal; the patient complained only of very sour taste of the vomited stuff, and constant nausea and painful sensitiveness of the stomach. Local examination showed great tenderness of the gastric region from the epigastrium to the navel; the left lobe of the liver was also very tender and was perceptibly swollen. In the course of

ten days after *Ipec.* and *Bry.* 3 the vomiting ceased. Still the disgust at food continued, and she could only take the diluted milk and rusks. Under *Merc.* 4 and 6 and *Lauroc.* the tenderness of stomach and liver subsided, and after two to three months nothing remained of her complaint but a slight swelling of the left lobe of the liver. A curious feature in this case was that each time *Merc.* was given there appeared a hard, smooth, painful swelling of the left mamma, the size of a hen's egg, which soon disappeared when the *Merc.* was left off, but recurred when it was again administered.

In No. 3 Wiel gives three cases of detached retina, which was cured by the constant galvanic current.

In No. 5 Goullon relates a case of otorrhœa following catarrh of the middle ear in a boy of 6 years. The child was deaf, but after taking *Silica* 12 for 4 days the hearing returned and the discharge ceased.

In No. 7 Mossa gives a case of vomiting cured by *Ferrum*. The patient, a woman of 29, of sanguine temperament, had suffered for five years, after drinking cold water when greatly overheated, from the following symptoms:—Anorexia, especially dislike of milk; after eating, nausea, vomiting of food; the vomited matter is so sour it sets her teeth on edge. She cannot bear sour things; fish and flesh cause distress, especially coffee with cakes. The vomiting often occurs in the morning before eating, otherwise after eating complains of hammering in the forehead and temples, formerly most on the left, now on the right side; it is so severe she is fearful of an attack of apoplexy. Catamenia every three weeks and very profuse, with pressure in abdomen and sacrum. Stools regular, sleep restless, with anxious dreams; feels prostrated in the morning. In the evening she feels so tight that she must loosen her garments. Pulse 100. Emaciation, in spite of the long continuance of the disease, moderate. *Ferr. phos.* 6 trit., 3 times a day, cured her completely in a fortnight.

In No. 9 Welsch gives a case of severe bronchitis and œdema of the lungs in an old lady of 76, with universal mucous râles and great dyspnœa, which yielded very

quickly without expectoration to *Carbo veg.* 10. Another case of severe nephritis, the inflammation extending down the ureters and involving the bladder, was rapidly cured by *Canth.* 6.

From an allopathic periodical, the *Allg. Med. Central Zeitung*, the record of thirty-seven cases of croupous pneumonia treated by Dr. Riebe is given, in which small doses of *Kal. hydriod.* were given with excellent results. The duration of the disease was remarkably shortened, and only one death occurred.

In No. 10 *et seq.* Hannes relates a series of cases cured by *Chelid.* The first case was a woman, aged 48, who during the whole of the summer was ill. She had first painful stiffness of back and loins; this went off after some weeks, when she had shooting pain in the right hypochondrium, going sometimes up to the axilla, sometimes to the spine under the right ribs. These pains continued with remissions for many weeks; they were aggravated by deep breathing, turning in bed, &c. The right hypochondrium was very sensitive to pressure, there was distension and fulness of the abdomen, accumulation of flatulence, a feeling of emptiness in the stomach inducing her to eat, which caused renewed distension; at the same time occurred spasmodic pressure pains in the scrobiculus cordis, anorexia, furred tongue, urine brick-coloured, obstinate constipation, afterwards dysenteric diarrhoea, with evacuation of undigested food and violent tenesmus, always recurring after eating; latterly the stools were white, the urine very dark, the sclerotic yellow. *Nux v.*, *Lach.*, *Lyc.*, *Ars.*, and *Ferr.* were of no use, but *Chelid.* 1 effected a speedy cure. The second case was of a girl of 4, who had had jaundice for four weeks, defective appetite, clean tongue, whitish diarrhoeic stools, liver much enlarged. After several remedies had been tried in vain, speedy amelioration and cure were effected by *Chelid.* 1. The third case was a sailor, aged 60, who for three weeks had watery diarrhoea, especially at night, stools clay coloured, urine dark, no appetite, great thirst, fulness and distension of abdomen, complexion dirty greyish-yellow, sclerotic yellow. Allopathic remedies had

proved useless. *Chelid.* 1 cured in a short time. The fourth case was one of jaundice of four months' duration that was benefited by *Chelid.* 30, but the case was lost sight of. The fifth case was a man of 35, with some affection of the liver, dull pain in right hypochondrium, fetid breath, furred tongue, good appetite, obstinate constipation, stools dark coloured, urine sometimes clear, sometimes dark coloured, weakness. *Chelid.* 30 soon removed these symptoms. The sixth case was a woman of 53, who had enlarged liver, great palpitation of the heart, emaciation, yellowish anæmic complexion, little appetite, weakness, sclerotic yellow, stools light yellow, urine dark, feet swollen. *Chelid.* 30 effected a cure in a short time. Several other similar cases are given in which *Chelid.* was efficacious. The author adds a proving of *Chelid.* 30 by a man of 60 years, who took two globules every morning for ten days, and developed a number of symptoms, the chief of which were great development of flatulence and urging to stool, with evacuation of mucus several times a day, not at night.

Mossa calls attention to the efficacy of *Natr. mur.* in some forms of intermittent fever, which he describes.

In No. 11 is a case of intermittent fever that had been treated for six weeks with *Quinine* without result, but was cured by Weinke in a short time by *Eucalypt. glob. φ*, four drops in ten spoonfuls of water, a spoonful every two hours during the apyrexia. Gerstel gives a case of severe emphysema pulmonum, where the heart and liver were displaced, the thorax dilated; the patient could not lie down but must sit up all night. Under *Lach.* the patient was completely cured, the thorax contracted, and the displaced organs resumed their normal position. A subsequent attack of bronchial catarrh with irregular heart's action yielded to *Phos.* and *Cactus*.

Allopathy has had its revenge by the condemnation, at the suit of Dr. Wagner, of Dr. Heinigke for his pamphlet, *Die Homöopathie vor der Strafkammer*. Heinigke was fined fifty marks, had to pay the costs of the suit, and his pamphlet was confiscated.

In No. 12 Veith relates how he cured an elephant that

was affected with paralysis of the trunk and legs by means of *Nux vomica*, dilution not stated. Mossa relates a case of stomach affection with hæmatemesis; the gastric symptoms were relieved by *Nux. vom.*, but the hæmorrhage remained, and was cured by *Natr. mur.* 30. A relapse yielded to the same remedy. Weinke mentions the case of a boy of 8 who, after receiving a great shock from the sight of a corpse, was affected with paralysis of the sphincter ani for several years. *Alumin.* 9 produced amelioration in three days, and a perfect cure in eight days. Frölich describes a case where cow-pox and variola occurred simultaneously.

In No. 13 Kunkel gives a case of epilepsy in a woman of 48, who had suffered for twenty years from the disease. She had no fits while pregnant, but after delivery they always recurred more severely. After treatment for a year, during which she got *Sepia*, *Puls.*, *Plat.*, and *Cupr.*, she was completely cured.

A practitioner, who only gives his initial, R., gives his experience of the Schüsslerian remedies. In chronic painfulness of the gums *Kali sulph.* was always efficacious. The effects of vexation yielded always to *Ferr. phos.*, especially the stomach ailments caused by vexation. He cured thirteen cases of cataract: eleven with *Calc. fluor.* alone, two others with that medicine followed by *Kal. chlorat.* Whitlows are speedily cured by *Calc. fluor.* Chronic inflammation of the knee, of which he gives a case, yields rapidly to *Calc. fluor.* The editor expresses his doubts as to the cure of the thirteen cases of cataract.

In No. 15 Hirsch says there are cases in which we may be guided to the remedy by one symptom only, and he gives two illustrative examples. The first was that of a gentleman who consulted him about a very severe headache he had had for several weeks. On asking what kind of pain it was, the only description the patient could give was that it was "a very impertinent pain." On inquiring at what time it came, the reply was that it came when it liked, sometimes when eating, sometimes after eating, sometimes in the evening, sometimes also at night. All he could ascertain by close questioning was that the pain attacked different

parts of his head, and was sometimes attended by vomiting. These symptoms were not sufficient to guide to the choice of a remedy. On further inquiry it came out that though he had no hæmorrhoids, he frequently had a discharge of mucus from the anus that troubled him often when walking. This symptom led to the selection of *Phos.*, a few doses of which removed the headache and improved the mucous discharge. Another case was that of an old lady who had long suffered from pains in the stomach, for which she had been treated allopathically without effect. Nothing more could be learned from her than that the pain occurred sometimes before, sometimes after eating, and sometimes when moving. As she was a coffee drinker, Hirsch thought that might be the cause of the pain, so he got her to leave off coffee and gave *Nux vom.* in various dilutions without benefit. One day he noticed that she frequently wiped her tongue with her pocket-handkerchief. On inquiring why she did this, she said that she felt as though there was a hair on her tongue. This led him to give *Natr. mur.*, one dose of which completely removed the stomachache and also the sensation of a hair on her tongue. A third case was that of a hysterical young lady, to whom he was called in haste, as she had lain four hours in syncope, from which all the efforts of two physicians could not rouse her. On making inquiry, he was told by her mother that on the occurrence of the catamenia, which were very scanty, she was attacked by weakness, exhaustion, stupefying headache, and hysterical symptoms. Also that excitement, such as a ball, always caused a cessation of these symptoms, which, however, recurred after the excitement was over. He also found that she constantly complained of paralytic weakness of the right upper and lower extremities. This symptom guided Hirsch to *Cocculus*, a drop of the sixth dilution of which he put on a powder of milk-sugar and introduced into the mouth. In a few minutes consciousness returned, and on continuing the medicine she was completely cured of her hysterical symptoms, and also of the paralytic feeling of her limbs.

Ide, who by this time seems to be thoroughly converted

to homœopathy, relates a case of hydrocele of the spermatic cord in a boy of 8, that came on after jumping about and attempting to lift a heavy cask. The swelling was as big as a pigeon's egg and was very painful. *Arnica* 3 internally and a lotion of *Arnica* to the swelling removed the pain and swelling in one day. He gives also a case of paresis of the detrusor vesicæ in a man aged 26, that came on after long retention of the urine. He must frequently urinate, passed but little at a time, and could never completely empty the bladder. *Nux vom.* 3 soon removed these symptoms, and also cured a relapse after drinking too much beer. Another case is that of a woman, aged 25, who as a child had suffered from a skin disease. The menses were too soon and she had leucorrhœa and headaches. On the 15th of March she began to be affected with painless twitchings, which drew the head down towards the right shoulder. These twitchings gradually increased in violence and there were sometimes tonic spasms between head and shoulder. These spasms lasted day and night, she was long of falling asleep, and was frequently awakened by the spasms. The affected parts, particularly the shoulder, were painful. The trapezius muscle was chiefly affected, the sterno-cleido-mastoideus not so. There were quiverings in the trapezius where it covered the shoulder. The patient was anxious, sad, and wept much. No cause could be ascertained. *Cupr.* 3 three times a day cured her in four days.

In the Medical Society of Merseburg and the Duchy of Anhalt Professor Ohlshausen sought to get a law passed forbidding the members to consult with homœopathic practitioners, but this created great opposition, and it was finally resolved that members might if they chose consult with the heretics.

In No. 17 Kunkel gives a case of a married woman, aged 47, who had three warts that troubled her greatly. One was a pedunculated wart on the tip of the nose, another on the upper lip, and the third on the left forefinger. Under *Caut.* 3, a drop night and morning, the warts disappeared in six weeks.

In No. 21 Hirsch relates a case which is a triumph for

the high potencies. An infant, nine months old, had eczema behind both ears for fourteen days. The last two days it began to itch and exude so much that the child cried and moaned all night. *Hep.* 3 was given without any good result, on the contrary, the eruption was worse, and the crying and moaning increased. *Graph.* 12 was then given, with *Coff.* 6 at night. After continuing this for several days, the eruption was not better nor were the nights quieter. Hirsch, though prejudiced against the high potencies, resolved to try a high dose of *Graph.* He gave one powder of the 100th and left several powders of milk-sugar. Four hours after the dose of *Graph.* 100 the child was observed to be much quieter, and though no other medicine was given, and the dose of *Graph.* was not repeated, the child was quite cured in a fortnight.

In No. 23 is reproduced an article by Dr. Ide in the *Allg. Med. Central Zeitung*, showing the homœopathicity of several medicines in a striking manner. The first relates to *Ipecacuanha*. A hospital attendant, aged 32, strong and healthy, passed through a room in which a bag of *Ipec.* powder was being emptied into a vessel. He was immediately seized with dryness of the fauces and a sensation of constriction of the glottis. The face became red, the conjunctivæ injected, the thorax arrested in expiration, speech and cough impossible. In his anguish he rushed into the open air, where he was able to take an inspiration, and sneezing and cough occurred without expectoration. In five minutes the facial redness was somewhat lessened. The conjunctivæ were still injected, and he had violent headache, sore feeling in the pharynx, and some hoarseness. The mucous membrane of the velum and pharynx were much injected and showed many small hæmorrhagic points. Breathing regular, 24, difficult without the aid of the auxiliary muscles, and noisy. Sharp vesicular respiration all over the lungs, with loud whistling and râles. Expectoration of a moderate quantity of lemon-coloured viscid phlegm in balls, and traces of blood. No nausea, pulse 112, temperature normal. On the fifth day the expectoration was purely catarrhal. Then followed a violent bronchial catarrh, with great exhaustion. After fourteen days he

was well. As a pendant to this the following case is given. A girl, aged 21, subject since childhood to attacks of asthma more or less frequently, that generally occurred at night or in the morning after waking. She usually suffered from catarrh in winter. In addition to the signs of catarrh in both lungs posteriorly, there was some pulmonary emphysema. Besides the dyspnoea there was cough with yellow expectoration, emaciation and sickly appearance. The patient had great feeling of constriction in the glottis, which made her rush out into the open air, where she felt somewhat relieved. Small doses of *Ipec.* tincture soon cured her.

Iodoform. — Moleschott, Crasfeld and Bauer have published cases of meningitis tuberculosa cured by *Iodoform*. On the other hand, Max Schade mentions that during the employment of this substance in surgical practice, dangerous cerebral symptoms, resembling acute meningitis, often occur. Prof. Kœnig relates similar experiences.

Pilocarpin.—The sudorific properties of this substance are well known, and Ringer, Pancoast, Weckel, Murrell, and Dulacska have found it efficacious in the night sweats of phthisical patients, but it must, says the last-named, be given in small doses.

MISCELLANEOUS.

The Commentary on Allen's Encyclopædia.

I HAVE thought it better to discontinue this undertaking. The result of my examination of Dr. Allen's work has disclosed so much that is faulty, that I feel the mere corrections I have indicated as necessary for his text to be insufficient. The compilation and translation must be done over again, and presented in a better form. The pathogenesis of *Aconitinum*, given as an appendix to our present number, is an attempt in this direction. It has been drawn up by a Committee of the British Homœopathic Society, at whose request we have printed it for the sake of greater publicity, that the opinion of our body upon the plan may be obtained.

To complete what I have hitherto done by way of commentary, the following words should be written in on p. 80:—"are Dr. Marcy's favourable results from it; while Hoyne adds [from several sources, vertigo, nervous vertex headache, and angina granulosa (?)]. Mr. Nankivell has verified S. 1, and Dr. Lawrence Newton S. 219—both Hahnemann's."—R. HUGHES.

The Jubilee Meeting of the British Medical Association.

By JOHN H. CLARKE, M.D.

THE British Medical Association has just celebrated its Jubilee at Worcester, the city of its birth, and the transactions of this, its fiftieth Anniversary Meeting, are not without their interest to us. It was evident that, among other things, the question of homœopathy must come before it, after the storm raised by the addresses at Ryde last year, and the doings of various branches of the Association during the following twelve months.

The President, Dr. Strange, of Worcester, very cleverly eluded saying anything directly on the question in his address, and herein gave evidence of a certain amount of wisdom which otherwise the address did not disclose. Indeed, few men could have said as much as he did without saying something new and original. It is true he did become funny now and then, as when he very aptly compared the *Lancet* to that unsavoury animal, the *Polecat*—a very fit comparison indeed, and it is to be hoped that that journal will take the hint, and change its old, obsolete title for this new and most appropriate one. But the President was nowhere so funny as where he thought himself most solemn. "I think," he says in one place, "I have established our claim to two great Christian virtues—viz. true liberty, and charity or love." This is extremely funny in every way. In the first place, who ever heard of *liberty* being a *virtue* at all, much less a great Christian virtue? And then let the sequel, the Report and the discussion on it, show the curious kind of liberty and love this august body, including the President, displays, and the funniness of the whole thing becomes simply exquisite.

But I am wronging the author of the address; he did say something original, and it was this:—"What is to prevent that council (the Consultative Council of the Association) from becoming a High Court of Equity and Ethics, before which all important questions affecting professional honour and conduct may be

brought up for judgment?" I will make one more quotation, from another part of the address. "Looking, then, upon the evolution of the medical mind as a continuous process, coming from whence we started, and going we know not whither, what are its characteristics at the present time? The first and noblest of them, I opine, is the love of liberty! freedom to think; freedom to speak; freedom to write; freedom to teach! Fortunately for us, we have no thirty-nine articles to subscribe. We have no senate to revise and overrule the decisions of the commonalty of medicine; no courts of appeal like our friends the lawyers." Then why, Mr. President, do you want to saddle us with your High Court of Equity and Ethics? "The great corporations, so long as we do not get convicted of felony, leave us pretty much to our own devices. Neither do they set up any standard of correctness, either of theory or of practice. There is no theory which we may not promulgate; no practice short of manslaughter which we may not pursue (!); an unfettered press and open criticisms are the courts before which all claims to new discovery, to improved practice, to advance in knowledge, must be brought. All must stand or fall by their own merits. Still"—and here the president became very funny again—"great names have their weight. The words of a Jenner or a Paget, compared with those of little known authors, are as the discharge of an eighty-ton gun compared with that of a pocket-pistol." It is to be hoped for the stomachs' sake of these two gentlemen that this did not meet their eyes soon after dinner. This, I suppose, is the President's idea of utterances "standing on their own merits." Fraternity and equality are evidently *not* "great Christian virtues" in his estimation.

Let us now turn to the commentary on all this. Let us see how the Association signalises its fifty years of liberty and love brought thus happily to a close. We find it in the Annual Report read and discussed immediately after the delivery of all the fine sentiment quoted above. Here is an extract from the Report:

"The question of Homœopathy, recently discussed in some Branches of the Association, and unfortunately mooted in the addresses in Medicine and in Surgery at the Annual Meeting at Ryde, has occupied much time and thought on the part of the Committee of Council.

"Immediately on the delivery of those addresses the idea arose in many minds that the views enunciated by the readers of the addresses had, in some way, been put forward (through them) by the Committee of Council itself: and it was not until the President of the Council, Dr. Bristowe, and Mr. Hutchinson had severally and in the most public manner shown that this was not so, that the feeling was allayed.

"Following upon this, a Memorial was presented to the Committee of Council from one branch, demanding the expulsion of a member on the ground of his public profession of homœopathy.

"To this extreme measure the Committee of Council could not accede.

"*As far as possible, they have rigidly closed the door of entrance,*"—where is our "great Christian virtue" of liberty now?—"*and have made it impossible for a professing homœopath to enter the Association through election by the Committee of Council; and they have called upon the branches to aid them by demanding that every name proposed for election should be inserted in the circular summoning the meeting at which election is sought.*

"They conceive that, by these means, such effectual supervision will be exercised by the Branch Councils that no homœopath will be able to gain admission, either through the Committee of Council or through the branches, and that thus both doors of entrance are effectually closed.

"Against perversion to homœopathy after admission they are at present, powerless, except by the expulsion of the offender; and this, under present circumstances, they consider unadvisable; first, because they hold that such a course would be beneath the dignity of the members of a great liberal (!) profession; and secondly, because it would confer an amount of notoriety, which is very undesirable, upon those who were expelled."

(If it is beneath the dignity of an association of a great liberal—here is our "virtue" at last—profession to *turn out* freedom of thought and candour of expression, how is it not beneath its dignity to *bar every entrance against them*?)

"At the same time, the Committee of Council courts a full expression of opinion on the part of the whole Association as to whether it will tolerate homœopathy in its ranks or not; and if it should determine that the profession or practice of homœopathy

shall *ipso facto* disqualify from membership, then they conceive that the course will be clear, since the unwitting election of a homœopath would thereby be rendered null, and perversion after election would imply the voluntary cessation of membership."

An amendment to the latter effect was proposed by a Mr. Nelson Hardy, of London, but was lost by a large majority and the Report carried. This might seem a triumph of true liberality, but on looking a little closer at the facts, it can hardly be claimed as such. Here are some of the reasons why it was determined not to *turn* homœopathists out but to rest content with *keeping* them out. Mr. Husband (Bournemouth) was strongly opposed to homœopathy, but such a crusade against it as was proposed (by those who wished to expel as well as exclude homœopathists) would only give the men expelled the very notoriety they wanted. "They would go to a court of law with their grievances; and it should be remembered that the Lord Chief Justice was at the head of the anti-vivisectionists, and for aught he knew was a homœopath,"—and therefore, by inference, ready to pervert justice on the side of his beliefs. Mr. Husband's sense of decency must be on a par with his sense of the ridiculous. But, be it noted, there was not a man in that assembly, and there has not been since a voice among the journals to protest against that foul aspersion cast upon the English judicial bench! Is there another learned profession, in such a representative gathering, that would not have at once put such an offender down? Let us hope not! Upon such lofty grounds as these, then, it was decided to let the homœopaths already members of the Association remain such,—for which boon may they be adequately grateful,—but to keep others out by all manner of means.

Perhaps the President was too much exhausted by the delivery of his lofty sentiments to be able to put any of them into practice, but what of Dr. Wade, who was also present? He, on the following day, delivered the address in Medicine. He was present when the Report was read and discussed, and was already big with the profound reflections he was soon to utter to a delighted audience. Let us consider some of them. He is discussing the factors which led up to the discontinuance of bloodletting as a universal remedy, and very properly gives Hahnemann a share, if not his due share, of the credit of that revolution. Of course he blunders about Hahnemann and his doctrines, but we

always expect that, and rarely fail to find it in allopathic sayings and writings. Here, however, he is on safer ground: "Rightly or wrongly, cures apparently wrought by such medicaments (infinitesimal doses) were and are judged to be instances of spontaneous recovery. This interpretation necessarily facilitated the reception of that higher ideal of the powers of nature which was then arising; *indeed, from that it is possible that the suggestion proceeded.* Such a conception would undoubtedly make more easy the relinquishment of severe and violent modes of treatment, and amongst these bloodletting was conspicuous."

Now, let us hear what he has to say of the danger of trusting too much the dictates of science, and how ably he sets forth the fickleness of the foundations on which we are compelled to build. "That medical science as a whole is imperfect; that the individual sciences of which it is composed are imperfect; that of these the science of therapeutics is the most imperfect; that above all, we, the agents who have to apply these sciences in our daily life, are imperfect—all this is not only true, but is universally admitted to be so. The doctrine that we must incessantly compare that which does happen with that which we think ought to happen is therefore no new one. Yet those who venture to submit rules and methods which, it is hoped, may minimise these defects, are somehow supposed to disparage if not to dethrone science, and to be wishful to replace it by some fanciful hocus-pocus of their own. Nothing can be more unjust, nothing can be more injurious, not to those who use, but to those who reject, precautions and safeguards, and to the science which they honestly desire to exalt. Disguise or dislike it as we may, it is not the less certain that, in the treatment of disease, *we have no firmer basis than the doctrine of probabilities.* . . . In medicine we have, in an ordinary way, to deal with some things that are highly probable, some fairly probable, some slightly probable, some improbable, and some only just possible, but with *nothing absolutely certain and nothing absolutely impossible.* This is not a reasonable cause for discouragement, much less for despair, though it is a reasonable cause for reflection, care, and thoughtfulness," and, we may add, for modesty. Will Dr. Wade tell us, after this masterly sketch of the foundations of our art, on what grounds he voted for the clauses in the Report debarring admission to his professional brethren who take the liberty to think, and are not

afraid to say it, differently from himself, where, as he tells us, nothing is certain? Look on this picture and on that! Consider what they say, and then see what they do. Nothing is impossible, we are told, and then he who says it gives his vote with the rest to exclude those who hold a belief which to him and them is highly improbable, but, which after all, may be true? Is not this, Mr. President Strange, a flagrant example of the "self-assertion, self-laudation, self-sufficiency" you justly complain of? You yourself, sir, are loud, no one louder, in praise of liberty of the fullest, widest kind; and yet you preside at a meeting in which your Association does its best to stamp out liberty of thought and honesty of profession, and only regrets that it dare not take stronger measures than those it decides to adopt. How is it that you preach, and your Association endorses the doctrine of liberty of thought and action, and the next minute you proceed in a body to enact laws couched in the very spirit of tyranny? What, Mr. President Strange, has the High Court of Ethics—not *medical* ethics, but the sense of right and wrong that lives in every unwarped human heart—to say to this? Think you not it will use your own words and pronounce it to be "organised hypocrisy"?

Homœopathy may be well content to remain outside of such an Association as this. It would find no congenial atmosphere there in which to live and flourish, and might soon be in danger of pining away. The sayings and doings of the Association affect homœopathy not at all. It goes on calmly with its work as before. At the same time, we who believe in and practise it, for the sake of the great profession to which we belong, cannot but be grieved to witness the indecent exhibition of illiberality and inconsistency which the Jubilee meeting of the Association has furnished to the world.

And now a word on medical ethics. Perhaps the greatest medical discovery of the last fifty years, which in some unaccountable manner was lost sight of by the Jubilee orators, is the discovery of the world of medical ethics. Indeed, it is nothing less than the discovery of a new world. A philosopher of recent times said he could conceive of there being a world somewhere where two and two made five. If his life had only been a little prolonged he might have lived to see his conception realised, for this new world of medical ethics is just one of that kind. It is

even more wonderful, for in it we never know whether two and two may make five or five hundred. The only thing we can be certain about is that they never make four.

Wordsworth tells us we are "Moving about in worlds not realised," and until recently we did not realise this one. But it would be idle to deny that such a world exists. All medical men talk about ethics, all the journals prate of ethics, and nothing can be plainer than that the ethics they mean is not the ethics of the rest of mankind. The principles of medical ethics are obscure. They are not founded on the belief in the existence of any absolute right, or of a right based on utility. Plato lacked the strength of imagination needful to reach the principles of medical ethics, and Aristotle the keenness of intellect to pierce into them. To this day they remain hidden from our eyes, and waiting for a greater than Plato or Aristotle to reveal them to us. And yet their workings are plain enough. We see them busy in guiding the action of medical bodies and individual medical men. We see them strongly working in the popular medical journals of the day. Now we see them condensing into a "code;" and we have recently had a grand display of them at Worcester.

So long as the principles on which medical ethics are founded are concealed from us, we must be content to form provisional ideas of the world they dominate from the examples we have of their working. It would seem, then, that it is right to take credit to yourself for virtues, and trumpet loudly your approval of them, whilst you give the lie to it all by your actions. It is right, in this strange sphere, where nothing is certain, to condemn those who are *not certain that something (homœopathy) is false*. But in this new world nothing is more curious than the way in which honour is apportioned out to discoverers and reformers. In the world of ordinary ethics it is customary to give the credit of a discovery to him who first strikes out an idea and works it out till it is demonstrated to be a truth. Or, if one should strike out the idea, and another work it out, the honour is shared between them. In the world of medical ethics it is not so. There the true discoverer comes in for little of the praise. The bulk of it goes by (medical) right and title to *him who first performs vivisections that can in any way be remotely connected with it!*

We see then how it is that Marshall Hall is to be credited with the greatest improvement in ordinary medical practice brought

about in the present century. It mattered not that Hahnemann had discontinued the practice of bloodletting, had inveighed against it, had proved to the world how much better patients did without it. It mattered not that Marshall Hall had very praiseworthy followed in his steps for ten years, endeavouring to open the blind eyes of his colleagues. The full credit of the reform is his, not on this account, but because at the end of that time he undertook certain vivisections. These were undertaken to show— (1) The effects of loss of blood in health. (2) At different ages. (3) To ascertain organic changes due to loss of blood. (4) The limits for the employment of venesection in disease, and the means of restoration when carried too far.

We are not told that he found out anything by these experiments that was not known before, but in medical ethics that has nothing to do with the question. It is plain, too, that none of these questions, if even accurately ascertained, could have done anything to stop the melancholy practice of indiscriminate bloodletting, if Hahnemann and his followers had not proved at the bedside that it was fraught with danger and death. But medico-ethically this is not the point, and the laurel wreath must be laid on the brows, not of Hahnemann, but of Marshall Hall.

Or, if there are no vivisections in the case, the credit of a discovery goes to him who, whilst roundly abusing the true discoverer, relying on the ignorance of his auditory, boldly appropriates the fruits of the other's labours to himself, and fills his book with them, without acknowledgment of their source. Such a one is sure to sell his book, which but for his appropriations would be so much waste paper, he is sure of fame and practice, and sure to be elected to the first vacant lectureship or professor's chair. Such are a few characteristics of this new world of medical ethics.

This interesting region would well repay further exploration, but I cannot follow it at present. It is to be hoped that Dr. Strange will see his idea carried out. A High Court of (medical) Equity and Ethics would afford us endless entertainment. I hope when it is formed that Mr. Husband will not be forgotten. By the tone of his reference to a judicial functionary in another sphere he has given us a fair gauge by which to measure his own ideas of justice, and has proved his supreme fitness to be first President of any High Court of Medical Equity and Ethics.

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