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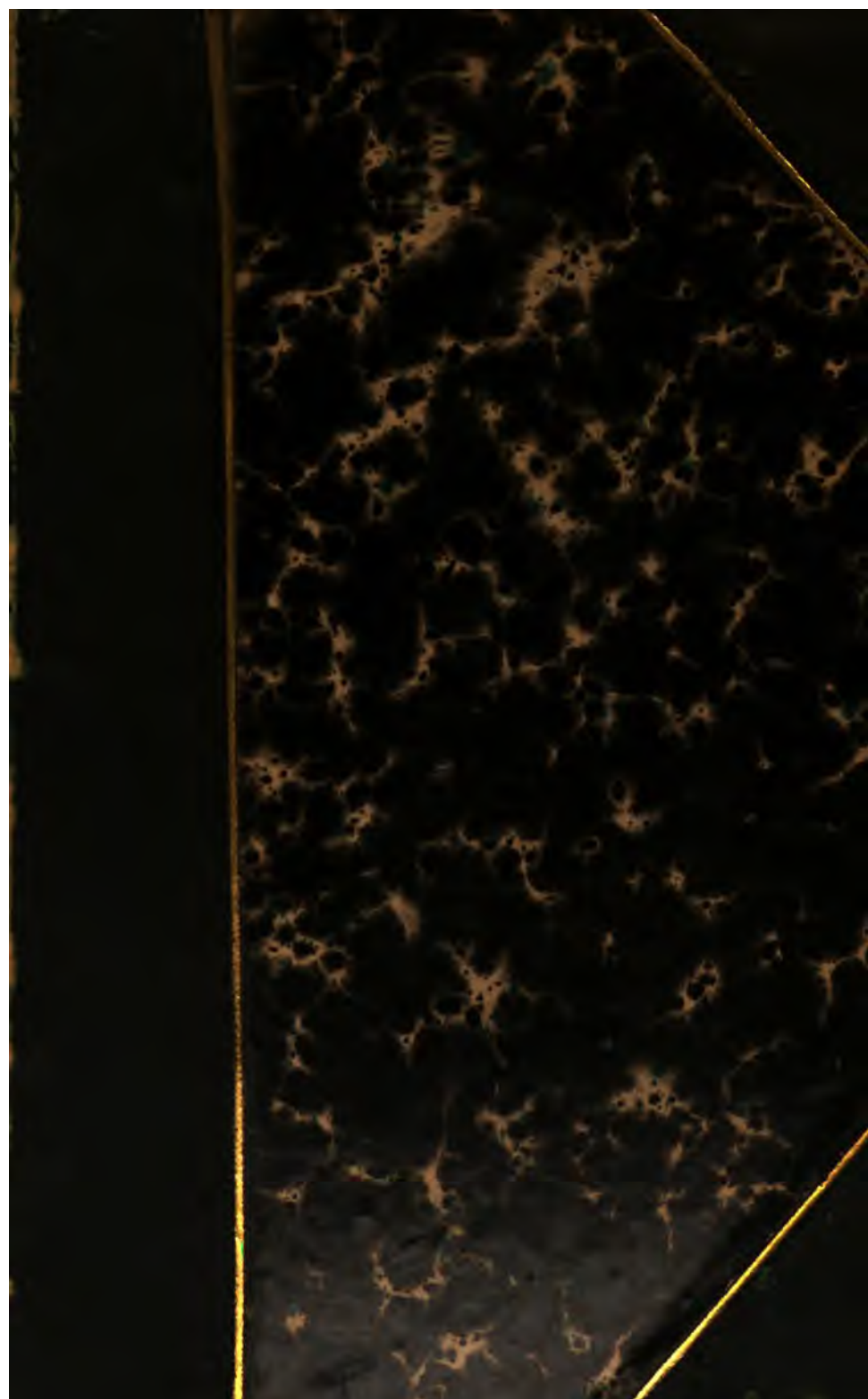
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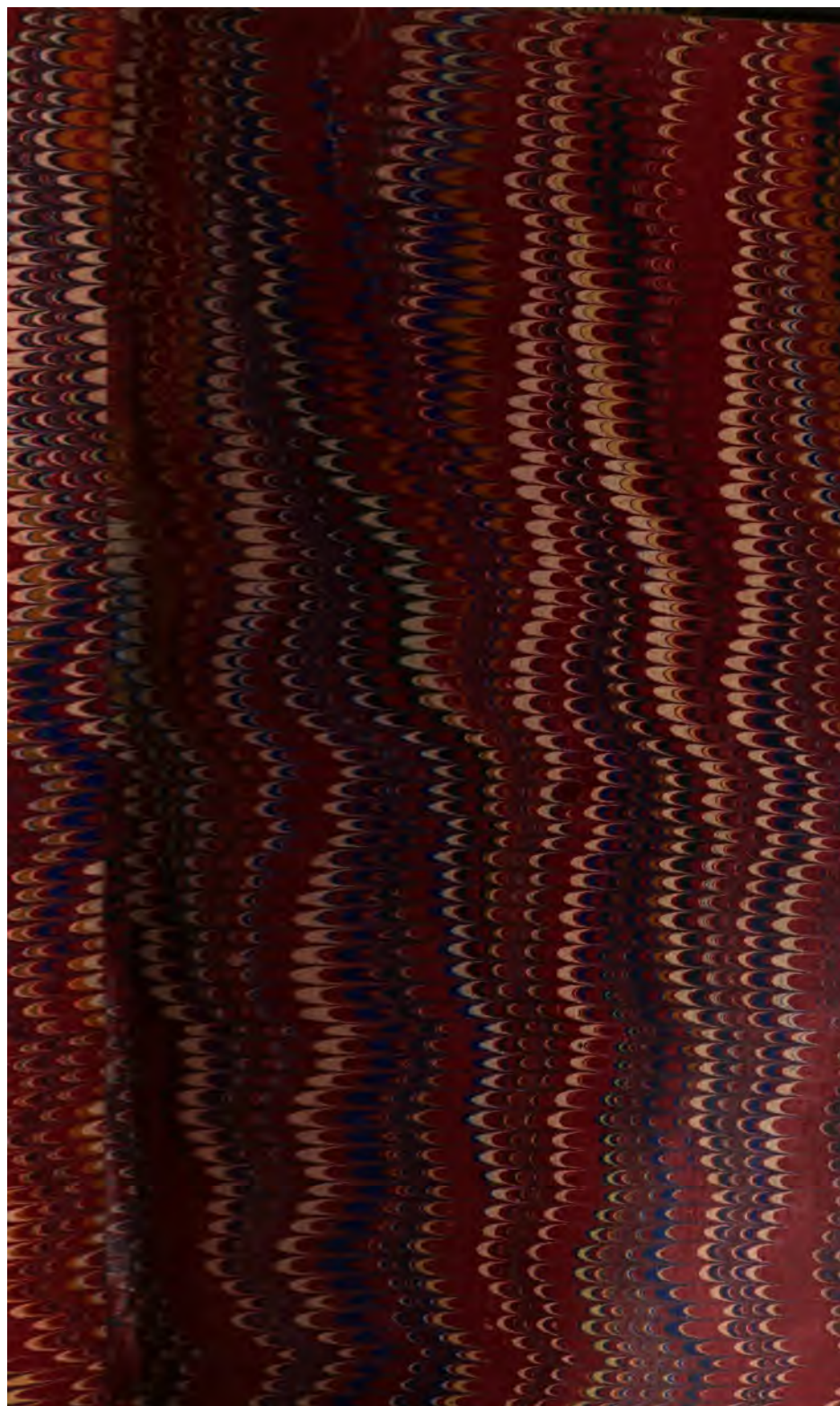
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EDITED BY
R. E. DUDGEON, M.D.,
AND
RICHARD HUGHES, L.R.C.P.

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THE
BRITISH JOURNAL
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HOMŒOPATHY.

HOMŒOPATHIC POSOLOGY.

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

By Dr. RICHARD HUGHES.

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

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

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

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

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

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

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

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

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

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

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

With these poisons and alkaloids, then, we have clearly got far on the road to another standard of dosage. The French *milligramme*—i. e. $\frac{1}{35}$ th of a grain—is found the most convenient unit for them, and even this (as M. Gubler has announced in regard to Aconitine) has to be further divided. We have

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

By DR. ROTH.

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

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

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

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

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

ARCACHON.

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

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

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

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

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

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

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

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

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

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

8. The vegetation rich and green at all times.

9. The presence of resinous emanations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr. Hamean's final conclusions are—

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

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

BIARRITZ.

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

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

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

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

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

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

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

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

At Biarritz there are three sea-bathing places.

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

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

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

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

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

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

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

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

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

PAU.

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

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

“ North-west . 112 days.	East . . . 81 days.
West . . . 55 „	North-east . 24 „
North . . . 52 „	South-east . 24 „
South . . . 44 „	South-west . 23 „

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

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

		Hygrometer.		Rainy days.		Rainfall. Inches.
Winter	...	81	...	38	...	7·3
Spring	...	75	...	43	...	16·9
Summer	...	72	...	30	...	9·0
Autumn	...	79	...	34	...	10·3
Annual	...	77	...	140	...	43·5

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

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

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

"According to the physicians who have studied the country, the inhabitants, the Béarnais, have a certain slowness of circulation, and their diseases affect the sub-acute type. Rheumatism, however, is frequent there. Longevity is remarkable in this population. One in 45 of the inhabitants die annually, whereas the mean in France is one in 89. In a period of twenty years (1822—1842) there were—

"Deaths at from 65 to 70 years of age	...	...	347
70 " 80 "	...	...	720
80 " 85 "	...	...	820
85 " 90 "	...	...	161
95 " 100 "	...	...	108 "

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE WATERING PLACES IN THE PYRENEES.

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

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

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

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

EAUX BONNES.

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

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

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

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

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

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

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

Eaux Chaudes.

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

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

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

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

			Ce.	F.
Hot springs	{	1. Le Clot	36·25	97·25
		2. L'Esquiritte (<i>swarm</i>) ...	35·	96·
		3. Le Rey	33·5	92·3
Temperate springs	{	4. L'Esquiritte (<i>temperate</i>)	31·60	88·7
		5. Baudot	32·60	90·9
		6. Larressac	24·35	75·83
Cold springs		Minvielle	10·60	51·08

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

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

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

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

Minvielle is the coldest, and mostly used for drinking.

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

The three principal springs of, Le Clot furnish 39,600 litres in 24 hours.]

L'Esququette	„	39,600	„	„
Le Rey	„	56,160	„	„

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

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

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

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

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

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

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

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

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

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

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

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

Alumina is found in the waters at all temperatures.

				Temperature.	Saline Residue.	Carbonic acid.
				Ce.	per litre.	per litre. at 0° and at 760.
Le Clot	...	...	...	86°23	0·348	2·43
L'Esqurette	...	...	...	35°00	0·342	2·43
Le Rey	...	...	...	33°50	0·338	2·05
Baudot	...	...	...	25°50	0·334	1·28
Larressec	...	...	...	24°35	0·328	0·81
Minvielle	...	...	...	10°60	0·270	0·53

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

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

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

		Sodic Chloride.		Sodic Sulphide.
Le Clot	...	0.97805	...	0.07930
L'Esquirotte	...	0.92100	...	0.08086
Le Rey	...	1.20637	...	0.09174
Baudot	...	1.14106	...	0.08397
Larressec	...	1.14106	...	0.08086
Minvielle	...	0.68025	...	0.04043

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

	Le Clot. St.	L'Esquirotte Chaudes.	Le Rey.	Baudot.	Larressec.	Minvielle.
Sulphur	0.003625	0.003753	0.003565	0.003565	0.003575	0.001807
Acids. { Chlorhydric	0.0561	0.0556	0.0555	0.0559	0.0554	0.0839
{ Sulphuric	0.0811	0.0807	0.0793	0.0817	0.0776	0.0658
{ Silicic	0.0550	0.0546	0.0540	0.0531	0.0526	0.0520
{ Carbonic	0.0048	0.0048	0.0040	0.0035	0.0016	0.0010
{ Iodhydric	traces	traces	traces	traces	traces	traces
Borique	?	?	?	?	?	?
Potash	0.0079	0.0071	0.0069	0.0066	0.0061	0.0042
Soda	0.0922	0.0920	0.0874	0.0881	0.0869	0.0611
Chalk	0.0284	0.0280	0.0273	0.0267	0.0265	0.0239
Ammonia and lithia, magnesia and alu- mina, oxide of iron, organic matters	traces	traces	traces	traces	traces	traces
	0.329125	0.326553	0.317965	0.318165	0.310275	0.243009

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

	Le Clot.	L'Esquiritte Chaudes.	Le Rey.	Baudot.	Larressac	Minvielle
Sodic sulphide	0-00882	0-00913	0-00868	0-00868	0-00870	0-00891
Calcic	traces	traces	traces	traces	traces	traces
Hydric sulphide	traces	traces	traces	traces	traces	traces
Sodic chloride	0-0899	0-0891	0-0889	0-0895	0-0887	0-0543
Chloride of lithium	traces	traces	traces	traces	traces	traces
Iodide of soda	traces	traces	traces	traces	traces	traces
Carbonate of soda	0-0119	0-0119	0-0097	0-0058	0-0038	0-0024
Sulphate of soda	0-0718	0-0725	0-0715	0-0773	0-0706	0-0053
" ammonia	traces	traces	traces	traces	traces	traces
" lime	0-0690	0-0680	0-0663	0-0643	0-0643	0-0580
Borate of soda	?	?	?	?	?	?
Silicate of potash	0-0307	0-0275	0-0267	0-0255	0-0237	0-0163
Silicic acid	0-0322	0-0342	0-0343	0-0342	0-0350	0-0399
Organic matter	traces	traces	traces	traces	traces	traces
Total	0-31432	0-31283	0-30608	0-30578	0-29480	0-18011

1. The springs of Eaux Chaudes have an identical composition and a common origin.

2. The spring of Minvielle, although having the same origin as the others, receives continually soft waters, which reduce its mineralisation and temperature.

3. The hotter the springs, the greater the quantity of mineral matter.

4. They differ according to the part of land from which they rise.

5. Besides sodic sulphide all these waters contain calcic sulphide and sulphuretted hydrogen.

6. The waters of Eaux Chaudes are of the same nature as those of Eaux Bonnes.

7. Their mineralisation and temperature are not always constant; nevertheless, the variation is not much.

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

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

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

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

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

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

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

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

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

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

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

Action on the Mucous Membranes.—The waters have

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

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

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

The water causes gravel composed of urates in the urine.

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

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

Dr. Lemonier experimented on himself by drinking during four successive days, eight tumblers of the water of the source of Clot, and on the fifth day he collected the urine, which amounted to 845 c. centimètres. The urine was strong acid and very little red gravel was deposited on the base of the vessel. The weight of the gravel, which was separated by filtering, was 0.75 gr., that of the urea 13.25 gr. The same experiment was made a week later under the same circumstances and same temperature, with this difference, that the ordinary drinking water was substituted for the eight tumblers of the mineral water; in this second experiment, the weight of the gravel was 0.70 gr., and that of the urea 13.50. The sulphur waters appear to expel and not to accumulate the urates.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(To be continued.)

NOTES ON DIABETES.

By FRANCIS BLACK, M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

given at longer intervals until March, interrupted occasionally by the occurrence of biliary disorder and diarrhœa, for which *Iod. merc.* 1, followed by *China* 1x, were found efficacious; the *Lept.* lost its effects.

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

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

In the gouty paroxysm I found *Acon.*, *Bry.*, *Colch.* of little use; in its more chronic state, with considerable effusion into the knees and ankles, *Led.* 1x seemed of service; but the relief was very decided when I commenced the treatment by giving on the first day a mild aperient in the shape of half a Tamar lozenge; then for two days *Iodide of potassium* 4 gr. morning and evening. On the third day the improvement was always most marked. The dose of the *Iodide* was latterly reduced to 2 gr. The patient's old experience convinced him an aperient was needed, and probably in this

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

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

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

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

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

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

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

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

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

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

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

February 28th.—Great mental exhaustion, and sudden and frequent loss of vision, so that she cannot while it lasts read or write; the gums bleed easily and several teeth are loose. The urine in quantity about 3½ pints, of sp. gr. 1028; dark colour when boiled with *Liq. pot.* *Iod.* 1x. and *Phos.* 8x were given night and morning on alternate days.

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

After March 22nd, the weather being cold and damp, there was indigestion, pale motions, return of cold perspiration and nervous depression, which led to the use of *Dig.* 1x, alternated now and then with *Ign.*

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

The course at Vichy, drinking a pint of the Puits *Chomel* in the morning, and one of *l'Hôpital* in the afternoon, with baths every day, had a very decidedly good effect, and this in spite of the weather being cold and damp. The heat of mouth, the thirst and headache, which in England were very constant, disappeared; in the course of three weeks the sp. gr. fell from 1033 to 1025, and the quantity of sugar from 35 grammes in the litre to 6 grammes. She travelled to Mentone during wet weather in October, caught cold, and on her arrival was attacked with severe strangury; the urine diminishing to 2 pints, sp. gr. 1015. She remained in bed, applied hot fomentations, and finding no relief from *Acon.* or *Canth.*, she took *Dig.* 1x; soon after commencing this the urine rapidly increased, amounting to 8 pints in twenty-four hours, and with relief to the general oppression. During November she took *Ign.* alternately with *Dig.**

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

Medicine.	Date.	Sp. gr.	Quantity.
	Nov.		Pints.
<i>Dig.</i> 1 ^x gtt. iv ...	4	22	1½
" " ...	5	21	1½
No medicine	6	25	1½
"	7	21	1½
<i>Ignatia</i> 1	8	18	1½
"	9	15	2
No medicine	10	18	2½
<i>Dig.</i> 1 ^x	11	18	2½
"	12	18	2½

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I recommended immediate change to a warmer climate, and advised great caution as to fatigue in travelling. The steady use of *Phos. ac.* 1x was prescribed, and if that in three weeks failed to try *Uran. nit.* 3x.

He was furnished with the following directions:—*Phos. ac.* 1x, to be taken, with more or less intervals, for three weeks. If by that time no change, then *Uran. nit.* 3x to be tried. *Gels.* to be taken at night when there was feverishness. *Dig.* 1x when liver became in active and when chest is involved, to take *Kal. bich.* 3x. The diet to be the ordinary one of diabetics, but milk, which had formerly been forbidden, to be taken. Tepid baths occasionally and spinal washing. This patient tried various places in the Riviera, the journey to which proved most fatiguing, and at last he fixed on Mentone.

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

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

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

Remarks.—Diet, favourable climate, and various remedies have had no effect in checking the disease. These circumstances, combined with the age of the patient, point to a very unfavourable prognosis; this is rendered still graver when the probability is that a profound change in his nervous system is the source of the diabetes. The quick pulse (100) and high temperature 99.4° are not common in diabetes, its characteristics being rather absence of fever, and generally a low temperature 95.9° to 97.7° being met with, and it has fallen as low as 93.2° in axilla in advanced cases. This case presented in a marked degree the inability to stand the fatigue of travelling, a condition very common in diabetes, and to be carefully remembered; the need of this precaution was impressed on me by the experience of case 2.*

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

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

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

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

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

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

diminished vision. These symptoms existed for about six weeks before medical advice was sought in August. The medical attendant pronounced the case to be one of diabetes; he ordered no medicine, but a strict diet, consisting in the exclusion of saccharine and amylaceous substances. The result was soon very marked, the patient began to feel lighter, the sight improved, the urine diminished from 9½ pints to 5½, and the thirst abated. He came under my care in September, when the urine averaged about 6 pints, pale and flocculent looking, owing to the presence in large quantities of earthy phosphates, giving a deep stain when boiled with *Liq. potassæ*, sp. gr. 1035. The skin very dry, general weakness, and a dull heavy look. *Phos. ac.* 1x gtt. v, morning and evening for four days, two days' rest, and so continued for three weeks.

October 19th.—The average sp. gr. and quantity of urine remains unchanged, giving a deep stain when boiled with *Liq. pot.* No diminution of phosphates. The general strength and appearance have improved; less thirst; bowels regular. He has gained since September 11th, 6½ lbs. in weight. Repeat, *Phos. ac.* 1x, increasing after ten days the dose to gtt. viii. Ordered flannel clothing and a hot air bath twice a week.

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

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

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

December 11th.—Appearance slightly improved, skin

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

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

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

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

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

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

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

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

(To be continued.)

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

By Dr. DRYSDALE.

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

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

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

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

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

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

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

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

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

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

I do not at present see any objection to indicating the general character and distribution of the pains by the letter added to the pain instead of to a separate I (the symbol of "pain"). But, as above said, I see no advantage in removing that heading to Section IV, and I see a great defect in making the lists incomplete. At Section IV, p. 264 *et seq.*, there is a symbol which is not explained, and which I failed to discover the meaning of, viz. two strokes between different cyphers, thus: "trn. p. = V¹. ign^{an}. = VI," &c. &c. On asking the meaning from Dr. Dudgeon, he explained that it was merely used to separate the different kinds of pain from one another. If this means that the different kinds are separate symptoms I do not know why the semicolon used throughout the *Repertory* is superseded by a new and unexplained symbol.

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

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

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

"Heat of head" written as directed in the original plan :—
abi.—ac-x.d^b.—aco. ; g. ? [I can only find g. as increased growth of hair, but aco. is not there*] æsc.—æth.—aga.hh. ;
q.—alo. ; x.—alm.q. ; w.—amb.—am-m.i^a.—aml.VIII⁴.—
ang.—ant.VI⁴.—ap-a.—ara.—ag-n. ; i^a.VII⁵. ; i^a.q.—ari.—
arn.—ast.q.VIII⁴.—au-n.q.—bap.—bad.d.I.—ba-c.g^b.VI⁵.—
bel. ; aa. [This should be "redness of scalp," but bel. is not found there.†]—ber. ; hh.—bis.—bor.—bry.—ceu.—ca-c.d. ;

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

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

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

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

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

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

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

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

Remarks by Dr. DUDGEON.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"We will take this opportunity of correcting a few errors which have crept in. At page 34 the symptom, 'Very sensitive disposition, she weeps at receiving thanks,' belongs to *Lycop.*, not *Lachesis*. In the *Pathogenetic Cyclopædia*, pp. 355, 420, we read, under *Sabadilla*, 'Constant headache, tension; the first day only in the forehead, the next day in the whole head, *relieved* by looking fixedly at something or thinking of something.' Hempel gives the same. Allen gives it, *as revised by Hering*, thus: 'Constant headache, like a *heaviness*; on the first day it was felt only in the forehead, on the following day in the whole head; *less violent* when staring or reflecting.' These symptoms are taken from Stapf's *Beiträge*, published in 1836, p. 177, symptom 41; but in the *Archiv*, published in 1825, 4th volume, 3rd part, p. 126, symptom 26, we read, 'Fortwährend Kopfweh, ein Spannen; den ersten Tag nur in der Stirn, den folgenden Tage im ganzen Kopfe; wenn er starr wohin sieht, oder uber etwas sinnt, wieder stärker;' i. e. *again stronger*, not 'minder stark,' *less strong*. This proves the absolute necessity of always referring to the *originals*. Lastly, at page 259, last line, for 'nit.' read '*nit.*'"

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

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

REVIEWS.

Eruptive Fevers: Scarlet Fever, Measles, Smallpox, &c.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

* See vol. xxxi, p. 445.

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

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

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

No subject bearing on matters medical or pathological

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We cannot help thinking that Dr. Cooper is here wrong

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS.

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

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

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

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

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

5. The School management have taken a more catholic

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

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

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

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

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

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

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

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

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

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

Remarks on the foregoing,

By Drs. DRYSDALE, BLACK, and DUDGEON.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The late Madame Hahnemann.

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

"To the Editor of the British Journal.

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

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

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

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

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

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

" SANCHES,

" Homme de Lettres, attaché à la
" Prefecture de la Seine.

" Paris, 22nd November, 1878,

" 77, Rue de Vaugirard."

The following statement accompanies the above letter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We cannot reconcile M. Sanches' statement of the reason for delaying the sixth edition of the *Organon* with a letter written by Hahnemann himself to Dr. Hirschfeld on the 16th March, 1843, and quoted by Madame Hahnemann's advocate at the trial. He there says: "I have resolved to retire from practice before I am forced to do so by the weakness of old age, and by God's grace I will bring out the sixth edition of my *Organon*, which will be more complete than the others." This does not look as if he wished the publication to be delayed for thirty-five years.

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

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

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

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

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

Medical Liberality Tested and found Wanting.

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

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

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

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

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

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

"Homœopathy and Exclusiveness.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OBITUARY.

Dr. F. F. QUIN.

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

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

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

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

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

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

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

"Principibus placuisse viris non ultima laus est."

BOOKS RECEIVED.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von ZIEMSSSEN. Vol. VIII, "Diseases of the Chylopoëtic System." London: Sampson Low. 1878.

The Encyclopædia of Pure Materia Medica. Edited by T. F. ALLEN, A.M., M.D. Vol. VIII. New York: Boericke & Tafel, 1878. London: Turner, 170, Fleet Street.

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

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

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

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

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

How to Take Care of our Eyes. By H. C. ANGELL, M.D. BOSTON. 1878. London: Turner, 170, Fleet Street.

St. Louis Clinical Record.

The Homœopathist.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homœopathische Zeitung.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

El Hahnemanniano (a new Havana Journal).

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

NOTES ON DIABETES.

By FRANCIS BLACK, M.D.

(Continued from p. 60.)

ARTIFICIAL GLYCOSURIA.

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

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

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

Under what conditions is artificial diabetes met with?

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

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

* *Physiology*, p. 18.

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

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

§ Hermann, loc. cit., p. 110.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

‡ *Lond. Med. Record*, i, p. 645.

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

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

Phosphoric acid.

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

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

Pharmacodynamics, p. 48.

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

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

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

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

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

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

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

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

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

† *Loc. cit.*, p. 213.

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

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

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

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

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

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

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

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

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

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

Uranium.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

* *Hirschell's Zeit. für Hom. Klím.*, Nov. 15th, 1878, p. 168.

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

‡ 2175.

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

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

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

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

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

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

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

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

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

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

† *Ibid.*, xxviii, 1870, p. 206.

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

PROGNOSIS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To report recoveries as cures, to attribute the cure ever

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

† Pavy, loc. cit., p. 268.

‡ *On Diabetes*, p. 101.

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

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

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

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

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

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

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

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

‡ *Thérapie*, vol. ii, p. 713.

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

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

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

† 2nd edit., part ii, p. 841.

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

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

(To be continued.)

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

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

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

ON THE USE OF ALCOHOL IN HEALTH.

By R. E. DUDGSON, M.D.

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

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

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

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

Narratur et prisci Catonis
Sæpe mero caluisse virtus ?

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

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

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

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

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

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

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

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

A very pleasant picture of enjoyment, barring the pomatum.

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

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

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

Reamin' swate that drank divinely,

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

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

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

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

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

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

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

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

My inquiry relates to moderate drinking only. Mode-

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

In moderation placing all our glory.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For the unfortunate subject of dipsomania a pledge of

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

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

By DR. ROTH.

(Continued from page 42.)

CAUTERETS.

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

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

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

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

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

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

The Springs of Cauterets.

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

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

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

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

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

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

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

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

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

"The action of the sulphuretted hydrogen is shown on

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ST. SAUVEUR.

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

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

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

Although it is 770 mètres (2510 feet) high, the mildness of the temperature, the usual calm atmosphere, the hygrometric state of the air, make the climate *tonic and calming*, especially suitable for nervous, irritable, and such patients as are exhausted by long suffering.

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

A litre contains, according to Tilhot's analysis :

Sulphide of sodium	.	.	.	.	0.0218
Chlorine	„	.	.	.	0.0695
Sulphate of soda	.	.	.	.	0.0400
Silicate of	„	.	.	.	0.0704
„ chalk (calcium)	.	.	.	.	0.0062
„ magnesia	.	.	.	.	0.0031
„ alumina	.	.	.	.	0.0070
Organic matters	.	.	.	.	0.0320
Boric acid and iodine	.	.	.	.	traces
					<hr/> 0.2500

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

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

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

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

Physiological Effects of the Waters of St. Sauveur.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“With a temperature varying from 34° to 38° the baths appear cool or temperate to some, indifferent to many, and decidedly agreeable and even warm to the greater number (especially women).

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

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

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

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

A NOTE ON PICRIC ACID.

By Dr. HUGHES.

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

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

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

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

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

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

“MARQUETTE, MICHIGAN,

Monday, July 23rd, 1877.

“Prof. S. A. JONES, Ann Arbor.

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

* * * * *

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

* *Homoœopathic Times*, April, 1878.

† *Ibid.*, June.

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

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

* * * * *

"Very truly, your pupil,

(Signed) FRANK N. WHITE."

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

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

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

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

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

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

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

"Quantitative examinations give the following results:

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

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

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

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

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

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

Date.	Quantity in c.c.	Sp. gr.	React.	Urea in grains.	Uric acid.	Phos- phates.	Sul- phates.	Chlo- rides.
Aug. 18	1820	1.016	Acid	15.4998	.3567	2.2750	1.2012	15.288
" 19	1820	1.022	"	28.3649	.1900	1.9008	1.0032	12.8040
Mean.....				19.4323	.2733	2.0879	1.1022	14.046

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

"He has been troubled to a certain extent in this way for three years. The prostration came on, lasting only a few days or a week or two. No vomiting or any other disturbance, save the prostration. During these times he has been constipated.

"This year it came on unusually early, about the 5th of February, and he commenced going down, and had been gradually going down hill until I saw him. When I took him he said he never expected to get any better. All his acquaintances thought he could hardly live through the summer. Now he is as well and even better than many who predicted his death."

I now beg leave to contrast the first and the second mean, to show how the "theory advanced" on the *à priori* of Dr. Taber's thesis agrees with the *à posteriori* of the clinic.

	Urea in grains.	Uric acid.	Phosphates.	Sulphates.	Chlorides.
1st Mean	18.9672	.9174	2.6500	.9298	10.220
2d "	19.4323	.2733	2.0879	1.1022	14.046
Differences	+ 5.5651	—6441	—5621	+ .1729	+ 3.826

The "theory advanced" from the analyses in the laboratory is, that in the healthy prover *Picric acid* causes a plus of uric acid and phosphates, and a minus of sulphates and chlorides. These are the nutrition-disturbing effects of *Picric acid*, and they show the relative conditions that must exist when *Picric acid* is indicated as an hæmotosic remedy.

The therapeutic effect of *Picric acid* must induce diametrically opposite plus and minus conditions, and this "opposite" is demonstrated in our student's bit of 'prentice work.

In Dr. Allen's *Encyclopædia*, however, a still further answer is given to Dr. Couch's objection. Tabular views are given of the proportion of the constituents of the urine of Dr. Jones's principal prover; first, in health; secondly, while taking the acid; and thirdly, for some time afterwards. It is quite apparent from these, that although the increase of uric and phosphoric acid, and the diminution of the chlorides, which occurred during the medication, might not exceed the oscillations of average health, they greatly exceeded that of the health of the prover in question.* This, with the therapeutic results obtained, suffice, I think, to prove that Dr. Jones's view of the relation of the drug to oxidation is sound. These primary and secondary actions, and opposite effects of large and small doses, are somewhat confusing. What we want is to get at the one essential and fundamental pathogenetic action of each drug which can be used upon the principle *similia similibus* for therapeutic purposes. This, in regard to the influence of *Picric acid* on nutrition, Dr. Jones seems to have given us in the word *sub-oxidation*, thereby connecting it with *Argentum nitricum*, and adding another potent weapon to our armoury.

The discussion as to the exact nature of the blood-coloured urine caused by the acid, and as to the correctness of Dr. Jones's previous estimate of it, we may pass over as of little moment. Whatever the colouring matter may be, it is not derived from the blood, but is some modification

* In the table at p. 528, the decimal point of the mean chlorides during medication is put in the wrong place; instead of 76.911, it should stand as 7.6911.

of *Picric acid* itself. It will be of more interest to give the results of Dr. Couch's further experimentation with the drug. He obtained in animals a further verification of that depressing and disorganising effect on the nervous centres which his former provings had disclosed. Among other things, he examined the eyes of his dogs with the ophthalmoscope, and found in every case (four) venous congestion. The results of a more detailed investigation by Dr. Norton are stated thus :

"October 12th.—This morning I examined the eyes of a dog chronically poisoned with *Picric acid*, that Dr. Couch had sent me. Pupils dilated with atropine. Ophthalmoscopic appearances of the two eyes are similar, refractive media clear, optic nerve apparently slightly hyperæmic, retinal vessels, especially the veins, enlarged ; thin streaks of reddish colour in choroid, probably physiological, and due to want of pigment ; above optic nerve in particular, immense white patches of exudation are observed, with some hæmorrhagic spots. It is impossible to say whether they are in the retina or choroid, as there are several points in favour of each."

"22nd.—This morning the dog's eyes were sent to me for microscopical examination. Optic nerve entrance much swollen and infiltrated ; masses of yellowish-white exudation are observed, extending from the nerve into the various portions of the retina ; others are unconnected with the nerve entrance. In some places these points have a white glistening look, but generally partake of the appearance noted above. The whole retina appears as if infiltrated ; small extravasations are found on the optic nerve and in the retina. The choroid was normal as far as examined. Owing to an accident the different retinal layers could not be seen."

The poison was also found to produce "spasms, both tonic and clonic, which have a striking resemblance to those produced by strychnia." This may seem curious when it is added that "under the influence of the drug the animals betray great weakness and lassitude ; especially is this noticeable of the hind legs, they being scarcely able to support the already attenuated body, which sways constantly from side to side ; the tail, too, is as limp as a wet rag, and

cannot be made to either wag or curl." But Drs. Ringer and Murrell have recently* adduced considerations which account for this apparent anomaly. They maintain that tetaniform phenomena are due to a diminution or destruction of the *resistance* of the cord, "so that an impression conveyed through an afferent nerve can spread throughout the reflex portion of the central nervous system, and produce tetanus." Such diminished resistance may coincide with unimpaired functional activity of the cord, as with *Strychnia*, or with more or less paralysis of it, as they have ascertained in relation to *Gelsemium* and the *Buxus sempervirens*, and as Dr. Couch seems to have shown with *Picric acid*.

Another symptom observed by Dr. Couch was entire anæsthesia and analgesia of the posterior extremities. He also noticed the same marked erethism of the sexual organs in his dogs which was so prominent in the human provers, and relates a case of masturbation in which the 30th dilution, given to "cool the blood," proved (according to the patient) "altogether too cooling."

My own experience with *Picric acid* is quite confirmatory of this power exerted by it over abnormal sexual irritation.

* See *Medico-Chirurgical Transactions* for 1876, and *Journal of Anatomy and Physiology*, vol. xi.

REVIEWS.

Encyclopædia of Pure Materia Medica. By T. F. ALLEN, A.M., M.D. Vol. viii, *Plumbum Serpentaria*. New York: Boericke and Tafel. London: Turner, 170, Fleet Street, E.C.

WE hope that we shall not be doing anything towards provoking Dr. Allen's ostracism, through weariness on the part of his colleagues of hearing him praised; but we really have no other mode of expressing our sentiments, as we receive, time after time, such volumes as those he is sending forth. Nor are we alone in our estimation of his work; for we observe that the Société Médicale Homœopathique de France has just conferred upon him and his coadjutors the highest honour it has in its power to bestow, its honorary membership. The volume of *Materia Medica* now before us is simply invaluable. Its pathogenesis of *Plumbum* alone, containing in its 4163 symptoms every observed effect of the drug, makes it indispensable to every homœopathist, as hitherto we have had no collection of the physiological effects of this important metal on which we could depend. But it also gives us *Podophyllum*, *Prunus spinosa*, *Rumex crispus*, *Sanguinaria*, and *Santoninum*, and—to crown all—a full pathogenesis of *Secale*, embracing 1022 symptoms produced by it. We mention these, as practically made available to us for the first time; but we need hardly say that the old medicines included in the series—as *Pulsatilla* and *Rhus*—are fully presented,—the former receiving fresh light from the provings of *P. Nuttalliana*, the latter from those of *Rhus venenata*.

Another volume (which is promised for this spring) will complete the work, and then we shall only have to wait for the Index—which is announced as in preparation—to have every material to our hand for practising homœopathically according to Hahnemann's fullest method.

Clinical Therapeutics. By TEMPLE S. HOYNE, A.M., M.D., Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of Chicago. Parts III—VI. Duncan Brothers: Chicago. London: Turner, 170, Fleet Street, E.C.

IN our number for July, 1877, we noticed the first and second parts of this publication, and expressed our sense of its usefulness. The four parts since published have now reached us, and we can repeat our former judgment of Dr. Hoyne's work. There are, indeed, numerous faults in it, both of omission and of commission; and these sometimes strike unpleasantly the close student of its pages. But he readily condones them in the end for the sake of the mass of information and observation relative to the drugs discussed which the author brings before him, and which materially aid him in filling in, for his mind's eye, the picture of their action. With this reservation, and the recommendation of an occasional *granum salis* to correct too enthusiastic statements,* we can cordially commend the book.

Diseases of Infants and Children, with their Homœopathic Treatment. Edited by T. C. DUNCAN, M.D., assisted by several physicians and surgeons. Parts II and III. Chicago: Duncan Brothers. London: Turner, 170, Fleet Street, E.C.

THIS work also is appearing in parts, and we noticed the first of them in our number for Oct., 1878. We have now two more, completing the first volume, and carrying us down to the end of the all-important digestive disorders of infancy and childhood. Dr. Duncan's pages are unfortunately not without the literary faults with which we have so often had to reproach the journal he edits; and we fear that to many minds they will prejudice unfavourably the work he

* *E.g.* "In cancerous affections of the eye we have seen better results from *Arsenicum* than from any other remedy. We have known three cases cured by Fowler's solution, and quite a number by the 6th and 30th potencies!"

has done, and blind them to the industry displayed and the useful information brought together. In these latter respects, however, the author deserves all credit. The best critics of the book will be the busy practitioners and commencing students for whom it is doubtless compiled; and if these find it profitable, it would ill become reviewers to carp. We are bound to say, however, that it hardly comes up to our standard of excellence; and that we miss originality even in the features where we might fairly have expected it. One who has been "formerly lecturer on diseases of children in Hahneman Medical College and Hospital of Chicago," and who is "Consulting Physician Chicago Foundlings' Home" (Americans are too busy to insert prepositions and articles), ought to have considerable personal experience in his specialty; and, as a homœopathist, should be able to add to our knowledge of the specific therapeutics of children's diseases. Of such observation from the life, however, we have very little. We do not complain of the copious quotations from Hartmann, Teste, and Guernsey, though they might have been given in less detail. But we do expect that a writer like Dr. Duncan should give his own experience of the value of their recommendations, and should supplement them by many contributions of his own. If he had done this we should have had much more satisfaction in his book.

A Tabular Handbook of Auscultation and Percussion; for Students and Physicians. By HERBERT C. CLAPP, A.M., M.D. Boston: Houghton, Osgood and Company.

THIS little book is excellently conceived and perfectly executed. It is designed to remind students and practitioners of the distinctive physical signs of the diseases of the chest; and it does so by a series of tabular views, each of which presents a *coup d'œil* of its part of the subject. For students it must be an invaluable gathering up of what they have learned in the lecture-room and the hospital wards; and it will prove of no less use to the physician.

"It is hardly to be expected," as the author justly says, "that practitioners who do not make a specialty of heart and lung diseases, even if they have at some time carefully studied into the subject, and have been well posted, can retain in their memories for immediate use every point necessary for a delicate physical diagnosis. If the case be at all obscure, they feel the necessity of consulting some authority. In such emergencies the busy doctor may appreciate such a time and labour-saving contrivance as the present. It often needs only a word here and there to revive memories of extensive reading."

Dr. Clapp is instructor in auscultation and percussion in the Boston University School of Medicine, and physician to the heart and lung department of the College Dispensary. We congratulate both institutions on having so intelligent and capable an officer as this book shows its author to be.

This Year's Progress. Address delivered before the American Institute of Homœopathy, by the President, J. C. BURGHER, M.D., at the opening of its thirty-first annual session, June 18th, 1878. Philadelphia: Sherman and Co.

DR. BURGHER has sent us a copy of this excellent address, and we have read it with much pleasure. We commend it to our colleagues in this country, as showing what is being done in America after the pattern of our own Ringer and Phillips. The experiences and confessions of Drs. Wetmore, Piffard, Dessau, and Hall, here quoted, will be read with much interest. They are surface indications of a deep under-current, which must ere long come up in the shape of a recognition of the truth which there is in the method of Hahnemann. "Although," as Dr. Burgher says, "the scientific practice of homœopathy is probably limited to about one eighth of the entire medical profession of this country, it empirically pervades the entire practice of medicine. In every direction the principles we advocate

are covertly incorporated into standard allopathic works, and, amid many fruitless efforts to conceal the fact, are largely taught in an empirical way in allopathic medical schools."

The Urine of the New Born. By J. PARROT and ALBERT ROBIN. Translated from the *Archives Générales de Médecine*, 1878, by GEO. E. SHIPMAN, M.D. Chicago: Foundlings' Home Press.

DR. SHIPMAN has done well to extract and translate these excellent observations, made in a field as yet unworked, and promising important diagnostic results. We now know the normal composition of the urine of infants, and are in a position to detect the beginnings of constitutional change by deviations therefrom. The great point is the urea. "A new-born child, who takes in twice as much azote as an adult, excretes by the urine six times less of it than he, and nevertheless absorbs, on the average, more oxygen. In a word, he burns less, though he receives more that is combustible and more of the burner." When "athrepsia," by which word the authors designate failure of assimilation in these subjects, is imminent, the urea increases greatly. We may always suspect that this has occurred when the urine, which should be pale and neutral, alters in these respects. Anything beyond the slightest degree of colour or acidity suggests excessive elimination of nitrogen, and calls for immediate medical attention.

Sclerotomie, son manuel opératoire, ses indications et son action physiologique. Par le Docteur DE KEERS-MAECKER. Brussels: H. Manceaux.

THIS little brochure, reprinted from *L'Homœopathie Militante*, will be read with much interest by all who cultivate diseases of the eyes as their specialty. As we have no

homœopathic oculists in this country, it is useless to go into the surgical details discussed by our Belgian *confrère*. To us, the chief point of value is the consideration of the pathology of glaucoma into which Dr. De Keersmaecker enters, and the statements he makes with regard to the value of *Aconite* in its treatment. Austie had long ago* called our attention in England to the frequent association of glaucoma with neuralgia, using its occurrence as one among many evidences of the central origin of true neuralgic pain. Dr. De Keersmaecker refers the increased ocular tension, which is the essence of glaucoma, to disorder of the trigeminal nerve; and Schroff's experiments bear him out in inferring that *Aconite* is, upon these data, one of its most promising remedies. He promises us, in a fuller treatise, of which the present is but a sketch, an account of his experience with the drug, which has been very satisfactory.

Remedies for Periodic Pain.† Arranged by EDWARD T. BLAKE, M.D., M.R.C.S., F.B.H.S. Steward: Reigate.

"THIS list," Dr. Blake writes, "has been compiled with the trust that much human misery may be mitigated by its means, and that many poor sufferers may be led to employ these safe and convenient remedies without flying to the use (?) of alcohol as an anodyne." The list includes twelve remedies, and symptoms are given whose predominance should call for each. It would have been better, we should have thought, to add to each medicine its characteristic indications.

Is Diphtheria Preventable? Sewage-Poisoning, its Causes and Cure. By ED. T. BLAKE, M.D. London: Hardwicke and Bogue, 1879.

THIS is a reprint of Dr. E. Blake's paper read before the

* *Neuralgia and the Diseases that resemble it.* 1871. P. 102.

† That is, dysmenorrhœa.

British Homœopathic Society, and published in its *Annals*. It contains much useful advice on the proper construction of the sanitary arrangements of houses, illustrated with drawings and designs by the author, which, if carried out, would doubtless effect a great diminution in the number of diseases attributable to the admission or retention of impurities in dwelling-houses. We are glad that Dr. Blake has published his admirable paper in a separate popular form, and have hope that it will do all the good he anticipates from it.

Homœopathy Vindicated. A reply to Dr. Joseph Kidd's *Laws of Therapeutics*. By E. W. BERRIDGE, M.D. Liverpool: Holden, 1879.

If we might suggest a slight alteration in the title, we would say that "*Homœopathy vindictively vindicated*" would give some notice of its spirit. It is very cleverly written, and would have been a deal more pleasant to read if the language of the author were not so very strong. No doubt Dr. Kidd has laid himself open to criticism in many of the opinions he has expressed in his book; still, Dr. Berridge's criticism would have been more effective if he had not gone to work in such a sledge-hammer style. If Dr. Kidd is censurable for his scepticism respecting the power of highly diluted medicines, what shall we say of Dr. Berridge's credulity when he actually quotes the following assertions as if they were incontrovertible facts?

"In 1859 there were treated by myself in the town of Carlisle, Pa., over 150 cases of scarlet fever with the 200th and higher potencies exclusively; MORTALITY NONE: the allopaths lost over 90 per cent., and the survivors were crippled for life."

"I have attended cholera patients; NEVER LOST ONE."

"It was our duty to attend, some five years ago, a very large number of cases of malignant smallpox, then raging as an

epidemic in this city. Many prominent persons came under our care ; we never made any external application ; came out of the epidemic with flying colours ; NOT A CASE PITTED."

These, says Dr. Berridge, are "statistics vouched for by Dr. Ad. Lippe, of Philadelphia." Gibbon writes :—"Abu Rafe, servant of Mahomet, testifies to the wielding, as a buckler, by Ali, of the ponderous gate of a fortress, which he and seven other men could not lift. Abu Rafe was an eye-witness, but who will be witness for Abu Rafe?" So Dr. Berridge may say, Dr. Lippe vouches for the above ; but we may be permitted to inquire, who vouches for Dr. Lippe?

Carlisle, Pa., was, according to Johnston, a town of 6000 inhabitants in 1867, and according to *Pettit's Directory* for 1877-8, it has six homœopathic practitioners, among whom the name of Dr. Lippe does not appear, he being, as is well known, a resident in Philadelphia. We presume Dr. Lippe resided in Carlisle, Pa., in 1859, where he gives us to understand he treated upwards of 150 cases of scarlet fever. That is a goodly number of cases of scarlet fever to fall to the share of one practitioner in one year, in a town of 6000 inhabitants, doubtless containing many other practitioners of both schools, though possibly the number of homœopathic practitioners in the town was not so great then as now. The disease must have been of quite an unheard of malignancy, as the allopaths only succeeded in saving 10 out of 100 of the cases they treated. It must have been more virulent than any epidemic of cholera, yellow fever, or plague on record ; for even this paltry decimal fraction of survivors were "crippled for life." Dr. Lippe was an eye-witness for this incredible result. Well, all we can say is, who will be witness for Dr. Lippe?

As regards the assertion of our transatlantic Abu Rafe that he attended a very large number of cases of malignant smallpox, and that not a case pitted, sceptics might say that, from anything that appears in Dr. Lippe's statement, they may all have died and thus had no opportunity of pitting.

We venture to say that the publication of such statements does more harm to homœopathy than any sceptical

utterances by Dr. Kidd with respect to some of Hahnemann's doctrines; and their indorsement by Dr. Berridge seriously detracts from the force of his arguments against Dr. Kidd's work.

How to take Care of our Eyes. By HENRY C. ANGELL, M.D. 3rd Edition. Boston: Roberts, 1878. London: Turner, 170, Fleet Street, E.C.

THIS is an excellent little popular book on the subject of the eyes and vision. It has already gone through several editions in America, and an English edition has lately been published by Messrs. Hardwicke and Bogue. We can safely recommend it to all who feel that their eyes are growing defective, and to all who are interested in the preservation of their sight, as it contains as much good advice respecting the preservation of the sight as respecting the remedying of actual defects. Indeed, as a popular work it will be more useful for the former than for the latter purpose, as it is impossible to write instructions for the selection of glasses, &c., for many defects of the refractive media of the eyes that shall be available by a non-medical person.

Corso teoretico-pratico-alfabetico di Medicina Omeopatica, pel Prof. CATALDO CAVALLARO. 2nd Edition, Vols. I, II, III, IV. Palermo, 1871-6.

WHILE we are talking in this country of bringing out a Therapeutic Encyclopædia on the homœopathic treatment of disease, our Italian colleagues have been for some years in possession of one, the second edition of which now lies before us. This large work in four volumes is a monument to the industry of Dr. Cavallaro; but we are bound to confess the work is very unequal, though by one hand, or, we might say, because by one hand, as no doctor can

possibly know all diseases equally well ; the intention is better than the execution. It is evidently a compilation, though very few authors are referred to, and, as far as we can see, none of Hahnemann's school ; so that for all that appears, the wisdom it contains has all issued from Dr. Cavallaro's own brain. "*Italia fara da se !*" And yet the information to be found in it, with respect to the diseases and their treatment, differs in no considerable degree from what we read in other works on homœopathic treatment, especially those of the domestic sort. The conscientiousness of the author is forcibly illustrated by the careful manner in which he gives a separate paragraph to every name of disease, although many of his names are merely synonyms of the same diseases. An instance of this is the disease which he calls "*Febbre nervosa o tifoidea*," typhoid or nervous fever. We have:—1, *F. nervosa generale*, 2, *F. n. acuta*, 3, *F. n. adinamica*, 4, *F. n. atassica*, 5, *F. n. catarrale*, 6, *F. n. cerebrale*, 7, *F. n. comatosa*, 8, *F. n. continua*, 9, *F. n. grave*, 10, *F. n. gastrica*, 11, *F. n. gastrica versatile*, 12, *F. n. inflammatoria*, 13, *F. n. intermitte*, 14, *F. n. lenta*, 15, *F. n. putrida*, 16, *F. n. rheumatica*, 17, *F. n. semplice*, 18, *F. n. stupida*, 19, *F. n. tifoidea*, 20, *Tifo abdominale*, 21, *T. cerebrale*, 22, *T. pulmonale*, 23, *F. tifoidea dei bambini*. Then we have another large section of *Febbre gastrica* with fourteen different kinds separately described, many of which are mere varieties of the typhoid or nervous fever, just as many of the supposed varieties of the typhoid fever are merely different names for the same affection. Then we have enormously long lists of the medicines for these fevers, accompanied by the indications for their use. Thus, for typhoid fever the author gives the indications for *Acon.*, *Apis*, *Arn.*, *Ars.*, *Bapt.*, *Bel*, *Bry.*, *Calc.*, *Camph.*, *Canth.*, *Carb. v.*, *Cham.*, *China*, *Cimicif.*, *Cocc.*, *Colch.*, *Cupr.*, *Gels.*, *Dig.*, *Hel.*, *Hyo.*, *Ign.*, *Lach.*, *Lachnant.*, *Lyc.*, *Mag. m.*, *Merc.*, *Mosch.*, *Mur. ac.*, *Nat. m.*, *Nitr. ac.*, *Nitr. sp.*, *Nux m.*, *Nux v.*, *Opi.*, *Phos.*, *Phos. ac.*, *Puls.*, *Rhus*, *Secal.*, *Spig.*, *Staph.*, *Stram.*, *Sulph.*, *Valer.*, *Zinc*. The list is formidable enough, but it might pass if the indications given for

the medicines were correct. But this we cannot say is the case. Here are the author's indications for the employment of *Baptisia* in typhoid :—" In the first stage, from the moment the disease commences to manifest itself, the patient seems apathetic, does not wish to go out, feels full of anxiety, is afraid of something about to happen to him without knowing what it is; dull, stupefying headache; brown, furred, dry tongue, particularly in the centre; foul breath; falls asleep while speaking; when he lies down complains of not being able to sleep, because he cannot compose himself; countenance expressive of stupefaction; stupor with delirium; whilst replying to a question he falls sound asleep in the middle of a sentence. If this remedy is promptly administered at this stage, or at the commencement of the disease, the patient falls into a copious perspiration, and convalescence quickly takes place."

We are sure that none of our colleagues, who are in the habit of prescribing *Baptisia* in typhoid, will recognise the above as indications for its use. All diseases are treated by Dr. Cavallaro with equal confidence. He has even a longish section on the latest disease with which we are threatened—the Oriental or Bubonic Plague—and he gives a list of the medicines that he imagines are indicated for it. Our readers may be curious to know what they are—*Arsen.*, *Lach.*, *Carb. v.*, *Chin.*, *Hydrocyan. acid*, *Lauroc.*, *Kreos.*, *Verat.*

On the whole we cannot extol Dr. Cavallaro's work as likely to prove of much value to the scientific practitioner. Still, it may be useful as a reminder of the medicines that have been employed or recommended by homœopaths in all the different ailments and diseases of the human body.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago and in the Hahnemann Medical College. Chicago, 1879.

"UNDER which king, Bezonian?" Mr. Wheeler seems

to occupy the same post in the allopathic and the homœopathic schools of Chicago. And after all, we do not see why he should not, being, as we presume, competent to fulfil the duties of a double professorship. Chemistry is just one of those branches of medical science—so-called—that admits of no colouring by the therapeutic tenets of its teacher. This seems a very useful little book, and especially acceptable to those who desire to obtain a general knowledge of the progress made by organic, and especially medical chemistry, of late years, and the last changes that have been introduced into its nomenclature. We can heartily recommend it to students of both schools.

On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department. By Dr. ROTH. London: Baillière, 1879.

Dr. ROTH here takes a pessimist view of the future of the British race unless they quickly reform and attend to their physical education. He proposes that Government should introduce this branch of education into all the Board schools, as well as into the army. Even drilling, which alone has been introduced into the Board schools, is quite insufficient, and its insufficiency has been acknowledged by the army authorities, who have now introduced gymnastics as a part of the soldier's training. Dr. Roth is an enthusiast on the subject, and he speaks with authority, for he possesses a perfect knowledge of it. His zeal led him to send a commissioner to inquire into the state of physical education on the Continent, and the reports of this commissioner are not the least interesting part of the pamphlet. They show, moreover, that we in England are far behind most continental nations in the matter of enforcing physical education as an integral part of the national education. We trust Dr. Roth's views will command the attention of the proper authorities, and prevent that physical degeneration which is going on, and threatening to make the true-born Briton a

poor creature unfit to cope even with savages, like our actual enemies the Zulus, on equal terms.

*Special Report of the Homœopathic Yellow Fever Commission
ordered by the American Institute of Homœopathy for
presentation to Congress. New Orleans, 1879.*

THE yellow fever of last year proved a very disastrous epidemic in the Southern States of America. It created quite a panic, and inhabitants of towns fled in terror at its approach. On the other hand, many heroic deeds were performed and much benevolence was displayed by doctors and others in connection with the epidemic. A lady, Mrs. Elizabeth Thompson, of New York, sent out to the infected district, at her own expense, a commission of allopathic physicians, to collect facts and statistics and offer suggestions for the treatment of the disease. The result of their inquiry was so unsatisfactory and taught so little that was not known before, and offered so little in the way of suggestions for the treatment of the disease, that this benevolent lady was induced to send out another commission, composed this time of homœopathic physicians, with Dr. Holcombe for chairman and Dr. Verdi for secretary. Their report now lies before us, and though it is a mere abstract of what will appear in greater detail in a future work, it shows us the superiority of the homœopathic method in the treatment of this disease in no doubtful manner. The commission invited all the homœopathic practitioners in the infected districts to communicate to it the results of their treatment of the fever. It met on December 2nd, 1878, at a hotel in New Orleans, and was very cordially received by their colleagues. Reports were received from thirty-seven practitioners, twenty-three of whom had been more or less fully employed during the actual epidemic, and seven had practised during former epidemics of yellow fever.

The following facts appeared from an analysis of the various reports :

1945 cases of yellow fever were treated homœopathically

in New Orleans, with a loss of 110 cases, showing a mortality of 5·6 per cent.

1969 cases were treated in towns outside of New Orleans, with a mortality of 151 = 7·7 per cent.

The proportional mortality was less in negroes and mulattoes than in white persons.

2100 cases were treated in the much milder epidemics between 1853 and 1878, with a loss of 360 patients = 3·7 per cent.

Total number of cases treated homœopathically 6569, deaths 360, mortality = 5·4 per cent.

1089 of these cases were in children under fifteen, of whom 48 died = 4·4 per cent.

The total number of recoveries after black vomit was 125.

The total ascertained number of cases of yellow fever treated allopathically in New Orleans was 23,540, and the deaths recorded amounted to 4056 = 17·2 per cent. The commissioners say the mortality was much greater, as hundreds of deaths by yellow fever were reported as malarial hæmorrhagic fever, pernicious fever, congestive fever, cerebro-spinal meningitis, &c.

The medicines found of use by the homœopathists were, for the first stage, *Acon.*, *Bell.*, *Bry.*, and for the second stage, *Arsen.*, *Carb. veg.*, and *Crotalus*.

A good deal of interesting matter relating to the supposed causes of yellow fever, and the measures advisable for its prevention, will be found in this pamphlet.

We look forward with interest to the "full and technical report" which is to be published by the American Institute of Homœopathy, and trust that the labours of our colleagues have succeeded in eliciting the best remedies for this dire disease, and the best means for its prevention.

Our Foreign Contemporaries.

AMERICA.—It is nine months* since we have been able

* This notice was written and partly printed for our last number, from which at the last it was crowded out. As it would have required much

to notice the homœopathic journals of the United States. We must make up for the omission by embracing as many of them as possible in our present survey.

North American Journal of Homœopathy, Nov., 1877—August, 1878.—As usual, we give first place to our fellow-quarterly, of which we have four numbers before us. One of their chief and most valuable features is the translation, by the editor, of Dr. Gerstel's exhaustive essay on *Zincum*, which runs throughout them, and adds greatly to our knowledge of this medicine. We will speak of the other noticeable points in each number separately.

In that for November of last year Dr. Lilienthal makes a curious mistake when he speaks of the action of *Cannabis indica* in gonorrhœa, saying that he has been disappointed in it. No wonder he has, for no one has warranted it therein. What we call *Cannabis indica* is a resin developed in the Eastern variety of the hemp plant, and possessing (so far as we know) neurotic properties only. The irritant of the urethra is the *Cannabis sativa* of the colder climes; and with this as an anti-gonorrhœal medicine no one need be dissatisfied, if only he gives sufficient doses.

In February Dr. Hering begins a series of "arrangements" of Schüssler's tissue-remedies, intended as a republication of his American edition of that author's book, embodying all freshly acquired knowledge about the medicines therein contained. *Calcarea fluorica*, *phosphorica*, and *sulphurica*, *Ferrum phosphoricum*, and *Kali muriaticum* are treated of in the numbers before us. Dr. Hering tells us that at the meeting of homœopathic physicians of Switzerland, held at Schaffhausen in 1877, the subject of Schüssler's therapeutics was introduced, and *Kali phosphoricum* and *Magnesia phosphorica* acknowledged to be great remedies. Dr. Hering himself says the same of *Ferrum phosphoricum*. He does not vouch for the correctness of Schüssler's doctrines, or assent to his limitation of our *Materia Medica* to twelve remedies; but thinks that in the drugs he commends to our notice we have several (and among them some

alteration to bring it down to the present time, it has seemed best to leave it as it stands.

new ones) of unusual value. Of those included in the present list we may mention that *Calcarea sulphurica* is said by Schüssler to act with more intensity in most cases where *Hepar* has heretofore been given, and that Quaglio and Koeck confirm his statement as to its greater power. Dr. Hering notes—"this is willingly confirmed by the one who introduced the old *Hepar* in suppurations."

In the May number Dr. Allen gives us an excellent case of fissure of the anus cured by *Ratania* 3, which we should have transferred to our pages, had it not already been brought under the notice of British homœopathists in the *Monthly Homœopathic Review* for August.

The August number contains the first of a promised series of contributions from the pen of Dr. Ludlam, who will each quarter review the progress of gynecological knowledge in both schools of medicine, with notes and comments of his own. This section of the *North American* will be deservedly a favourite one.

The same number contains two deliverances on the question so much agitating the minds of our American brethren at present, viz. whether those who allow themselves to be recognised as "homœopathists" are thereby bound to practise nothing but homœopathy. Dr. P. P. Wells maintains that they are, on the ground that *similia similibus curantur* is "one of Nature's laws," and therefore immutable, imperative, and admitting of no exception or qualification. This position of his has been challenged. Further on will be found Dr. Hughes's contribution to the settlement of the question. Dr. Lilienthal, while condemning all careless and licentious practice, stands for the "liberty of medical opinion and action" which Carroll Dunham demanded, and aptly cites Hahnemann himself on the point.

New England Medical Gazette, Jan.—Oct., 1878.—The October number of the *Gazette* is the last we have received, and of the present series the issues for February and March have failed to reach us. This nice-looking and well-printed journal well sustains its reputation as an organ (mainly) of Boston homœopathy, and fairly represents its intelligent and liberal character. It reports fully the doings of the

Boston University School of Medicine and of the Massachusetts Homœopathic Society, besides containing many useful communications from individual practitioners. While, however, we have read no number without interest, we find nothing to note or extract save the following rather startling contribution from Dr. Conrad Wesselhoeft, to which the attention of our chemists especially should be directed.

*Trituration of Silica.**

Dr. S. Whitney, who is engaged in perfecting our means of triturating insoluble substances to the greatest degree of fineness, has submitted to me certain specimens for microscopic examination, together with certain questions. The substances were:—1. Crude silica ground by itself, without sugar of milk (which I shall designate with the letters S. L.), for three quarters of an hour or more. 2. Equal parts of silica and S. L. ground for three quarters of an hour. 3. Some crude silica precipitated from a solution of potash, which appears in the form of fine powder. 4. A specimen of stannum triturated with three parts of S. L.

With regard to the substances, the following questions were propounded:—1. Are the particles of the drug increased in number as they pass through each trituration? 2. Are they smaller in the third than in the second trituration? 3. In the several triturations are the particles of silica in a finer state of division than the particles of the S. L.? 4. What reason have we for supposing that in the third trituration the particles of the drug are a million times smaller than the particles of sugar? 5. What is the best method of reducing insoluble substances to the greatest degree of fineness compatible with the requirements of the mode of attenuation as hitherto practised?

I do not feel prepared to answer the above questions in full detail at present, having been engaged for some time in perfecting a more extended report for the American Institute of Homœopathy, which will embrace all those facts and observations for which time and space are insufficient just now. These observations will therefore be limited by the specimens above named.

The reason for triturating silica in these different ways was for the purpose of ascertaining the effect of that process upon it

* The *silicea* of the *Materia Medica*, now called *silica*, or *silicio acid*.

under different conditions. It has been assumed by Hahnemann, and since his time by most others, that silica, like many insoluble substances, became capable of "dynamization" and of solution after undergoing the process of trituration for the third time (*Chronic Diseases*, 2nd ed., vol. i. Introduction, p. 182 *et seq.*). Without discussing for the present the solubility of silica, it is of prime importance to decide whether that substance is actually reduced to a greater degree of fineness or subdivision with each successive trituration. Microscopic examination of silica-triturations prepared according to the centesimal scale is very unsatisfactory. We can find a few coarse particles of silica in the first, a very few in the second, and none in the third. It is, therefore, easy to assume that in successive triturations the particles of silica have been so far reduced as to become invisible. To test this problem the proportion of silica to S. L. in one specimen was increased to even parts, another specimen of silica was ground by itself, while a third specimen of pure silica, which had not been subjected to trituration, was examined in its natural state. The examination was made with the microscope as the most direct and available means known for that purpose to-day. Though it is not difficult to examine transparent substances by transmitted light, much is lost in this way that can only be seen by direct light (from above). Till within five years it was impossible to observe opaque objects with powers ranging above two or three hundred diameters at the most. But with the improved means of to-day, like Prof. Abbe's Illuminator, * it is easy to see minute objects, opaque as well as translucent, magnified from six to seven hundred diameters, as perfectly defined as with transmitted light. Experiments will show how far such an apparatus served my purpose.

A sample of pure unground silica was placed upon a glass slide and examined with transmitted as well as direct light. Both methods, but especially the latter, brought the particles of silica clearly into view, and permitted their measurement with an eyepiece micrometer. It was quite an easy matter to see the largest as well as the smallest particles. The largest measured in length and breadth 1.2 mm. to 1.50 mm. These can be seen with the naked eye, but among them were extremely small particles. Seen with a low power of forty diameters, they were as minute as it

* M. Schultze's *Archiv für Microsc. Anatomie*, vol. ix, p. 496.

was possible to see. Supposing that there might be still smaller ones, higher powers were gradually employed; and while the minute points glistening upon a dark ground were enlarged to the eye, no others appeared after one hundred diameters were reached. Nor did a magnifying power of six hundred and sixty diameters reveal any minuter points than those already seen, and these carefully measured had a length and breadth not exceeding 1-1800 mm. (1 mm. equals about 1-700 of an inch.)

Supposing, of course, that the process of trituration would increase the difficulty of observation by reducing the particles to so great a degree of fineness as to exceed the powers of the microscope, a portion of a trituration of silica made with one half its volume of sugar of milk was dissolved in a watch-glass, by carefully warming it. The silica was made to settle at the bottom by gently shaking and rotating the glass. The clear solution of S. L. was drawn off with a pipette, and water again added, and warmed, to dissolve the S. L., and this process repeated till frequent recourse to the microscope proved that no more crystals of S. L. were present. I cannot here describe all the difficulties of getting rid of the S. L. and the means of distinguishing it from silica. A great many trials perfected the methods of doing so, and having succeeded, I proceeded to examine the triturated silica upon a slide, as usual. It was to my surprise difficult to see any marked difference between it and the previous untrituated silica. The largest particles in the trituration, if reduced at all, measured 1-2 mm., while the smallest, followed up by the high powers, measured no less than 1-1800 mm. If there was any difference at all between this and the untrituated silica, it was that in the former there were fewer large particles.

Under the force of the assumed divisibility by trituration, some may think that with one hundred grains of S. L. one grain of silica would have been more minutely divided. It is not so. The more S. L. we use, the less is the chance of crushing the particles. The less S. L. we use, the more easily some substances like copper, gold, lead, &c., are comminuted, as I can illustrate by numerous trials, which I shall make known in due time.

To add a further test to the above, a sample of pure silica was ground by itself for nearly an hour, and examined upon a slide with various powers of the microscope.

Here alone it was possible to affirm a change in the silica.

This had been somewhat reduced ; the largest particles measured 3-100 mm. very uniformly. But the smallest ones did not reach beyond 1-800 mm. in smallness.

Hence, with regard to silica, I can affirm that its particles do not increase in number a hundredfold in trituration with S. L. They cannot be smaller in the second or third trituration, as they are not reduced in the first.

It is impossible to compare the particles of silica or any other drug with the S. L. of the trituration ; for we either have to dissolve it and wash it away, or to view it in conglomerated masses. As far as silica is concerned, we have no reason to suppose that in the third trituration its particles would be a million times smaller than those of the crude substance ; for, as above shown, trituration with S. L. does not affect it, while trituration without the sugar reduces it slightly, but only the coarsest fragments.

A number of other substances, like charcoal, gold, copper, lead and tin have also been carefully examined ; a specimen of the stannum-trituration mentioned above, was treated like the silica by being forced from S. L. by the process of washing before microscopic examination. It was likewise examined in solution on a slide, both while the S. L. was in a state of solution and after it had congealed to a clear mass upon a slide, which revealed that it had been reduced to a great degree of fineness,—its particles measuring 1-600 to 1-1200 mm. Having only this specimen, no fair conclusion could be formed as to the result of farther trituration. But judging from the behaviour of the other metals, tin will not undergo greater comminution by repeated trituration, of which proofs will be offered in another article.

As every one may see for himself by repeating these observations, the limit of divisibility of the metals is soon reached. As a rule it does not reach beyond the second trituration, if so far. Different means of treatment bring forth different results. The only observer in our school who threw some light on this subject was *Mayrhofer*, in 1844,* who claimed to have traced some metals, *e.g.*, gold, platina, &c., as far as the tenth and fourteenth dilutions. *Segin†* is also quoted as an authority who made a few examinations at a time when the microscope and its methods of manipulation were not sufficiently advanced. The improved instruments since that time permit a better view of this

* *Oestr. Zeitschr. f. Homœop.*, vol. i, 1844.

† *Hygea*.

subject, which it was impossible to obtain at *Hahnemann's* time; and even *Mayrhofer's* instrument (Ploessl's), though better than Segin's, could not afford the flatness of field nor the defining power of present instruments; nor did he possess the proper means of illumination of opaque objects, which are now so well seen with Abbe's illuminator.

As to the solubility of silica, I would say that, if soluble, this property does *not* depend on extreme comminution, which is far from being reached by the ordinary method of trituration. If the pathogenetic effects attributed to it really sprang from it, they did not proceed from solubility of the silica, but possibly from the minuteness of the particles as found in the crude as well as in the ground silica, which are five or six times smaller than a blood-corpuscle, measuring about 1-150 μ m. We know, however, that silica exists in an insoluble and in a soluble state; and though this was known since 1823, about which time Berzelius made it known, pharmacists and physicians persisted in assuming the insoluble silica to become soluble by trituration, and in neglecting the soluble form altogether,—that form in which it is contained in the soil and in which it is assimilated by plants. We have no evidence that in its amorphous insoluble form it is soluble in water or in alcohol.

Hence silica, like carbon, should be subjected to a new series of provings, both of the silicic acid and the metal silicium, also known since 1823.

In order to render these and similar observations valid, it is necessary that many physicians should repeat the observations upon this subject. One man's evidence is of value only to him who obtained it; it is desirable that it should be either refuted or confirmed, for on it hinges much that is of far-reaching importance. What we need is exact, careful observation by many. So-called facts should not be transcribed from generation to generation without repeated scrutiny, and without bringing them under the tests of improved methods.

From the October number we learn with pleasure that in a new journal—the *New York Medical and Surgical Brief*—a writer (Dr. E. J. Fisk) reports four cases of pain and inflammation affecting the testicle rapidly relieved by drop-doses of the mother tincture of *Pulsatilla*, and (unlike most similar borrowers) gives the credit where it is due.

Hahnemannian Monthly.—Jan.—July, 1878.—We are sorry to say that these numbers are the last we shall have of the *Hahnemannian*, at any rate for the present. The publishers, Messrs. Boericke and Tafel, say that they “consider it as a suspension” only; but, the chief cause being that it did not pay, and involved them in an annual loss of five or six hundred dollars, it seems hardly likely that—having the *North American* also on their hands—they will care to take up the burden again.* We are sorry for the loss, for the journal, ever since Dr. McClatchey assumed the editorship, had been growing in value, and had become quite the best of the American monthlies.

The numbers before us are full of interesting matter, though there is not much that we can note or extract.

In that for January Dr. J. C. Guernsey shows, by a paper on Angina Pectoris, that he is treading in the steps of his worthy father in the endeavour to characterise our remedies, but also—we must say—in the effort to include too many under the heading of each form of disease. He is in error, by the way, in speaking of *Arsenicum* as “the remedy that cured completely Dr. Samuel Hahnemann” of this disease. It was an attack of suffocative catarrh his recovery from which he ascribed to *Arsenic*.

The following, from the February number, illustrates an action of *Ipecacuanha* which is sometimes overlooked, as well as the importance of an unirritating diet in chronic intestinal irritations.

A Case of Chronic Diarrhœa.

By W. L. DODGE, M.D., Philadelphia.

Miss Y—, aged 27, of nervous temperament, residing in Baltimore, came to Philadelphia to be treated for a diarrhœa of two years' standing. Her father had died of chronic diarrhœa. She came to me September 12th. She was then weak, emaciated, and having from six to twenty stools a day. Stools yellow, with a good deal of pain, and constant pain at umbilicus, which pre-

* We are happy to say that from January 1st in the present year the *Hahnemannian* renewed, under the editorship of Dr. W. H. Winslow, its suspended existence; and will, we hope, continue to instruct us for a long time to come.

vented her from standing straight. Tongue clean, and a good deal of nausea at times. Gave *Ipecac.* 1^x trituration, one grain every three hours, confined her to a milk diet, to be taken every two hours, and then no more than half a glass at a time. The second dose of *Ipecac.* removed all pain, and in three weeks she returned cured. Gained very much in strength and flesh during treatment. Ordered her to keep up milk diet for three months, and to take a dose of *Ipecac.* every second night for two or three months. Received a letter from her to-day, November 1st, saying she had continued well. I have found *Ipecac.* 1^x superior to *Sulphur* or any other drug for the majority of cases of chronic diarrhoea. Have treated a great many cases of diarrhoea contracted during the late war, caused by miasmatic poison, which had lasted for years, and had been considered incurable by allopathic physicians, yet which yielded readily to *Ipecac.* and milk diet. It is useless to attempt to cure a case of chronic diarrhoea without confining a patient strictly to a milk diet, taken often in small quantities at a time, and to be continued for a long time after the diarrhoea has ceased, for the reason the bowels become so weakened that if permission is given to take a stronger diet they will go too far, and bring on a diarrhoea again. I have used high and low potencies of *Ipecac.*, but come back to the 1^x with more satisfactory results.

In March Dr. Allen calls attention to the dictum of the "key-note" school, that *Phosphorus* is indicated especially in tall, slender people. He thinks that this applies only to the pulmonary cases demanding the drug, while in diseases of the nervous system to which it is suitable the patient is often fat. "In fatty degenerations, fatty muscles, fatty heart, fatty liver, especially if the skin assumes an icteric hue and the respiration becomes difficult, and if the patient be sleepy and dull, we may sometimes witness enormous accumulations of adipose matter relieved by *Phosphorus*." This is as it should be, considering the pathogenesis of the drug.

Dr. Dodge here gives us another excellent case, which we must quote entire.

Gelseminum in Puerperal Convulsions.

By W. L. DODGE, M.D., Philadelphia.

Was called to see Mrs. G., twenty-four years of age, one month before her expected confinement with her fourth child. Had a midwife with her three previous confinements and had each time an easy labour. Found her suffering with intense headache, hands firmly clenched, feet like ice, head hot and face bloated. I saw that I had a case of puerperal convulsions to deal with. Ordered bottles of hot water to feet, cold water to head, and sent to my office for *Gelseminum* θ ; her pulse was then 120, and bounding; within five minutes after my arrival she had her first convulsion, and six in rapid succession, the most severe I ever saw. There were no signs of labour, only a slight dilatation of mouth of the uterus; the water had broken the day before, the midwife said who had been in attendance; the bed was then wet through. I put 20 drops *Gelseminum* θ in one half glass of water, and gave a teaspoonful every five minutes. I had great difficulty in getting her to swallow the first few doses. In one half hour relaxation of muscles began to take place and convulsions lightened, and within one hour she had regained her consciousness; pulse softer and all symptoms better.

The next morning found her bright and cheerful, headache nearly all gone, from which she had suffered constantly for two weeks. I kept her in bed nearly all the time for ten days, and gave *Gelseminum* 3 \times every three hours. Then I was sent for again and found her in hard labour, with the vagina dry and hot. I then introduced about one ounce or more of lard into the vagina, thoroughly lubricating the parts, and in ten minutes she was delivered of a fine healthy girl.

I have been surprised many times at the rapidity of cures from the properly selected remedy in diseases, especially of this character; more so because I practised allopathy for several years, and used to think if opium and bleeding did not cure, that a patient must die or suffer on until nature took pity on him and saved his life. No one can become more disgusted with the old mode of treatment than one who has *tried* to save life with it, and then has seen the *rapid* and *perfect* cures performed by homœopathy.

With this we must take our leave of our excellent contemporary, hoping that its editor and many of his fellow-

workers may find other spheres for their activity, which otherwise would be lost to us.

American Observer, Feb.—June, 1878.—Our supply of this journal continues to be defective. The numbers mentioned above are the only ones which have reached us from September, 1877, to the present time.

In the February number we meet with a phenomenon which we shall hope to see multiplied as time goes on. It is that of a practitioner of the old school who avows before his brethren his (qualified) acceptance of the homœopathic law and its corollaries as to dose, yet retains his place among them. The gentleman who takes this wise and manly course is Dr. S. W. Wetmore, of Buffalo. His paper here given, which was read before the Medical Association of that city, is as pleasant to us as it must have been surprising to its hearers; and, joined to the similar communication made by Dr. Dessau, of New York, seems likely to prove an important precedent.

The March number contains an amusing duel (if it were not too sad to see such contention among brethren) between Dr. Lippe and Dr. Jones. The editor has had the cruelty to print Dr. Lippe's letter *verbatim*, and an astonishing production it is. Later on in the same number, Dr. Jones is called out by Dr. Swan, and these two interchange shots. The Michigan professor—himself of the school of Hering and Dunham—has pronounced himself (as Dr. Allen also has done) an irreconcilable opponent of the extravagances and impostures which, under the name of "Hahnemannianism," are now corrupting in America the homœopathy the master left us. The attempt of *The Organon* to naturalise them in this country is hardly likely to prove successful. Dr. Jones ends by saying—"The question at issue is, shall our school be sacrificed by its fag-ends—by those who have never grown up to Hahnemann's standard, or by those who have hypertrophied (or fatty-degenerated) beyond it? That is the 'question at issue,' and there is equal danger at either extreme. Of the result there can be no doubt, for both ends will eventually separate, slough off, leaving a sound middle portion. Meanwhile, escharotics are 'indicated' to

hasten the process." He offers his "little stick of caustic" as a contribution for the purpose.

The numbers for May and June contain two interesting communications upon the treatment of diphtheria. The first is from Dr. Nichol, of Montreal, relating his uniformly favourable experience with *Apis* (5th and 6th decimal triturations) in an epidemic of the disease: all the patients had puffiness about the eyes. The second is a touching account, by Dr. H. W. Taylor, of Crawfordsville, Indiana, of the death, of two of his children from the malady under the ordinary remedies, and of the recovery of the three remaining ones under a saturated solution of *Kali chloricum*.

American Homœopathist, Jan.—Nov., 1878.—We are now receiving this journal regularly, and find it a profitable addition to our literature. The following articles in the eleven numbers before us are worthy of notice.

January.—A paper on "Arsenicum in Malarial Diseases," by Dr. Lucius Morse, of Memphis, is well worth reading by those who have such affections to treat. He finds it most serviceable when the "dumb chills" of malarial cachexia are present, and as a prophylactic when the earliest symptoms of malarial poisoning show themselves. Constant coldness and desire to hover over the fire are special indications for it. It is not so useful in acute attacks of intermittent fever, but acts well sometimes in the treatment of relapsing cases. He gives the triturations from the 3rd to the 6th decimal, and follows Hahnemann's injunction to "triturate a good while."

In the same number Dr. Burt relates a very favourable experience with *Mercurius cyanatus* in diphtheria. After using it for three years in "many scores of cases," without a single death, he has acquired such confidence in it that now, as soon as he has a clear case to treat, he at once prescribes the drug, "with a feeling of almost absolute certainty of curing the patient." In two at least of his patients the deposit had invaded the larynx. He gives the 3^x trituration. At the end of the article he candidly adds a recently occurring fatal case, making his first failure; but

this does not outweigh the experience stated above. He also tells how he poisoned a dog with the drug, injecting it under the skin, with the result of producing paralysis of the heart and (as seen post mortem) inflammation of the larynx.

Dr. Holcombe follows with two cases of albuminuria in youths (the frequent occurrence of which has lately been noted by British observers), in which *Emonymin* 1, given because of the hepatic symptoms present, proved curative.

February.—Some interesting experience with *Kalmia* in rheumatism is here recorded by Dr. Louis Faust. It is when the pains haunt the neck, shoulders, and arms, that he finds it so useful. He mentions that on proving the drug he was compelled several times to stop taking it, as the neuralgia it caused became unbearable. He "can unhesitatingly say that it will cure over half the cases of facial neuralgia."

Dr. Boyce gives us in the same number, as a "characteristic" of *Lachesis* in diphtheria, "a steady, hard ache all over," making the patient constantly toss about in search of relief; and Dr. Woodyatt tells us how useful *Gelsemium* is in that paresis of the external rectus muscle of the eye which it so readily causes.

March.—Dr. J. R. Haynes, of Pittsburg, contributes to this and some subsequent numbers his experience with *Ipecacuanha* as an antidote to the opium or morphia habit. He gives per day five drops of the mother-tincture for every grain of morphia (or its equivalent in opium) which the patient has been accustomed to take.

The following is worth extracting :

China off. in Consumption.

By C. E. FISHER, M.D., San Antonio, Texas.

No remedy do I find more frequently indicated in the treatment of night sweats of consumption than *China* in the lower dilutions—1st to 3rd. Cases of night sweats which have long baffled medical treatment, allopathic and homœopathic, have readily yielded to *China*, 1st or 2nd, repeated every two hours, to the satisfaction of myself and the great delight of the

patient. But seldom has it failed me. Now and then *Phos. acid* or *Silicea* are called for, but for a very large majority of a goodly number of cases treated, *China* has proven itself to be *the* remedy. The sweat is usually very copious and exhaustive, slightly staining the linen, not especially offensive, leaving the skin clammy and sticky. It is generally more copious from the chest, neck, and forehead, and occurs the moment the patient drops into a sound sleep. When this train of symptoms is present, *China* 1st to 3rd is loudly called for, and in nearly every instance will respond to the call in a very gratifying manner.

August.—The same writer here contributes some notes on the therapeutics of chronic nasal catarrh. He finds *Mercurius iodatus* "indicated in more cases than all other remedies in the *Materia Medica* combined." A chief indication for it is "collection of tough, yellow mucus in the posterior nares, which partially drops into the throat, causing constant inclination to hawk and spit, in order to clear the throat and nose." He gives the 2nd trituration.

September.—Dr. Hale cites a case in which *Jaborandi*, given daily for a week, caused (left) unilateral sweating, cold; and Dr. Boyce relates one of pain *after* urinating, of long standing, cured by *Sarsaparilla* 200.

November.—Dr. George Lee, of Fremont, Ohio, sends to this number a case of enlargement of the left ovary disappearing under *Apis*, 3rd trituration; and Dr. Hale reports one of paresis of the cardiac vagus (pulse 160) in which *Lachesis* 200 was curative. Snake-poisoning is observed, by Dr. Brunton and Sir J. Fayrer, to cause this very condition.

United States Medical Investigator. Jan.—Oct., 1878.—We have mentioned the recommendation of *Sticta* in bursitis. In the *Investigator* for January 1st Dr. E. C. Price writes: "I am sorry I did not keep a record of the cases of that sometimes troublesome affection, bursitis, which I have cured with *Sticta*. I think they amount to nearly twenty. It is the first remedy I think of in those cases."

In the number for March 1st Dr. F. H. Foster, of Chicago, relates a case of interstitial keratitis recovering

in an unusual short time under *Mercurius iodatus* internally and *Atropia* locally, with *Spigelia* for the pains when severe.

In that of April 1st the editor, Dr. Duncan, cautions us against neglecting an inflammatory state of the urinary organs in children, and treating it as simple "enuresis." He pathetically ends thus:—"I speak feeling for I know whereof I affirm."

April 15th brings us a grave case of hæmorrhage from the kidneys, given up by the faculty of the other school, and cured by *Phosphorus* 6 and 30. It is reported by that always instructive writer, Dr. Hawkes.

In the number of May 1st Dr. Lippe announces that a homœopathic publishing society, after the model of our H. P. S., has been formed in America, with Dr. Hering for president. The first work to be published will be one entitled *Guiding Symptoms*, by this venerable physician. Although "none but strictly homœopathic works" will be published by the Society, i. e. homœopathic in Dr. Lippe's acceptance of the term, yet we of a more liberal school need not disdain what good it can bring us, and should send our ten dollars for a share to the treasurer, Dr. Moore, of Germantown, Pennsylvania, which will entitle us to receive all publications at cost price.

The following case, from the same number, is of some interest :

Vaso-motor Neurosis—A Case—Recovery occurring under the Internal Use of Plumbum 6x and the Local Use of Atropine.

By W. H. WOODYATT, M.D., Chicago.

Read before the Military Tract Medical Society, December 5th, 1877.

Mrs. D—, æt. 29. The left eye became affected two weeks before her first visit to me. Supposed she had taken cold and that it had settled in the eye. The symptoms were of a mild character during the first week, but for the past five or six days have been severe. Careful examination developed the following picture:—Drooping upper lid, intense photophobia; very profuse lachrymation of hot tears; peri-corneal injection, deep bluish

red in colour, marked at the corneal margin, and fading off towards the reflexial fold of conjunctiva; slight redness of the conjunctiva of the lid from the presence of the hot tears, but no mucous discharge. Cornea very delicately hazy throughout its entire extent, as if breathed upon so as to dim its lustre; and at the lower inner quadrant the opacity was a little denser, and seemed as if it might develop into an ulcer. Cornea not normally sensitive to touch. Pupil contracted. Vision impaired, being 20-200. The tension of the eyeball was diminished. Neuralgic pains were experienced in and around the eye, worse at night. When a four-grain solution of *Atropine* was applied to the conjunctiva, the iris did not dilate fully, but the dilatation was regular. *Arsenic* 6x was prescribed every two hours, but during two days' use did no good that was apparent. The *Atropine* was applied regularly three times a day, but the iris remained at about three quarter dilation. Finding a defective carious molar in left upper jaw, which gave her some trouble, and recognising the possibility of its being the cause of the trouble in the eye, *Plantago* 6x was given every two hours until she could go to the dentist and have it cared for. After twenty-four hours' use of this drug the eye appeared the same as at the first visit. *Plumbum met.* 6x was then given every two hours. The eye commenced to get better immediately; lachrymation lessened; photophobia diminished; pain abated; cornea cleared; pupil dilated; sight improved. The remedy was taken during seven days, and at the end of the time sight was emmetropic, and all inflammatory symptoms had disappeared. The carious tooth had not been removed. The symptomatic indications for *Plumbum* which suggested its use are, "bluish-red coloured sclerotica, contraction of the pupils, mistiness of sight."

The above case is only worthy of being reported to this Society because it is one of a type of cases occurring more frequently than is recognised in every-day practice, and presenting some features which will be overlooked unless the cases are examined carefully.

This particular case might pass as one of diffuse inflammation of the cornea, or perhaps as one of inflammation of the cornea and iris; and yet a careful examination shows that there is present also a disturbed condition of the cervical sympathetic nerve. A little more critical study of its symptoms make it appear that

the condition is primarily due to changes in the cervical sympathetic.

Contracted pupil, drooping eyelid, marked injection of the conjunctiva, with increased temperature, are recognised results of paralysis of the sympathetic vaso-motor nerves; diminished tension of the eyeball, haziness of the cornea, impaired vision and neuralgic pains in and around the eye, have also been traced to the same cause.

Cases reported in our literature for years have indicated the presence and potency of some cause behind what was revealed through the gross changes occurring in the tissues of the eye. These cases have been called by different names according as the conjunctiva, the cornea, or the iris exhibited the most striking changes, but in every case it was observed that the symptoms as a whole were not fully explained by the local changes.

Attention has only recently been called to the fact that these different cases are to be properly comprehended only by considering them in relation to the cervical sympathetic nerve. Without stopping now to give the details of cases which would illustrate all the different aspects that the trouble may present, according as it develops to a greater or lesser extent, and according as it may involve the conjunctiva or the iris in the most marked degree, but bearing in mind the peculiar symptoms which point clearly to a neurotic cause, we may by a combined effort work out a set of remedies which will be curative in every instance. The subject is worthy of very elaborate treatment, and is occupying the mind of some of our special workers not a little. It is hoped that this short report may excite interest, quicken observation, and lead to a trial of remedies which may not have suggested themselves under a less accurate diagnosis. Many similar cases have unquestionably been treated to recovery, and it is highly important that we should compare notes, in order to determine what remedies, if any, have exerted a curative influence upon the disease.

In the number of May 15th there is a very instructive article by Dr. J. H. Miller, on "Coffee as a Beverage." It is too long for transference to our pages, but will amply repay consultation. His conclusion is as follows:

"In view of my own experience, and of the effects

recorded by so many observers regarding coffee, I can scarcely esteem Hahnemann's array of ills set forth against the beverage as overdrawn. Its constant excessive use is undoubtedly productive of much distress. The greatest sufferers are women and children, both because of greater nervous irritability and of sedentary, indoor life. Active muscular exercise and open-air dwelling seem greatly to counteract the ill-effects of coffee. Hence men, labourers or soldiers, are less frequently subject to ailments traceable to the use of the drink, and oftentimes derive positive benefit from it. As a means of counteracting the exhausting effects of long rides or marches, of severe labour, and of exposure in inclement weather, coffee is invaluable."

June 1st.—We here notice a case of exophthalmic goitre, treated by Dr. Mitchell with *Arsenicum* (30th decimal trituration). Its subject was weak, anæmic, and cyanotic, and had œdematous and cold extremities. After five weeks of the medicine "the improvement was very marked. She had gained eleven pounds. The exophthalmos had so far disappeared that the bulging of the eyes was hardly noticeable. The cyanosis and dropsy had gone, and the appearance of the complexion was more healthy. The pulse had dropped to 84"—it had been 120.

August 1st.—Dr. P. W. Poulson, of Council Bluffs, Iowa, declares that the two great remedies for cholera infantum are *Chininum arsenicosum* and *Kreosote*. Dr. Hale introduces a "new uterine motor" in the shape of the mistletoe, *Viscum album*.

Aug. 15th.—Dr. G. W. Bowen here communicates some facts relating to the action of the sweet clover, *Melilotus officinalis*, which indicate a power on its part of producing so severe a headache that it ought to find a place in the treatment of cephalalgia. It is a medicine which deserves study. Dr. Carmichael sends another proving of *Equisetum hyemale*, which promises to be an important medicine in urinary disorders.

We have often mentioned Dr. Hawkes' excellent clinical lectures in the *Investigator*. Here is a bit of one, which is the more instructive as confirming some indications for

Sulphur, hardly so well known on this side of the Atlantic as on the other.

Clinical Cases. By W. J. HAWKES, M.S., Professor of Physiology and Clinical Medicine in Hahnemann Medical College and Hospital, Chicago.

The first case presenting this morning is our old friend with the badly smelling feet. Those of you who have seen this case from the first will remember that when he first came before us it seemed impossible to elicit any constitutional symptoms whatever. He said he was perfectly well in every other respect. He was evidently a gentleman in every respect, and came here as a last resort, having been made acquainted with some of the old chronic cases cured in Hahnemann Hospital Clinics. There was no room here for question as to cleanliness; he bathed his offending members two or three times daily, and had taken every possible precaution, but still the distressing odour remained, winter and summer, for years, so that his life was rendered miserable.

As I have said, no amount of questioning seemed to elicit any constitutional symptoms whatever, and we prescribed *Silicea* on the general symptom of "badly smelling sweat of the feet." This remedy was given in the various potencies, from the lowest to the highest, for two months, without any impression having been made upon the disease. A disease it is, as is any other abnormal condition of the body, and the result in this case demonstrates that it must, like other diseases, be treated according to the peculiar features of the patient.

After we had become convinced that *Silicea* was not the remedy, another effort was made to find some better guide to the remedy than the general one of stinking sweat of the feet. We adopted the plan of beginning at the head and questioning all the way down to the feet, and of going into his past history as fully as possible. The result justified the means, and the following symptoms were discovered:

A gnawing empty feeling at the pit of the stomach an hour or so before dinner time, not constant, but frequent enough to be noticeable when his attention had been called to it; an occasional dry, burning heat on the soles of the feet at night, even when cold through the day; and the acknowledgment of the fact that he once had had the itch, which his mother had suppressed

by a free use of "sulphur and lard." Here was a very good picture of *Sulphur* in a man who had "no symptoms whatever." *Sulphur* in a high potency was prescribed. The patient reported in two weeks he had not noticed the offensive odour so much for the past few days. He was allowed to go without a repetition for two weeks longer, as we see by the record in the clinic book; and at the end of that time he reported no odour for the period, but said the weather had been unusually cool, and probably that was the cause. No medicine but *Sac. lac.* was given, and at the end of two weeks he reported a little odour during a few warm days; other days no odour.

It is now six months since he took the one 'prescription of *Sulphur*. It has been repeated but once during that time, and he has not been troubled with any disagreeable odour from his feet since. He is without doubt permanently cured. The "empty, gone" feeling at the stomach disappeared during first two weeks, and has never returned since.

The points worthy of note in the treatment and result in this case are—First, there is no disease of which it can be truthfully said that a certain one, or a certain six, remedies will cure it, and no others are or will be needed. We must seek the constitutional peculiarities of each patient, and, other things being equal, select the remedy accordingly. Second, it is not necessary to repeat the dose while we are sure the patient is improving under the first impression produced.

CASE 2 is that of a young man aged twenty, who has had dysentery for a period of between four and five years. He has gone through the usual routine of the old school; and has been under the care of at least one good homœopathic physician of this city for one whole year, without permanent benefit.

As we found him he was having from five to ten bloody stools in the twenty-four hours. He had generally one or two at night. The time of aggravation was almost always in the early morning. Generally had to rise at about 6 a.m., when he was obliged to hurry. There was considerable straining and tenesmus. He complained of cold feet in the daytime; but said even then they burned on the soles at night. We found also that he was faint and empty about 11 a.m. *Sulphur* 6th, 30th, and 2000th have completely cured him. It is now six months since he came under our care, and four months since his old trouble has shown

itself. He was then feeble and unable to do any work; he is now at work every day, and calls himself perfectly well.

September 1st.—The following is worth extracting :

MONTROSE, PA., July 15th.—Would like to call the attention of the profession to the use of *Nitrite of Amyl* in apoplexy. Was called on March 21st, 1878, to see a patient about 6 p.m., and found him lying on his back in bed, where he had been placed; face purple, and looked as though the blood would burst from every pore; snoring breathing, and perfectly unconscious. My heart sank, for I thought, of course, he was as good as dead, but the use of *Nitrite of Amyl* in congestive headache came to my mind, and sending to my office for the little which I had, saturated a cloth, and being raised to sitting position passed it up and down gently about four inches from nostrils, and immediately the blood began to recede, and in twenty minutes the face had a normal appearance. Of course, it so happened that no rupture of blood-vessels occurred before my seeing him. He was left with numbness of the whole left half of body, and complained of lump in throat, for which *Gels.* was prescribed, and is to-day well. Would like physicians to give it a trial, provided they have an opportunity, and report result. H. D. BALDWIN.

Homœopathic Times. Jan.—Nov., 1878.—The editors of this journal have commenced, with the April number, their promised Retrospect of Homœopathic Literature, beginning where the last volume of Raue's Record left off. It seems thoroughly done, and is well arranged. For this alone our colleagues should subscribe for the *Times*, beginning with its sixth volume. They will find in it, besides other matter of interest, a controversy between Drs. Couch and Jones with respect to *Picric acid*, which is very instructive as regards the drug, though painful in the acrimony of the combatants. The only paper we have to extract is the following, which belongs to the therapeutics of a little-known disease :

Laryngismus stridulus. By J. N. TILDEN, M.D., Peekskill, N.Y.

Two cases of this disease have recently been under my treatment, with results so satisfactory that I hope a short account of

them may not be uninteresting. It is not unusual for children during a fit of anger to suffer from a slight temporary suspension of respiration, but from which they do not suffer any bad effect. This slight temporary suspension of respiration is to be distinguished from a condition amounting to serious disease, which is known by different authors by the various terms—*Laryngismus stridulus*, internal convulsions, child crowing, spasm of the glottis, &c.

The etiology, pathology, and treatment of this affection, have in the old school been subject to as many theories and speculations as there were authors to write upon them, and the general conclusion seemed to be that hygienic measures were of greater importance than medication. One authority states that the prognosis should always be guarded, as these cases are always serious. Another, no less an authority than Dr. Tanner, says that "convalescence is always tardy;" but without further digression let us proceed to consider the cases above alluded to.

CASE 1.—A delicate child, *æt.* 8 months, artificially fed, digestion in perfect condition. His paroxysms were always precipitated by crying from anger. They were characterised by a sudden and complete cessation of respiration, as if the rima glottidis were completely closed to the entrance of air, and accompanied by alarming lividity of the face, lasting for from ten to twenty seconds, when the first inspiration would be accompanied by a shrill crowing sound almost identical with the characteristic inspiration of hooping-cough. After this prolonged inspiration the breathing would be irregular and sighing, and the discoloured features would be followed by pallor, accompanied with great prostration, and cold perspiration lasting for half an hour or more. These alarming attacks occurred at irregular intervals, sometimes daily, often at longer periods. Strict attention to regimen, abundant out-door recreation was directed, and *Belladonna* 1st dec. given internally every two hours while awake. A marked diminution in the severity of the symptoms was at once noted, and after a few days' treatment the attacks ceased entirely.

CASE 2.—Child, *æt.* 9 months, suffering from teething and indigestion, had paroxysms every time he waked from sleep. In this instance they consisted of ineffectual spasmodic efforts at

respiration, attended with the same shrill crowing sound mentioned as occurring in the other case. This patient did not have so much congestion, nor were the paroxysms followed with so great prostration as in the previous patient; but during the attacks, which lasted one or two minutes, it seemed as if the little fellow must surely suffocate.

The difference of symptoms noted in the two cases was probably owing to the fact, that in the first case the rima glottidis was entirely closed, and in the second, although rigid and unyielding, it was open sufficiently to allow the entrance of a limited amount of air.

The treatment was the same in this case as in the preceding one—*Belladonna*—and the result was equally prompt and satisfactory. The paroxysms were at once ameliorated, and after three or four days there were no more symptoms of them.

Although we cannot, even in a majority of cases, hope for so sudden and perfect a remedial effect as was produced in these patients, yet they give us a nice illustration of the brilliant results which the law of similars is capable of giving, and at the same time show its superiority over the bewildering maze of speculations in which old school authorities indulge when treating upon this disease.

St. Louis Clinical Review. March—Nov., 1878.—Under this name we have to welcome another accession to our periodical literature. It hails, as its name imports, from the great western city of St. Louis; and is edited by Dr. Philo Valentine, the Professor of the Theory and Practice of Medicine in the Missouri Homœopathic College there existing. From the staff of this institution, and of the Good Samaritan Hospital connected with it, it expects and receives contributions; and it specially lays itself out to report the meetings of societies, which it does very pleasantly and thoroughly.

Among other papers of note, we may mention an excellent protest against medical creeds by Dr. J. P. Dake; a telling series of cases of hæmorrhage arrested by *Hamamelis* (including two of vicarious menstruation), from the pen of the editor; some experience with the new remedy, *Piper*

methysticum—the kava-kava of the Sandwich and Samoan islanders—by its prover, Dr. Griswold, of San Francisco; a thoroughly scientific article on keratitis specifica, by Dr. J. A. Campbell (he finds homœopathic treatment capable of materially shortening the progress of the disease); and a plea for scientific re-provings, by Dr. Lucius D. Morse, in which he endorses Dr. Dake's proposals. We have not space for any extracts this time; but when next we review our American contemporaries, we expect to find something well worth citing in the *St. Louis Clinical Review*.

MISCELLANEOUS.

Reply to Dr. Drysdale's Objections to the Recent Chapters of the Cypher Repertory.

By E. W. BERRIDGE, M.D.

DR. DRYSDALE, I think, took an unwise step when he published his objections to the recent chapters of the above work so soon after its publication. The apparent difficulties of the work are quite sufficient to deter many a beginner from using it, without the additional non-incentive of being told that the new alterations are so many hindrances. The deed is done, however; and now all that remains is for Repertory-users, and especially Repertory-workers, to give their opinion as to which plan is the best.

Dr. Drysdale brings forward this general objection to all improvements, that no change should be made in a work of this kind *till a new edition is called for*. This objection is hardly valid, considering that in Chap. xiv, arranged partly by Dr. Drysdale himself, certain features (*e.g.* the complete list of pains in umbilical region) are found which do not occur in the earlier parts; but, waiving all this, I claim that the necessary conditions *do* exist, for to all intents and purposes this *is* a new edition. It must not be forgotten that the first three chapters of Mind, Sensorium, and Head were first published in another form under the

name of the *Pathogenetic Cyclopædia*, the subsequent parts being issued in the form of the *Cypher Repertory*, and bearing the title of *Vol. II of the Path. Cyclop.* Most assuredly, then, these same first three chapters in their present form constitute Part I of a new edition; and this fact, coupled with the facts that some of the subsequent parts are nearly out of print, and will soon require to be rewritten, rendered it perfectly justifiable for Dr. Dudgeon to make what alterations he thought best.

The following are the objections raised by Dr. Drysdale:

(1.) That the relative position of concomitants and conditions is reversed. The new order is certainly unfamiliar, but it is scientific, and I do not see that it can cause the least difficulty in the practical use of the work. In former chapters the concomitants in the *same* organ were separated, by the conditions, from those in *other* organs; in this, *all* the concomitants are placed together, as is right.

(2.) That the general order of pains is put into Section IV instead of preceding the classes of pains in Section I. This is eminently proper. Section IV consists of "Course, Direction, and Progress;" surely a pain in head, shooting from before backwards, comes under this heading as naturally as a pain shooting from the head to the face; and such a quality of pain as "Periodical," being one of general and not specific character, is far more appropriately placed with the other symptoms of general character (*e. g.* from within outwards) than at the end of the lists of specific character-symptoms. This is the plan I have adopted in my *Eye Repertory*, and in this case I feel that imitation is the sincerest form of flattery.

(3.) That the old Section V—Peculiar Symptoms—is abolished. Perfectly right; to make a separate section, as is done in Chap. VI, for *four symptoms* is an anomaly. Such headings as "Peculiar Symptoms" and "General Symptoms" too often serve as a refuge for the destitute, into which all kinds of heterogeneous symptoms are unceremoniously thrust; the fitness of the Repertory-maker for his task is shown to a great extent by his being able to arrange these symptoms in appropriate order with the rest; and if there are any left which obstinately refuse to be arranged, it is far simpler to place them at the end of the rest (as at p. 160) than to remove them altogether to a new section.

(4.) As to the new abbreviations of the names of *three* medi-

cines I will say nothing ; it is a matter of taste. I will, however, mention that Dr. Dudgeon in his reply has overlooked two other alterations which he has made, viz. that he has the symbol *aru.* for *Arum triphyllum*, that being in the earlier parts the symbol for *Arum maculatum*, a remedy which he omits ; and also the symbol *ol-m.*, instead of Nankivell's abbreviation *o-as.* (*Ol. jec. aselli*), for *Oleum morrhue*. Let me also point out that he has used the old symbol of *al-s.* (*Alcohol sulphuris*) as well as *cr-s.* (*Carboneum sulphuratum*), though both signify the same substance ; we also find the same plant appearing as *lyp.* (*Lycopersicum esculentum*) and *so-l.* (*Solanum lycopersicum*). These latter slips, however, only lead to a few duplicate symptoms.

(5.) Dr. Drysdale's plan of arranging the list in the alphabetical order of the *abbreviations*, instead of the *medicines*, is perfectly correct ; indeed, I suggested it to Dr. Dudgeon myself, but it was unfortunately too late to alter. As soon, however, as the last volume of Allen appears, a complete list could be prepared and published.

(6.) I cannot find that Dr. Drysdale has made allusion to another excellent change adopted by Dr. Dudgeon ; viz. abolishing the old Chap. VI—Anatomical Regions. This was a most unscientific arrangement, for Section I is really the chief Anatomical Region of the Chap., and there is no reason why the sub-regions should be placed as far from it as possible. They ought to follow immediately afterwards, as they do in my own *Eye Repertory* ; here, again, Dr. Dudgeon's alteration is a great step in advance.

(7.) Dr. Drysdale's objection that the same special character cypher is used in both parts of Chap. I for different symptoms is completely answered by Dr. Dudgeon.

(8.) His objection that in Part I the symptom "desire to kill" occurs, and also in Part II, with a different list of medicines in each, is also fairly met by the author, who shows that in the latter case it is a form of mania, and is so arranged. It would, however, I think, have been an advantage if, while the latter rubric remained as it is, these medicines were also added to the former, with the cypher of Mania added to them. So also the medicines causing Suicidal Mania (p. 67) might advantageously be added, with their appropriate cypher, to the similar rubric at p. 33, &c.

(9.) Dr. Dudgeon's plan of signifying the anatomical region by a small letter, led.^fk^l. instead of F.led.h^l. is, I think, calculated to save space. Moreover, as far as *change* is involved, Dr. Drysdale has himself done the very same thing; for whereas in the Eye and Ear chapters Dr. Dudgeon has signified the anatomical region by placing the cypher thereof after the symptom, and *in brackets*, Dr. Drysdale in the subjacent chapters has placed the cypher *before* the medicine and *without brackets*.

(10.) Dr. Drysdale's great objection is the absence of "selects." I have carefully examined his remarks, but cannot find that these "selects" are of the slightest use. If in such a rubric as "Vertigo," which is found under nearly every remedy, only those medicines were mentioned which produced vertigo with some condition or concomitant or other peculiarity, such a list would have great value; but according to Dr. Drysdale's plan all the conditions and concomitants of other regions should here be omitted—a decided deviation from the rule which orders that every symptom should be given *in full* under every rubric where it can possibly be looked for. Dr. Dudgeon's reply to this charge is, I think, conclusive. Collectives are useful for reference and analogy, but they should, if used at all, be carried out *fully*, as in my own *Repertory*, and this the *Cypher Repertory* never professed or attempted to do.

(11.) Dr. Drysdale complains that Chap. II has no Section IV. Had not Dr. Drysdale's own arrangement of the cypher necessitated a separate chapter for "Sensorium," this chapter might have been easily amalgamated with the Head chapter, and no difficulty would have arisen. Dr. Dudgeon defends himself by saying that there are only six symptoms of the kind referred to, and that to establish a separate section for these would be folly; he therefore placed them with the concomitants. I do not think that they ought to be among the concomitants, seeing that they are really sequences; yet there is no need for a separate section. In Chap. I Dr. Dudgeon has placed such symptoms as *Varieties* immediately after the symptoms itself (see pp. 12, &c.); Dr. Drysdale did the same thing in Chap. IV, p. 88. Were this plan adopted, it would answer every purpose.

(12.) Dr. Dudgeon has also introduced another great improvement, not alluded to by Dr. Drysdale; viz., that the concomitants

from other organs are not (as formerly) signified by a Greek character only, but after the Greek character the cypher for the symptom itself is given ; so that in this new volume we have signified not only the concomitant *organ*, but also the concomitant *symptoms of that organ*, which is an immense advantage to the physician.

In conclusion, I have used (and freely criticised) the *Cypher Repertory* since 1867, and I consider that, without doubt, the present part is the best, both in execution and arrangement, of any yet published ; and if the votes of the *users* of this *Repertory* are taken, I shall certainly give mine in favour of Dr. Dudgeon's alterations being adopted for the future.

Pond's Sphygmograph.

THIS ingenious little instrument seems to be a great improvement on the sphygmographs hitherto in use, one great objection to the employment of which has hitherto been their expense, their cumbersomeness, the time occupied in adjusting them, and their liability to get out of order.

Pond's sphygmograph is cheaper than those that have previously been offered to the public ; it is small and handy, and can be adjusted and tracings taken with it in less time and with hardly more trouble than is required for taking the temperature of a patient. Its mechanism is extremely simple, and can hardly get out of order. Little or no instruction is required in order to use it with perfect success. After seeing it once applied we had no difficulty in using it on every patient we saw the same day.

It may be used with the wrist-holder, whereby equable pressure is secured, or detached from the holder and held by the operator. A little practice is required to enable us to keep up the same pressure without using the holder, so that at first the holder should be employed. The tracings are made on smoked mica or smoked paper, by means of a fine needle acted on by very sensitive levers that receive the impulse of the radial artery by means of a rubber propagator that is pressed down over the artery. The tracing can also be taken on a slip of white paper in ink. Another contrivance connected with the instrument is

a small mirror, which is used to throw the reflection of the sun or a candle on a board, whereby the pulsations of the artery are capable of being exhibited to a class on a very large scale.

A little clock-work machine propels the slip of paper or mica through the instrument at an uniform rate, and the tracings of the pulse made by its means are beautifully distinct.

We have much pleasure in drawing the attention of our colleagues to this American improvement on Marey's instrument, and we are sure that it will often be a great help in the diagnosis of many obscure diseases, not of the heart only but of other organs.

The instrument may be used to take cardiac tracings as well as those of the arteries. It is sold by most surgical instrument makers.

Law or Rule ? By RICHARD HUGHES, M.D.

As the following communication, made to the *North American Journal of Homœopathy* for November, 1878, may have some interest for British readers, we transfer it to our pages.

"The August number of the *North American* has just come into my hands, and I have read there the paper of my friend, Dr. P. P. Wells, entitled: 'What is Homœopathy? and what the Possibilities and Duties of its practice?' I have found in it the interest and instruction which have never failed me in anything proceeding from his pen; but I have also regretfully found that, if the position he here takes up is that which he is henceforth to occupy, there is a wide gulf between his conception of the truth and my own. Such a discovery might not greatly disturb my mind, were Dr. Wells other than he is; but I cannot easily be content to stand in antagonism with one whom I so much respect. I have felt it my duty to think out the grounds of my difference from him; and I venture to submit them here for his appreciation and that of your readers.

"The point which touches me most nearly is Dr. Wells' denunciation of the reduction of homœopathy to a mere 'rule of practice,' which he stigmatises as 'a crime for which our language fails to give a designation sufficiently condemnatory.' Now I

have just been repeating this 'crime' in the second edition of my *Manual of Therapeutics*, having first perpetrated it some nine years ago. I have defined homœopathy as 'the treatment of disease by medicines selected according to the rule *'similia similibus curentur'*—'let likes be treated by likes.' And in a note hereto I have written : 'I prefer this putting of the motto—which is indeed Hahnemann's original formula—to the affirmation *similia similibus curantur* usually adopted at the present time. I have no desire to quarrel with the latinity of the latter; though the use of 'curo' in the sense of 'cure' is at least unfamiliar. But in the present state of our knowledge I think it wise to state our principle as a rule of art rather than as a law of science.' I have carefully considered Dr. Wells' objections to this course of proceeding, and I find there what I must call a confusion between the idea of law, as science uses the term, and that which belongs to it in the sphere of morals and politics. Dr. Wells says, 'It is another important element in the nature of law, that it is wholly mandatory. It commands. It neither solicits nor permits.' Now this is true enough of a moral or a criminal law, but it is entirely incorrect when applied to a so-called law of nature. The latter is simply an expression of a certain general fact which we perceive in the order of the universe; and it takes the form, not of a mandate, but of an affirmation. 'Thou shalt not kill'—here is the law of duty : the law of nature is such as this—'all matter attracts all other matter in direct proportion to its mass and in inverse proportion to the square of its distance.'

"The real question, then, is whether homœopathy is such a law as this. It is an inference from certain observed facts : shall we state the inference by an affirmation, universal, exclusive, unchanging, that 'likes are cured by likes,' or by a practical conclusion, admitting of qualification and exception, 'let likes be treated by likes?' Dr. Wells' (somewhat dogmatically, I think) declares for the former alternative; I must, more humbly, follow Hahnemann himself in thinking the latter the utmost for which we have warrant. It requires a vast number of observations and experiments ere we can formulate a new law of nature, while a rule of art can be deduced from a very few particulars—its application being a speedy test of its validity. I cannot think that we are justified in affirming absolutely that all

morbid states are curable by their similars, or that they are better cured thus than by any other means; I can only feel borne out by the facts when I affirm that my practical wisdom lies in following out the rule "let likes be treated by likes" as fully as I am able.

"Dr. Wells maintains that the superior success of homœopathic treatment, as established by statistics, proves the law of similars to be one of nature's laws. Surely this is inferring too much, if law is to be taken in the absolute sense he claims for it. The facts only prove that those who are wise enough to recognise the validity of the homœopathic rule, gain a great advantage thereby. To make them simply more would require two assumptions:—1. That the physicians, whose practice furnishes the figures in question, should always have strictly adhered to the law; 2. That their measure of success should have been uniform for all diseases—not merely an average struck after balancing successes and failures. Can either of these assumptions be sustained? As regards the former, it is sufficient to state that the largest share of the totals employed in the comparison of hospital practice under the two systems is due to Fleischman, whose practice was by no means characterised by that strict conformity to the homœopathic method which Dr. Wells requires. He was what the Germans called a 'specificker,' fitting his remedies to diseases rather than to individuals; his potencies were chiefly those from the 1st to the 4th decimal; and one who followed his practice for a time told me that he not uncommonly alternated. As testimony on the latter point I may cite the recently published statistics of the homœopathic and allopathic sides of the Pesth Hospital. Dr. Bakody can claim the palm in all diseases but one, *i. e.*, typhoid fever; and in this his mortality compares unfavourably with that of his colleagues of the old school. He charges his lack of success to the want of provision for cold bathing, by the use of which, in the ordinary practice, the prospects of recovery from fever have been so greatly widened. Whether this be so or not, the fact remains; and, while *exceptio probat regulam*, it disproves any supposed law.

"I submit, therefore, that Dr. Wells is not justified in denouncing it as a crime to represent the homœopathic principle as a rule of art rather than as a law of science. In pro-

pounding the latter position as one of obligation, he seems to me going beyond the facts, as he is certainly unwarranted by any authority. This being so, I cannot feel the force of his protest against the attitude which the great majority of our school assume with regard to *similia similibus*, and which seems to me well expressed by the New York Homœopathic Society. If in homœopathy, as propounded by Hahnemann, we recognised a law of nature, such as Newton propounded under the name of gravitation, we should have nothing to do but to obey it and utilise it as best we could. But accepting it as he gave it us—as an empirical rule of art, deduced from observation, it is for us to work it wherever applicable, and to suffer it to find its own place among other rules similarly obtained. ‘Let contraries be treated by contraries,’ is one of these, not less potently accredited and more obviously reasonable. We have observed and experimented with the two, and have concluded—as Hahnemann did—that the method of contraries is that of temporary palliation, that of similars of permanent cure. But it is quite conceivable—and, as I think, demonstrable—that there are some morbid states which are so temporary, and at the same time so distressing, that antipathic palliation is all they require, and that by giving the patient the benefit of this, you do best to help him in his need. If this be so—and it is purely a question of experience—we are bound to avail ourselves of *contraria contrariis*. We therefore decline to bind ourselves beforehand by any obligation to follow a certain method to the exclusion of all others. The method in question must find its predominance in our practice by its own inherent merits, not by the adventitious weight of prescription and authority. I can conceive of no other position than this which it is legitimate for a physician to take up.

“But Dr. Wells seems to say, if you think thus, why call yourselves homœopathists at all? why not take the name which truly denotes your position—that of eclectics? My answer is, that we do not call ourselves homœopathists. The term is used, for convenience sake, to designate those who accept the method of Hahnemann as valid, in contradistinction to those who reject and ignore it. But we do not put it on our door-plates or professional cards; we do not allow ourselves to be so described in general directories. When we sanction the use of our names in

the *British Homœopathic Directory*, it is as of those who are 'chiefly guided in the treatment of the sick by the law of similars.' 'We are' (I quote from the preface to the edition of 1870) 'physicians and surgeons, not mere homœopathists or Hahnemannians. The name of sect or sectary is as unpleasant to us as to any of our medical brethren. But a legacy of medical and historical truth has devolved upon us, which it is our duty and should be one of our highest privileges to receive and preserve, until the work of the greatest therapeutic discoverer is acknowledged as a fact, not denounced as a fallacy, and law which he evoked accepted as the chief, if not the only, means of therapeutic progress.'

"Besides this (which is merely incidental) the only way in which we stamp ourselves as in any way distinct from the profession at large, is our membership of homœopathic societies, our service in homœopathic institutions, our contributions to homœopathic journals. Do we in any way bind ourselves thereby to an exclusive adoption of the method so designated? Surely not. The rules of no society or institution of the kind require any such engagement from their members or officers. They are the homes of freedom, not of restriction; and we resort to them because we find there that liberty which is denied us in the corresponding organisations of the old school. We believe in homœopathy, we rank ourselves among its adherents, and we claim our right to profess and practise it. If this right is denied us in our natural fellowship, we must seek or form others; but we do not thereby create for ourselves a new bondage, and abdicate our right to make as much or as little use of our newly-acquired method as we judge best.

"If my honoured friend cannot receive me to professional communion on these terms, I should deeply regret it, but should be unable to modify them. I could not satisfy my conscience as a physician by anything short of them; and I believe that in so speaking I am expressing the mind of nine-tenths (if not more) of those who have recognised the method of Hahnemann."

BOOKS RECEIVED.

Homœopathy, Past and Present. By WALTER BALLS-HEADLEY, M.A., M.D. Cantab. Melbourne, 1878.

Medical Chemistry; including the Outlines of Organic and Physiological Chemistry. By C. GILBERT WHEELER. Chicago, 1879.

On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department. By Dr. ROTH. London: Baillière, 1879.

Special Report of the Homœopathic Yellow Fever Commission. New Orleans, 1879.

Homœopathy Vindicated. A Reply to Dr. J. Kidd's Laws of Therapeutics. By E. W. BERRIDGE, M.D. Liverpool, 1879.

House and Home. A Journal for all Classes.

Index Medicus. Vol. I, No. 1. New York.

Sewage Poisoning; its Causes and Cure. By EDWARD BLAKE, M.D. London: Hardwicke and Bogue, 1879.

A Test of the Efficacy of the High Dilutions published by the Milwaukee Academy of Medicine. December, 1878.

Lectures on Localization in Disease of the Brain. By J. M. CHARCOT. Translated by E. P. FOWLER, M.D. New York, 1878.

Lectures on Bright's Disease of the Kidneys. By J. M. CHARCOT. Translated by H. P. MILLARD, M.D. New York: Wood and Co., 1878.

Lilienthal's Homœopathic Therapeutics. New York, 1879.

Dublin Journal of Medical Science.

St. Louis Clinical Record.

The American Homœopath.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homœopathische Zeitung.

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

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

By DR. ROTH.

(Continued from page 168.)

BARÈGES.

FROM Luz and St. Sauveur a very fine new road leads to the renowned bath of Barèges, which is 3696 feet above the level of the sea; during the whole distance of eight kilomètres, the road is constantly ascending. A short distance before Barèges are the sulphur thermes of Bargun (temperature 31.2° C.), which are used internally, as well as externally for baths and douches, by patients whose nervous system is more irritable, and who require a more soothing influence.

Barèges consists of one long street on the Save (river) of Bastan, between two high mountains—the Ayre on the south, and the Labar Blancs on the north. In winter all the houses are buried by twelve to fifteen feet of snow, and the whole population emigrates, as in some other watering places in the Pyrenees.

The temperature of the eight springs varies from 31° to 45° C.; they belong to the most exciting springs of the Pyrenees, and supply about 260,000 litres of mineral water in twenty-four hours. Dr. Vergers, the principal consulting physician, has been here for more than twenty-five years, is also professeur agrégé at Toulon, and a man of much experience. He told me that he is still learning every year more about the use and application of the waters, which are most beneficial, according to his experience, in chronic syphilis, in strumous and scrofulous diseases, in gout and rheumatism, especially in *rheumatism nodosum*, and in several forms of *eczema*. Dr. Vergers has also mentioned the difference of the development of the facial bones, especially of the lower jaw, in many patients suffering from curvature. I have for many years been struck by the difference of the outlines of both sides of the face and the unequal development of the lower jaw, and have often pointed out to my patients and their friends the difference of the two halves of the face. At present I have a scoliotic patient, a girl of eleven years, under my care, whose greater development of the lower jaw is very marked, but has never been observed by the parents. Last year I had a similar case, where one half of the face had a convex outline, while the other was almost straight. I do not remember to have read any observations on this unequal development of the face, and I beg to call the attention of my colleagues to this abnormal development of the face. Many years ago I attributed the convex outline of the lower part of the face to the constant oblique position of the head which is so frequent in scoliotics; but now I attribute it in many cases to an unequal development of the bones, especially in rhachitic and strumous constitutions.

As chronic diseases of the joints are frequently *relieved* or *cured* by the waters of Barèges, I have extracted and translated the following notes from Dr. Le Bret's pamphlet :—

*On the Treatment of Joint Diseases by the Waters of
Barèges.*

The employment of sulphurous waters in the treatment of joint-diseases, viz. white swellings and congestive conditions of joints, has been long known. Nevertheless, the latest works on surgery and medicine omit this therapeutic agent in giving the preference to irritants, electricity, compression, antiphlogistics, or complete rest, according to the different stages of the disease. Bonnet, of Lyons, wrote, "Experience shows without doubt the great superiority of the treatment of joint affections by sulphurous springs as compared to home treatment." . . .

The chemical analysis of the Barèges springs shows that they belong to the class of sodic sulphurous waters. Their temperatures vary from 29° to 44° C. (85° to 110° F.)

The waters, in the form of the simple bath, the plunge, the weak but hot douche (110° F.), and as drinking water, comprise the therapeutic elements which are employed. Chronic arthritis, especially tumor albus, form the largest percentage of the cases treated at Barèges. All varieties of the degenerations may, however, be met with in diseases of the joints, which may be easily understood when we remember the different tissues which constitute a joint. Even in Boyer's time it was believed, as now, that rheumatic and scrofulous diathesis was the most common cause of white swellings. In many patients, in the absence of scrofula, strictly speaking, an exaggerated lymphatic temperament predominates; external violence, a fall, contusion, a sudden stretching, sometimes exposure to damp cold, have been sufficient to develop the disease. . . .

Chronic disease of the knee is one of the complaints most frequently treated at Barèges. Among 30 patients, 15 were adults from thirty to fifty years of age, a few adolescents, and only 3 children. These patients did not exhibit a scrofulous diathesis. . . .

The exciting and persistent influence of rheumatism in causing many joint-diseases is not to be gainsaid. . . .

Blennorrhagia and the consequences of the puerperal state are only credited with four cases.

Amongst 32 cases, 14 had lasted only a year, 8 for two years, 6 from three to five years, 3 for four or five months. A single patient had a chronic affection which had lasted six years. As the rheumatic element was a chief cause in the etiology of the joint-diseases which come for treatment to Barèges, it will be understood that those cases in which the disease attacks the soft parts of the knee are especially suitable for treatment.

Usually there is a true arthritis, characterised by swelling, stiffness, impossibility of extending or flexing the joint beyond a certain amount, most frequently without pain or signs of degeneration of the bones or ligaments in the interior of the joint. Muscular atrophy, weakness of the lower extremity, added to a difficulty in walking, complete the picture. In 5 cases hydrarthrosis was present, the intracapsular effusion having set in with the arthritis. . . .

The duration of the bath never exceeds an hour, whether in the large tank or in the private bath. The douche is applied for fifteen minutes; the temperature and the amount of mineral matter contained in the douche (the latter being sufficient to remove 3 per cent. of the oxygen in the atmosphere of the room), demand more attention from a therapeutic point of view than the force with which the douche is applied. The water of the Tambour spring, given in doses of from two to four glassees daily, combines effective internal treatment with that of the bath and douche.

Barèges boasts of an eminently therapeutic water, constant in its mineral constituents, whose influence experience has proved. Accessory conditions, such as height above the sea-level, a bracing atmosphere, or other auxiliary influences, are found here as in its rivals in the Pyrenees.

In a treatment of knee-joint disease, on an average thirty baths and twenty douches are required; still in some idiosyncrasies the indolent nature of the disease has required as many as sixty baths and forty douches. Sometimes the nature of the disease and the general state of the patient

has obliged the discontinuance of the douche, and the employment only of the bath and the drinking of the waters.

It is, however, only in the first stage of chronic arthritis that Barèges treatment is of use, namely, where the tumor albus is limited to cartilaginous lesions, serous effusions, and to functional derangements; but where there is caries, necrosis, or osteitis, or if there is bony ankylosis, no effect can be expected. In forty-one cases of knee affection treated at Barèges, twenty-two were improved, thirteen cured, four unsuccessful, one aggravated, and one death, due to the stimulating effect of the treatment.

Improvement is usually shown by the gradual diminution of the swelling, if present, and by the resolution indicated by the congestion of the periarticular tissues; the bony prominences become more visible as in the healthy state, and the knee recovers its lost form; the movements of extension, and especially of flexion, are gradually affected, and walking becomes practicable again in different degrees according to the individual case; in all, however, exercise increases the power daily.

Two affections left by arthritis resist this treatment; one is the dry crackling well known to sufferers from chronic rheumatism, which is due to the degeneration of the cartilages and to an insufficient quantity of synovia; the other is the atrophy involving either all the muscles of the corresponding limb or the extensor muscles. Happily, these consequences of arthritis and prolonged loss of power lessen under the influence of exercise.

A cure is rarely effected during the course, or by the close of a first therapeutic course. It is impossible to fix how soon after the Barèges treatment the amelioration produced by it will end in a complete resolution of the affection. . . . All the health resorts where chronic diseases find appropriate remedies become, in some degree, meeting places for their visitors for many successive summers, and Barèges proves the success of its treatment in this way also. Cases are known where the application of the waters are not suitable, and which is worthy of remark, we do not now speak

of those formal counter-indications which are shown in local disorders, or in symptoms of advanced *cachexia* which oblige patients to refrain from both baths and douches. Dr. le Bret mentions the case of a swollen knee-joint of one year's standing in a young patient. There was no change in the colour of the skin or any phenomena of actual inflammation; fourteen baths were given from a temperate spring and five douches, which caused congestion, pain in the knee, with febrile and other symptoms. . . . Dr. le Bret has shown the bad influence of sulphurous springs on certain ulcers, which become coated with false diphtheritic membranes or become gangrenous. . . . Surgeons recognise a form of coxalgia in children, where the diagnosis reveals only a pain produced by pressure at the level of joint, showing itself by the exaggerations of certain actions in conjunction with a bad position of the limb. In those well-marked cases where a lymphatic and scrofulous state is present the sulphurous treatment, combined with the mountain air, is crowned with success. It must be understood that in acute rheumatism it is necessary to forbid the use of the Barèges waters. Nevertheless, exceptional cases are to be found where patients coming to the sulphurous springs immediately after an attack of acute rheumatism go away cured without further attacks. Dr. le Bret quotes the case of a young man, who for two months was a prey to attacks of rheumatism in the joints. When he came to Barèges he had œdematous swelling round the ankles, internal pain on pressure, and was unable to walk. The constitution appeared much debilitated. A score of baths and some gentle douches removed all his symptoms. No accident occurred to counteract the good effect, and a year after he was in robust health. Dr. le Bret also describes another form of joint disease, which is neither gout nor rheumatism, to which he gives the name of "rhumatisme nouveau" (rheumatoid arthritis). When the nodosities do not show much degeneration of the affected parts, and if the patient is still young and of good constitution, he has no doubt that Barèges treatment checks this disease, usually thought almost incurable. . . . Dr. le Bret intends to

prove that sulphurous springs have a powerful action on the different stages of scrofulous osteitis. . . . The curative effects of sulphurous waters in general, and those of Barèges in particular, in chronic arthritis are well known ; the use of them is especially indicated when rheumatism, a lymphatic temperament, and a scrofulous diathesis are united in producing tumor albus, and when the soft and bony tissues are not too degenerated. The douche, whose force and temperature are invariable, should be administered with care. Its topical effects, with regard to the strong reaction they provoke, may sometimes surpass their object, awaken sharp pains, and give rise to new inflammatory symptoms, either in the synovial membrane or in the bony tissues of the extremities. A double property characterises the results obtained from the treatment of arthritis by these waters, viz. first, resolute local action favouring the absorption of plastic deposits, which thicken the tissues and impede the play of the joint ; secondly, restoration of the general health, to which the height of this mountainous region contributes.

The improper, too-long-continued use of the sulphur waters causes the *thermal fever*. As soon as the first signs of this are observed the patient's treatment must be interrupted, and calming bath of bran, barley, milk, &c., are used.

Baregine,

also called glairine, sulfurose, pyrénéine, luchonin, &c., is an amorpho-gelatinous substance, sometimes whitish and transparent, or blackish and opaque, agreeable to the touch ; it is found as a deposit of many sulphur waters, and used for curative purposes, especially in affections of the skin when the epidermis and deeper layers of the skin are split, ragged, and even in ulcers of the skin.

*The effects of Barèges in Paralysis preceded by Dry Colic.**

Dr. Armien's attention being directed to many cases of

* The following notes are extracted and translated from Dr. Armien's pamphlet, published in 1864.

consecutive paralysis and dry colics, I give the result of his experiences on the treatment of the complaint.

M. Bassigny, in 1881, after landing at Couron, in Guiana, a swampy plain on the sea shore, was attacked by violent colic pains, as a sequence after a chill caused by dampness and living near the river; he suffered from obstinate constipation and green-coloured vomiting; he thought he had been poisoned, and suffered most excruciating pain in the back and extremities. He was treated with hot baths, cataplasms on the stomach, and by purgatives. The attack lasted a fortnight, without relief or sleep; the patient was in a nervous state of excitement, which was only relieved by the bath. Finally he was able to pass some motions, and soon was cured. Lavements with tobacco leaves seemed to calm the nerves, but for two days it produced some wandering. At the end of a year some attacks of colic intervened, and during the intervals attacks of diarrhoea and intermittent fever. On returning to Cayenne, during a crisis of colic and vomiting, he was attacked with cerebral symptoms with coma, loss of memory, facial paralysis, and loss of power and sensation in the arms and legs, but without convulsions.

The colics returned every two or three weeks, and lasted four or five days; the pain in the joints increased, renewed attacks of coma, followed by paralysis of the extensors of the upper and lower extremities. The colics continued to increase.

On his arrival and entrance to the hospital at Bordeaux he was attacked with dry colic and bilious vomiting; the pains in the limbs increased; tepid baths, cataplasms on the abdomen, were tried without effect; purgatives were vomited without any aperient effect. In 1863 he arrived at Barèges; after forty baths and twenty douches, he returned to America in a very satisfactory condition, the paralysis and nodosity of the joints having in a great way disappeared.

A creole, without being ill, never addicted to drink to excess, was attacked only whilst on land and in marshy districts after frequent chills. The attacks were renewed at

long intervals and under varying hygienic conditions ; finally, cerebral symptoms, identical to those produced by drink, intervened to complicate the disease, and were followed by partial paralysis of the extremities, with nodosity of the joints ; all these complaints were rapidly ameliorated by the use of the waters of Barèges.

In 1862 there was a case of a sailor, æt. 25, coming from Mexico on sick leave, with enlargement of the spleen ; he had had dry colic for a year, with slight palsy of the forearm. The colic, with obstinate constipation and cramps, came on only five months after his landing in Mexico, whilst in camp in the environs of Vera Cruz. Intermittent fever came on soon after. It seems that this dry colic is only met with on land under different hygienic conditions, by badly-defined telluric and atmospheric conditions, amongst which marshy miasmas and a high temperature play a great part.

In our temperate climate, during the hot season, we often see violent colics produced by the cold night air on the uncovered body. These attacks are purely nervous ; there are no stools, but sharp abdominal pains, vomitings, and cramps.

The Madrid colic seems to be caused by the sudden cooling of the body whilst hot and perspiring ; this is caused in warm climates through carelessness.

M. Coste noticed that this intestinal neuralgia came on suddenly, presented never the symptoms of lead poisoning, though followed by palsy of the limbs. A certain relation has been observed between gout and lead colic ; the pains and the articular enlargements in these two diseases were allied by the fact, that there was an excess of uric acid ; the same effect being seen in Devonshire colic, the difference between lead and dry colic being that in the latter case the symptoms come on suddenly, whilst in the other they are produced more slowly ; also, when people engaged as house painters, or in lead mining, &c., leave off their dangerous employment, they are more liable to chills and other influences, which prepare and bring on an attack of dry colic.

A case is mentioned of general paralysis following dry colic, contracted two years before in Cochin China, by working with minium and white lead, which in the hospital of Toulon was relieved by sulphur bath and *Aconite*; the patient's right arm was atrophied, the right hand weak, flexion of fingers incomplete, touch obtuse; lower extremities emaciated; hyperaesthesia of the skin on the right side; flexion of the left foot incomplete; this foot swells slightly in the evening; right foot can scarcely be moved. This patient has been very considerably improved after thirty-six baths and twelve douches, and a complete cure is reasonably expected.

Similar observations are given where Barèges had a good effect.

I have no doubt that the mountain air contributes very much to the constitutional improvement. Except excursions and nice walks, very little is done in Barèges for the amusement of the patients. The military hospital contains several hundred beds, and many wounded, suffering from the painful after-effects of the wounds contracted in battle and under very unfavorable circumstances, have found here not only relief, but have been restored to perfect health. Many of my colleagues will find the use of the so-called Barèges baths very efficacious in many chronic diseases even in their *private practice*, as I have lately myself experienced in a case of what is usually called chronic rheumatic arthritis; fingers, hands, wrists, ankle-joints, and insteps have been swollen and enlarged for seven months. A professional man in large practice and generally considered successful, had in *vain*, during seven months, tried to cure the child about three and a half years old. After my visit to the Pyrenees and what I had seen there, I prescribed every other day a sulphur bath, with half a drachm of *Sulphate of Potassium*, for fifteen to twenty minutes. After the first six baths the child had considerably improved, all the swellings diminished; incapability of passing urine intervened, and was relieved by tincture of cantharides in very small doses. The sulphur baths have been continued, and when I saw the child the last time she walked and ran about, made use of the

fingers and hand, although the enlargement of the various parts had not yet entirely subsided.

BAGNÈRES DE BIGORRE.

After our visit to Barèges we returned to the railway station at Pierrefitte, because the drivers asked exorbitant prices for transporting us across the mountains; travellers, especially English, should never agree to pay more than the usual terms, which certainly vary sometimes according to the larger number of tourists. After an hour's travel by rail we had to stop for three hours at *Lourdes*, which during the last ten or fifteen years has been resorted to by a large number of pilgrims from all parts of France, and also from Spain, in order to visit the cave where the shepherd boy thought he saw the Virgin; this apparition was the cause of a large church being built over the cave, of several convents being erected in its neighbourhood, of some nice walks being laid out in its vicinity, and of a double line of huts and shops a mile long erected, where nothing but candles, rosaries, and large and small statues of the Lourdes virgin are sold by thousands; the candles are offerings to the church and cave, like the sacrifices in olden times, while the rosaries, pictures, and statuettes serve as souvenirs of the pilgrimage.

The church is full of votive offerings, framed inscriptions in needlework, expressing thanks to the virgin for favours granted, for misfortunes prevented, for diseases cured, and health restored; there was one large inscription in white marble where a daughter expresses thanks for the instantaneous and miraculous cure of her mother, who was struck with paralysis caused by disease of the spinal cord; there are numerous similar inscriptions which tell how the legion of ignorant believers in the miraculous resort to Lourdes in the vain hope of being instantaneously cured. To see an instantaneous cure of paralysis caused by disease of the spine was unhappily not my lot, but I did see a great number of blind, lame, and deformed, who, notwithstanding a longer stay at Lourdes, still retained their infirm condition.

My companions could not make out how people could persevere in their belief of the wonderful cures when they saw the number of invalids of all kinds loitering about. I could only answer, in the words of the great poet, "Even the gods fight in vain against stupidity and prejudice."

To me, personally, the aspect of the pilgrims, of whom the majority were women, led by their priest, the number of invalids, and the shops with their contents, caused a most painful sensation, as I stood wondering that such a scene should take place in the so-called enlightened nineteenth century, and in a civilised country like France.

After another hour's drive through the town and suburbs, which are very pleasantly situated in a plain surrounded by hills, we continued our journey by rail, and arrived safely at Bigorre, where the Hôtel de Paris, recommended by Mr. Garderes, offered us all the comforts we required.

The following notes are taken from a pamphlet by Dr. A. Cascua, a young physician, who had the advantage of obtaining his principal data from Dr. Dejeane, a well-known practitioner at Bigorre, whom I herewith thank for having been so kind as to accompany me to the various springs and establishments, and to give me the results of his experience.

Bigorre, with her 10,000 inhabitants and 1650 feet above the sea-level, is sheltered by the surrounding hills from all winds except the north, which is not very cold in winter, but which in summer contributes to the diminution of heat in the valley, as the town is situated between the plain of Tarbes and the charming valley of Campan, well known by its marble quarries.

According to the observations of Ganderax, made in July, August, and September, the average of the temperature in summer is from 14° to 16° C., while the maximum does not exceed 27°; the south-east wind is the most frequent, and the sudden variations of the temperature are here much less frequent than in the other watering-places of the Pyrenees.

Sailagnac, an author of the last century, mentions that the fame of Bigorre is traced to mythological times, and

that Mars, wounded at the siege of Troy, was the first to be cured by these waters, which Apollo had detected. In olden times the Basques inhabited the country, and when the Gauls were conquered by the Romans these latter frequently resorted to these waters, known as the *vicus acquensis*; traces of Roman roads and inscriptions on the medals of Augustus, Trajan, and Marcus Aurelius, serve to prove that these roads were well known to the Romans; the Vandals, Visigoths, Moors, and Normans, followed each other in the possession of this country, and after the treaty of Bretigny for sixty years it belonged to England.

The first known medical treatise, *Du bon usage des Eaux de Bagnères*, by La Guthère, was published in 1659 at Toulouse, and I find not less than twenty-six titles of medical works which have been published up to 1875.

There are more than fifty springs, which are divided in sulphuric iron, and saline arsenical; but the most celebrated, and to which most marvellous cures are ascribed, are those to which the name of "Salut" has been deservedly applied. The "Etablissement de Salut" is situated about 3000 feet from the town at the foot of the mountain Garros; a beautiful road lined with large trees, in a charming little valley, leads to it. Omnibuses and carriages bring the weaker patients to the bath, while those who can walk the short distance may do so by a lovely pathway through the small forest. As Dr. Casena has made use of the works of Ganderax, Pambrun, and Alban de la Garde, many of the following notes are due to these authors.

Physical Properties of the Salut Waters.

I. La Source de la *Montagne* has a flow of water equal to about 144,000 litres in twenty-four hours; its temperature is 33° C. or 92° Fahr.

II. La Source de *l'Intérieur* furnishes 180,000 litres in twenty-four hours, and its temperature is 32° C. or 90·5° Fahr. The water drunk in the pump-room placed at the entrance, as well as that of the ascending douche at the foot of the central staircase, is obtained from this spring.

III. La Source de la *Pompe* gives 784,000 litres every twenty-four hours. The temperature is 89° Fahr.

The water from these springs is pure and limpid; it is unctuous to the touch, and softens the skin; it does not mark paper or linen. A few minutes after the bath a feeling of suppleness is felt through the whole body. The taste of the Salut waters is slightly insipid, a little bitter, and, in spite of its lukewarm temperature, never nauseous. Its digestibility and lightness are such that many glasses can be drunk in succession without unpleasantness. Its specific gravity is the same as that of distilled water. On entering the bath one feels a slight sensation of freshness, which almost immediately gives way to an inexplicable feeling of comfort. During the bath numerous globules of gas arise, form into clusters, and at the least movement disappear on the surface of the water.

The water in the bath is incessantly removed; it is an important advantage for the bather to be in this continual mineral current.

Chemical properties.—In 1869 Dr. Alban de la Garde analysed the Salut water. The following table is due to him:

Nitrogen, Carbonic Acid, and Oxygen Gases.

Chloride of magnesi ⁿ m	}	.	.	0.215 grammes
„ sodium	}	.	.	
Sulphate of calcium	.	.	.	1.670 „
„ magnesium	.	.	.	0.495 „
„ sodium	.	.	.	0.033 „
Bicarbonate of calcium	.	.	.	0.107 „
„ magnesium	.	.	.	0.070 „
„ iron	.	.	.	0.010 „
Arsenate of sodium	.	.	.	0.007 „
Phosphates of calcium and of alumen	.	.	.	0.007 „
Silicate of calcium	.	.	.	0.055 „
Lithium	.	.	.	} Traces.
Manganese	.	.	.	
Copper	.	.	.	
Fluoride of calcium	.	.	.	} 0.068 „
Organic matters	.	.	.	

Total . . . 2.757 grammes.

The water contains a small quantity of arsenic, and the Bagnères waters have a slight alkaline reaction.

The Salut water has the remarkable peculiarity that, at the end of certain hot summers, it becomes sulphurous, giving off the odour peculiar to sulphurous springs, and bronzing a silver coin in eight or ten minutes, while for the rest of the year it is alkaline and without smell.

Physiological properties.—At the moment of immersion the bather feels a slight instantaneous sensation of freshness, followed by a feeling of great comfort, which lasts as long as the bath. “In the bath the pulse generally becomes large and full, and is hardly accelerated.” On leaving the bath a sharp sensation of cold is felt, immediately, however, followed by reaction, which restores the state of bodily comfort felt in the bath. The bather is inclined for exercise, the limbs feel more supple, and his appetite returns. “Agitated sleep, a feeling of excitement, fulness of blood, at other times lassitude, tingling sensations in the limbs, a difficulty in keeping quiet in bed, and sleeplessness, are often witnesses to the modifying effect of the mineral water on the nervous system. Soon these symptoms disappear, and the sedative and strengthening action shows itself. In most individuals this sedative effect is obtained by the first bath. Sleep becomes calmer and deep, the nervous trembling of the hands lessens and disappears, the pains are not so severe, and the frequency of the various crises diminishes. The recurrence of menstruation is often hastened, and the stools are more copious and frequent.”

Effects of the use of the Salut water taken internally.—The water, with its slight taste, is taken without disgust, and very easily digested. A short time after taking it one feels hungry, and digestion is more easy. It aids the secretions of the intestines, the liver, and pancreas, and quickens the abdominal circulation; the stools become more abundant, less solid, more frequent, and of various colours, thus showing intestinal hyperæmia.

The experiments of M. Lemonnier on himself prove that the Salut waters, taken in small quantities, are slightly diuretic; but this action, noticed by Secondat as early as 1750,

is much more appreciable, and becomes considerable when large quantities of this easily-digested water are taken. Then the urine becomes abundant, often containing an excess of urates. According to Dr. de la Garde, "on an average a third more urine is passed than water drunk."

To sum up, the Salut waters act chiefly as sedatives to the nervous system, increase and regulate the circulation, increase the activity of the secretions of the skin and alimentary canal, consequently improve the appetite and digestion, and are strongly diuretic.

Therapeutic properties.—These waters have a modifying action in herpetic affections by an alterative action on their predisposing morbid or diathetic causes. According to Ferrand, the "specific remedy (arsenic) does not act by directly attacking the essential cause of the disease, or by neutralising the specific morbid agent. Thus, 5—10 milligrammes of arsenic daily are useful in febrile affections, as in tubercular patients, in improving digestion by its sedative influence on the excited circulation. Arsenic acts also as a sedative of the circulation when it is functionally disturbed, without any febrile condition, and increases the appetite by stimulating the stomach."

The other ingredients in the Salut waters tend to produce results similar to those attributed above to arsenic. It contains indeed iron, according to Gubler, "un récorporant et un tonique analeptique par excellence." It also contains alkaline chlorides, which stimulate oxidation (Rabuteau) and increase the number of the red blood-corpuscles (Plonvies), and alkaline carbonates, which liberate free carbonic acid and gently stimulate the mucous membrane of the stomach. Finally, there are sulphates, which promote an intestinal hypersecretion, according to Rabuteau, and help to eliminate a certain quantity of water and of organic crystalloid waste matters.

(1.) The tepid thermal baths may be prolonged beyond an ordinary bath.

(2.) At equal temperatures the thermal water is more agreeable and soft to the touch than ordinary water.

(3.) Thermal water heals sores resulting from wounds, burns, &c., more rapidly than ordinary water; and

(4.) Cures diseases refractory under ordinary baths.

The Salut baths have, like the ordinary warm baths, a sedative action on the pulse and nervous system, remove physical and intellectual fatigue, promote an agreeable feeling of warmth and well-being, which, beginning at the skin, soon pervades the whole body. They relax the skin and muscles, increase the patient's sensitiveness to atmospheric variations, and promote sleep. They alleviate pain and diminish inflammation in a large number of cases of phlegmasia and other affections. They cleanse the skin of much filth, the product of sweat, dust, and fatty matters, soften it and maintain its suppleness and elasticity, and help to render it more capable of fulfilling its various functions of absorption, transpiration, secretion, excretion, sensation, &c.

The Salut baths differ, however, from ordinary baths in some points, such as the amount of calm produced on the nervous system, in the tonic effect, &c. Thus the action of the arsenic, of the alkaline chlorides and carbonates, of the sulphates, and of the bath in general, are sufficient to explain the increased appetite and improved digestion which follow the use of the waters. But it appears impossible to explain how these waters cure those cases of severe hemiplegia, of obstinate dyspepsia, and of various nervous diseases which have resisted all other treatment, both therapeutic and hydropathic, and which improve rapidly by the internal or external employment of the Salut water.

Salut waters have a favorable action in many diseases as unlike as they are numerous, viz. in cases of neurosis, dyspepsia, migraine, and in diseases of the central nervous system. The following observations are taken from Dr. Dejeane's notes, and published by Dr. Cascua.

CASE.—Mr. C—, of Vendôme, 1875. Patient's life has always been very regular. The mucous membrane of the alimentary canal and the skin were chiefly affected. The slightest irritation applied to the skin caused an eruption mostly of an eczematous character. Mr. C— suffered also

from an aphthous affection causing irritation in the throat, with dry cough in the morning, followed by the expectoration of a small pellet of muco-albuminoid matter. Appetite very varying. His food was limited exclusively to roast meat, eggs, fish, and wine. Vegetables apparently overtaxed the stomach; in fact, digestion was always very difficult, with flatulence and discomfort of the abdomen; meals were usually followed by one or two liquid stools, accompanied with much flatus. If the bowels were confined spontaneously or by any medicine, great heaviness of the head was immediately felt, with giddiness, general malaise, and lumbago. These various symptoms having resisted all ordinary treatment, the patient was sent to Bigorre.

Treatment.—Salut baths, two glasses of Salut water daily, and douches taken at the hot springs were prescribed, with the result that the patient left much improved.

CASE.—Mr. R. F—, aged 38, July, 1875. Ill two years. His liver had been enlarged, but is now of normal size. The patient suffers from occasional pain in the stomach, accompanied by much accumulation of flatulence; no tumour present. Therapeutic agents with hydropathic treatment gave some relief, but the pain was very obstinate, and digestion very bad. Vichy waters were tried last year without benefit. It was a case of dyspepsia and gastralgia.

Treatment.—Salut baths, drinking the waters, and warm douches were prescribed; the patient left much improved, almost cured.

CASE.—Mr. D—, suffered from vertigo, due to some lesion of the stomach. He digests badly, without appetite; complains very much of his head and giddiness; his legs sometimes fail, causing him to fall; he feels sick at the same time, but does not lose consciousness.

Treatment.—Salut baths and drinking the waters effected a complete cure.

CASE.—Mr. P—, of Bordeaux, aged 40, July, 1875. Had suffered for ten years from chronic gastritis, induced by overwork, with cramps in the legs sufficient to prevent sleep; for the last two years attacks of very severe gastralgia,

vomiting necessitating a diet of cold milk, white meats, and fish.

Present state.—Stout, florid, no history of alcoholic distress. No appetite, never feels inclined to eat. Constipated, with very dry evacuations. The tongue a little coated at the top; digestion long and painful. Stomach distended, painless cramps, sometimes severe headaches.

Treatment.—Baths and drinks of Salut water, with thermal douches. After a few days the douches felt too warm to the patient, so they were omitted. Mr. P— left much improved, sickness quite gone.

These cases show that dyspepsia accompanied by vomiting was not only improved but cured by the Salut waters. Cases in which dyspepsia is accompanied by a diseased condition of the uterus, and where migraine is of very old standing and unaffected by ordinary therapeutic agents, are suitable for treatment at Bigorre, with the probability of much relief, if not of a perfect cure.

CASE.—Madame de S—, July, 1875. Nervo-lymphatic temperament; enjoys tolerable health, but is not strong. Some fifteen months ago menstruation was delayed, accompanied by gastric troubles. She might almost be considered pregnant. This lasted about two and a half months, when she was seized with pains analogous to those of parturition, followed by a serious attack of hæmorrhage, which continued with much pain for several days. After some months the menses were again missed for three periods successively; pregnancy was again suspected; an attack of hæmorrhage similar to the last followed, even more copious and longer continued.

By the internal and external use of the Salut waters the patient was perfectly cured. Some time afterwards Madame de S— became *enceinte*, and was delivered at full term of a healthy child.

Characteristic symptoms of hysteria are successfully treated by a stay at Bigorre.

Attacks of hysteria, more or less severe or simulating more or less perfectly cases of paralysis, are often most discouraging, both to patient and physician, and are generally

obstinate under every sort of treatment; yet the Salut waters often exert a calming effect, as gratifying as unexpected, although, if wrongly administered, harm instead of good may result.

Treatment by Salut waters is contra-indicated in cases of articular rheumatism. Dr. Dejeane was the first to point out this fact, confirmed by Dr. Cascua from his own personal experience, having suffered from an attack of severe general articular rheumatism a few years ago. He had occasion recently to try some experiments with the Salut waters, and took a few baths, about 11 a.m. daily, at the beginning of September. Obscure pains appearing, however, in the joints, he was obliged to give up the baths, the pains almost at once ceasing.

In all the cases above quoted the length of treatment was from 20—25 days.

Indications for the use of Salut.—An over-excited condition of the nervous system is the most prominent symptom in those cases which have been successfully treated, where there has probably been more or less congestion of the nervous centres. Dyspepsia, especially so-called nervous dyspepsia, where the nervous trouble directly affects digestion by a harmful influence upon the circulation of the digestive organs, are suitable for treatment by *Salut*, especially if the urine is not overloaded with urates, and if no gouty diathesis be present. These cases of uric diathesis should be sent rather to Vichy, though the latter is not suitable for some cases of gout or disease of the liver, where one of the following complications is present:—Cardiac disease, dropsy, organic disease (cancer, tubercle, &c.), Bright's disease, anæmia, &c.; these are far more suitable for Salut treatment. Even a gouty patient without any complication will find more relief here if the nervous element predominate in the case.

Migraine.—Where there is not only pain but disturbance of the facial circulation, and at times nausea or vomiting is curable by the Salut waters, where the disease is due solely to an over-excited condition of the nervous system, so that this treatment is recommended in all cases of

migraine preceded or accompanied by intense nervous disturbance.

Neurotic diseases.—The treatment of all cases where there is severe nervous excitability and erethismus is usually successful. So also in uterine disease accompanied by much nervous disturbance sufficiently severe to prevent satisfactory treatment by ordinary remedies. In diseases of the uterus the difference in the effects of St. Sauveur and Salut is that the St. Sauveur sulphur waters are most successful in chronic uterine affections, helping also to calm the nervous system. The difference of action is as follows :—Both are sedative, and act beneficially on the local condition, but St. Sauveur effects this by acting directly on the uterus, while Salut acts by its directly sedative effect on the excited condition of the nervous system, and only secondarily on the uterine disease, caused by the state of the nervous centres. Therefore, Salut treatment is to be preferred where the nervous trouble is the primary one. In many cases the best results are obtained by treating uterine affections, first by Salut waters, and when the nervous excitability has been calmed, to proceed to the employment of the waters of St. Sauveur.

Salut given carefully may be very useful in cases of phthisis with more or less severe erethismus, especially during attacks of nervous excitability. The same is the case with cardiac disease with excessive nervous irritability, and of anæmia under similar conditions. The various other waters at Bagnères de Bigorre, having the same chemical properties as the Sault waters, give analogous results, although experience has proved that none can rival the latter in its characteristic efficacious and energetic effects.

The only other watering place in Europe which can be compared to Bagnères de Bigorre according to Dr. Constantin James is that of Pfeffers, a dreary place compared to the pleasant and smiling landscapes of the former, with its social advantages and amusements, so helpful to the hypochondriacal patient.

Contra-indications for treatment by Salut.—Cases of

acute articular rheumatism, with its sequelæ, are not suitable for treatment by the Salut springs; this may be partly due to the comparatively low temperature of the water, although the Foulon spring at Bagnères, which is hardly a degree higher in temperature, and has almost the same chemical constitution, effects the most surprising results in cases of articular rheumatism. It is, however, found that even in articular rheumatism Salut, taken internally and combined with Foulon baths, give very good results, especially if any dyspepsia is present.

Pulmonary disease, and especially phthisis, are not suitable for this treatment; the chief objection is the low temperature of the water, but such cases may be benefited by drinking the latter, especially if nervous excitement is present.

According to M. de la Garde pregnant women should avoid the Salut baths.

The uric diathesis, uterine diseases, and anæmia, are all contra-indications for the employment of the Salut, except where there is much nervous irritation, and then only internally.

Adjuvants to Treatment by Salut Waters.

The different springs of Bagnères may be divided into three groups, sulphurous, chalybeate, and saline chalybeate, as all diseases accompanied by much nervous excitement are acted upon beneficially, but this condition of the nervous system is often accompanied by complications which may be much relieved by the employment of the other springs of Bagnères, as the sulphurous waters of *Labassère* in torpid pulmonary affections; the chalybeate waters in anæmia, which is so frequent. Dr. Dejeane recommends the chalybeate waters a few days after the Salut treatment has been followed by the effect of calming the nervous erethismus. He also employs the astringent *Salies* waters as an injection in cases of leucorrhœa where other symptoms indicate Salut. The saline *Lasserre* waters are useful in constipation. The principal aid to treatment is also hydropathy, to which the remarkable effects of the Salut waters are some-

times attributed. When the waters are taken internally the effects must be watched, especially in cases of dyspepsia. Meals ought to be substantial and nutritious, and at regular hours. Dr. Lemonnier advises abstinence from dry vegetables, peas, haricot beans, lentils, cabbage, heavy pastry, cheese, preserved butter, &c.

BAGNÈRES DE LUCHON.

All those who are not pressed for time should drive from Bigorre to Luchon, across the mountains, because the road is one of the nicest in that part of the Pyrenees, and leads across the Col d'Aspine through a splendid forest of old fir trees. After leaving the forest, at a height of 4500 feet, the view opens on a most beautiful panorama of the surrounding high chain of mountains, amongst which the Pic du Midi is the highest, and where, during the last few seasons, an old general makes highly interesting meteorological observations. After leaving the Col d'Aspine we had excellent views in our descent of 2500 feet in the valley of Arreau and passed the night in the town of Arreau. The next morning we continued our journey across the Col of Peyresourde, which is 150 feet higher than the Col d'Aspine, and after a drive of four hours we arrived at midday at Luchon, where the Hôtel du Bains has been justly highly recommended.

Luchon, 1887 feet above the level of the sea, in the most eastern corner of the valley of the same name, is the chief place of the canton, has 4000 inhabitants, and consists of the old and new towns. The old is built immediately at the foot of the high mountains, which shelter the place during the winter months; the new town contains the majority of the hotels, lodging-houses, and is built more for the visitors, tourists, and patients, of whom many thousands resort to this celebrated and very pretty watering place, which has one of the largest établissements, with a front of 300 feet and depth of 150 feet. The great entrance hall is decorated with nice frescoes; the baths are in communica-

tion with a subterranean gallery excavated in the rock, which is 300 feet long, 7 feet high, and about 5 feet wide. In this gallery, where many cryptogams are growing, the mineral waters are collected for the supply of the baths, which are used here in *all* forms as general and local baths, swimming-baths, all kinds of douches, vapour; the bathing rooms are of a smaller or larger size, some provided with awnings, others with ventilators, in order to enable the patient to inhale more or less of the sulphur vapours according to the special direction of the physician. A committee of physicians has been consulted before this *etablissement* was built, and therefore it contains many special contrivances which are wanted in other watering-places. For the convenience both of patients and their medical men, there are consulting rooms in the *etablissement*, where at certain days and hours the patients, before entering the baths, can have medical advice.

Of the fifty-four springs at Luchon forty-eight are sulphurous, and form the best known series of graduated and modified sulphur springs, varying in temperature, in the quantity of sulphur they contain, as well as in their combination. The forty-eight springs of sulphuretted sodium have a temperature varying from 30° Centigrade (d'Etigny nro. 2) to 66° (Bayen); their sulphuration, or quantity of sulphur they contain, varies from 0.0064 of sulphur of sodium in a litre (Richard, inférieure, nro. 1) to 0.0786 (in Bayen), and 0.0915 (in Bosquet). 600,000 litres of sulphur water, and about 900,000 of the cold saline water, constitute the daily supply; notwithstanding this large supply, the patients are obliged, at their arrival, to go to the *Etablissement* and ask for a number. According to this number they are admitted to the various baths; the price of the bath varies according to the season and to the hours chosen. All French poor, the patients of the Luchon Hospital, all military men, many civilian officers, all foreign and French medical men, are exempt from paying for the use of the waters. It is my duty to thank Dr. Ferras for the information he gave me while showing me the *etablissement*, and Dr. Dulac, one of the senior physicians, for his com-

munication regarding the diseases in which the waters are principally useful. Scrofulous, rheumatic, arthritic, syphilitic affections, are the principal classes of disease suitable for Luchon; but very much depends upon the *right* use of the waters, which an intelligent medical man can only learn by observation, experience, and individualisation of each patient. It happens frequently here, as well as in other sulphurous baths, that the patients are over-excited through the injurious use of the mineral waters, and suffer from thermal fever; therefore, those who send patients to the Pyrenees should advise them to carry out strictly the instructions of the practitioners under whose care they place themselves.

The climate is mild, and in summer the north wind cools the great heat. It is not advisable for patients to go to Luchon before the end of May. July and August are considered the best months for those who use the baths. Those who wish to know more about these waters I must refer to the works of Drs. Fonsan, Filhol, and Lambron, Gourraud. Dr. Dulac will probably soon publish the results of his large experience during many years' practice in Luchon.

The following nine springs are used, either alone or in various combinations, at the *etablissement*:—La Reine, 51; La Grotte, 48; La Blanche, 36; Richard, 43; Pré, 45; Borden, 69; Bosquet, 44; Ferras, 83; and Etigny, 36. The numbers show the temperature in Centigrades. Although all these waters are *limpid* and clear at the spring, some of them change when collected in the reservoirs; they are cloudy and appear whitish, as if mixed with milk. This is due to a change of the sulphur, which, from its dissolved state, is deposited in the form of a kind of powder. The odour of sulphur is remarked in all but Pré, Bayen, Borden, and smell more intensely. *At present* it is believed that the *sulphhydrate of sulphur of sodium* is the *sulphuric* combination which gives to Luchon its characteristic qualities.

Borden and Bosquet are considered soothing and sedative; used in lymphatic, scrofulous, and nervous affections.

Richard, *supérieure* and *inférieure*, are specially used in rheumatic and skin diseases.

Blanche is prescribed to nervous persons.

Grotte, supérieure and inférieure, are slightly exciting.

Reine is a strong stimulant.

Ferras.—Both springs are used in gastralgia.

Pré.—The internal use prescribed for lymphatic and scrofulous persons.

The établissement is open in winter ; and, besides the four large classes of diseases named before, the following are frequently relieved or cured in Luchon :—Asthma, several pulmonary chronic affections, catarrh, enlargement of abdominal organs, crassa lactea, suppressed menstruation, painful scars, anchylosis, exostosis, rheumatic nodosities.

Herpes and its various forms are, according to Durand-Farrel, successfully treated by the waters which contain the sulphate of sodium ; all the herpetic *skin* diseases, as chronic eczema with intolerable itching, also when complicated with psoriasis guttata, pityriasis, psoriasis, papular herpes, prurigo and lichen, chronic urticaria, pemphigus, and exfoliating herpetic affections, are frequently relieved and cured ; but the various springs must be carefully chosen, not only according to the state of the disease, but also according to the susceptibility of the patient.

Herpetic affections of the mucous membranes, especially the angina granulosa, affecting larynx and pharynx, or one of these organs, and other throat complaints, are frequently treated by the *douche pulvérisée* and by the internal use of the springs of Pré. In the beginning of the treatment the irritation is increased, and when there is swelling of the vocal cords the voice gets still more hoarse, the bronchial secretions are increased, and although the bronchorrhœa might be very copious, the sputa are less thick, contain more air, and are easily expectorated, and have frequently a greenish hue.

Chronic inflammation of the external meatus auditorius is often caused by herpes, and Dr. Fonsan considers it a pathognomonic symptom of a herpetic diathesis ; the mucous membrane does not suppurate, as in scrofula, but is rather dry, and exfoliates like pityriasis. The tympanum is also frequently diseased, and deafness is either temporary or permanent if the tympanum is perforated ; chronic coryza is also a fre-

Dr. Fülko's Chemical Analysis of the Principal Springs of Bagnères de Luchon.

Name of Spring.	Sulphate of Sodium.	Sulphate of Iron.	Sulphate of Manganese.	Chloride of Sodium.	Sulphate of Potash.	Sulphate of Soda.	Sulphate of Lime.	Silicate of Soda.	Silicate of Lime.	Silicate of Magnesia.	Silicate of Alum.	Carbonate of Soda.	Silica, Free.	Organic Matter.	Total.
Raine . . .	0.0608	0.0022	0.0028	0.0624	0.0082	0.0312	0.0312	traces	0.0102	0.0048	0.0255	traces	0.0209	Quantities not given.	0.2611
Bayen . . .	0.0777	traces	traces	0.0829	traces	traces	traces	"	0.0220	traces	traces	"	0.0446		0.2270
Azemar . . .	0.0430	0.0022	0.0024	0.0620	0.0072	0.0465	0.0718	0.0058	0.0432	0.0147	0.0237	"	0.0076		0.2811
Richard, sup.	0.0896	0.0028	0.0018	0.0659	0.0088	0.0101	0.0400	traces	"	traces	0.0292	"	0.0328		0.2557
Grotte, sup.	0.0814	0.0027	0.0013	0.0723	0.0059	0.0682	"	0.0094	0.0376	0.0057	0.0109	"	0.0103		0.2559
Blanche . . .	0.0338	0.0011	traces	0.0500	0.0088	0.0160	traces	traces	0.0769	0.0067	0.0101	"	0.0105	Quantities not given.	0.2529
Ferras, sup.	0.0053	0.0009	"	0.0100	0.0109	0.0580	0.0212	"	0.0806	traces	traces	"	0.0897		0.2002
Bordieu, nro. 1 . . .	0.0690	0.0003	"	0.0858	traces	traces	traces	0.0233	0.0162	0.0025	0.0073	"	0.0262		0.2306
Grotte, inf. . . .	0.0689	0.0021	"	0.0736	0.0113	0.0265	0.0200	traces	traces	traces	0.0141	"	0.0499		0.2546

quent symptom, which causes hypertrophy of the mucous membrane of the Eustachian tube. Besides the general treatment the sulphur waters are used locally under the form of pulverisation, of vapour, and of injections in the Eustachian tube.

In herpetic chronic *blepharitis* the waters of the spring Romaines are used for lotions, and also under the form of pulverised douches.

Another herpetic affection, chronic *ozæna*, usually accompanied by the most disagreeable fœtor, by which both the patients and the persons near them suffer, is often cured in Luchon, if the ulcers are not too deep, and have not perforated the septum; in these cases the strongest, the most exciting, and the warmest sulphur waters are used as injections into the nasal cavities, which must be well bathed and washed in all directions. A cure is almost certain if there is only hypertrophy of the nasal mucous membrane, and the ulcers are but superficial, although the secretion might be very abundant. Sometimes an unexpected cure takes place when the deep ulcers cicatrise.

If dyspepsia is caused by herpetic diathesis it is very painful, and resists the usual treatment. This kind of dyspepsia is cured by the sulphur waters, while in all other forms of stomach diseases, in gastritis, gastralgia, dyspepsia, &c., sulphur waters are not only useless, but very injurious.

Herpetic complaints of the mucous membranes of the urethra, vagina, and uterus, are also relieved and cured by sulphur waters. Previous or coexistent herpetic affections of the skin will guide the medical man in making his diagnosis regarding, the nature of the various affections of the mucous membranes, and whenever a herpetic diathesis is present the sulphur water will prove most useful.

Gout and its concomitant effects on the joints, under the form of swelling, congestion, inflammation, nodosities, incomplete ankylosis, and on the skin, certain varieties of intertrigo, prurigo, pemphigus, cirrhosis, mentagra, and eczema, which Bazin ascribes to an arthritic diathesis, are treated more frequently merely by the external use of the

sulphur waters, because the stomach of gouty patients does not digest sulphur waters. Alkaline remedies are used internally, and carbonate of soda is also often added to the sulphur bath. The aim of the treatment is to change the chronic arthritic affections into acute ones, and therefore those springs which contain the maximum of the alkaline sulphides and hyposulphides are used, besides the vapour bath and the pulverised douches, while Vichy and Vals waters are given during the meals.

Although scrofulous and lymphatic patients are very frequently advised to use saline waters, they bear very well the treatment by sulphur waters, the full bath, douches, hot or cold, applied alternately; the most exciting waters, containing the largest amount of sulphur, are used externally, while they drink Reine, Grotte, and Pré nro. 1. The more serious cases are obliged to return to Luchon during several seasons. Strumous inflammations of the joints are often cured, and ankylosis would frequently have been prevented by an earlier visit. All scrofulous complaints of the osseous system—as osteitis, periostitis, osteomyelitis—as well as of the chronic inflammation of the mucous membranes of the nose, pharynx, and conjunctiva, find a remedy in the numerous springs of Luchon.

A great number of syphilitic patients who have taken too large a quantity of mercury are cured by the sulphur waters, while these aggravate usually all syphilitic symptoms if no mercury has been taken; very large doses of mercury can be taken without causing salivation or derangement of the stomach as long as the patient uses the waters. Dr. Gourraud mentions that he has seen the scars of patients who, after the recent healing of infecting chancres, have used five or ten baths, first to swell, then to inflame; afterwards a very slight superficial and extended ulcer formed in the epithelial strata, with a copious but not thick suppuration. The patients are usually much alarmed, and anxious to apply local remedies, because they fear the reappearance of the old chancre. Every local remedy except rice powder must be avoided, and within ten or fifteen days, during which the suppuration lasts, a considerable improve-

ment is observed; the scar is much softer and smaller, although a slight induration is still felt; this is by degrees absorbed, and finally disappears entirely. The treatment varies according to circumstances, as patients are visiting the baths for the purpose of curing existing syphilitic symptoms, or only for the sake of passing a test cure, whether they are really cured; herpetic, arthritic, or scrofulous patients infected with syphilis *must* also be treated according to the various symptoms and combinations. According to Dr. Gourraud—

1. The waters of Luchon are no specifics against syphilis.

2. They assist the action of mercury promote the absorption and elimination of this medicine, and prevent its bad effects.

3. When used alone they increase the syphilitic symptoms, especially of the skin; they are most useful in bringing out latent syphilis, but never cure the complaint.

4. They assist in forming a better diagnosis, and in distinguishing the syphilides from the herpetic, arthritic, and scrofulous symptoms.

5. They cure the bad effects of mercurial poisoning.

6. A perfect cure can be ascertained.

7. One course of treatment may be sufficient for a cure, but this is not to be considered as a perfect one, as long as a second course, and merely of sulphur treatment, has not caused any reappearance of previous syphilitic symptoms.

These remarks also prove that working men poisoned by lead or mercury will be most benefited by the waters.

For chronic diarrhœa, especially when combined with gonorrhœic rheumatism, in suppressed gonorrhœa, the waters are used externally as baths, vapour baths, injections, and also internally; in *acute* gonorrhœa the waters are injurious; wounds, painful scars, ulcers, abscesses and fistulas, chronic rheumatic enlargements, and osseous nodosities, in which Barèges is so successfully used, are also treated at Luchon, where the melancholic and hypochondriac patients have more opportunities for distraction and amusement.

The obstructions caused by phlebitis and lymphangitis, the impediment caused in veins by thrombus, as well as various forms of rheumatic affections, are relieved.

Lately, the number of consumptive patients, and of those suffering from chronic bronchitis and chronic pleurisy, who visit Luchon, has also considerably increased, as well as those who suffer from various neuralgic and other pains, and from paralytic and paretic affections; the various uterine diseases are also numerous represented at Luchon. Dr. A. Fonsan (in his *Recherches sur les Eaux Minérales des Pyrénées*) describes the history and cure of a *hypertrophied uterus with deep ulcerations*, which has lasted *four years*.

This case is very remarkable, because during four years the very enlarged uterus could not be even replaced; the full history is also copied in Dr. Gourrand's interesting book, *Le traitement thermal à Bagnères de Luchon*. Gynaecological and laryngoscopic specialists, at present so lavish with their caustics, may learn that cures can be performed without these caustics.

The *principal iron springs* of Luchon are Cassel-Vieil Salles, Baringnas, Trebon, and Chat, contain sulphate of iron, and some of them also *crenate* of iron; they are used in anæmia, chlorosis, and whenever *aglobulia* is present from any cause, and assist the effect of sulphur water in lymphatic complaints; although they do not contain carbonic acid, they are still digested, and increase the appetite.

Chat contains the largest amount of mineral substance, but as this spring is at some distance it is not so much used. The iron waters are usually drunk at meals, for which purpose daily a fresh supply of bottles, filled in the morning, is sent to the hotels. When it can be managed it is better for the patient to walk to the iron springs, and thus the walk will assist in the digestion of the iron waters. Lately a new iron spring, called Sourronis, has been found, which contains also arsenic, which will be an additional remedy in herpetic diseases, and general weakness.

The whey cure belongs also to the adjuvants of Luchon, but the whey is made only of cow's milk, although in other

places it is made of goat's milk ; whey is used in habitual constipation, abdominal irritation, and abdominal plethora ; in bronchial catarrh with irritating cough ; in gravel and chronic catarrh of the bladder. One to five or six glasses of whey are taken at shorter or longer intervals, but they are also used as baths, either alone or mixed with sulphur water, which produces a more calming effect.

Although I have tried to give a very short outline of the therapeutic value of the justly celebrated watering places in the Pyrenees, and merely to point out the class of diseases which may find their relief, this paper has considerably exceeded the proposed length. My aim was to call the attention of those who know nothing or very little of the subject to the beneficial springs and the beautiful scenery, and so induce them to make themselves, either personally or by books, more acquainted with the effects of these waters. They will thus not only benefit their patients but themselves, because they are sure to meet in their practice with many chronic cases in which the ordinary means are useless ; and when the patient cannot go to the Pyrenees, artificial sulphur baths will sometimes produce unexpected results, still more when assisted by the internal use of mineral waters. I have already mentioned (p. 234) a case in which my experience of the treatment at the Barèges baths enabled me to treat successfully a case that, without such experience, I should have been unable to cure. May those who have read these notes be still more successful than their collector, whose work and trouble will thus be sufficiently rewarded.

THE RECONSTITUTION OF THE MATERIA MEDICA.

By DR. HUGHES.

THE primary requisite for our carrying out the law, "let likes be treated by likes," is that the two elements of the comparison shall be before us. We have the one in the patients entrusted to our care, but the other must be supplied to us beforehand. A collection must be made of the observed effects of drugs on the healthy body, and such further experiments must be instituted as are necessary to complete the picture of the action of each. The results of the latter, amalgamated with the former, give us the second element of our comparison: they form the "*Materia Medica*" of Homœopathy. The name is of course wrongly applied, as it properly denotes the drugs themselves; but it has so long been in use among us for the other purpose that it must stand.

That we owe to Hahnemann, not only the establishment of the law of similarity, but the first and largest contribution of material for carrying it out, we all gratefully acknowledge. But it is a matter of general regret that he should have presented in the form in which we have them the mass of observations and experiments accumulated by him. The groups of drug-effects which he gleaned from books and obtained from his own and others' provings have been broken up into their component elements; and these have been put into their appropriate places in a schema, mainly anatomical, without note of origin, connection, or sequence. The result is that the two pictures between which we have to seek for resemblances have little in common. All diseases, and nearly all patients, present a morbid state which is an organic whole, which has its linked history, its orderly evolution, its association of symptoms primary and secondary, essential and sympathetic. To treat such a state by a similarly-acting medicine, the pathogenetic effects of that

medicine ought to be recorded for us in a corresponding manner. Instead of this, they are given us in a form which would only be paralleled, were we to write down our patients' existing phenomena and sensations in the order of the Hahnemannian schema; and then, instead of comparing two organic wholes together, were mechanically to cover one symptom-list with another.

The misfortune has been doubled by the fact that, very naturally, most of the immediate disciples of the master who followed him in the task of proving have imitated him in the mode of presenting the results obtained by them. Stapf, Hartlaub and Triinks, Hering, Helbig—they all gave us pathogenesies in schematic form, thinking that thereby they had supplied all that was needed. It has thus come about that the great mass of our *Materia Medica* exists only in this shape; and that when collections of it have been made, the new matter added has been conformed to the predominant type, although the sources from whence it has been derived contain it in more intelligible statement. It was so with Jahr and with Noack and Triinks; and it is so in the later and greater work of Allen, which must be our *Materia Medica* (as it well deserves to be) for many years to come.

I have elsewhere* endeavoured to account for Hahnemann's having proceeded after this manner, and to show in what way such pathogenesies of drugs may be fruitfully used. But that we cannot learn our *Materia Medica* therefrom is generally admitted; and many attempts have been made to present the action of its constituents in a better way. Of two of the latest of these, now before me, I propose to form some estimate at this time. They are from the pens of Dr. Jousset and Dr. Espanet respectively.† The former of these needs no introduction to our readers. The latter has been favorably known in his own country by his *Traité méthodique de Matière Médicale et de Thérapeutique*, published in 1861; and though this work has not

* *Manual of Pharmacodynamics*, 3rd ed., p. 7, 8.

† See *L'Art Médical* for February and *Bull. de la Soc. Méd. Hom. de France* for April, 1879.

been translated into English, and is little known among us, its title is sufficient to show that he is an expert in the subject on which he now speaks. He thinks that the time has come to recommence this treatise of his on an altogether different plan; and in the article published in the *Bulletin* he lays down the principles on which he proposes to work, and gives a specimen of their application in the instance of *Belladonna*. Dr. Jousset simply states that he has, with some friends, undertaken to edit a treatise on *Materia Medica* and *Therapeutics*; and illustrates his mode of working by a study of *Digitalis*. This he publishes, to elicit from his colleagues any criticism and counsel they may be able to give in aid of his further labours. It is obvious that the commencement, by such men, of such undertakings as these is no unimportant matter, and that it demands from all who are acquainted with the subject the fullest attention and the freest expression of opinion. The following pages are my own humble contribution to the discussion.

I. Dr. Jousset—to take him first—limits himself, like Hahnemann, to a statement of the facts of the case. He makes no attempt to account for the phenomena of the action of *Digitalis* on the healthy body, but simply details them. On the other hand, he does his utmost to present them in the association and order of their occurrence. He begins with an excellent description of poisoning by the drug, in its two forms—that which he calls *foudroyante d'emblée* and that which is rather *progressive*. He then arranges the principal symptoms manifested under such circumstances under the head of troubles of the nervous system, of the gastro-intestinal and urinary organs, and of the circulation and respiration, ending with the exterior aspect and the post-mortem appearances. Next, he classifies after a similar manner the effects of ponderable but not toxic doses of the drug, using for this purpose the provings and citations of Hahnemann, as well as observations of others. He concludes with the indications for the use of *Digitalis* in the treatment of disease, following here a nosological order. The whole article occupies eighteen of the large octavo pages of *L'Art Médical*.

In estimating the value of this mode of presenting a medicine, we have only to consider how far it is calculated to impress on the mind of a student the essential features and characters of the drug under review. Now I have no hesitation in saying that Dr. Jousset has made a most happy selection from the recorded observations of the action of Digitalis, so that no effect of the drug which is of physiological or therapeutical interest is omitted from his enumeration. His description, moreover, of the evolution of its toxic effects supplies a framework in which the separate symptoms afterwards detailed find their due place and order. Any one who has made himself master of the eleven pages devoted to the pathogenetic side of the subject has learned all that he need know *à priori* of the effects of Digitalis on the healthy body, *so far as the phenomena are concerned.*

But here my satisfaction becomes qualified. I hold that the student requires to know something of the meaning of the facts brought before him, so far as that meaning can be perceived; that he is imperfectly furnished for the use of a medicine in disease unless some of the significance of its pathogenesis is revealed to his mind. To take, for instance, the action of Digitalis on the heart. Dr. Jousset tells us that in the *foudroyante* form of poisoning, the pulse is small, uncountable, sometimes completely absent, and the heart-beats precipitate and hardly perceptible, with irregularity as recovery ensues; that in the *progressive* variety the pulse is at first strong and hurried without irregularity, beating 120 or 140 in a minute; that when the effect is less pernicious, this rapidity is succeeded by slowness, which from small doses occurs at once. Again, in summing up this part of the drug's action, he states that strong doses "paralyse the heart and the arteries after having excited them," while still larger quantities paralyse from the first; and that, of feeble doses, "strong and retarded cardiac impulse is the primitive, feeble and accelerated the secondary, effect." All this is true and useful enough, but what does it mean? The heart is a hollow muscle, contracting rhythmically under the influence of the ganglia embedded in its substance, and regulated by the

opposing influence of the pneumogastric and sympathetic fibres coming to it from the central nervous system. What is meant by its being "paralysed?" Is it the cardiac muscle itself that is incapable of responding to the nervous impulses, or the nervous centres which have no power to send forth their commands? Is the alteration of the rate of the heart's pulsation due to inhibitory or accelerating influences transmitted to it from above, or to some change in the organ itself? These are questions of no mere speculative interest: on their decision depends our view of the use of the drug as a remedy. If it paralyses the cardiac nerves only, it cannot strengthen and tone up a dilated ventricle by its homœopathic action. If it retards the heart otherwise than through the vagi, slow pulse is no indication for it when induced by their inhibitory influence. Dr. Jousset knows as well as I do that it has been ascertained that they are the channels through which *Digitalis* retards the heart; and he probably knew before I did that Claude Bernard had found the drug to be a direct muscle-poison. To have told the student this would have given him a precious clue through the mazes of the phenomena displayed, and it would have shown him where the drug is primarily (*i.e.*—to my mind—really) homœopathic,—*viz.* where the pulse is simply slow, or where the cardiac muscle is of feeble vitality.

This leads me to say that I regret to see Dr. Jousset commit himself to the theory of "secondary homœopathicity," as advocated by Dr. E. M. Hale, which brings into our practice a large (if not the whole) range of antipathic medication, with dosage accordingly. He propounded it at last year's Paris Congress, but tentatively only: here he assumes it as an accepted truth. I have already argued against it in this Journal,* and must now repeat my protest. According to our author, *Digitalis* is to be given just as it is given in the old school, when the condition known as "asystolia" is present in cardiac disease; when the heart beats so rapidly, feebly, and irregularly, that it does not fill the arteries,—these themselves being deficient in tension, so

* See vol. xxxvi, p. 219.

that the kidneys secrete little, and the tissues become waterlogged. It is to be so employed by homœopathists, on the ground that just such a state is caused as a secondary effect of largish doses and a primary effect of very large ones; but, the drug being thus only "secondarily homœopathic," the stronger doses must be given. Dr. Jousset here says that he has often succeeded in asystolia with grain doses of the first and even second decimal trituration of the leaves; but in his *Elements de Médecine* he speaks of a decoction as the only form in which it is effectual, advising from two to four grammes of the leaves to 100 grammes of water,—four to six spoonfuls in the twenty-four hours. When the former dosage influences the patient's condition, I can well believe that the drug acts by its homœopathic relation to the enfeeblement of the muscular walls of the heart, always present in such cases. But when it has to be administered in quantities large enough to induce its primary action, *i.e.* to retard the heart through the vagi and to spur on its pulsations and the contraction of the arteries through the sympathetic, we are surely setting such action up. And if we do so, in what do we differ from our brethren of the other school, and where are we to stop? Their prevailing method is to induce the physiological action of the drugs they employ. If this be done in the part affected (affected, of course, in the opposite manner), the practice is antipathy, or enantiopathy; if elsewhere, it is allœopathy, (now less correctly called allopathy). So Hahnemann taught, and I see no escape from the position. If we begin adopting the former, on the plea of its being secondary homœopathy, and proportion our dosage accordingly, our opponents in the other camp will have a potent weapon to use against us. We say,—you are taking our similar remedies, small dose and all, and refusing to acknowledge the law under which they act, using them empirically, or explaining away their apparent homœopathicity. They will say in return,—you are taking our contrary remedies, full dose and all, under a plea which to us at least is transparently futile. Of course, it may be that such remedies are necessary, and in the case of *Digitalis* I am inclined to think that such necessity really

exists; but let us freely acknowledge them for what they are.

These are my only objections to the method of Dr. Jousset's working, as illustrated by his present article. He will permit me, however, to point out some slight errors in detail.

At p. 108 he says that the symptoms of Hahnemann and his pupils were obtained from "the extract or the powdered leaves of the plant." Now, in the *Fragmenta de viribus* Hahnemann tells us that he obtained his symptoms with the expressed juice of the leaves. In the *Materia Medica Pura* he directs the seeds, and in the *Chronic Diseases* the whole plant, to be used in making the tincture; whence we may infer that from such preparations the new symptoms of the pathogenesies there given were elicited.

At p. 109 "Wittersing" should be "Withering."

At p. 115 Dr. Jousset says that clinical experience does not furnish us with any information as to the efficacy of Digitalis in tubercular meningitis. In my *Pharmacodynamics* I have referred (p. 347) to two instances of its successful use,* and have cited Pereira as accounting it "a most valuable agent in the arachnitis of childhood."

II. I turn now to Dr. Espanet. His essay is a more elaborate one, and his aim more ambitious. I shall not have to complain of him for refraining to interpret the symptomatology of his selected drug, though I may have to differ from him as to his mode of doing it. Let me first, however, consider the principles he lays down.

1. In the first place, he tells us (p. 747) that "it is an incontestable fact that all maladies and all drugs have a primordial action on the great sympathetic, and in the first place on the vaso-motor nerves." Now I must challenge this statement. Dr. Espanet has gone from one extreme to another in his way of regarding this part of the nervous system. In his treatise he says that "the point of departure and of elective choice with Belladonna is the brain, and not the ganglionic nervous system, in which it differs from Calcareæ, Arsenicum, &c." Here he evidently assumes the

* In vols. vii and xi of this Journal.

old notion about the sympathetic—that it presided over the vegetative functions. Now he elevates it to a place, both in disease and in drug-action, which seems to me quite as unwarrantable, according to our present knowledge. The vaso-motor, like the musculo-motor, nerves are animated from the cerebro-spinal centres, and their relation to the sympathetic ganglia with which they are connected at various parts of their course is very obscure. To make this one portion of one system of the body the seat of the “primordial action” of all drugs and all maladies, to assume that all disorder and morbid change is primarily due to circulatory disturbance, cannot (I maintain) be supported or allowed.

Dr. Espanet makes a kindly allusion to my own work in this field, characterising it as an endeavour “to establish the point of departure of the action of drugs in *definite portions of the nervous system*.” But if there is one point more than another on which I have insisted, it is that the primitive action of drugs need not be, often is not, upon the nervous system at all; that they may affect plants, which have no such system, as well as animals; that any portion of living matter—be it muscle, membraue, cell, or fibre—may feel their influence, and manifest it accordingly. I feel sure that we shall not understand the action of medicines, or their relation to disease, until we recognise this truth.

I fear, therefore, that the fundamental physiological assumption on which Dr. Espanet proceeds in his interpretations of drug-action is one which I cannot concede; and that divergence of view is inevitable.

2. I have next to consider certain rules laid down by our author in respect of our acceptance and use of the pathogenesies of the existing *Materia Medica*.

He begins by a profession of faith which I regret that I cannot join him in making. “All the pathogenesies published by Hahnemann, or under his name, and the greater number of those which we owe to groups of experimenters, are of scrupulous exactness.” Now, if the earlier pathogenesies of the *Fragmenta de viribus* and of the *Reine*

Arzneimittellehre were alone in question, we might assent to this proposition. But in respect of the copious symptom-lists of the *Chronischen Krankheiten*, how can we give a similar account! It is well known that Hahnemann's own contributions to this collection, which form the greater part of its bulk, were almost entirely obtained from patients taking the different drugs, every fresh symptom occurring in them being set down to the medicine which was being administered. An interesting instance of the fallacy of this method of obtaining pathogenesies is supplied in a recent number (that for May, p. 283) of the *Monthly Homœopathic Review*. Dr. John Clarke, of Ipswich, a recent and valuable accession to our ranks, is there describing the good effects of *Natrum muriaticum* in catarrh, and he relates two symptoms as occurring in himself while taking the drug, which he considers as pathogenetic effects of it. They *may* be so, as they have both appeared in healthy provers (the Austrian experimenters) taking it. But when we observe that one of these was a herpetic patch at the extremity of the nasal septum, and remember how often herpes labialis occurs in connection with catarrh, we see that it would have been quite unjustifiable, without independent confirmation, to set this symptom down as a pure effect of the drug. Dr. Clarke says—"a herpetic vesicle in this situation is quite new to me." It may be so, but everything must have a beginning. I was attending a schoolboy the other day for a sore throat, for which he was taking *Mercurius solubilis* 6. At my third visit I found his chin covered with herpetic vesicles. Shall I add this to the pathogenesis of the medicine?

I must therefore question the stability of a superstructure raised on such sandy foundations. But I find myself still less able to agree with Dr. Espanet when he proceeds to the opposite task, viz.: "to retrench from the pathogenesies the symptoms which encumber them, and which render their interpretation so difficult." His first rule is—"Indeterminate symptoms, and those which are not *en rapport* with the chief features of the medicine, are to be erased." This is a somewhat "indeterminate" canon, and among the

symptoms condemned by it we find cited S. 135 of *Cocculus*—"Aversion to food and drink." Now this was observed by Hahnemann in a case of poisoning, of which I have given the outline in the third edition of my *Pharmacodynamics* (p. 300); and as regards its first point it has been abundantly confirmed by clinical experience, as is shown by the type in which "extreme aversion to food" stands in Allen's *Encyclopædia*. Another rule is that "vague symptoms, contributing nothing" (in Dr. Espanet's opinion) "to the physiognomy of the medicine, and only expressing its action upon a single experimenter, are to be omitted." But among the specimens given we find this of *Arsenicum*—"he sleeps on the back, his left hand on his head" (it should be "under his head"—*unter den Kopf*, not *sur la tête*). Now I have met with this tendency to raise the hands to the head in more than one case of poisoning by *Arsenic*, and should be quite loth to lose it as a possible indication for the remedy.

My objection to Dr. Espanet's mode of choosing the materials for his analyses and syntheses is that it is *uncritical*. It is based upon subjective considerations, instead of upon the only sure ground of the value of the source of supply. I never find any appreciation of the authorities for the several symptoms. Those of the *Reine Arzneimittellehre* and of the *Chronischen Krankheiten*, those of Hahnemann and his fellow-observers and the citations from authors, are all thrown together without distinction; certain of them are eliminated for *à priori* reasons; and with the remainder his edifice is built up. I cannot think that by such a course, obviously illegitimate in the case of any other science, we can arrive at sound conclusions in pharmacodynamics.

3. We come now to our author's mode of dealing with his materials, and here I shall have the pleasure of agreeing much more largely with him. Dr. Espanet writes like a man of science and culture; and, though I must dispute some of the details of his generalisations, his manner of proceeding is all that I could desire.

He presents his facts avowedly in the same manner as

Dr. Jousset; viz. beginning with a sketch of the poisonous action of his drug in its lower and higher degrees, and then describing its effects as seen in the provers under the headings of "Intellectual Faculties," "Animal Faculties," and "Vegetative Functions." He goes on to state its "mode of action" (the *manière d'être* of its symptoms,—their origin, nature, seat, rhythm, conditions, order, succession and association, and termination); its "sphere of action;" its "electivity;" and its "characteristics." He next speaks of its therapeutic effects; and ends by mentioning the medicines complementary to it. It is evident that a study of the constituents of our *Materia Medica*, conducted on such principles, and by a competent hand like Dr. Espanet's, can hardly fail of being profitable.

Let us see how it has been done in the case of *Belladonna*.

The account given of the action of the drug in toxic doses is less instructive than Dr. Jousset's, as it does not represent the phenomena in their order of development, but merely gives a list of them. To one unacquainted with the subject it would hardly convey a defined idea of the *Belladonna*-intoxication. The description of the symptoms elicited by the provers would be much more satisfactory, were it not for the lack of critical discrimination of which I have already complained. It seems startling to hear of "hemiplegia" and "partial paralysis, changing its seat," as induced by "doses pathogénétiques" (distinguished thus from "doses toxiques"). On examination, these phenomena are found to have been taken from Gréding, and the original shows them to have occurred during a succession of epileptic paroxysms, so that they are worthless as pathogenetic effects of the drug which the patient was taking. I should be glad to know, moreover, whence Dr. Espanet got the symptom "*élancements et rougeur dans le vagin*." It is not in Hahnemann, or in Allen's copious additions to his pathogenesis.

Turning next to the endeavour at a synthesis of the symptomatology of the drug, I find it vitiated to a large extent by the unphysiological conceptions which the author

seems to entertain as to the functions of the vaso-motor nerves. Thus—"the contraction of the pupils coincides with the paleness of the face, and with the primary spasm of the vessels." Now I actually see no evidence of the co-existence of these phenomena. Hahnemann and his fellow-observers are the only authorities among the 241 collated by Allen who have observed contraction of the pupils, and none of them mentions pale face in connection with it. Moreover, if it were so, and the pallor depended on "spasm of the vessels" from sympathetic excitation, the pupils ought to be dilated rather than contracted. I have endeavoured to show, in my *Pharmacodynamics* and elsewhere, that the state of the pupil induced by Belladonna is a local effect of the drug, unconnected with its general influence on the brain, and one that cannot be relied upon as a homœopathic indication for the choice of the drug in cerebral affections. Again, "the contracted capillaries" (of the first stage of the drug's action, as hypothesised) "chase the blood towards the centres (external coldness, pallor, internal heat); the pressure of the column of blood in the vessels is augmented (hardness of the pulse); the action extends to the nervous centres, to the hemispheres, causing disturbance of perceptions and of sensibility; to the tubercula quadrigemina, producing contraction of the pupils, to the corpora striata, and without doubt to the cerebellum, as shown by the disorder of the movements." But does Dr. Espanet suppose that the excitation of the vaso-motor centres, which he invokes to explain the phenomena, causes contraction of the superficial arteries only? These centres surely control the arterial calibre throughout the body; and any strong contraction therein induced (as in the first stage of an ague fit) chases the blood into the *veins*, and induces passive engorgement of the internal organs (especially of the liver and spleen). That nothing of this kind manifests itself in poisoning by *Belladonna* shows, I think, that its stimulating influence on the ganglionic centres (though an undoubted fact) is but one part, and not the most important one, of its action.

4. Dr. Espanet lastly depicts the therapeutic range of

Belladonna. He proceeds somewhat like Hartmann, indicating, symptomatically and pathologically, the place it holds in the treatment of neuroses, neuralgias, fevers, inflammations, hæmorrhages, chronic maladies and miscellaneous affections. This part of his work seems to me excellently done, and I have no special comment to make upon it, save to question the correctness of speaking of the pulse in febrile states which indicate the remedy as "hard and slow." It is very much otherwise in scarlatina, to which it is so typically suitable; and indeed such a state of pulse seems to me entirely out of relation with either the physiological or the therapeutic influence of *Belladonna*.

I have now completed my examination of Dr. Espanet's "Essay towards a scientific constitution of the *Materia Medica*, after a method which simplifies and facilitates its study." I regret that my task has had to be one of fault-finding rather than of appreciation. I hope, indeed, that I have not seemed to ignore the merits of the work, which are incontestable; but I fear that its defects are fatal to the usefulness of any complete *Materia Medica* thus constructed. Besides those which I have noted in detail, I must pass upon Dr. Espanet's writing here the verdict I had expressed upon it in his former treatise—that it is "brilliant, but too imaginative." There is a lack of solid basis for his statements, of discriminated observation and weighed testimony, which gives a sense of unreality to them: the whole thing seems up in the air. Not a single name, save Hahnemann's own, is cited in evidence of anything which is said; and the easy way in which "hemiplegia" is thrown in among the pathogenetic effects of the drug, as if it were quite a common occurrence among provers, is not favourable to acceptance of the writer's own judgments.

I may be challenged, having thus expressed myself unsatisfied with the work of these two eminent writers, to say how I would myself have the *Materia Medica* presented, as I am in full agreement with them as to the necessity of improvement upon the present mode. I would reply, that a series of drug-studies, of the scope of Dr. Espanet's *Belladonna*, and conducted with the judgment of Dr. Jousset's

Digitalis, could not but be valuable. They would require, however, on the part of their writers a due acquaintance with the original sources from which our pathogenesies are drawn; a dealing with the extant symptomatology after the recognised methods of textual criticism, in which objective shall predominate over subjective considerations; sound physiological and pathological knowledge; and the capacity for taking a wide survey of the homœopathic experience with drugs as put on record in all countries. But I apprehend that such studies could only include those medicines of whose action we have the further knowledge which toxicology gives, at any rate together with those whose provings we have in detail. The mass of drugs whose pathogenesies we possess in schema-form only are insusceptible of such treatment; or, if subjected to it, yield but skeletons of bare statement or pictures of wholly imaginary outline. It is impossible, therefore, thus to present the whole *Materia Medica*; and while I would have such studies of individual drugs multiplied indefinitely, I should deprecate any attempt to substitute them for our existing symptomatology. Let this stand as it is, and let our work upon it be something like that of theologians upon their sacred books. As with them, let our best endeavours be made to enrich, to purify, and to illuminate the text. Then let those competent for the task give us commentaries upon it, elucidating its language. Let the teachers of *Materia Medica* in our schools publish from time to time their systematic lectures, embodying (as they must do) all the side-lights which from toxicology, from the physiological laboratory, and from therapeutic experience they can bring to bear upon its study.* These will answer to treatises on doctrinal and practical theology; and then, for the sermons which expound and apply particular texts, let us have clinical records showing the bearing of pathogenetic symptoms upon the phenomena of disease. In this way, while we shall lose no grain of fact which can be made

* This, I may say, is the work which I have myself endeavoured to do in my *Pharmacodynamics*; so that when Dr Espanet blames me for "deducing too exclusively from toxicology and clinical experience the properties of medicines," he is only describing the limitations of any self-imposed task.

available in the comparison of drug-action with disease, there will be supplied to every student of the *Materia Medica* a general knowledge of its constituents, of their sphere and kind of action, of their characteristic features and ascertained effectiveness, which shall send him forth fully equipped for using them in the treatment of disease. There is thus abundance of work for all who desire to labour in the field of *Materia Medica*, and the more there is done of the kind the better for the future practitioners of our method.

CASES WITH REMARKS.

By ROBERT T. COOPER, M.D., T.C.D.,
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I.—AN OBSCURE EAR CASE.

It will serve our purpose best to first report the case upon which we wish to comment, and then to append remarks.

The case is this. A boy of three years old was brought to me to our local dispensary, suffering for seven months from sleeplessness. His mother states that he has never slept well; he is always fretful. There is no irritation of the seat or other worm symptoms, although six weeks ago he was troubled with thread-worms. His appetite is variable, and the bowels are inclined to be confined. The teeth of the upper jaw are much decayed, but without history of toothache. The boy's head is large, his forehead square and prominent, and large veins course over it.

He rolls his head about very much on his pillow.

On first seeing him, 17th January, 1879, I prescribed *Terebinthina*, third decimal, 3 drops, to go over the week.

24th.—In every way better; he has slept better than he has done for months, in fact, quite well, and his bowels are more regular.

Prescription continued.

31st (Friday).—Till three o'clock this morning has been quite well, but since that hour had not slept. Prescribed same dose of *Apis mel.*, third decimal.

7th February (Friday).—Has been sleeping quite well, but since Saturday has had much discharge from the left ear.

After continuing the *Apis mel.* for the next week, *Kali hydriodicum*, in the second decimal, was given for the otorrhœa, with soreness of the ear to the touch; and by the 28th February he left *quite well*.

Simple and imperfectly reported as is the above case, it will help to teach us many a lesson.

The symptoms are very commonplace, and may appear unworthy of publication; and yet, to a reflective mind, I think they constitute a key-note to the diagnosis and treatment of a large proportion of the acute as well as the chronic affections of childhood.

I pass over the fact that I did not examine the child's ears; it is sufficient excuse that an available opportunity was not afforded me. The case is taken from the books of a general dispensary, and was treated along with a crowd of others, before I had read Dr. Woakes' admirable little work on *Deafness, Giddiness, and Noises in the Head*.* In this work, and at pp. 20, 21, we read, "One of the most suggestive of these (*i.e.* the symptoms following upon acute otitis) is *rolling of the head from side to side*, because in my mind it points unmistakably to labyrinthine mischief. By this I mean that the expansion of the auditory nerves in the internal ear has become a participator in the disease to the extent of disturbing the equilibrating apparatus, of which the semicircular canals form a part. The fact that this organ of equilibration, constituted by the semicircular canals, is an integral part of the auditory apparatus, gives to the diseases of this region an interest extending far beyond the conditions of deafness only."

And he goes on to remark—"This symptom, *rolling of*

* H. K. Lewis, London, 1879.

the head from side to side, I regard as the counterpart of *vertigo* witnessed in later life, when the intrinsic circulation of the labyrinth is deranged, or its contents are pressed upon from without, as in Menière's disease."

In our case the connection between this rolling of the head and aural disease is established by the subsequent onset of the ear-discharge. That mischief existed in the ear, that it was the primary focus of irritation, and that such cases ought to have attention paid to them from the first are all indisputable facts.

But let us further consider the symptoms. These fretful, irritable, uneasy, large-headed, large frontal-veined children are, I need not say, very often the subjects of tubercular meningitis with its accompanying cerebral effusion.

That many of the minor symptoms of children owe origin to incipient meningitis is obvious to any conversant with their diseases.

Now, in children a vascular connection exists between the ear and brain. To again re-quote Dr. Woakes (p. 14), "At this (the petro-squamosal) fissure the dura mater dips down into the cavity of the tympanum, becoming continuous with its muco-periosteal lining. This process of dura mater carries with it a rich endowment of vessels derived from the middle meningeal artery, and which are the vessels proper to the cavity. In the progress towards adult life this fissure becomes more or less obliterated, though the vascular connection with the arteries remains."

There is probably no affection to which children are more liable than ear-ache; few children attain adult life without experiencing the tortures of an ear-ache; but, as I have shown in my work on *Inflammation of the Ear*, and as we see from this case of ours, the ear may be affected without any pain whatever, so that the inference is forced upon us that if not the starting-point, it certainly is the accompaniment of a large proportion of the diseases of child-life.

Take such as our case; a sub-acute otitis exists, this disturbs the circulation of the base of the brain, the incipient symptoms of which, irritability, fretfulness, and loss of sleep

secure attention. These, in the hands of the allopath, would be obscured by a wretched opiate, and in those of some so-called homœopaths by monobromide of camphor; repose is accepted as evidence of improvement; parent and physician are satisfied, but nature regards as vain mockery efforts all but malicious. She will none of them; the irritation is there, in the ear, and in the brain. Soon it spreads along the sympathetic system, a dyscrasia is set up, and in the height of our learning we declare the child scrofulous. If the head swells (in our case it had begun to do so) we say the case is one of tubercular meningitis; if the condition of lowered vitality favours the development of worms, we declare it a case of ascarides, and probably ascribe to these the origin of all the evils, while if the abdomen swells and the child emaciates, we pronounce it to be affected with *tabes mesenterica*; the idea of looking into the ear never occurs to us.

Such is the way in which children have hitherto been treated, and it were time we paid closer attention, not alone to the treatment, but also to the diagnosis, of their complaints.

But the effusion in the ear occasions indirect pressure upon the organ of equilibration, the semi-circular canals. We have seen the symptom that points to their involvement, and let us ask, may it not be that the function disturbance in St. Vitus' Dance, and the tissue disturbance in rickets often owe origin to no more extensive alteration of structure than that that obtains in a sub-acute otitis, where pressure is exerted upon the auditory nerve-expansion.

Whatever else is uncertain, this is established; the ear is a fruitful, if not the main source, of infantile disease.

Equally true is it that in *Turpentine* we possess a drug appropriate in every way to infantile disorders. Witness its vesical irritabilities, its rectal and its cerebral disturbances, and then ask ourselves if we possess its compeer as an infantile remedy.

Turpentine will not kill an adult, but it will easily poison a child; it will affect his brain, his stomach, his lungs, kidneys, bladder, and rectum; the very brain (in animals) will smell strongly of it; muscular strength diminishes, the

power of co-ordination becomes impaired, fever is set up, vomiting, thirst, and diarrhoea.

In *Apis mellif.* we have a remedy that, as pointed out by me in a paper read this session before the British Homœopathic Society, exerts an effect upon intra-labyrinthine pressure; and, in connection with these remarks, it is significant that Burt of America advocates its claims as our premier remedy in tubercular meningitis.

A case of severe Blepharospasm cured with an unusual remedy.—The interest attaching to the case we are going to report is so great as an example of a most painful and intractable complaint dispersed very obviously and very completely by a single and insufficiently known remedy, that although the treatment pursued is not in accordance with that which would meet with the approval of the majority of the readers of this journal, yet still I feel sure its publication, on the mere score of utility, will be acceptable to us as practical physicians. If it lead some of our more active spirits, be they Transatlantic or European, to inquire further into the physiological action of a drug once a favourite with curers of disease, but, alas! at the present day neglected and all but forgotten, a purpose sufficiently useful will have been attained.

Fred. K—, a stout-looking little fellow of four years old, was brought by his mother to the West London Homœopathic Institution in the February of 1877, with what seems to have been a particularly obstinate example of strumous ophthalmia.

The history is, that two years ago he had an attack of whooping-cough, followed by herpes of the right arm and right cheek, and then by inflammation of both eyes.

His mother has been taking him most of this time to Moorfields Ophthalmic Hospital, but instead of improving matters they seem simply to torture him yet more. The child's general health seems to be fairly good.

I at first put him upon *Calcarea carbonica* 3rd dec., to be taken during the day, with a drop of *φ Tincture of Rhus toxicodendron* in three doses every night; and at the

same time ordered an alum and white-of-egg poultice at bed-time.

The condition of the eyes at this time, I must mention, was one of frightful hyperæsthesia, and the torture the poor child had undergone from repeated examinations of the eyes at Moorfields had led him to dread a doctor as he would a hangman.

It was simply impossible to effect a separation of the lids, and I had to content myself with the statement that for six months he had not opened his eyes by daylight, and that, if anything, they were becoming worse.

For the first week the above remedies were gone on with benefit to his general health, except that he caught a fresh cold.

Belladonna ϕ , five drops, to go over the week, was now given; but the eyes got worse when taking it, possibly from our having left off the alum poultices.

Then (27th February, 1877) he had *Soda chlorata* ϕ , three drops, to go over the week, substituted for the *Calcareæ carb.* of the first week, the alum poultices and *Rhus tox.* being gone on with.

Up to the middle of March, treatment had resulted in steady improvement, and the report then was—"He can open his eyes very fairly, and does so the moment I ask him, even in front of a glare of gaslight, and for the last two weeks, for the first time for many months, he has rested well at night."

During the succeeding week, however, he changed for the worse, and then *Sulphur* was given, followed the next week by *Merc. cor.*, but without improvement. *Soda chlorata* was then given by itself (3rd April); but although under it his eyes improved, the improvement was confined to being able to open them more frequently.

After this we gave him, from time to time, *Calcar. carb.* in the 30th; *Argent. nitr.*, *Soda chlorata*, and *Rhus tox.*, all these in the 8rd decimal potency. Then he had *Fer. pernitricum*, one drop of the B. P. tincture to go over a week. This improved his general state very decidedly, but his eyes remained *in statu quo*.

Ferrum pyrophos., 10 grains for a week, did still more for his health, and subsequently, in response to indications, he had *Aconitum nap.*, 3rd decimal; *Atropia*, 3rd decimal; *Acid. sulph.*, 2nd decimal; *Soda chlorata* ϕ ; and all without result so far as the intolerance of light went.

Then (16th July, 1877) I put him upon *Scrophularia nodosa* ϕ , fourteen drops, for a fortnight; and the next report (14th August) is—"Is better in every way, opens his eyes, even in the strongest sunlight." He had not been able to open them for more than a second (in April only) since the middle of March.

The boy was after this sent to the country; and once, when there, the eyes threatened to give trouble, which was immediately subdued by the same medicine; except for this he has ever since remained perfectly well, and there is no corneal opacity.

The above case is better designated by the simple and significant term "blepharospasm" than by the comprehensive but inaccurate one of "strumous ophthalmia."

The physiological tracing of the case requires no assumption of the presence of struma or of psora, albeit that in *Scrophularia* it found its remedy. The pneumogastric nerve, irritated in the whooping-cough, disperses its irritability along its afferent fibres sent to the brachial plexus, which, regulating, as it does, the capillaries of the skin of the fore-arm, manifests its disturbance by a crop of herpes, and then (I say *then* upon assumption, as our history is not full or precise as to the sequence of events) the branches given off to the superior cervical ganglion, and from it, distributed to the cheek, take on action; while, lastly, those branches that go to form the cavernous plexus are affected, and, distributed as these are to the muscles and nerves of the orbit, then is induced a local vaso-motor disturbance, denominated much more justly blepharospasm than strumous ophthalmia.

Such, at all events, is the explanation of the etiology of the above case in accordance with Dr. Woakes' teaching in his admirable little work on *Deafness, Giddiness, and Noises in the Head*.

REVIEWS.

Evolution, Old and New; or the theories of Buffon, Dr. Erasmus Darwin, and Lamarck, as compared with that of Mr. Charles Darwin. By SAMUEL BUTLER, author of '*Erewhon*,' '*The Fair Haven*,' '*Life and Habit*,' &c. (op. 4). London: Hardwicke and Bogue, 1879.

A WORK on "Evolution" might be considered to be outside the range of literary productions proper for review in a periodical with the special title we have adopted, and yet our readers must be by this time accustomed to find in our pages notices of works as little connected with our special therapeutics as the one before us. Besides, the modern doctrine of evolution fills so great a space in the thoughts of thinking men that its consideration cannot be altogether inappropriate in a periodical that professes to be in the van of scientific progress, and moreover the doctrine itself has, by our German contemporaries, been made use of to elucidate some of the facts of our own therapeutics, whether successfully or not we need not at present attempt to determine. Anyway the subject is of sufficient present interest to excuse us, if we devote a small portion of our space to the consideration of a work of such originality as this of Mr. Butler.

The circumstance that the author is not known as a scientist, and has not distinguished himself by any special researches in natural history, will no doubt militate somewhat against the serious consideration of his views by professional scientists. And the other circumstance, that Mr. Butler is known as the author of a work of satirical fiction like *Erewhon*, and of a piece of clever mystification like *The Fair Haven*, must prejudice him in the minds of serious philosophers, when he comes before them as the antagonist of the almost universally credited doctrine of "natural selection." Such a prejudice, we are convinced, served to deter many of the exponents of science from looking at his

previous work, *Life and Habit*, as aught else than an elaborate satire on prevalent opinion regarding the origin of species. And yet this work, though in some parts written in a strain of banter, strongly recalling the ingenious nonsense of *Erewhon*, is replete with profound and original reasoning and incisive criticism of some of the most cherished doctrines of Darwin and his followers, which it would be difficult for the modern evolutionists to answer, so they were fain to let it alone, pretending to regard it as a *jeu d'esprit* quite outside the domain of practical science.

The present work is written in a more serious style, and is evidently the outcome of a laborious investigation of the whole theory of evolution. It displays a depth of patient research and an acuteness of reasoning that remove it altogether from the region of mere *dilettante* superficiality, and place it in the front rank of critical works on the evolution theory. The author has taken infinite pains to ascertain the true history of the theory, and has given us a succinct view of its origin and progressive development. In doing this, he has considerably abated the accredited claims of Mr. C. Darwin to originality, and he has shown that where the great modern apostle of evolution has departed from the positions taken up by his predecessors in this field, he has by no means improved on the older doctrines.

The opening chapter sets forth a question which is the key-note to the work. It is thus stated :

"Can we or can we not see signs in the structure of animals and plants, of something that carries with it the idea of contrivance so strongly that it is impossible for us to think of the structure without at the same time thinking of contrivance or design in connection with it?"

This question, he says, it is his object in the present work to answer in the affirmative. This, the teleological or purposive view of nature, has been held chiefly by theologians, but has been rejected with scorn by the exponents of latter-day evolutionism; chiefly, it seems to us, because it seemed to be necessarily connected with the theological idea. Mr. Butler quotes the well-known introductory passage in Paley's *Natural Theology*. He admits the truth of Paley's

argument as to a design and a designer, but differs entirely from him as to who and where the designer is. Paley, of course, as a theologian, makes the designer external to the organism designed ; our author makes the organism its own designer.

In *Life and Habit* he had already endeavoured to show that the production of parts and organs and all their modifications was caused by the endeavours of the living being, whether animal or plant, or parts thereof, to attain certain desirable objects. An individual organised being is not to be looked on as a totally inexperienced isolated personality, but as a being containing within itself the accumulated experience of all its ancestors, possessing the memory of all the efforts of its predecessors to attain certain results, and this memory serves it to do all that its progenitors had learned to do, to start from the advanced point they had already attained, and to effect, in its own person, new modifications in its organism calculated to improve on the processes adopted by them, and under novel circumstances to develop new organs or modifications of existing organs suited to these. The term memory, as applied to the performance of acts that have for countless generations been performed by its ancestors, is, he explains, not the conscious effort generally understood by that word, but an unconscious memory or automatic action, such as we observe to take place in regard to actions that have been very frequently performed.

He illustrates this by reminding us that when any action is so frequently performed that it becomes a habit we are unconscious of any effort in doing it, and the more perfectly the action is performed the more utterly is the consciousness of it lost. Thus, walking, which was originally performed by painfully conscious efforts, after a while is performed without any conscious effort. The same with other acquired actions, as reading, playing on a musical instrument, and so forth. These actions only become perfect when all conscious effort in doing them is lost. So the animal's development of itself, from the primordial cell to the perfect animal, has been repeated so often through countless generations

that it has become a habit, and is carried on without consciousness, *i. e.* automatically.

We are so used to associate the so-called mental functions of will, purpose, memory, &c., with a complex organised structure like the brain, that we are apt to overlook the numerous proofs around us of these mental qualities being possessed by animals, and even by plants which are destitute of brains. Indeed, we see all these mental faculties displayed in the *amœba*, which moves about, makes itself arms and legs according to its wants, assimilates the pabulum it likes and rejects that it deems unsuitable, turns aside from other *amœbæ* for fear of injury, or makes haste towards some beloved one of its own species, by whom it allows itself to be absorbed and annihilated in a delicious Nirwhana. And yet the being that gives all these evidences of will, design, memory, affection, and emotion, is but a transparent droplet of structureless protoplasm. Who that has watched the pus globule in urine tentatively throwing out feelers and limbs in all directions in order to see if it cannot adapt itself to the novel circumstances in which it finds itself, and at length giving the matter up in despair and submitting to its fate, not without a brave, though vain, struggle for existence, can doubt that each cellule of our living body has its own instincts, its wishes, its aversions, its memories and purposes? So little respect had Buffon (as our author shows us) for the notion that the brain is the centre of perceptions and the seat of the sensations, that he regarded it merely as the pabulum to nourish the nerves which struck their roots into it, as a flower sends its roots into the earth of the flower-pot. If he were to make a choice he would rather refer the centre of sensation and of all the vital powers to the diaphragm, or if it must be located in the head, then he would rather place it in the meninges, and certainly not in the medullary part of the brain.

The production of varieties of species and genera is determined by the different circumstances or surroundings of the organised being and its efforts to adapt itself to these circumstances. The slight modifications caused by these efforts gives an advantage to the individuals in whom these modi-

fications appear over those who have not brought about these modifications in their struggle for existence, and this is in fact the explanation of the "survival of the fittest." These useful modifications being transmitted to the offspring are improved by them, and in this way varieties, species, and genera are in the lapse of ages produced and perpetuated.

This doctrine, or something like this, Mr. Butler shows from their writings to have been held by Buffon, Dr. Erasmus Darwin, and Lamarck; and he holds it to be more rational and true than the "doctrine of natural selection" promulgated by Mr. Charles Darwin, which has been so generally accepted in our day. Mr. Darwin's doctrine briefly stated is, that from no known cause animals and plants have a tendency to develop modifications of their organs (to "sport" as the botanists say) and that such of these modifications as are useful to their possessors gain them an advantage over other individuals who have not developed these accidental modifications, so that those survive while these perish. According to Mr. Butler the modifications of the organism whereby new varieties and species are produced are purposive or teleological, while, according to Mr. Darwin, they are not purposive at all, but purely accidental. In Mr. Butler's view the modifications of plants and animals that lead continually to the formation of new species and genera are the result of the efforts of the living organisms to adapt themselves to surrounding conditions, while, according to the Darwinian doctrine of "natural selection," surrounding conditions are the *deus ex machina* constantly on the watch to encourage modifications of organisms produced by haphazard. Which is the more rational theory we leave the reader to judge; which are best supported by facts he must decide for himself by studying the works and authorities on either side.

We have not space to reproduce here Mr. Butler's arguments in support of his view, but we must say they are very ingenious and well and clearly stated; and the passages he quotes from the older authors above named, and others we have not mentioned, fully justify him in claiming them as witnesses on his side. We would earnestly advise all who feel an interest in the important subject of evolution

and the origin of species to read Mr. Butler's book, which, while it is thoroughly well reasoned out and logical, sparkles all over with quaint flashes of humour and racy satire that make it anything but dull reading.

Homœopathic Therapeutics. By S. LILIENTHAL, M.D. New York: Boericke & Tafel. London: Trübner & Co.

THIS volume is on the plan of Jahr's *Clinical Guide*, but its 702 closely-printed pages of large octavo supply far more information than that work ever pretended to do. It is a product of great industry on the part of its author, and is likely to be of considerable service to many a young practitioner, while not without usefulness in the way of reminder to those more advanced. It must be taken, however, with a strong seasoning of modern knowledge about disease, which Dr. Lilienthal has shown good evidence of possessing, but which he hardly displays in his present undertaking. We meet, for instance, with an article on "Atrophy of the Spinal Marrow," which identifies it with the locomotor ataxy (posterior spinal sclerosis) of the present day and the tabes dorsalis of the past, but which gives as its most useful remedies "*Alum.*, *N. vom.*, *Sulph.*," and states that Jahr treated (does he mean successfully?) twenty-one cases of it with rare doses of *Nux vomica* and *Sulphur*. They "arose from onanism; were accompanied with hypochondria, despondency, and aversion to life; and the characteristic unsteadiness of the limbs and the peculiar formication of the back were present in every case." Surely Dr. Lilienthal must see that these are cases of simple spinal exhaustion from sexual excess, and have nothing to do with progressive locomotor ataxy.

Dr. Lilienthal rarely cites authorities; and the plan of his work probably excludes them. But we think he should have brought forward some evidence when he has made such surprising statements as that "one of the principal remedies for angina pectoris seems to be *Hepar*" (p. 24), and that

"for morbus maculosus Werlhofii the principal remedy is *Bry.*"

However, with all deductions, the book is a valuable one ; and its indefatigable compiler deserves our best thanks.

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

By R. LUDLAM, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital of Chicago. Fourth edition. Chicago: Duncan, Brothers.

WE reviewed the second edition of this book of Dr. Ludlam's in our thirty-first volume, and testified our high appreciation of it. Its appearance now in a fourth shows that others have felt similarly about it; and to the same effect speaks its translation into French, which is just announced as having been completed by Drs. Claude and Dorion. This latest issue contains unchanged the matter of the second edition, if we may judge by the number of lectures and pages; but two more of the former are appended—one on ovariectomy, in which operation Dr. Ludlam seems to have had considerable experience and success, and the other on puerperal endo-metritis. To the first of these we must be content to refer our surgical readers; the second contains matter of practical interest for us all. The clinical history, diagnosis and general management of the disorder of which he treats are given with the author's wonted fulness and clearness; and some valuable remarks are made about remedies. *Arsenicum* is declared to be "even more important in puerperal endo-metritis than it is in the non-puerperal variety of the disease." Dr. Ludlam reiterates his praise of *Veratrum viride* as more effective than *Aconite* in the various forms of pyrexia occurring in the lying-in woman; but he conjoins alcohol with it when there is septic, quinine when there is purulent infection. Of the latter he gives from four to six grains in divided doses daily. He concurs in the commendations given to *Calcareæ*—"another puerperal polychrest" (besides *Veratrum viride*) he calls it—as promoting uterine involution when it has been

hindered by any cause ; and he speaks well of *Tartar emetic* (3x) in the hyperplasia that follows idio-metritis, and of *Apis* in the induration resulting from exo-metritis (*i. e.* inflammation of the cellular tissue about the uterus).

We are pleased to see that Dr. Ludlam's work has attained the honour of translation into French, as mentioned above. We trust that in this form it will give to our colleagues on the Continent the same instruction and pleasure it has long conveyed to English readers.

Some Remarks on Similia Similibus Curantur. By W. B. DUNNING, M.D. Hartford, U.S.A.

THIS paper, read originally before the Homœopathic Medical Society of the State of Connecticut, has been thought worthy of separate publication, as furnishing an explanation of the action of similar remedies. It proceeds upon the doctrine of *re-action*, and puts it very clearly and plausibly. This was always Hahnemann's thought about the *rationale* of the homœopathic process;* but it was connected by him with his views about the primary and secondary action of medicines. Dr. Dunning avoids this complicating element, as well as the theory of the opposite action of large and small doses in health. He argues that a drug, when introduced into the system, impresses some part of it in a morbid way, and in so doing encounters its vital reaction. It depends upon the quantity administered, or upon the susceptibility and energy of the frame, which of these shall prevail ; whether the drug shall bend the vital functions out of their due course, or whether these shall react against it—of course in the opposite direction. True pathogenetic effects he supposes to be of the former order, while, when given as a remedy for such conditions otherwise induced, the medicine—if the dose be small enough—excites the counterbalancing vital reaction, and restores the equilibrium.

There are obvious objections to this *rationale* of homœo-

* See *Monthly Hom. Review*, xxi, 140.

pathic cure, but it is hardly profitable to make them. Dr. Dunning's object is to remove a stumbling block out of the way of practitioners of the old school, who are averse to accepting a merely empirical law. If his ingenious argument should commend itself to them, we should be loth to hinder their acceptance of the truth by casting any doubt upon his explanation of it.

Lectures on Materia Medica. By CARROLL DUNHAM, M.D.
2 vols.

THESE volumes constitute the second and third of the series of the lamented author's collected writings, the first of which we reviewed some time ago under its title of "*Homœopathy the Science of Therapeutics*." They contain eight lectures upon the general principles of studying and applying the *Materia Medica*, and articles upon fifty-two separate drugs, the whole being preceded by an affectionate sketch of the life and character of the author by Dr. Kellogg.

The lectures upon general principles embody Dr. Dunham's frequently-expressed views, with his wonted clearness of thought and lucidity of style. The distinction between the sphere of hygiene and that of therapeutics, the value of symptomatology, the importance of the anamnesis, the contrast between the "pathognomonic" symptoms which determine the nature of the disease and those "characteristic" ones which indicate the remedy,—all these points are well made and sustained. As more novel, we note the answer made to the objection urged against *similia similibus curantur* by some, that it is a merely empirical law, resting on no rational understanding of the causes of the phenomena. Dr. Dunham aptly argues that the same thing is true of the greatest generalisations of physics, as the laws of gravitation and of chemical combination; but that they are not less valuable and fruitful for all that. We observe, too, that he agrees with Fletcher in his description of the nature of drugs, speaking of them as "special stimuli" in contrast with the

general stimuli—heat, light, electricity, &c. Another very satisfactory thing is the hearty regard he displays for physiology and pathology, however little he will allow their interpretations and hypotheses to take the place of the actual facts of the case. He proclaims the essential importance of a knowledge of these sciences “for the proper study of symptoms before we get ready to prescribe for our patients.”

The articles upon particular drugs are of very unequal value. Some of them—as those on *Aconite*, *Bryonia*, *Rhus*, &c.—are reprints of the studies in the *Materia Medica* which have at various times appeared from his pen, chiefly in the pages of the *American Homœopathic Review*. Their value was universally recognised; and the present reviewer urged upon Dunham, in 1876, the desirableness of collecting them into one publication. They come to us rounded from his own hand; and several other medicines are treated of in a similar manner, giving the impression that he had prepared them to follow those already put in print. A number of the drugs, however, are discussed in a very brief and fragmentary way; and the impression is given that we have only the notes upon them from which he lectured extempore to his class. A few additions have been made (apparently by the editor) from other sources, including his last paper, that on *Sepia*, published after its recent re-proving by the American Institute.

Speaking of the editing, we cannot but regret that it was not committed to professional rather than retained in merely kindred hands. A good many clerical errors might thus have been avoided (such as this about Hering’s proving of *Lachesis*—“the result was published in ‘Archiv,’ and in his monograph ‘Schlangengift’”); and we should hardly have had the inconvenience of possessing two volumes of *Materia Medica* without distinction of 1 and 2, or of finding no publisher’s name on the title page; to say nothing of the absence of an index.

These are small matters, however, and we have to thank Dr. Dunham’s family (now, alas! limited to his children) for this further instalment of the precious legacy bequeathed us by him, and to commend it to all our readers.

The Guiding Symptoms of the Materia Medica. By C. HERING, M.D. Vol. 1. *Abies-Armoracea*. Philadelphia: J. M. Stoddart & Co.

As we mentioned in our last number, an enterprise, after the fashion of our Hahnemann Publishing Society, has been started in America, and the present volume is its first undertaking. It is to be the first of a series of ten, carrying on the same subject.

Dr. Hering's preface states that this work is principally a collection of *cured* symptoms—produced as well as cured, or simply cured. But it also includes many on the ground of their having been observed on more than one healthy person. These are marked as “confirmed,” those produced and cured as “verified”; and each kind admits of two degrees, according as the confirmation or verification has been rare or frequent. “Characteristics” also are denoted by a special sign, as explained at the outset. The whole collection is intended to supply the “guiding symptoms” for the use of each drug.

The venerable author has more fully explained the thought which has prompted his work in a communication to the April number of *The Organon*. He recognises, with somewhat of regret, that Dr. Allen has yielded to British influence in excluding the so-called “clinical” symptoms from his *Encyclopædia*. We are proud to bear the onus, if ours it is, of this most salutary determination on his part; and we are quite sure that his work would not have gained the acceptance it has met with throughout the homœopathic world unless such restriction had been observed. We do want, first of all, a collection of the pure pathogenetic effects of drugs; and it is strange that any disciple of Hahnemann, considering his teaching and example, should grudge it us. But we fully acknowledge that there is other work to be done, and that Dr. Hering's undertaking fulfils a part of it.

Of the execution of the work it is difficult to speak critically. The validity of the symptoms themselves, and of their con-

firmations and verifications, rests solely upon Dr. Hering's authority. No references are given to the cases from which the latter are derived, and none but of the scantiest kind to the provings which warrant the former. However, the author's extensive knowledge and unwearied industry must recommend his markings to us as the result of a sufficiently wide survey of the facts of the case. Of his judgment we cannot feel so sure, remembering all his sayings and doings in the past; and we may count upon there being a large proportion of chaff mixed with any wheat he may give us in the form of symptoms. "It has been my rule during life," he says, "never to accept anything as true unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false unless there was stronger proof of its falsity." So that, if a symptom has once been placed under a medicine by any hand, the evidence which would lead him to expunge it must be still nearer mathematical proof than is possible in its own domain of science! Probably this is the reason why Dr. Hering has retained "leucorrhœa, copious, tenacious, yellow" among the symptoms of *Aconite*. It has been shown* that Hahnemann took it from a case of Stoerck's, in which a tumour in the iliac region disappeared under the action of the drug, its subsidence being accompanied with the vaginal flux above described. If any one now recorded such a case, Dr. Hering—like every one else—would conclude that the discharge came from the tumour as it emptied itself, and would be the last to set it down as a pathogenetic effect of the drug the patient was taking. But, since Hahnemann has admitted it, no demonstration of its invalidity can procure its expulsion. Dr. Hering marks it, indeed, as having been confirmed, and that frequently; but no corresponding symptom appears in Allen's pathogenesis, and it is a most unlikely effect of such a drug as *Aconite*.

Well, we must take Dr. Hering as he is, for better and for worse. There can be no question of his having supplied a mass of valuable matter in the present work. Apart

* See *Monthly Hom. Review*, xvii, 699.

from his selections and markings of symptoms, the introductory accounts of the successive provings of the various drugs are full of interest, and are only marred by the lack of references; while the sections "tissues," "stages of life and constitution," and "relationship," which close each symptom list, often convey very useful information. We recommend every one who desires a thorough knowledge of his *Materia Medica* to take a share in the American Homœopathic Publishing Company, and so to become a possessor of Dr. Hering's work at cost price.

Eye Notes. By Dr. C. H. VILAS. Nos. 1 and 2.

Ear Notes. By the same.

"THESE notes," says the author, "were prepared to assist in the study, and form the basis of the didactic lectures on the embraced subjects as given by the author at the Hahnemann Medical College and Hospital, Chicago. They are necessarily concise, condensed, and elementary in their character, and are in no sense designed to take the place of, or in any way supersede, the treatises on the subject, but are intended to suggest the topics to be further studied, to pick out of the mass of writings the essential fundamental principles and main diagnostic points, and to suggest the line of treatment." Their cordial reception, not only by students, but by practitioners, has seemed to be sufficient reason for a publication more general than was originally intended."

The above statement will suffice to show the nature of these "Notes." They are inscribed upon a number of cards, each containing one or more diseases; and a great deal of information is conveyed by them in a very condensed form. They will hardly be so useful to practitioners, who require fuller discussion of the subjects, as to the students for whom they were intended; but even to the former a glance at them may often supply a suggestive reminder. They are to be obtained of Dr. Vilas himself at the Hahnemann College and Hospital, Chicago.

An Illustrated Repertory of Pains in Chest, Sides, and Back: their Direction and Character confirmed by Clinical Cases. By ROLLIN R. GREGG, M.D. Chicago: Duncan Brothers.

THIS book is, as its name imports, an illustrated repertory. Views are given of the front, back, and sides of the chest and abdomen; and on the surface of these parts are traced arrows indicating the course, direction, and character of the stitching pains experienced there by the provers of drugs. In the accompanying letterpress the symptoms thus figured are printed in full.

We think the idea a very happy one, and likely to prove of much usefulness. Patients often complain of anomalous pains, and are glad to get relief from them, though neither the sensations they have nor the remedies we employ are related to deeper complaints for which we may be treating them. We can best help them by administering a drug which has caused similar pains on the healthy subject; and such a drug can be much more rapidly found by looking at one of Dr. Gregg's plates than by turning over the pages of an index to the *Materia Medica*. It may sometimes happen, moreover, that these pains have a true pathological relation to the patient's whole morbid state; in which case the remedy homœopathically indicated by them may do good generally, and may even prove to be the true *simile* of the malady. Dr. Gregg gives some instances in which this seems to have obtained.

We could have wished that Dr. Gregg had sought more satisfactory sources for his symptoms than those which he enumerates, viz. 'Hahnemann's Chronic Diseases,' the 'Symptomen Codex,' and Hull's 'Jahr's Symptomatology.' To assume, as he does, that "all the symptoms given there were procured by trials of the several drugs upon well persons" is as dubious in fact as it is in English.

The Modern Physician and Family Doctor: a Monthly Journal of Domestic Medicine, Hydropathy, and Sanitary Science. Allen, Stationers' Hall Court, E.C.

WE have received the first number of this new Journal; but are unable to see any *raison d'être* for its appearance beyond that of advertising its editor, the address of whose consulting rooms is given at the close of two articles in it proceeding from his pen. We shall not add to the publicity thus sought by mentioning his name here.

Gold as a Remedy in Disease, notably in some forms of organic heart disease, angina pectoris, melancholy, tædium vitæ, scrofula, syphilis, skin disease, and as an antidote to the ill effects of mercury. By JAMES COMPTON BURNETT, M.D., F.R.G.S. Homœopathic Publishing Company.

DR. BURNETT, whose little book on *Natrum muriaticum* we reviewed in our January Number, follows it up here with a similar monograph on *Aurum*. Similar, we mean, in size, appearance, and style; but hardly so in contents. The former publication owed its chief value to the numerous cases from the author's own experience therein recorded. The present one has very few of these, and indeed hardly bears out the promise of its title-page and preface, which latter says that "in homœopathic practice it (gold) is neglected." We were surprised by this statement, but felt that if Dr. Burnett had evidence to show its curative power over "organic heart disease" and angina pectoris, it might be warranted so far as these maladies were concerned. The only fact of the kind, however, which he himself brings forward is a case of rheumatic endocarditis (in which indeed it seems to have acted exceedingly well); to which he adds a similar one from Frank's *Magazin*, and refers to a

cure of angina pectoris made with it by Kafka. This is scarcely more than suggestive.

The real value of the book (and it has much) lies in the copious collection it contains of the observations made in the old school as to the action of gold, pathogenetic and curative. We only miss the recent experience with it in uterine and ovarian indurations reported by Martini in the old school, and Tritscher in our own ranks. Dr. Burnett's own cases, we have said, are few; and such an one as that of "dropsy," at p. 102, should hardly have been published, as no examination seems to have been instituted to determine whether it was of cardiac or renal origin. The following observation, however, is very lifelike and practical:

"Not unfrequently one is consulted about the non-thriving, pining condition of boys; they are low-spirited, lifeless, their memories are bad, they are not up to the mark, and are lacking altogether in boyish go; the tongue is commonly coated at the back, and the appetite for plain food is bad. They are the despised ones at cricket and football, and at school they are not wanting in taste for books, but still they take no position in their forms. 'I do not know what it is, but he does not seem to get on.' These boys are not necessarily vicious or given to naughty habits, but they are maudlin and unmanly fellows.

"Examine the testes, and you will find them mere pendulous shreds, just on the verge of atrophy.

"A short course of *Aurum foliatum*, 3rd trituration, four or five grains three times a day, seems to act like magic on them; they brighten up, eat, work, play, and sleep like boys should, and their comrades begin to take some account of them in the playground and cricket-field. They become altogether more manly, and spend less time over their books, and yet take better places in their classes. Now look again at the before-mentioned glands, and you will find them larger, firmer, and well suspended."

This experience bears upon the question raised at p. 136, as to the nature of the melancholia curable by *Aurum*. Dr. Burnett rejects the doctrine that it takes its origin in the liver or testes, and maintains it to be a primary brain dis-

order. At the Middletown Asylum, however, *Aurum* has been found useless in true cerebral melancholia.*

We must not omit to mention that Dr. Burnett has enriched his book with a short but active proving of his medicine on his own person.

A Biographical Retrospect of Allopathy and Homœopathy during the last thirty years, with cases. By HUGH HASTINGS, M.D., M.R.C.S., L.S.A., &c. London: Turner (no date).

THE much-enduring Job expressed a desire that his adversary had written a book, no doubt that he might have had the satisfaction of writing a withering review of it in one of the journals of the period, or in whatever in those days answered the purpose of our newspapers and magazines. Our desire, on the contrary, is that some of our friends would not write books; for it is no pleasant task to review publications like the one before us where we cannot find anything to praise.

The title, *A Biographical Retrospect of Allopathy and Homœopathy*, is queer. Biographies of men and women, or even of dogs and horses, we can understand; but it passes our comprehension to understand what is meant by a biography of a system of medicine.

The opening sentence of this *Biographical Retrospect* is, like the title, a marvellous specimen of the author's funny notions respecting the meaning of words:

"Whether the Darwinian hypothesis, as a universal cosmical law, be biologically correct, or in agreement with ethnology and biblical cosmology, one thing is certain, that during the last fifty years medicine and surgery have undergone a great evolution, or progress, in their allied sciences—pathology, physiology, anatomy, chemistry, and, would that we were enabled also to add, therapeutics."

One would think that there can be no doubt of thera-

* See *Homœopathic Times* for May, 1879.

pentics having undergone a great *revolution* during the last fifty years, but whether that is equivalent to an *evolution* or not we will not undertake to decide.

We will not attempt to give a detailed review of Dr. Hastings' book. It is evidently addressed more to the public than the profession, and if there is anything biographical about it, it is a kind of biography of Dr. Hastings himself, relating how the author, "after an *experimentum crucem* (*sic*) on Baconian axioms," became a convert to homœopathy, and practised so many years in Cheltenham and so many years on Brixton Hill with immense success, testified to by numerous complimentary letters from grateful patients, duly set forth in an appendix of selected cases, that constitutes the largest portion of the book.

The author gives a curiously incorrect account of Hahnemann's discovery of the homœopathic therapeutic rule of practice, and he says :

"The town of Leipsic, from which he was obliged to fly, owing to the persecution to which he was subjected because of his new doctrine of disease and the cure thereof, has now erected a marble statue to his memory."

As matters of fact, Hahnemann left Leipzig on account of prosecutions instituted against him by the apothecaries for dispensing his own medicines, which was an infringement of their legal rights. The statue erected to his memory in Leipzig was not erected by the town of Leipzig, but by his admirers in all countries; and it is not a marble but a bronze statue.

Respecting doses, Dr. Hastings says :

"The mother tinctures may do in chronic cases, and medical men in consulting rooms, whose patients are generally of this class, may find strong tinctures the best; but those who have to combat acute diseases in the sick room, will, I think, find the lower dilutions their mainstay, at least this is my experience."

He talks (p. 18) of "a gentleman with such an analytic and inquiring calibre of mind."

At p. 28 we find the following remarkable statement :

"If we wish to quiet a raging fever we give a medicine—

Aconite, *e. g.*—because its febrifuge properties have been tested in healthy persons, and, *ergo*, according to our law of cure, *similia similibus curantur*, it becomes in fever an *antifebrifuge*.”

Hitherto we have always supposed *Aconite* to be a febrifuge in the fevers for which it is indicated. We suppose Dr. Hastings means that, but he says the opposite. He repeats this wonderful statement at p. 137 : “*Aconite*, the most powerful antifebrifuge medicine known.”

At p. 31 he says, “in five grains of the first decimal trituration of homœopathic mercury there is about a grain,” whereas every one knows that it contains exactly half a grain.

Here is another erroneous piece of arithmetic. Speaking of Dr. Bridge’s report of St. Bartholomew’s Hospital :

He says, “159,947 patients were prescribed for as out-patients in 1877, *i. e.* at the rate of about forty per hour ; but, be it observed, these forties, by a system of some *legerdemainism (sic)*, are examined and prescribed for in two hours, from 9 till 11 o’clock—that is to say, at the rate of 1333 a minute !”

This calculation can hardly be said to be according to Cocker.

Here is another funny passage :

“Homœopathy, in taking the symptoms of the disease for its guide in selecting the suitable medicines for the disease, listens to the voice of suffering nature, as expressed by pains, objective symptoms, such as the pulse, tongue, stethoscope, clinical thermometer, &c.”

We were not previously aware that stethoscopes and thermometers were objective symptoms, but we live to learn.

At p. 52 are some remarkable allopathic and homœopathic statistics, “carefully compiled from hospital reports,” whereby it appears that the average allopathic mortality in dysentery, typhoid fever, diarrhœa, and pneumonia, is 37·2 per cent, while the homœopathic mortality is only 1·1 per cent. It is a pity the hospitals, where these wonderful results were obtained, were not mentioned.

We are informed on the next page, that our friend Dr. Routh, of the *Fallacies*, who is alive and well, is “Dr.

Routh, the late venerable Provost of Magdalen College, Oxford."

The statistics of the homœopathic and allopathic treatment of yellow fever, given by Dr. Hastings, do not accord with those we gave in our last number. "It is stated," says Dr. Hastings, "that 12,000 persons have died of the fever in the United States, and that it has cost £40,000,000."

As we never remember to have seen diseases appraised at a money value, we cannot say if forty millions of pounds sterling is a high price for 12,000 of yellow fever cases or no. Perhaps Dr. Hastings, in his next edition, will kindly tell us the money value of other diseases, such as cholera, pneumonia, typhoid fever, and some others, in order to enable us to arrive at an opinion on the subject.

The capillaries, arteries, veins, and absorbents, are, Dr. Hastings informs us at p. 55, "the *drains* and *sewers* of 'the house we live in,' " i. e. the body.

At p. 62, he says:

"I never go past those noble institutions—our hospitals—without a shudder at the thought of such philanthropic buildings being under the control, medically, of the allopaths."

If Dr. Hastings shudders, what must be the sensations of the philanthropic buildings themselves? We would suggest to Dr. Hastings to write at his leisure a "biographical retrospect" of the "philanthropic buildings" of London.

But we are tired, as I dare say our readers are also, of setting forth the absurdities contained in this little book. Were we to try to expose them all, we should simply have to transfer almost the whole work to our pages.

The only thing in the book that strikes us as being worthy of remark is the successful treatment of some cases of severe diseases of stomach, liver, and uterus, with acetic acid. The cases are said to be cancer of liver, stomach, and womb; but the evidence of their being these diseases is not satisfactory. They are certainly, according to the description, severe cases, and the acetic acid seems to have been of great use.

Our Foreign Contemporaries.

GERMANY.—*Allgemeine Homöopathische Zeitung*.—We resume our notice of this periodical at the twenty-fifth number of the ninety-sixth volume. Dr. Koch, of Philadelphia, gives an attempt at an explanation of the retention of this efficacy by the homœopathic dilutions. He considers that the medicinal power of drugs are correlative forces similar to those of light, motion, heat, electricity, and magnetism, and that these forces are released or set free by the processes of trituration and succussion. Further, that the medicinal power and the morbid influence conduct themselves towards one another like alkalies and acids, and that by their affinity a neutralisation ensues, whereby the morbid noxa is neutralised.

Dr. Kunkel continues his cases by *Lachesis*, and gives the following additional cases :

4. A woman, æt. 66, suffered for a long time from attacks of dyspnœa every two to three days, commencing with vertigo, and accompanied by throbbing in the left side of the chest and pale face, and terminating with cold sweat in the face. The attacks lasted about half an hour. During them she had prickling in the left arm down to the finger-tips, which were cold, especially the first two fingers. Stool every other day. Complexion dirty grey. Stomach-ache some days previously from a chill. On the 12th March, 1873, *Lachesis* 30, to be taken for three days, was prescribed. On the 15th she had a severe attack, and on the 21st another that lasted three hours; another slight attack the same evening. On the 25th and 26th slight indications. Since then well. On the 20th February, 1874, she had a dose of *Sepia* for dyspnœa, with immediate relief.

5. A merchant's clerk, æt. 20, applied on the 31st August, 1874. Since the new year he had suffered from paresis of the whole of the left side (arm, leg, pectoral muscles), with the exception of the cervical muscles of that side, which are tense, so that the movement of the head is impeded. The paralytic weakness is worse in windy and

sultry weather, better after a meal or when heated with work. He cannot drink a long draught, must pause every moment. *Lachesis* 30 for three days. 6th September.—Paralytic weakness less, can now button his right shirt-sleeve with the left hand, and drink without interruption. Improved until the 5th October, when he thought he had an aggravation, but accompanied by other symptoms. This was removed by *Caut.* 200.

6. A woman, æt. 35, had suffered for five years from icterus and cardialgia. Her malady came on immediately after a nervous (typhoid) fever. When she has the cardialgia she must sit doubled up, her knees pressed against her chest. Pain, aching, came on two hours after eating; was often transiently relieved by eating and by external warmth. Great prostration, *feces* white, urine "quite black." Weather has no effect; sleep bad, but relieves. Pulse quick. Cannot bear sour things. Anorexia. After *Lachesis* 200, at first worse, then better, could eat a little and sleep. Then improvement ceased. The taste became bad; the stools that had become normal were again white and rather diarrhœic. *Sacch. lact.* For four months she remained well, then she had a recurrence of the old symptoms, and got *Lachesis* 200. She remained well for two years, and had again an attack of the old complaint, for which *Lach.* 30 was prescribed with success.

7. A farmer, æt. 37, had suffered from 1872 from an eruption on the legs. Before this had cardialgia, better after eating, but recurring with greater violence two hours afterwards. This went off when the eczema appeared. The eruption is also on the back and on other parts of the body to a small extent. The legs are completely covered by it. Violent itching, especially during windy weather, with increase of eruption. After scratching exudation of serum with relief. Every fresh eruption comes on in the form of blisters, which burst and form thin crusts. Tearing pain day and night, increased by hanging the limbs and by motion. Flatulence, crossness, irritability, very profound sleep. Tongue thickly furred, often bad taste, very cold feet in winter. *Sulph.*, *Lyc.*, *Phos.*, *Rhus*, *Sep.*, improved

the general health, but did not affect the eruption. On the 27th February, 1876, he got *Lachesis* 30. Up to the 15th August improvement went on, but then new symptoms appeared, and the gastric symptoms were still present. *Carb. v.* 30, alternately with *Lach.*, every week proved very useful. On 4th July, 1877, he got a dose of *Aurum* 30. Since then quite well.

8. A clergyman, æt. 29, had had influenza nine months previously. On recovering he got cardialgia. Pain constrictive. Duration of attacks two, three, or five hours. The pain comes when the stomach is empty. Twice he had an attack on the receipt of disagreeable news after a meal. Great prostration after an attack. Fæces sometimes too light coloured. After each attack the liver is very sensitive to pressure. On 4th November, 1873, he got *Lach.* 200. First report 29th June, 1876: Had only one attack since taking the medicine. The stomach pains have returned violently for the last fortnight. They generally end with vomiting. *Lach.* 30; thereafter three attacks, then rest for four weeks. Towards the end of August the attacks reappeared. *Lach.* 30, alternately with *Lyc.* 30, every ten days was successful.

We find nothing further of an original and practical character until we come to Number 5, Vol. xcvi, and here we find an involuntary proving of *Apis mel.*, extracted from the *Wiener Med. Presse*. A girl, æt. 25, was suddenly attacked, without known cause, by the following symptoms:—Face bloated, cyanotic, respiration slow, difficult; commencing pulmonary œdema; sensorium confused. Pulse small, quick, extremities cool. All the right arm swollen, cubital, axillary, and cervical glands on the right side enlarged. On offering water, which the patient urgently demanded, sudden convulsions, with an expression of the utmost anxiety in the face, as in hydrophobia. Convulsions also occurred when the physician accidentally took hold of the forefinger. In the middle of this finger a bee-sting was observed to be sticking, surrounded by a small red areola. On removing this the convulsions ceased, and with that the dread of water. The patient rapidly recovered and next day was quite well,

except weakness. She said that the symptoms commenced almost immediately after she perceived the sting.

In this No. and No. 6, Dr. Mossa has an article on opium. He shows from the *Materia Medica* that opium causes very violent colic, and he relates among others (from published homœopathic records) the following case, which occurred in his own person:—One evening, in the winter of 1875, he was seized with colicky pains, *i. e.* contractive, cutting, twisting pain in the bowels from the navel towards the bladder, which at first recurred at long intervals. In bed the pains increased in violence, the free intervals being ever shorter. The abdomen was tense; in the left hypogastric region a ball-like lump was felt, the size of an orange. He tossed about with the pain, could find no relief in any position; sitting bent together or lying on the back was equally intolerable. He experienced also a sensation as if a portion of the bowel was tightly retracted against the spinal column. He was one time cold, another hot. He had to get out of bed and walk slowly about the room, bent double. Then came on first eructations, then vomiting, at first of food, then of sour-tasting mucus, and urging to pass water. *Bell.* and *Coloc.* did no good. An enema brought away a stool, but without relief. The flatus became thereafter mobile and passed themselves through the swelling of the bowels with difficulty, as if there was a constriction. Thus passed three quarters of the night in pain. At length he took five drops of a solution of morphia made for subcutaneous injection. On this relief was obtained, so that he could remain in bed. Sleep came on with perspiration, and on awaking at 3 a.m. well, but exhausted, though free from pain. The abdomen in the region of the swelling was still somewhat painful on pressure, but this went off in the course of the day.

In No. 7 Dr. Hendrichs relates the following case:—The patient, a woman, aged 32, had been suffering for three months from weariness, thirst, increased secretion of urine, and swollen feet, and was treated for diabetes, but no examination of the urine was made. She now complained of *boring* pain in the umbilical region, much in-

creased by touching. The clothes could not be borne. There was great tenderness of the sacral and renal regions. These pains were described as *burning*. She could only lie on her back. The secretion of urine had diminished, but the thirst continued. The pain in the navel was relieved by passing urine freely, but aggravated when the urine was scanty and high coloured. Obstinate constipation for four or five days. On passing urine cutting pains, and afterwards enormous tenesmus. Complete sleeplessness for three weeks, she slept neither day nor night. The menses had ceased. No sugar or albumen in the urine. After *Arsen.* 3, the boring pains ceased for some days, but the back pains became all the worse. *Nux v., Sulph., Bell.*, did no good in three weeks. After this period the following new symptoms occurred:—Shooting pains in the hepatic region, boring, pressing pain in forehead and root of nose, which produced occasionally a stupefied state. *Phos.* 4 diminished the sensitiveness. *Phos.* 3, in three days, removed all the pains. But there came on vomiting of food, which, however, went off in a few days on continuing the *Phos.*

A woman, aged 33, had been long under treatment; complained chiefly of stomach ailment. In the morning she had nausea and much sour eructation. Constant empty feeling in stomach relieved by a small morsel of food. Otherwise loss of appetite. Also obstinate constipation. Sore pain when urinating, afterwards tenesmus. The third and sixth dorsal vertebræ sensitive to pressure. The pain usually burning. She must sit in a bent position. At the same time oppression in the chest, as from a tight band. This sensitiveness dates from her seventeenth year, and had hitherto been treated as a rheumatic affection. She was incapable of doing anything. Menstruation painful. She got *Phos.* 4, but as this seemed to do no good, she got 3, and then 2. In fourteen days she was quite cured of all these symptoms.

An eye affection in a girl of 17. She had been fruitlessly treated by the most renowned oculists since her fifth year. She had great infiltration of the cornea, staphyloma; the eyeball looked like a lump of flesh. At the same time

nocturnal pains of a boring description in the orbits. Was quite cured in six days by *Ilex aquafolium*.

Dr. Theuerkauf mentioned a case of hypopion with great pain, in which *Plumbum* 6 caused absorption and effected a complete cure in six weeks.

Dr. Kayser cured a hypopion caused by iritis with *Arsen*.

Dr. Stens, jun., had a patient, an unmarried woman, aged 33, who consulted him for an eruption on the upper lip. For many years she had in spring and fall suffered from dysenteric evacuations (bloody mucus with tenesmus), for which *Merc. cor.* and *Nitr. ac.* were given in vain. The affection of the lip always recurred in spring and autumn, and the stool was preceded by coryza, with watery secretion from the nose, whereby the upper lip was rendered red and became covered with blisters and scabs. The whole affection was quickly and perfectly cured by *Rhus* 1.

In No. 9 Dr. Goullon, jun., relates the following pathogenetic effects of *Salicylic acid* given to a patient suffering from gout. At first there occurred confusion of the head, a swaying feeling, slight vertigo. It was as if he had lain long and suddenly rose up. Then there came on acoustic symptoms. He imagined he heard *music*. The sounds often roused him out of his sleep. Sometimes the noise is like the buzzing of a swarm of bees or of flies in the open air when there is great stillness. There were copious sweats, red urine depositing a considerable sediment, but these symptoms might be the effect of the gout. A more characteristic symptom was severe and constant pressure in the abdomen, with the feeling of displaced flatus, as if the flatus was very persistent. The seat of this tiresome pressure was sometimes in the hypochondria, sometimes lower down in the hypogastrium. At the same time constipation for several days. There is also a firmly seated pressure at the side of the sternum, with a feeling as if the bone were painful. Another striking symptom was a bilious, bitter taste. Some patients experience total loss of appetite.

In No. 11, under the heading "Crumbs," a certain E. S. gives notes of the practice of the late Dr. Kirsch, of Mentz, which are not without their interest for practitioners.

For pleuritic exudations : *Alumina*.

Retention of urine, consequent on gravel and calculus : *Sanguinaria*.

Natr. mur. is often useful after *Acid. nitr.*

Old gonorrhœa : *Thuja* 30 ; also two doses of *Nux v.*, then *Sulph.*

Caries : *Ruta*.

Fungous gonitis : *Conium* and local application of *Emplast. cicutæ*.

Natr. mur. is often useful where changes of weather and draughts of air do not aggravate.

Morbus mac. Werlhofii : in one case of syphilitic origin *Acid. sulph.* was very beneficial.

Psoriasis : *Sepia*, *Graphites*.

Natr. mur. is often useful after *Apis*.

Ruta is useful in detachment of the retina.

Anacardium when in syphilis the mental powers are diminished.

Pulsatilla is equal to *Thuja* as a remedy for syphilis.

Conium : a syphilis remedy.

Cancer of the rectum : *Sepia* almost specific.

Epilepsy : *Glonoïn*, when the attacks are frequent, almost daily.

Baryta cures hypertrophy of the tonsils, especially of the left side.

Phosphorus stopped purpura hæmorrhagica from all cavities of the body in a case of soft cancer of the mamma.

Caries of the sternum : *Mezereum*.

Gout : *Sabina* in burning, *Arnica* in shooting pains.

Silica : after its employment an asthma disappeared, and gummy nodes were formed in the skull, the clavicle, and some ribs.

Tabes, with paralysis of the optic nerve : *Gelsemium*, *Rhus*, *Lycopodium*, *Sulph.* 200, *Plumbum*.

Lymphoma in the neck, with sieve-like holes : *Arsenicum*.

Chronic pneumonia and tuberculosis, which caused occasional inflammation : *Calcareæ bromata* in low potencies.

Prunus spinosa : ovarian cyst and dropsy.

Herpes preputialis : which occurs periodically after mer-

curial treatment, and is situated internally, is almost always venereal and infectious.

Carcinoma ventriculi frequently occurs in syphilitics.

Ulcus ventriculi : *Bryon.* and *Phos.*

Chancre and nasal syphilis : *Carbo an.*

After *Sulph.*, *Sarsaparilla* is very useful in all the ailments of scrofulous children.

Chalazion in the eyelid was cured by touching with *Spiritus ciculae*.

Carcinoma ventriculi : in the latter stage *Aurum* is useful, particularly when very few subjective symptoms are present.

A general spotty syphilid broke out four years after a cured chancre after one dose of *Sulph.* 200.

Arthrocace : *Emplastrum ciculae*.

Spinal meningitis with symptoms in the lower extremities : *Secale*.

Phthisical diarrhoeas : nine tenths curable by *Verat.* 2.

Pains from calculus and renal gravel : *Colocyth* the chief remedy.

Assafoetida taste in the mouth : *Nux vom.*

Dysecoia after scarlatina : *Bellad.* 300.

Roman baths a panacea in aural maladies.

Tinctura chinae is often useful in phthisis when the dilutions are useless.

Aurum 3 : in pleuritic exudations.

Idem : in extreme dyspnoea attending serious heart affections.

Causticum caused, as a curative effect, a perfect itch-like eruption that was infectious. In another case a similar eruption appeared after *Aurum*, and infected several persons. No acari could be discovered.

Ovarian dropsy : *Colocyth*.

Acid. nitr. and *Apis* in cancer of the tongue.

Gelsemium : sleeplessness, with chronic cerebral irritation and throbbing in head and body.

Atropin, 3rd trit., an excellent remedy in gastralgia.

Exophthalmic goitre : five cases cured by *Veratrum*.

Bright's disease : to drink cold dandelion tea instead of water.

Ulcus ventriculi : in severe hæmorrhage *Carb. veg.*

Lymphoma in the neck with hectic fever : *Phos.* and *Graph.*

Leucorrhœa during pregnancy : chief remedy, *Conium.*

Leucorrhœa in chlorosis : *Natr. mur.*

Valerian of excellent service in hysteria and rheumatism.

Loud snoring in sleep often owing to hypertrophy of the tonsils : hence *Baryta.*

Belladonna rapidly relieved, in the case of a young girl with pulmonary tuberculosis and permanent tickling cough, after abuse of *Opium.* *Bell.* is the antidote of the latter.

Peritonitis, with tympanites and paralysis of the tonsils : *Phos.* and *Carb. veg.*

Typhlitis : *Merc.* the chief remedy.

Lachesis was of much use in a man of seventy-three with atheromatous arteries.

Corallium rubrum has all the symptoms of preputial gonorrhœa and chancre. One case of the latter cured by it.

Falling out of the hair in syphilitics indicates *Thuja.*

Valerian was of immediate use in a case of spasm of the stomach, with sleeplessness and wandering pains.

Petroleum produced excellent effects in chronic diarrhœas.

Urticaria chronica : high potencies of *Rhus*, *Apis*, and *Calc. c.*

Magnes. carb. : chronic affections of the nose where everything else fails.

Cactus grand. : in phthisical fevers and perspiration, with asthma and violent action of the heart, when it is doubtful whether cardiac or pulmonary disease will be developed—almost specific.

Soapy, frothy expectoration indicates *Mezereum.*

Paralysis of the optic nerve : *Plumbum.*

In No. 12 Dr. Mayntzer relates with much circumlocution the following case, which we condense. A girl, nineteen years old, had suffered for two years, during which she

had been treated allopathically without result, from a neuralgic affection, which came on every evening in the arms and lasted all night, disappearing in the daytime, and leaving behind a sensation of paralytic weakness. Both arms were the seat of tearing pains; pressure and movement increased the pain. The hands were affected with trembling, formication, and numbness, and the fingers were spread out and could not be bent. *Silica* 6 and *Calc. c.* 6 were given, to be taken successively. The first dose of *Silic.* produced no effect. After the second dose of *Sil.* the pains were better, and she could sleep a little. The third night she slept quite well. The sixth day all the pains were gone, and she was quite well. After the fifth day she took the *Calc.*, though by this time she was almost cured.

In No. 11 Dr. Bojanus relates the following case of chancre:—A gentleman, aged 35, married, and the father of several children, three weeks after an impure coitus got a syphilitic ulcer on the glans penis, which he treated with sundry external domestic remedies, but without any good result. When seen, the ulcer had a diameter of about 2 cm., was of irregular round shape, flat, with dirty grey fundus, as if eaten out, and secreting a fetid, gluey, yellowish, opaque fluid; the borders were but slightly elevated, hard, jagged, and surrounded by a hard, greyish-blue ring. The slightest touch caused bleeding and pain. This ulcer developed from a vesicle, was at first small and deep, but extended and flattened gradually. The patient's health was not otherwise disturbed, except that his gums were red and easily bled, but this he had had before the infection. He got *Carb. veg.* 3, one grain night and morning. After eight days the ulcer had altered its appearance; it did not bleed so readily, had a cleaner appearance, and the fœtor had ceased. The gums too were better, the redness and bleeding when touched were ameliorated. The same remedy was continued for eight days longer without any change in the disease. *Carb. veg.* 6 was now given, two drops night and morning. In the next eight days improvement was observed, granulations were seen in the ulcer, and the borders showed signs of cicatrization; the secretion was

laudable, yellow, thick, and without smell; the gums also were improved. The same dilution repeated did no further good, hence *Carb. veg.* 12 was given, and in the following three weeks 30. During this time the ulcer had diminished to one fifth of its former size. But now improvement ceased. On this *Carb. veg.* 200 was given, 20 globs. in 8 oz. water, a tablespoonful night and morning. During the next eight days the ulcer was quite healed and covered with healthy skin. The gums also were now quite normal. Fifteen years have elapsed and not a trace of syphilitic disease has been observed.

In No. 18 Dr. Sorge gives some cases treated by him with *Tinct. sem. cardui Mariæ*. 1. The wife of a dentist, thirty-two years old, had been several times between 1871 and 1874 treated by him for pains in the stomach, which were usually rapidly removed by *Chelidon*. On the 25th January, 1878, he learned that the lady had suffered a fortnight previously from cutting pains in the bowels, and a feeling as if diarrhoea would ensue; after a few days these symptoms gave place to a tiresome dry cough, worse at night and getting loose in the morning; at the same time there was an aching pain in the swollen spleen, which, as well as the left lobe of the liver and the gastric region, was sensitive to touch; little appetite, constant eructations. Sorge considered the cough as a sympathetic symptom occasioned by the affection of the liver and spleen, and on account of the painfulness on touch he prescribed *Tinct. sem. cardui Mariæ*, three drops every three hours. On the 31st Jan. the report was: cough almost gone, appetite good. The first days after commencing the medicine the pain in the left side became worse, and then went off completely. On continuing the medicine for a few more days the cough went off completely. 2. A lady, thirty-five years old, suffered from perceptible swelling of liver and spleen. Tenderness of the peritoneal covering of these organs was removed by *Bryonia*, the irritable condition of the organs themselves by *Carduus Mariæ*. 1st April: she complained of cough, with pain in chest and abdomen; for this *Bry.* was given. 3rd April: Stitches in liver and spleen, with

violent cough, which caused two attacks of vomiting ; she coughed all day, from 6.30 to 11 p.m. not at all, then until midnight, and also from 3 a.m. ; there was but little expectoration. *Ipec.* 2, five drops every two hours. 6th April : no change. As the cough appeared to proceed from the old liver and spleen affection *Tinct. Card. Mar. Rademacheri* was given, three drops every three hours. The cough then rapidly subsided ; attacks of cutting pains in the bowels came on for several days, but no other medicine was given. 3. At the end of 1840 the housekeeper of a tradesman complained of very tiresome, dry cough, and as this was accompanied by gastric symptoms the *Tinct. Card. Mar.* was given, and effected a cure in two days. Dr. Jacobi cured many cases of varicose ulcers of the legs with the 1st dec. dilution of *Tinct. card. Mar.* Sorge cured one similar case with the same remedy, and Dr. Burckhard had a similar experience.

In the same number Dr. Hendrichs gives his experience of cases treated with *Arsenicum*. He himself had been troubled with prosopalgia some years previously, which came on without ascertainable cause. It came on slightly at first, but gradually becoming more violent. At first it was intermitting, but the intermissions gradually became rarer and shorter, and continued of a uniform degree of severity, with the exception of some frightful aggravations. The teeth were also affected, they became set on edge and loose. Many remedies were tried, but *Spig.* 30 and *Arsen.* 30 alone seemed to be of use. The attacks went off gradually. One undecayed tooth dropped out. Some years later a similar attack came on. *Ars.* 30 and *Spig.* 30 were of no use. The part, at first intermittent, became remittent, and at length continuous. He then took *Arsen.* 2 trit., a dose every half hour. The pain was immediately relieved, and went off slowly. Two incisors fell out on this occasion. After some years later he had a third attack. He allowed the attack to go on until the teeth became loose. He then took *Arsen.* 2, a dose every quarter of an hour. In an hour the pain went off entirely without causing the loss of a tooth. Since then he has cured several prosopalgias with the same attenuation of *Arsenic.*

MISCELLANEOUS.

The Practitioner.

Of all the medical periodicals published in this or any other country with which we are acquainted the *Practitioner* is, to our thinking, the most delightful reading. From the first it has been distinguished by a liberality towards writers of our school that we may look for in vain in contemporary periodicals avowedly devoted to orthodox physic. The *Practitioner* would, indeed, contemptuously reject the epithet "orthodox" as applied to its principles; it professes to be an organ of "rational" medicine, and as we all profess to be rational practitioners, it does not deter partisans of the rational method of homœopathy from sending communications to it. Some of these communications it admits to its pages, consequently we find in it a greater variety of articles than are to be met with in the columns of more exclusive periodicals. Not only does it not fear to speak of homœopathy without the usual contemptuous sneers of orthodox writers, but it even admits articles written by declared homœopaths as well as papers written by crypto-homœopaths who, without, mentioning the unpopular word, recommend modes of treatment derived from the method of Hahnemann. Several articles by our esteemed colleague, Dr. Edward Blake, have appeared in recent numbers, and the last few numbers have contained a series of papers from the pen of the venerable essayist, Dr. Sharp, on the *Laws of Healing by Drugs*, which are distinguished by their outspoken character. To the last of these papers, published in the June number, the editor appends the following note:

"We have published the papers of Dr. Sharp in the pages of the *Practitioner* because they direct attention to a most valuable means of forwarding therapeutics, viz. the investigation of the action of drugs by experiments with them on healthy persons. This mode of experiment is insufficient of itself to afford us the knowledge which is requisite for the rational treat-

ment of disease. It must be combined with experiments upon animals (a mode of investigation which Dr. Sharp completely repudiates), for no observations of the action of drugs on man can enable us to analyse their mode of action. The conditions are too complex, and they must be artificially simplified. But, on the other hand, while we know the *modus operandi* of drugs chiefly from experiments on animals, there are minute points in their action which can hardly be learned except by observations on man, and we hope that many young students and practitioners of medicine may be induced to take up the study, and thus further medical science. As there are many drugs which in small doses will produce an action, the contrary of that which they produce in large ones, it is evident that homœopathy and antipathy are one and the same thing as regards drugs, and differ only in dose. The folly of all 'pathies' is, therefore, self-evident, and it is equally plain that all those who hold them should acknowledge their mistake, and again join the main body of the profession who have throughout followed the right course, and have striven through all difficulties to find out rational methods of treatment based on exact knowledge of pathology and pharmacology."

With this last sentiment we cordially agree, except that we do not hold that the "main body of the profession" have hitherto followed this right course. If the editor will pursue his inquiries a little further he will find that this right course has hitherto only been followed throughout by the small phalanx of rational practitioners who have carried out "the rational method of treatment based on an exact knowledge of pathology and pharmacology" introduced by Hahnemann. An intelligent pursuit of this course will inevitably land the inquirer in the therapeutics which guide the practitioner to select for the cure of a disease a remedy that experiment and observation show to have an elective affinity for the same organs and parts of the system as are implicated in the disease. This in the present condition of knowledge can only be ascertained by a careful testing of drugs on the healthy human body. The knowledge of their mode of action to be obtained by lethal experiments on animals will not help us in many cases, for supposing that did reveal to us the mode of action of many drugs, to apply them in human diseases would require an equally accurate knowledge of the mode of action of the morbid

agents that cause these diseases, which is not ascertainable or, at all events, is not yet ascertained with regard to most of the diseases we have to treat. No doubt the perfection of therapeutics would be attained if we knew the exact pathological changes produced by all drugs and all diseases; but this perfection is far from being yet attained, and seems to us hardly attainable with our present means. In the mean time it is evident that, with the exception of one or two remedies which have been discovered accidentally, the great majority of real remedial drugs for diseases have been discovered by the method of proving medicines on the healthy. To go no further than this same number of the *Practitioner* we find that the first paper in it is one "On the Influence of *Aconite* in controlling Pneumonia," and how, we may ask, was this controlling power of *Aconite* in pneumonia discovered unless by the Hahnemannian method of testing the drug on the healthy human organism? The said paper gives striking corroboration to the excellence of the minimal dose of the homœopathic method, for the doses given were mostly but one minim, and in one of the cases only half a minim. Once only was the larger dose of two minims given, but that was quickly reduced to one minim. The results obtained were remarkably beneficial.

Bee Stings in Rheumatism.

[The following case was forwarded from over the water to one of the editors of *The Organon* for insertion in that periodical, but was by him handed to us on the plea that the treatment was too mixed for his journal, the virus of several species of bees having been used for one case, but that it might not be unsuitable to our less exclusive pages. We beg distinctly to repudiate the insinuation made by a friend that the editor's real reason for rejecting a case where a bee was the remedy employed, was because he had already one in his bonnet; that could not be so, for to our certain knowledge the gentleman in question wears a hat and not a bonnet.]

One day, not a great while ago, Mr. Middlerib, who is a constant reader of the *New York Weekly*, read in his favourite paper a paragraph copied from the *Praeger Landwirthschaftliches Wochenblatt*, a German paper, which is an accepted authority

on such points, stating that a sting of a bee was a sure cure for rheumatism, and citing several remarkable instances in which people had been perfectly cured by this abrupt remedy. Mr. Middlerib did not stop to reflect that a paper with such a name as that would be very apt to say anything ; he only thought of the rheumatic twinges that grappled his knees once in a while, and made life a burden to him.

He read the article several times, and pondered over it. He understood that the stinging must be done scientifically and thoroughly. The bee, as he understood the article, was to be gripped by the ears and set down upon the rheumatic joint, and held there until it stung itself stingless. He had some misgivings about the matter. He knew it would hurt. He hardly thought it could hurt any worse than the rheumatism, and it had been so many years since he was stung by a bee, that he had almost forgotten what it felt like. He had, however, a general feeling that it would hurt some. But desperate diseases require desperate remedies, and Mr. Middlerib was willing to undergo any amount of suffering if it would cure his rheumatism.

He contracted with Master Middlerib for a limited supply of bees, humming and buzzing about in the summer air, as Mr. Middlerib did not know how to get them. He felt, however, that he could safely depend upon the instincts and methods of boyhood. He knew that if there was any way in heaven or earth whereby the shyest bee that ever lifted a two hundred pound man off the clover could be induced to enter a wide mouthed glass bottle, his son knew that way.

For the small sum of one dime Master Middlerib agreed to procure several, to wit : six bees, sex and age not specified ; but, as Mr. Middlerib was left in uncertainty as to the race, it was made obligatory upon the contractor to have three of them honey and three humble, or in the general accepted vernacular, bumble-bees. Mr. Middlerib did not tell his son what he wanted those bees for, and the boy went off on his mission with his head so full of astonishment that it fairly whirled. Evening brings all home, and the last rays of the declining sun fell upon Master Middlerib with a short, wide-mouthed bottle comfortably populated with hot, ill-natured bees, and Mr. Middlerib with a dime. The dime and the bottle changed hands. Mr. Middlerib put the bottle in his coat pocket, and went into the house, eyeing everybody he

met very suspiciously, as though he had made up his mind to sting to death the first person who said "bee" to him. He confided his guilty secret to none of his family. He hid his bees in his bedroom, and as he looked at them just before putting them away he half wished the experiment was safely over. He wished the imprisoned bees did not look so hot and cross. With exquisite care he submerged the bottle in a basin of water, and let a few drops in on the heated inmates to cool them off.

At the tea table he had a great fright. Miss Middlerib, in the artless simplicity of her romantic nature, said :

"I smell bees. How the odour brings up——"

But her father glared at her, and said, with superfluous harshness and execrable grammar :

"Hush up! You don't smell nothing."

Whereupon Mrs. Middlerib asked him if he had eaten anything that disagreed with him, and Miss Middlerib said :

"Why pa!" and Master Middlerib smiled as he wondered.

Bed-time at last, and the night was warm and sultry. Under various false pretences, Mr. Middlerib strolled about the house until everybody else was in bed, and then he sought his room. He turned the night-lamp down until its feeble ray shone dimly as a death-light.

Mr. Middlerib disrobed slowly—very slowly. When at last he was ready to go lumbering into his peaceful couch, he heaved a profound sigh, so full of apprehension and grief that Mrs. Middlerib, who was awakened by it, said if it gave him so much pain to come to bed, perhaps he had better sit up all night. Mr. Middlerib checked another sigh, but said nothing, and crept into bed. After lying still a few moments he reached out and got his bottle of bees.

It was not an easy thing to do to pick one bee out of the bottleful with his fingers, and not get into trouble. The first bee that Mr. Middlerib got was a little brown honey-bee that wouldn't weigh half an ounce if you picked him up by the ears, but if lifted by the hind legs, would weigh as much as the last end of a bay mule. Mr. Middlerib could not repress a groan.

"What's the matter with you?" sleepily asked his wife.

It was very hard for Mr. Middlerib to say he only felt hot, but he did it. He didn't have to lie about it either. He did feel very hot indeed—about 86 all over, and 197 on the end of

his thumb. He reversed the bee, and pressed the warlike terminus of it firmly against the rheumatic knee.

It didn't hurt so badly as he thought it would.

It didn't hurt at all.

Then Mr. Middlerib remembered that when the honey-bee stabs a human foe it generally leaves its harpoon in the wound, and the invalid knew that the only thing this bee had to sting with was doing its work at the end of his thumb.

He reached his arm out from under the sheet, and dropped his disabled atom of rheumatism liniment on the carpet. Then, after a second of blank wonder, he began to feel around for the bottle, and wished he knew what he did with it.

In the meantime strange things had been going on. When he caught hold of the first bee, Mr. Middlerib, for reasons, drew it out in such haste that for the time he forgot all about the bottle and its remedial contents, and left it lying uncorked in the bed, between himself and his innocent wife. In the darkness there had been a quiet but general emigration from that bottle. The bees, their wings clogged with the water Mr. Middlerib had poured upon them to cool and tranquilise them, were crawling aimlessly about over the sheet. While Mr. Middlerib was feeling around for it, his ears were suddenly thrilled, and his heart frozen by a wild, piercing scream from his wife.

"Murder!" she screamed; "murder! Oh! help me! Help! help!"

Mr. Middlerib sat bold upright in bed. His hair stood on end. The night was warm, but he turned to ice in a minute.

"Where in thunder—" he said with pallid lips, as he felt all over the bed in frenzied haste—"Where in thunder are them infernal bees?"

And a large "bumble," with a sting as pitiless as the finger of scorn, just then climbed up the inside of Mr. Middlerib's night-shirt, until it got squarely between his shoulders, and then felt for his marrow, and said, calmly:

"Here is one of them."

And Mrs. Middlerib felt ashamed of her feeble screams when Mr. Middlerib threw up both his arms, and with a howl that made the windows rattle, roared:

"Take him off! Oh, land of Scott! somebody take him off!"

And when a little honey-bee began to tickle the sole of Mrs.

Middlerib's foot, she shrieked that the house was bewitched, and immediately went into spasms.

The household was aroused by this time. Miss Middlerib and Master Middlerib and the servants were pouring into the room, adding to the general confusion by howling at random and asking irrelevant questions, while they gazed at the figure of a man, a little on in years, arrayed in a long night-shirt, pawing fiercely at the unattainable spot in the middle of his back, while he danced an unnatural, weird, wicked looking jig by the dim religious light of the night-lamp. And while he danced and howled, and while they gazed and shouted, a navy-blue wasp, that Master Middlerib had put in the bottle for good measure and variety, and to keep the managerie stirred up, had dried his legs and wings with the corner of the sheet, and after a preliminary circle or two around the bed to get up his motion and settle down to a working gait, he fired himself across the room, and to his dying day Mr. Middlerib will always believe that one of the servants mistook him for a burglar and shot him.

Not one, not even Mr. Middlerib himself, could doubt that he was, at least for the time, most thoroughly cured of rheumatism. His own boy could not have carried himself more lightly or with greater agility. But the cure was not permanent, and Mr. Middlerib does not like to talk about it.—*Burdette, in N. Y. Weekly.*

Arnica in Boils.

Dr. Planat, of Nice, claims that *Arnica* has the power of aborting an eruption of boils with extraordinary rapidity, except when due to diabetes. His method of employing it is very simple. In order to render its action on the small vessels energetic, he applies it directly to the inflamed spot in the form of an ointment, of which the formula is as follows:—Extract of fresh *Arnica* leaves, ʒiiss; honey, ʒvss. If the mixture is too fluid he adds powdered *Lycopodium*, or some other inert powder, until it acquires the proper consistency. It is then spread pretty thickly on a bit of oiled silk or diachylon plaster, and applied to the boil. It is rarely necessary to renew the dressing more than

once in twenty-four hours. As a rule, two or three dressings are enough to make a furuncle abort. A curative action is also obtained by the internal administration of the drug. Dr. P— gives three to four drops of the tincture, largely diluted, every two hours, and he has seen the furuncular eruption disappear very rapidly under the treatment.—*St. Louis Med. Jour.*

Dr. Planat is, no doubt, a homœopathist, and his use of *Arnica* in boils is no novelty in our school. The most remarkable thing about his paper is its admission into the pages of an allopathic journal. This tardy recognition by the old school of the curative virtues of *Arnica* in boils is a more hopeful sign of progress in therapeutic knowledge than the following passage in a lecture lately delivered at St. Mary's Hospital by Dr. Robert Farquharson :

"But of all the occasional offenders of this sort against comfort and even life is *Arnica*, which is commonly resorted to by the ignorant public as a sovereign remedy for sprains. It is pretty generally recognised among medical men, no doubt, that it now and then produces erysipelatoid inflammation of skin, but book-knowledge of this kind makes little impression in comparison with the observation even of a single case. Professor Hebra, of Vienna, is one of the most persistent and strenuous opponents of *Arnica*, and I well remember his vigorous denunciation of its real effects from the text of a very acute inflammation of both hands, for which it was responsible, and where the skin was covered with huge blisters, and almost running into gangrene. A year or two ago I had the opportunity of seeing a typical case in the person of an old lady, to whose sprained arm a non-professional man had applied a weak solution of tincture of *Arnica*, contrary to my advice. A true erysipelas started from the point of application, and slowly spread over the whole body, causing much irritation and discomfort and depression, and greatly retarding her recovery from what would otherwise have proved a comparatively trifling injury. Phillips (*Materia Medica and Therapeutics*) tells us that if we use a watery solution we are safe from the effects of the irritating ingredient which alcohol extracts, but the experiments of Garrod (*Materia Medica*, article *Arnica*) seems to me to have given a death-blow to the partisans of *Arnica* as an aid to the absorption of effused blood, and my advice to you is to let this drug take its rightful place

among those substances of extinct reputation which still continue to sleep peacefully in the *Pharmacopæia*."—*Brit. Med. Jour.*, Feb. 15th, 1879.

The business of a professor of *Materia Medica* we should have thought was to discover drugs that had a powerful action on the human body in order to employ them medicinally in disease, just as the business of constables is to discover rogues, and convey them to the lock-up. But Dr. Farquharson seems to have as little stomach for the utilisation of powerful drugs in his therapeutics as Dogberry had for the arrest of knaves.

Dogb.—You shall comprehend all vagrom men; you are to bid any man stand, in the prince's name.

Watch.—How if 'a will not stand?

Dogb.—Why then take no note of him, but let him go; and presently call the rest of the watch together, and thank God you are rid of a knave.

Verg.—If he will not stand when he is bidden, he is none of the prince's subjects.

So this medical Dogberry, after telling his audience that *Materia Medica* comprehends all substances that have a physiological action on the human body, advises them when they meet with one that has a very decided and specific action of its own, to take no note of it, but let it go, and presently thank God that they are rid of an "offender against comfort," and he adds, after the manner of Verges, that if a drug displays any physiological action, it is none of the subjects of his *Materia Medica*, and should be allowed "to sleep peacefully in the *Pharmacopæia*."

British Homœopathic Congress.

This year's Congress will be held at Malvern, on Thursday, September 11th. The Presidential Address (by Dr. Hughes) will be upon "Homœopathy; its present state and future prospects." For further particulars the monthly journals should be consulted.

CORRESPONDENCE.

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

From a passage in p. 339 of the June number of the *Monthly Homœopathic Review*, it would appear that the writer imagines that I have refused to continue my subscription to the School of Homœopathy, and have tried to induce others to do so. This is a mistake. I intend to give it for five years, as originally promised, but, for the reasons given some months ago, to postpone the payment till some subsequent time for any year in which the managers devote the bulk of the money to a purpose not contemplated when my subscription was promised, viz. the subsidy to the ordinary expenses of the hospital. They have taken the money for this year, but if they do not do so in 1880, I will, of course, pay them my third subscription, and afterwards in the same way in due course.

Permit me also to express my regret that this writer should identify his opinions with the existence of this school, and pronounce all who differ from him to be opponents of the school. I have been from the beginning one of the warmest friends of the school, and deem it my duty to do my best for its welfare, without pronouncing that those who differ from me are opponents of the school. Judged by his own rule the writer of the above article is an opponent of the school. For before proposing the appointment of a "recognition committee," I submitted the proposal to the Honorary Secretary, who approved and promised to support it cordially, and when brought forward it was discussed and unanimously carried at the annual meeting. It is, therefore, an action of the school which the anonymous writer prejudges and ridicules in the above article. This is greatly to be deplored, as the difficulties of this object are naturally so great that it will require all our united strength to face them. Such an article, though of no official value, is hurtful to the school by promoting discord and half-heartedness, and ought not to have been written before the committee had had time, at least, to give in their report, whatever the opinions of the editors may be.

I am,

Your obedient servant,

JOHN DRYSDALE.

BOOKS RECEIVED.

Essentials of Diet. By the late E. H. RUDDOCK, M.D. 2nd edition, by E. B. SHULDHAM, M.D. London: Hom. Publ. Co., 1879.

Allen's Encyclopædia. Vol. IX.

Lectures on Materia Medica. By CARROLL DUNHAM, M.D. 2 vols. New York, 1878.

On the Climate of Davos am Platz, with Treatment of Consumption. By A. C. POPE, M.D. London: Gould, 1879.

Horses, Ill and Well: Homœopathic Treatment of Diseases and Injuries, &c. By JAMES MOORE, M.B.C.V.S., and THOMAS MOORE, M.R.C.V.S. 3rd edition. London: Epps.

A new form of Nervous Disease. By W. S. SEABLE, A.M., M.D. Philadelphia, 1879.

Pott's Disease. By NEWTON M. SHAFFER, M.D. New York, 1879.

A Biographical Retrospect of Allopathy and Homœopathy during the last thirty years. By HUGH HASTINGS, M.D. London: Turner.

On Spasmodic Stricture of the Urethra. By H. B. SANDS, M.D. New York.

Urethritis or Chronic Spasmodic Stricture. By F. N. OTIS, M.D. 1879.

Homœopathic Therapeutics. By S. LILIENTHAL, M.D. New York, 1879.

Lectures, Clinical and Didactic, on the Diseases of Women. By R. LUDLAM, M.D. 4th edition. Chicago, 1879.

Some Remarks on Similia Similibus Curantur. By W. B. DUNNING, M.D. Hartford, 1879.

The Guiding Symptoms of the Materia Medica. By C. HERING, M.D. Vol. I. Philadelphia, 1879.

St. Louis Clinical Record.

The American Homœopath.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Médico.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung.

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

Index Medicus. New York, April, 1879.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

OVARIOTOMY.

By Professor WM. TOD HELMUTH, M.D.

Operation at Ward's Island Homœopathic Hospital. Case conducted and reported by E. GUERNSEY RANKIN, A.M., M.D., House Surgeon.

HENRIETTA ANDERSON, æt. 50, Canadian, wife of a mechanic, was admitted to the hospital May 6th, 1879. She had always enjoyed good health up to the spring of 1874, when she noticed, for the first time, an unnatural prominence of the abdomen. This was also about the time of her menopause. She had never conceived, having had neither children nor miscarriages, and from girlhood had been regular in her menses. She had always been accustomed to lead an active life in the care of her household affairs. The enlargement of the abdomen caused no particular annoyance for the next two years; it, however, continued steadily to increase in size. She consulted several physicians, and one year ago came to the notice of Prof. Helmuth, who diagnosed her case as an ovarian tumour, and advised an operation. Being of a somewhat nervous disposition she preferred to delay any surgical procedure.

For the next year she continued, more or less, to attend to her domestic duties, as she had been heretofore accus-

tomed, until early this spring, when the enlargement of the abdomen became so burdensome, and her health so much impaired, that she again came to Prof. Helmuth, who advised her to come to the hospital.

The patient's condition on entrance to the hospital was not very encouraging for an operation. There was great anæmia and much emaciation, and the ovarian face with the characteristic thinness about the neck strongly marked. She walked around and was moderately comfortable. The abdomen measured in circumference forty-three inches. Some of the fluid was withdrawn with the aspirator and examined under the microscope, and found to contain blood and oil globules, pus-corpuscles, and Drysdale's corpuscles in abundance, confirming the diagnosis. It was intended, by careful hygiene and diet, to place the patient in as favorable a condition as possible for an operation, but this plan was unfortunately frustrated by the appearance of symptoms of peritonitis on May 11th, five days after her admission to the ward. She complained of flushes of heat and cold running over the body with burning pains in the abdomen. There was vomiting, from time to time, of a bright green bilious matter, and excessive action of the salivary glands; the temperature was 100° , and pulse 100. *Aconite* was administered; but the temperature continued steadily to rise, and on May 13th was $103\frac{1}{3}^{\circ}$. *Gels.* 1^x and *Ars.* 3^x, in alternation, were then given, and the temperature fell to $101\frac{1}{3}^{\circ}$; the pulse remained about the same. There was little or no appetite, and great prostration.

From this time up to May 24th, the date of operation, the patient grew rapidly weaker, the pulse varied from 90 to 100, and the temperature from 99° to 102° , indicating that there was some suppurative process within the tumour. *Bel.* 1^x, *Chin.* 0, and *Merc. sol.* 1^o, were also administered at intervals for several changes of the symptoms, with some temporary relief. A small amount of stimulants and the lightest and most easily digested food were given because of the irritability of the stomach.

The patient's friends were informed that death was not

far distant, and that an operation under these circumstances would be attended by the gravest dangers. The patient herself was conscious of her condition. Nevertheless, both she and her friends expressed themselves willing to have the tumour removed immediately, in hopes that the small chance of recovery might fall to her lot.

Accordingly, after consultation with several gentlemen of the visiting staff, and at the desire of the patient's friends, Prof. Helmuth decided to perform ovariectomy immediately.

On May 24th, at 4.15 p.m., the patient was placed upon the operating table in the hospital amphitheatre. Before administering the ether the pulse was 100, and temperature $101\frac{1}{3}^{\circ}$. The atmosphere had been previously disinfected by use of the carbolic spray, the operation being performed under the same. All the sponges, instruments, towels, linen, clothes of assistants, and everything connected with the operation, were carefully carbolised.

Before commencing Prof. Helmuth made a few remarks, explaining the desperate condition of the woman about to be operated upon, but that insomuch as the patient and her friends knew the unfavorable circumstances attending the case, and also appreciated that the removal of the tumour would give the only possible chance for recovery, at their solicitation he had decided to perform ovariectomy. An incision in the median line, about three inches in length, was made, commencing about half an inch below the umbilicus. The abdominal walls were then dissected down to the peritoneum. All bleeding having ceased, the peritoneum was raised with a pair of forceps, nicked, the director introduced, and the covering incised, thus exposing the sac of the tumour. A steel sound was then run in between the sac and the abdominal walls, and the adhesions, which were quite extensive, broken up. The tumour was then punctured with a Spencer Wells' trocar and the fluid contents allowed to run off. The fluid was of a dark chocolate colour, thick and opaque. The sac was then firmly secured and withdrawn from its position in the abdomen, the greatest precaution being used that none of its contents should escape into the peritoneal cavity; this was accom-

plished by an assistant holding the edges of the incision tightly to the walls of the tumour. The sac was drawn out, the remainder of the fluid allowed to escape, and adhesions to the transverse colon, omentum, and small intestines, separated. The adhesions to the omentum were extensive. The transverse colon during the operation protruded through the incision, and was immediately replaced. The omentum, covered with shreds and clots, was withdrawn with the tumour, cleansed, and was also replaced.

The pedicle, which was on the right side, was then ligated and the sac removed. Silk ligatures were used and the stump of the pedicle allowed to remain within the abdomen with the ligatures attached. The peritoneal cavity was then sponged and washed out, a glass drainage tube, provided with a cork, introduced, and the incision sewed up with three wire sutures. The wound was then dressed with oakum, covered with layers of lint saturated with a solution of carbolic acid, and the whole protected with a mackintosh held in place by a firm abdominal bandage. During the operation three hypodermics of whiskey, of mxxx each, were given, the patient seeming several times as if unable to survive.

The fluid contents of the sac weighed $37\frac{1}{2}$ lbs. and the sac itself $2\frac{1}{2}$ lbs., making the total weight of the tumour 40 lbs.

The cyst was multilocular and contained numerous small cysts embedded in the walls. Upon examination the internal surface was found to have undergone suppuration in several places, especially in the posterior surface, where there were patches of pus, and the tissue broke down easily. The patient was then placed upon a water bed in an apartment which had been previously cleansed and disinfected, the atmosphere here also having been carbolised. Bottles of hot water were placed to the extremities, which were a little cold. The pulse was 120.

For the next two hours brandy and water was administered every twenty minutes. She recovered from the effects of the ether at 8.10 p.m., when the pulse was 108

and the general condition favorable. At 9 o'clock she complained of severe pain in the abdomen, which lasted until 10.30 p.m., when she again began to feel chilly. Heat was applied to the extremities and the natural warmth of the parts soon restored. At 11 p.m. was sleeping quietly, pulse 100, respiration 39. Entries of the patient's condition were made in the hospital record every two hours during the next eight hours; there were no changes noted, the pulse remained about 108, the urine was drawn with the catheter, and the patient was quite comfortable, with the exception of now and then a sharp pain in the abdomen. Rice water and brandy were given at short intervals. May 25th, at 3.30 a.m., the temperature was $99\frac{3}{5}^{\circ}$. 8 a.m., temperature 100° and pulse 100. On removing the dressings, a copious discharge of bloody serum was found to have saturated the oakum and bandages. The cork of the drainage tube was then removed and about an ounce of bloody serum withdrawn by means of the aspirator with a gum elastic catheter attached; the catheter was introduced into the peritoneal cavity, through the drainage tube. At 4 p.m. the dressings were again changed, and found, as in the morning, saturated with a bloody serous discharge. She had been quite comfortable up to this time, when she began to complain of intense thirst, the temperature was 100° , and there was considerable tympanitis. *Ars.* 3^{\times} , 5 gr. every three hours, was then given, and the patient allowed to take broken ice ad libitum. At 7.30 the dressings were found to be wet with the serous discharge, and were accordingly renewed. The entries in the record book show no change until 3.30 am. (May 26th), when the temperature fell to $99\frac{3}{5}^{\circ}$, and the pulse was 104.

She had slept for the past four hours, waking up at short intervals and receiving nourishment. The dressings were changed at this hour also, and a drachm of fluid withdrawn from the tube.

10 a.m.—She feels comfortable. Pulse 114; temperature $100\frac{3}{5}^{\circ}$. On changing the dressings, about an ounce and a half of semi-purulent matter was withdrawn by the

aspirator. The same form of nourishment was still continued, rice or barley water, and iced brandy-and-water.

At 6.30 p.m.—There was a sudden appearance of nausea and vomiting of yellowish watery material. Gave *Ipecac.* 1x every twenty minutes, which seemed to relieve this unfavorable symptom. Changed the dressing this evening, and withdrew about three drachms of semi-purulent matter.

May 27th, at 3.30 a.m.—Condition was the same, temperature (rectal) was 100°, and pulse 100. Dressed the incision at this hour again, withdrawing with the aspirator about two drachms of pus.

11 a.m.—Dressings changed. Temperature 100½°; pulse 114. Gave *Quin. Sulph.*, gr. iij, every four hours during the day; at 4 p.m. changed the dressings as before, and at 8 p.m. also. After withdrawing about half an ounce of pus, the abdominal cavity was thoroughly washed out with warm water carbolicised, 1—100, at a temperature of 98°. The temperature and pulse were the same before and after the intra-peritoneal injection, the pulse being 102 and temperature 101°. In employing the intra-peritoneal injection, after withdrawing all the pus which could be accomplished by the aspirator, the tube being moved gently around, the water was allowed to run in from a fountain syringe, then removed with the aspirator again. The use of the aspirator with the flexible catheter attached effects the washing out of the cavity in a very satisfactory manner. Great precaution must be taken, however, not to allow any of the intestines to be drawn up through the openings in the catheter, lest they might be injured, an accident very likely to occur when the silver catheter is used.

In using the intra-peritoneal injection the following morning (May 28th), the cold douche was applied.

A pitcher of cold water was poured over the abdomen, which had been protected by a rubber sheet, the water being allowed to run over the side of the bed, where pails were placed to receive it.

6 p.m.—Condition about the same; the brandy was still continued, and beef tea was now given also. Before and

after each douche and peritoneal injection, the pulse and temperature were taken. In some instances there would be no change, but usually the temperature would fall about one fifth of a degree, and the pulse rise five or six beats. For the next three days the douche and injections were kept up three times in twenty-four hours, at 1 and 8 o'clock in the morning and at 5 in the afternoon, and at each injection about four ounces of fetid pus was removed. The quinine was continued as before.

On May 31st there was intensely warm weather; the patient up to this time had been quite strong, to all outward appearances; she now complained very much of the heat, and seemed to begin suddenly to lose all strength; the temperature was $99\frac{2}{3}^{\circ}$ in the morning and $100\frac{2}{3}^{\circ}$ in the evening; the quinine and brandy were still continued. There was less pus withdrawn, and that of a less offensive odour. An attempt was made to give milk and lime water, but the stomach refused to hold it. Rectal injections of cod-liver oil and lime water were then administered.

On June 1st the warm weather continued, and the patient's unfavorable condition grew more marked. Champagne was substituted for the brandy, and the beef tea and quinine continued.

June 2nd, a.m.—Patient is failing, seems much weaker. Temperature $100\frac{1}{3}^{\circ}$, pulse 114, before the morning, intra-peritoneal injection; after, temperature $100\frac{2}{3}^{\circ}$, pulse 116. A considerable quantity of pus still continued to be withdrawn at each dressing. At about midnight diarrhoea appeared, and she had eight movements in as many hours; lead and opium suppositories were administered with relief, but she continued to grow weaker. The cod-liver oil injections were of course discontinued.

On June 3rd the bandages were changed, and the intra-peritoneal injection, the nineteenth and last time, administered, but no douche was applied; the temperature was 99° , and pulse 126, there was profound prostration, and the patient was evidently moribund. Hypodermics of brandy were given at intervals. She continued to grow weaker, and died quietly at 6.10 p.m.

The patient lived ten days and two hours after the operation. There had been administered, in all, nineteen intra-peritoneal injections. The first injection was used on the third day after the operation. The douche was applied sixteen times; entries of the patient's condition were made in the hospital records about every six hours, both night and day. The utmost care was employed in regard to disinfection, the attending surgeon abstaining from all other charge of the rest of the wards, and the day and night nurses in charge had nothing to do with any other patient. A carbolic spray was kept in operation continuously, and a sheet wet with carbolic was placed over the door of the room.

The following is a report of the autopsy held on June 4th, at 2.30 p.m.:

Height, 5 feet 2 inches; weight, 78 pounds; circumference of abdomen, $25\frac{1}{2}$ inches; circumference of chest, 28 inches; circumference of head, 23 inches; emaciation extreme; rigor mortis absent.

Thoracic cavity.—Pericardium: some adhesions near apex, fluid normal.

Heart: weight 5 ounces; left ventricle, calcareous secretions all along the base of, and also below the aortic valve in the ventricle, also in the ascending aorta; tissue somewhat soft; walls slightly hypertrophied; ante-mortem clots in right ventricle; right side of heart normal.

Lungs: left, weight 9 ounces; hypostatic congestion of lower lobe, slight fibrous degeneration in apex. Right, weight 10 ounces; apex adherent; œdema of lower lobe, slight emphysema of upper lobe; small cavity and fibrous degeneration also in upper lobe.

Abdominal and pelvic cavities.—Liver: weight 2 pounds $14\frac{1}{2}$ ounces; gall bladder engorged; capsule of liver slightly adherent; tissue normal.

Spleen: weight $2\frac{1}{2}$ ounces; tissue bright red, otherwise normal.

Kidneys: left, weight 4 ounces; capsule adherent; tissues anæmic; small abscesses scattered throughout in the pyramids. Right, weight 3 ounces; several large multiple abscesses, and also smaller ones scattered throughout.

Stomach distended with gas.

Intestines, large and small, distended with gas; all the intestines were adherent to one another, and to the abdominal walls posteriorly and laterally. They were congested and covered with a purulent exudation, somewhat greenish in colour. There were about 10 ounces of very offensive putrid pus in the cavity.

The stump of the pedicle was in good condition, and the ligature in its place. The whole peritoneum was gangrenous, black, and covered with the same greenish exudation which covered the intestines. The stump of the pedicle was free from gangrene. There was a small portion of the omentum remaining adherent to the abdominal parietes, it was perfectly black; the remainder of the omentum appears to have been destroyed in the gangrenous process.

Uterus somewhat retroverted; there was a small cyst about the size of a hen's egg attached to the right ovary.

Bladder normal.

Cause of death.—Asthenic peritonitis with gangrene.

Note.—The unsuccessful issue of this case in no way detracts from its great interest, the chief points being, first, the dangerous condition of the patient when the operation was undertaken, indeed, had I not been aware of the success which has been attained by Mr. Keith, of Edinburgh, I certainly should have thought operative interference unjustifiable. The second point is the rapid reaction from a condition of collapse, more profound than I have ever seen, either in my other ovariectomies, or indeed, after any surgical operations I have ever performed. The third item is the value of the intra-peritoneal injections, and the manner in which they were employed, for which I am indebted to my senior assistant, Dr. Rankin, who so faithfully tended and recorded the case. And the fourth point is the uniform decrease in temperature after the cold douche to the abdomen had been employed. Indeed, the patient begged for both the intra-peritoneal injections and the cold douche as being grateful in the extreme.

HISTORY OF HOMŒOPATHY IN AUSTRIA.*

By Dr. EDWARD HUBER, of Vienna.

It would hardly be possible to ascertain the exact time when the Hahnemannian therapeutic principle attracted the attention of an Austrian physician, or to which one of the crownlands he belonged. Altschul places the commencement of homœopathy in Bohemia in 1817, which seems to be corroborated by this, that the Nestor of our Vienna Homœopathic Society, Professor Veith, had his attention first drawn to homœopathy in the following year (1818) by the Regimental Surgeon Hrastiansky, of Klattau. In 1819 we find the district physician in Oberhollabrunn (Lower Austria), Dr. Gassner, and Surgeon Mussek, of Seefeld, near Oberhollabrunn, practising according to Hahnemann's principles. Although at this period homœopathy does not appear to have been much known in Austria, yet in 1819 it was forbidden to be practised.

The Court of Chancery's decree on this subject, of the 21st October, 1819, says:—"His Majesty has been graciously pleased, with high resolve, to command that Dr. Hahnemann's homœopathic mode of treatment shall be universally and strictly forbidden." This interdict seems to have been promulgated rather by way of a prophylactic. The originator of it seems to have been Dr. Stift, Physician-in-Ordinary to the Emperor Francis I, who, as a privy councillor, presided over sanitary and educational affairs, and exercised great influence over the Emperor. But, notwithstanding this decree, homœopathy began to extend from the beginning of the year 1820. In Prague we find at this period Staff-Surgeon Dr. Marenzeller, who was at the same time physician to His Imperial Highness the Archduke John, and Dr. Scheller practising our method of treatment. In Graz there were Dr. Maxl, Dr. Maly, Surgeon Herwitz, and Dr. Menz, the last of whom removed to Vienna in 1824.

* From *Samml. Wissenschaft. Abhandl. a. d. Geb. d. Hom.*, No. 2.

In 1825 Surgeon Fischer removed to Brünn, after having since the year 1818 commenced to make trials of homœopathic remedies in chronic diseases at Eibenschütz, Saar and Rossitz, in Moravia. Here he found two partisans of the new system before him, Mr. Steigentersh, a merchant, and Mr. Albrecht, who held a civil appointment under government. The first had gone through a course of surgical education, and during the French war had served in the medical department of the army. As he possessed medical knowledge he succeeded in making a number of converts to our doctrines amongst the more intelligent citizens of Brünn, and in the upper ranks of society; but he almost confined his practice to chronic cases.

Albrecht, who was a diligent correspondent of Hahne-mann's, employed himself particularly in the preparation of homœopathic remedies. A great sufferer himself, he was compelled on his own account to study the sphere of action of the remedies, and this was of great use to him in his practice. But as neither of these gentlemen had a medical diploma, it was reserved for Fischer to make great strides in the path that had been prepared for him. He soon succeeded in gaining the confidence of the inhabitants of Brünn, so that in a short time he had a numerous and select *clientèle*. But as he was only a surgeon he was not qualified to treat internal diseases, and his opponents employed this circumstance in order to make his position uncomfortable. Frequently summoned before the tribunals, and threatened to be deprived of his diploma, he preferred quitting Brünn to giving up his mode of practice, which experience had shown him to be so useful. In 1831 he went to Rugern, six miles from Brünn, where he was appointed to the medical care of the Benedictine institution. Here he pursued his beneficent calling, which was scarcely ever interfered with, and the clergy, country gentry, and peasants of that district gave their full confidence to the homœopathic treatment.

But let us return to the year 1820 and to our capital. Dr. Veith, canon and preacher in the cathedral, who died in 1876, after passing his medical examinations in

1820, and devoted himself to theology, began to practise homœopathy in 1825 with great success, whilst his brother, Professor E. Veith, practised the homœopathic method in the Veterinary Hospital. The latter had been converted to the new doctrine by Dr. Menz. He had suffered for many years from cardialgia, and after fruitless allopathic treatment, which for a long time was conducted by the celebrated professor Dr. Hildebrandt, was cured completely in two months by Menz with *Ignatia*. This was the cause of his conversion.

Staff-Surgeon Dr. Marenzeller contributed most to the spread of Hahnemann's doctrines in Vienna. The cause of his removal from Prague to Vienna was the following:—Among the soldiers in Hungary there occurred many cases of intermittent fever with a great percentage of fatal cases. Count Henry Hardegg, afterwards General of Cavalry, a true adherent of homœopathy, recommended to a regimental doctor the new method of treatment, and as this gentleman stated that he was reduced to despair in consequence of the unfavourable results of his treatment the count gave him some *Nux vomica* and *Ipecacuanha*. He commenced to treat cases with these remedies. The results were very satisfactory; they excited much attention, and the Emperor Francis I. heard of them. He forthwith summoned Adjutant-General Kutschera to his presence in order to obtain full particulars. By his advice Count Hardegg himself gave an account of the treatment pursued, and the Emperor determined on sending for Dr. Marenzeller to come to Vienna in order to put the new method to the test. By a decree of his Majesty it was ordained that clinical trials with the homœopathic treatment should be made in I. R. Medico-Chirurgical Joseph's Academy, which were to begin on the 2nd April, 1828. A ward in the garrison hospital was allotted to Dr. Marenzeller for his trials. The twelve beds in it were supplied in this way:—Every four cases were selected alternately by Marenzeller and two commissioners (professors of the Academy). These and generally about forty other physicians accompanied Marenzeller in his morning and evening visits.

Every ten days the two commissioners were replaced by two others, so that for a period of sixty days Professors Scherer and Wagner, V. Zimmermann and Toltenyi, Zang and Jäger, Bischoff and Hager, Römer and Fischer, Schwarzer and Sax were appointed. In the period from 22nd April to 2nd May Professors Zang and Jäger acted as commissioners, and they gave a separate unfavourable report on the homœopathic treatment. Daily records were kept of the course of the diseases, and the histories of the cases were given up to the direction immediately after the dismissal or transfer of the patients. Unfortunately Staff-Surgeon Marenzeller kept no copy of them, and the originals—probably owing to the influence of the imperial physician in ordinary, Dr. Stift—were never published, and disappeared. Of the forty-six cases treated, which the Staff-Surgeon's son, Dr. Adolphus Marenzeller, one of the busiest homœopathic practitioners at present in Vienna, published from the very imperfect notes of his father, we select the following:

2. *Pleuritis, postea febris nervosa.* The pleurisy was removed in five days; a chill, however, brought on the *status nervosus*, which was completely removed after five days more of treatment.

3. *Icterus cum psora.* A very instructive case, seeing that, in addition to the icterus and scabies, there was also diabetes. A cure was effected in twenty days. *China*, *Merc. sol.*, and *Carbo veg.* were the remedies employed. The patient left the hospital in good condition, though he had previously been much emaciated.

8. *Erysipelas faciei et meningitis.* The latter affection came on in the course of the former. The patient improved, but he did not take the medicine on two days, but always spat it out immediately. All those present doubted that he would get through, and yet he was dismissed convalescent on the eleventh day. (*Bellad.*, *Rhus.*)

10. *Febris tertiana.* After six days the patient could be transferred to the convalescent department. (*Ignatia.*)

11. *Febris tertiana.* Convalescent in four days. (*Pulsat.*)

12. *Hepatitis.* An extremely important case, as the

degree of inflammation was very great, and convalescence set in in the course of seven days. (*China*.)

17. Syphilis. This is the case of primary chancres mentioned by Zang in his separate report, in which no amelioration ensued after a treatment of three weeks. It was a malignant chancre on the frænum, and the patient was affected with other symptoms besides. (*Merc. sol.*)

18. Angina. Cured in three days. (*Bellad.*)

19. Parotitis cum febris subinflammatoria. Cured in three days. (*Ignat.*)

21. Febris quotidiana. Cured in five days.

22. Febris quartana. Convalescent in seven days.

23. Angina. Cured in three days. (*Bellad.*)

25. Diarrhœa sanguinea. Cured in three days. (*Merc. sol.*)

27, 33, 35, 45. Febris tertiana. Cured in eight, thirteen, three, and six days.

29. Angina. Cured in three days. (*Bellad.*)

31. Extension of the inflammation to the right lung. Sputa sanguinolenta, tendency to tertian fever (Prof. Zang), and yet cured in sixteen days. (*Acon., China, Aurum.*)

32. Pleuritis cum nota gastrica. Convalescent in three days.

34. Pleuritis. Cured in seven days. The patient was extremely full-blooded. (*Aconite.*)

42. Diarrhœa aquosa. Cured in three days. (*Cham.*)

43. Febris quotidiana. Convalescent in eight days.

The cases not mentioned were either transferred soon after admission, or the effect was not remarkable, though as good as that seen in the ordinary allopathic practice, or the duration of the treatment was not given, or, lastly they were transferred at the close of the trial.

Dr. Glücker, who was present at the visits, told Dr. G. Schmid that he was particularly struck by the cure of a chronic cough, for which the patient had already been treated allopathically for a year.

The cause of the discontinuance of the homœopathic treatment was this:—Four criminals were told that they were brought into the hospital in order to be experimented

on. The consequence was that they offered active opposition and induced other patients to do the like. Thus, the trial ended in the middle of May, much too soon, and to Marenzeller's great grief. Had it been longer continued it had doubtless broken at once the iron bonds of incredulity and prepossession, and Marenzeller, with his high culture and self-sacrificing enthusiasm, was just the man to have succeeded in doing this.

About the middle of the period during which the trial lasted, Marenzeller had an audience of the Emperor, who gave him a most gracious reception, and showed his satisfaction with the results obtained, of which he was informed by daily reports, by asking the staff-surgeon if he thought that four apothecaries would be enough for Vienna.

The report of the professors of the Academy, as commissioners during the trial, said that from it no opinion could be given regarding the value of the method or the reverse. Professor Zang, as has been mentioned, published a separate report, in which he sought to break a lance with homœopathy after having already given a report of his ten days' service as commissioner along with Professor Jaeger. If we consider the general report, as also the circumstance that only one voice was raised against the homœopathic treatment, that one of the commissioners, Professor Zimmermann, soon afterwards declared himself a convert to the new doctrine, that the opposition never published the clinical records of the trial, we cannot fail to see that the results of Marenzeller's trial in the Joseph's Academy were not unfavourable to homœopathy. The cases cited above certify to this. Further, we must consider when and under what circumstances the trial was made. The locality was an allopathic hospital, where everything is at variance with the principles of the new school, and where the nurses are hostile. Moreover, the representation made to the patients that they were the subjects of an experiment was not favourable to rapid recovery. One of the patients (No. 8) openly confessed that for two days he would not take the medicine, and it is possible that others followed his example. Had the trial been unfavourable to homœopathy, how is it to be

explained that Marenzeller, who had a large practice in Prague, wished to give up his position there, and one year after the termination of his clinical trial, viz. in the middle of 1829, he settled at Vienna?

Hahnemann's method of treatment now spread with great strides in the capital. Marenzeller was besieged by patients, so that from early morning until late at night he was constantly engaged in practice. At that time there were practising in Vienna, besides Marenzeller, who died in 1854, Menz, the two Veiths, Lichtenfels, Schäfer, Lederer, senr., Glücker, Wrecha, and Arnold Löwi.

Homœopathy was introduced into Salzburg in 1830 by Dr. Hartung, of whom we shall have more to say by-and-by. Dr. Tonaillon began to practise homœopathy in Schwarzach (Duchy of Salzburg) in the same year.

The new system was introduced into Lemberg in 1830 by Dr. Schréter, a disciple of Hahnemann, and it gradually extended throughout Galicia.

Homœopathy received a great impulse by the brilliant results of the treatment of cholera in 1831. The results were so striking that in the year 1832 a homœopathic hospital was established in Gumpendorf (Vienna), whose first physician was Dr. G. Schmid. This was brought about by the aid of Count Coodenhoven, through whose instrumentality the Sisters of Mercy were brought to Vienna, to whom the care of the hospital was assigned. In Brünn Dr. A. Gerstel proved the superiority of our system over the old method in the treatment of cholera, and his success was testified to in a flattering manner by the authorities.

In the commencement of 1830 we find Pater Faustus, as he was called, the well-known Prior of the Brothers of Mercy in Laibach, practising homœopathy with brilliant results. After the suppression of the order he practised as a private individual, and his cures made such a sensation that many families in Laibach sought his aid, and they remain faithful to the new method to this day.

In the year 1834 many of the adherents of homœopathy in Trieste joined together to invite a homœopathic physician

to come among them. Dr. Ginzel, of Naples, being guaranteed a certain income, removed thither, and was consequently the first practitioner of homœopathy in our maritime town, where he remained till 1845.

But homœopathy being still forbidden to be practised, its practitioners suffered much from the intrigues and persecutions of their opponents. Some were summoned before the tribunals, and their medicines confiscated. Marenzeller, as we are assured, hid his in a hole in the stove. In Vienna the persecution of homœopathy went so far that Stift made the police seize the medicines in the houses visited by homœopathic practitioners.

On the 6th June, 1885, the Imperial Commission of Studies in Vienna addressed to the Medical Faculty of Prague—as it is said, at the request of the Duchess of Lucca—three questions, which they were required to reply to:

1. Is homœopathy a scientific system?
2. If so, ought the free practice of homœopathy to be allowed?
3. Should homœopaths be permitted to dispense their own medicines?

Professors Krombholz and Nussbard were commissioned to reply. With regard to the first question both said that they were unable to give an opinion, because, on account of the prohibition to practise homœopathy, they had not given the subject any consideration. But Prof. Krombholz held that it must be considered to be a scientific system, and that its free practice ought to be allowed. The sick-bed, he said, was the true test, which would either consign it to an early grave or endow it with new life.

The decision as to the practical value and the degree of confidence to be given to the homœopathic method was entrusted to the clinical professor, Dr. Nussbard. The first question he pronounced upon in a spirit of uncompromising opposition, which was founded more on deeply-rooted prejudice than on any comprehensive knowledge of the subject. But this first anathema was soon retracted by himself, and the more he became acquainted with

homœopathy the more favourable his opinion of it became. At length he gave utterance to the following opinion :—" It would be treason to humanity and to science to act in a hostile manner towards a medical system that might prove of incalculable benefit to suffering humanity."

The cholera epidemic of 1836 gave us a great step forwards. Dr. Fleischmann was at that time the head physician of the Gumpendorf Hospital. He had been cured by the brothers Veith of a very painful and long-continued sciatica, after fruitless allopathic treatment, in the year 1828, and thereby converted to our method. Fleischmann treated in his hospital 732 cases of cholera, of whom 488 recovered, and 244—a third of the patients admitted—died, whilst in the other Vienna hospitals in the same epidemic at least one half of the cholera patients succumbed. This favourable result, which, together with that of private practice, spoke distinctly in favour of the new method, induced a number of manufacturers and householders to send a deputation to the Emperor Francis I, with a request that the prohibition of the practice of homœopathy in the Imperial States might be removed. Some other influences may also have been at work ; but, in brief, this decree of the Court of Chancery of the 10th February, 1837, was promulgated through all the states :

" His I.R. Majesty deigns to decree that from the 6th February, 1837, the decree of the 18th October, 1819, by which the practice of homœopathy was universally and strictly prohibited, should be repealed. The provincial governments are informed, that in respect of the maintenance of the rules and regulations relative to the entrance of unqualified persons into the practice of homœopathy, as also relative to the preparation of medicines in the towns and rural districts, further orders will be considered by His Majesty, and the result communicated."—(' Police Rules and Regulations,' vol. 65, p. 48.)

What contributed greatly to increase the estimation of homœopathy was Staff-Surgeon Hartung's cure of Count Radetzky. The I.R. Councillor and Staff-Surgeon Dr. Jaeger, in complete accord with Dr. Hartung, as ordinary

physician, and Prof. Flarer, as consultant, had expressly pronounced the disease to be scirrhus of the orbit, which threatened to develop into open cancer, which must be certainly fatal. He was compelled to make this diagnosis and hopeless prognosis in consequence of the presence of all the recognised characteristic signs of the disease. In an official report presented to the Ministry of War in Vienna he had so described the malady and alleged the nature, seat, and duration of the disease, and the advanced age of the illustrious patient, as circumstances that interposed great difficulties to a cure, and, indeed, that a cure was impossible, either by art or by nature.

In spite of this Hartung succeeded in curing the distinguished commander by homœopathic medicines. Fifteen years later this fact was called in question by an allopathic journalist. The ordinary physician of Radetzky at that time, Upper-Staff-Surgeon Dr. Wurzian, undertook to convince the opponents of their error, in a letter he addressed to the editor of the journal in which the denial of the cure had appeared. This having come to the knowledge of the hoary field-marshal, he, out of gratitude to the service rendered to him by homœopathy, could not refrain from writing the following autographic letter in order to settle the matter :

" My DEAR WURZIAN,—“ Having learnt that malicious doubts have been raised respecting the efficacy of homœopathy, I hereby inform you that my affection of the eye, in 1841, was cured by the late Staff-Surgeon Dr. Hartung, solely and alone by the aid of homœopathy.”

“ RADEZKY.”

Vienna ; 13th December, 1856.

On the 30th May, 1842, the hospital of the Sisters of Mercy in Linz was opened. This town had already become acquainted with homœopathy through Dr. Bergmann. The foundation and the prosperity of this institution was greatly promoted by the professor of theology, Rechberger, who applied to the Superior of the Sisters of Mercy in Vienna for a homœopathic physician to direct the hospital. The

latter induced Dr. S. Reiss, who had been taught homœopathy by Dr. Fleischmann in the Gumpendorf Hospital, to accept the post, which he retained until his death in 1870.

In this decennium two other homœopathic hospitals were established, namely, that at Kremsir (Moravia) in 1845, and that at Steyer (Upper Austria) in 1849.

Whilst homœopathy was spreading slowly but surely among medical men and the public, in 1842 Prof. Töltengi wrote against it, endeavouring to discredit it, and to make it appear illegal and dangerous, and denying it any scientific basis.

This hostile attack induced Drs. Fleischmann, Hampe, Wurmb, and Watzke to form a defensive alliance for the purpose of meeting such opponents. Not content with the reply which proceeded from Watzke's pen they resolved to found a society whose objects were to advance homœopathy and develop the *Materia Medica*.

After some preliminary meetings in order to make the rules and determine on the procedure, the first regular meeting of the society was held on the 15th December, 1842, and reports of a proving of *Colocynth* brought forward.

In the following year *Aconite*, *Gentiana cruciata*, and *Natrum muriaticum* were proved, and Hahnemann's provings of these medicines corroborated. The society also received the necessary permission for the publication of a Homœopathic Journal.

In 1844 the number of members of the society resident in Vienna amounted to seventeen, who undertook the reproving of *Thuja* and *Bryonia*.

In 1845 the legal authorisation of the society was obtained. In this year *Argentum metal.* and *nitr.*, the *Hall iodine Spa water*, and the *Ischl brine* were proved.

The year 1846 was almost entirely occupied in proving *Sulphur*, in which almost all the members took part.

An important advantage was secured for homœopathy by the following High Chancery decree relating to the dispensing of medicines by practitioners by the Emperor Ferdinand I, dated 9th December, 1846 :—" In regard to regulations

applicable to the homœopathic method of treatment, H.I.R. Majesty has been pleased to order : The laws relating to illegal practice of medicine and surgery and to quackery in general are applicable to the homœopathic method. The necessary mother tinctures and preparations must only be prescribed from the legal pharmacies, but these medicines may be then diluted and triturated by the physicians and surgeons who profess the homœopathic method of treatment, and dispensed to their patients, but without charge ; but these medicines must always be provided with a label on which the name of the medicine and the degree of its dilution or trituration is to be accurately marked, and signed with the name of the physician or surgeon.

“ If in the practice of the homœopathic method there is reason to suspect that a physician or surgeon has acted in an illegal manner, the matter is to be judged not by the faculty alone, but physicians distinguished for their theoretical and practical skill in the homœopathic method are to be consulted, and judgment is to be given after a consideration of all the circumstances in accordance with the regulations ” &c.

Another decree of the date 19th December gave the legal sanction to the establishment of a society of homœopathic physicians for the purpose of physiological provings of medicines, on the basis of the regulations for the establishment of societies in Austria.

It was only after this that the Proving Society became legalised. On the 2nd January, 1847, a meeting was held at which the officers of the society were elected, the laws to be submitted to the authorities confirmed, and other business of the society transacted. Bi-monthly meetings were held at which Count von Coodenhoven attended as Government commissary. In this year *Coccinella*, *Agaricus muscar.*, *Euphrasia*, and *Guaiac.* were proved.

In 1848 the number of the members of society amounted to sixty, but the political events of the period paralysed for a time the activity of the society. On the 3rd May the last meeting was held, after which a pause of two years ensued, the next meeting being held on the 8th June, 1850. That

the number of homœopaths constantly increased, is in great measure owing to the physician-in-chief of the Gumpendorf Hospital, Dr. Fleischmann, who, from 1841 until his decease in 1868, was retained on the registry of the Vienna University as teacher of practical homœopathy.

Dr. Zlatarovich, Professor of Pharmacodynamics at the Joseph's Academy (which post he retained until the academy was dissolved in 1848), probably converted some of his students to the new doctrine. It is remarkable that he should have retained his post so long after having, by becoming a member of the Proving Society, publicly declared his adoption of homœopathy. He endeavoured to obtain legal sanction for the practice of homœopathy in military hospitals.

In 1849 Dr. Altschul, of Prague, presented a petition to the Ministry of Education for the establishment of a chair of theoretical and practical homœopathy in the University of Prague. After obtaining the legal qualifications he was appointed to teach homœopathy, and a dispensary was granted to him, where many young physicians were instructed in the practice of homœopathy.

In 1850, at the instigation of Drs. Wurmb and Watzke, a second homœopathic hospital was established in Vienna. In the petition submitted to the Government, in which both engaged to serve without salary for eight years, statistics were given showing the necessity for such an institution. In reply to this the needful funds for its establishment and maintenance were granted. Here Wurmb delivered clinical lectures, which were attended by a number of native and foreign homœopathic physicians. From this school issued Dr. Chevalier von Kaczkowski, who, in 1857, settled in Lemberg, and published a translation of Lutze's *Manual of Homœopathy*, and edited a homœopathic quarterly journal, which unfortunately was abandoned after two years on account of insufficient number of subscribers; it contributed much to the spread of Hahnemann's doctrines. Thanks to his unwearied exertions, homœopathy continued to gain ground, and in 1868 a petition for the establishment of a homœopathic hospital and dispensary in Lemberg was pre-

sented to the Gallician Parliament, signed by 1200 of the most considerable landowners, officials, tutors, clergy and medical men. Unfortunately this petition did not succeed.

When the Vienna Society resumed its meetings in 1850, it continued its activity, proofs of which are to be found in the provings of *Lycopodium*, *Glonoine*, *Ferrum acet.*, *Eupion*, *Plectranthus fruticosus*, *Opium*, *Aloes*, and J. O. Müller's provings of animal medicines (saliva and hydrophobic poison, &c.).

But the provings of drugs gradually fell off, so that at length it was resolved to change the title from "Society of Austrian Physicians for Physiological Provings," to "Society of Austrian Homœopathic Physicians." Also the qualification for membership of the society by proving medicines was given up. The labours of the society were now confined to furnishing articles on homœopathic subjects and practical essays. The number of the members is now forty-three.

The organ of the Society, *The Austrian Journal of Homœopathy*, was published in 1844—8, by Fleischmann, Hampe, Watzke, and Wurmb, in four volumes. After an interruption of several years, two more volumes were published in 1857, edited by Dr. J. O. Müller, and, finally, Dr. Eidherr edited it in 1862 and 1863. Since then the society has ceased to issue a journal.

In 1857 the third and largest Vienna homœopathic hospital was established in Sechshaus, which continues under the excellent management of its chief physician, Dr. J. O. Müller, but, on account of its distance from the capital, is little visited by homœopathic physicians.

Staff-Surgeon Dr. Wank, who, in 1866, removed from Venice to Görz, was the first homœopathic physician there, and in a short time he brought the new doctrine into great repute, to which his success in a malignant epidemic of measles chiefly contributed.

The best proof of the progress of homœopathy in recent times is afforded by the fact of two hospitals being entrusted to its followers, one in Baden, near Vienna, in 1867, and one in Zwittau, in Moravia, in 1868.

In 1869 a lay society for homœopathic veterinary medicine was established in Mattsee, in Salzburg, under the name of "Hahnemannia." As its constitution was forbidden by the provincial government, it was only by a decree of the ministry of the interior removing this prohibition that it became established the following year.

At the instigation of Drs. Streintz and Seidel and the priest, Joh. Legat, a society of medical and lay adherents of homœopathy was established in Graz in 1873 under the name of "Hahnemannia." It has above 100 members, and possesses a considerable library.

The partisans of homœopathy had to fight an arduous battle in the commencement, but now their brilliant successes gained for them a good position, but it is greatly in need of lectureships and hospitals. Altschul did much in his position as university teacher, but since his death no one has taken his place.

Fleischmann in Vienna was nominally a teacher, but his large practice and his office of physician to the Gumpendorf Hospital left him no time for teaching, so that his post, which has not been filled up since his death in 1868, was not of much use for instruction in the homœopathic doctrines. Moreover, the Government did nothing to support him. Hence he gave no clinical lectures.

In order to supply this want Dr. G. Schmid in 1873 published a pamphlet, *What is urgently required in Modern Medicine*, in which he set forth the advantages of our system, and urged the necessity for establishing lectureships on homœopathy. In consequence of this pamphlet a gentleman of scientific acquirements, and fully conversant with the circumstances of homœopathy, got up a petition to Parliament requesting the establishment of three chairs—one for general instruction in homœopathy, another for *Materia Medica* combined with an institution for proving medicines, and the third for homœopathic clinical instruction, which he alleged was required in order to promote therapeutics. When the petition was presented to Parliament on the 4th December, 1875, the decision was put off, because a similar one was expected from the Graz Hahne-

mannia Society. When this latter petition was presented the decision was still deferred, and at last the subject was referred to a Committee of Professors of the Medical Faculty. The result might have been foretold. Had the professors been as firmly convinced of the nullity of homœopathy as they said, they would certainly not have hesitated to permit such a trial of it.

In conclusion we may mention that homœopathy finds many partisans and propagandists among the laity. In Upper Styria alone there are about fifty priests, who, furnished with boxes and books, treat the people with generally good results.

The highest nobility even takes part in this work. People flock in crowds to Count Gustavus Auersperg, on the borders of Styria, on account of his successful treatment. The well-known philanthropist, Princess Wilhelmina Auersperg, may be seen at her property in Bohemia going from cottage to cottage treating the sick peasantry, either all alone or in conjunction with homœopathic practitioners. In Zleb, in Bohemia, she built a homœopathic hospital for the poor country people, with twelve beds, of which Dr. Kohont is physician. In 1846 a homœopathic hospital for the poor was established by Countess Harrach, at Nechanitz, in which, during the three first years, 404 patients were treated.

In the course of this year a homœopathic children's hospital, with forty beds, was opened in Vienna, endowed by the Imperial Councillor, Upper Staff-Surgeon Dr. Taubes, Chevalier von Lebenswerth, formerly physician to the Archduke John.

It was only after a severe struggle by brilliant curative results that homœopathy has attained its present position. We must acknowledge our obligations to the original champions of our cause, who are now mostly all dead, and endeavour to tread in their footsteps; for Hahnemann's doctrine must spread and blossom to the advantage of suffering humanity.

NOTES ON DIABETES.

By FRANCIS BLACK, M.D.

(Continued from page 132.)

THE various theories of diabetes are uncertain foundations for treatment, but numerous observations during the last twenty-five years give data for a simple statement of what diabetes is. The healthy system possesses the power to assimilate, and then to make use of the absorbed sugar, so that it is not found in the urine except in the minutest quantities. In diabetes there exists a want of assimilative power over the saccharine principle, and from this defect sugar escapes into the urine.

In health sugar disappears from view, and as a final issue contributes to force production; in diabetes it fails to be utilised, and passes through the system unconsumed.* It thus gives rise to a double set of symptoms; first, from a power-producing substance being withdrawn from the system; secondly, this excess of sugar circulating in the blood, and saturating the various organs gives rise to various lesions, at first functional, and then organic.

The indications for treatment are—first, to lessen the supply of sugar and sugar-forming substances, to place the patient in the best hygienic circumstances; secondly, to seek for some agent which has curative power to correct the mal-assimilation of sugar; and failing this, to find remedies which can stay the general exhaustion, and local injury to various organs.

DIET.—The first end is attained in a great measure by substituting animal for vegetable food, and again by selecting from the latter those which contain least sugar or starch. The difficulty is that such diet can only be carried out to a certain extent consistently with health, and the

* Murchison supposes the glycogen secreted in the liver combines with nitrogen, and forms an azotised protoplasm, which maintains the nutrition of the blood and tissues.—“Croonian Lectures,” *Lancet*, 1874, vol. i, p. 430.

comfort of the patient; and in nearly all cases requires relaxing and altering from time to time. The diet must, as a rule, be mixed, as an excess of albuminoids is exhausting to the stomachs of all diabetics, and is especially injurious in gouty habits, where it is so important to lessen the production of uric acid. Variety in the bill of fare is of importance, as loathing of food is a great enemy to healthy digestion. The quantity as well as the quality of food and drinks must be considered, for the craving for solid and liquid aliments is very apt, if indulged in, to lead to mischief. The regulated quantity ought also to be taken at intervals of four to six hours, and at the time of taking solid food, and for an hour or two afterwards all fluids should as much as possible be abstained from. This abstaining from fluids is of great consequence when green vegetables form a large element in the meal, and is the best safeguard against flatulence. In many cases it is prudent to make a gradual alteration in the diet, especially in the diminution of liquid.

Too great care cannot be bestowed on preserving the integrity of the digestive organs, for in a disease such as diabetes where there is a constant drain of a substance rich in potential energy, failure in digestion leads to rapid and serious changes, of which atonic dyspepsia is not the least.

Food.—All kinds of butcher meat underdone, selecting those which the patient relishes and digests most easily; game, fish, shell fish, cheese, oils, butter, vegetables. A free use of butter and oily substances often stimulates the flow of saliva, and thus diminishes thirst. All vegetables containing much starch are to be avoided as much as possible, viz. potatoes, turnips, beet, parsnips, artichokes, but the green portion of plants are admissible and useful, viz. salads, spinach, greens, cabbage, especially the outer and greener leaves, cucumber, cress. Farinaceous substances to be forbidden, especially sago, tapioca, arrowroot, starch; but, except in very confirmed cases, some form of bread may be allowed. Bread made with undressed flour, or even with an extra quantity of bran, is most suitable and most nourishing; it has the further advantage of not adding to

the constipation, which is so frequent in diabetes. Various breads from which the starch has been washed from the flour have been used under the name of gluten bread ; this is made up in the form of loaves and biscuits.

Dr. Prout considers cakes made of well-washed and then well-dried bran mixed with eggs, milk, and butter, baked in a quick oven, as much more palatable, and more easily chewed than gluten bread.*

Dr. Pavy recommends as a variety biscuits made of eggs and ground sweet almonds ; he finds them palatable and digestible.†

A cheap bread can be made having Iceland moss as its basis.

Burnt bread crumbs form an excellent substitute for gluten bread.

M. Dauneey, of Bordeaux, makes a wheaten bread of flour previously torrified, and has ascertained that this is incapable of conversion into glucose, and gives great relief to diabetics.‡

Sugar is to be carefully avoided, as also fruits containing much sugar, such as pears, apples, figs ; but currants, lemons, oranges, grapes are allowable. Patients often miss the use of sugar in their food, especially in tea and coffee ; as substitutes glycerine has been recommended by Garrod and Beale, and now Senator says, "I would give mannite the unqualified preference."§

LIQUIDS.—The use of water ought to be restricted, for its indulgence increases the diuresis, and thus aggravates the thirst. As the sudden abstraction of fluids in diabetic cases is sometimes followed by unpleasant consequences, the quantity should be gradually diminished. As the craving is for cold liquids, Prout advises, when this is great, that all liquids should be taken in a tepid state. Fluids, beyond very small quantities, ought not to be taken along with

* Sold by Blatchley, 362, Oxford Street, London, who also sells a bran mixture, carefully prepared on Dr. Camplin's prescription, with directions for use.

† Sold by Hill, 60, Bishopsgate Street, E.C., London.

‡ *Bull. de Thérap.*, April 30th, 1873.

§ Loc. cit., p. 969.

solid food. Milk is allowable in all cases, but on this point there is a difference of opinion ; but Prout, a good authority, advocates its use. Donkin strongly recommends a diet restricted to skimmed milk, but physicians of good repute consider such restriction positively injurious.* Whey and butter-milk are allowable. Distilled water and spring water charged with carbonic acid gas alleviate thirst more readily than common water.

ALCOHOLIC STIMULANTS.—The need of stimulants in most diseases is a mooted question, and in diabetes opinion seems much divided ; but, undoubtedly, there are some cases in which the moderate and judicious use is beneficial. Fermented liquors containing sugar, such as champagne, sparkling Moselle, sherry, port, cider, and rich ales are forbidden. Porter and bitter ale are taken with advantage in some cases. Red Bordeaux wines allowable ; they were used much by Bouchardat as a remedial measure.

When stimulants are absolutely required, good whisky and brandy, freely diluted, are the safest. Koumiss has lately been recommended ; a form of it suited to diabetes is sold. Tea and coffee, if not otherwise contraindicated, are allowable, also cocoa made from the nut, but all prepared cocoas and chocolates are forbidden.

EXERCISE.—Bouchardat first showed, and his statement has recently been confirmed by Krietz, that sugar and other secretions in the urine may decrease and wholly disappear for the time being under the influence of muscular movements pushed to the extent of exciting perspiration. But, undoubtedly, exercise of a much more gentle kind is useful, and confirmed diabetics are generally unable to take quick or severe exercise. In cases of great feebleness

* Dr. Ker kindly furnishes me with the following interesting experiences with skim-milk of a retired Indian general, aged 59, who has been diabetic at intervals since 1872 :

“ First week.—On the first day took a tumblerful of skim-milk every three hours, taking six in all. On the second day took seven tumblerfuls ; on the third eight ; on the fourth nine ; on the fifth ten ; on the sixth eleven ; on the seventh twelve. *Second week.*—On the first day took one imperial pint and ten tumblerfuls ; on the second two pints and eight tumblers ; on the

it is safer to trust to such passive movements as are recommended by Dr. Roth,* and these may be supplemented by

third three pints and six tumblers; on the fourth four pints and four tumblers; on the fifth five pints and two tumblers; on the sixth six pints; on the seventh seven pints; and so on for six weeks. On the *seventh week* he took in addition about half a pound of roast meat. *Eighth week*.—Three quarters of a pound of meat, green vegetables, and rather less milk. *Ninth week*.—The same, with the addition of Van Abbott's bran-gluten biscuits. *Tenth*.—The same. *Eleventh*.—The same, with beef-tea thickened with Van Abbott's semola or macaroni. *Twelfth*.—The same, with tea or coffee and fish. *Thirteenth*.—The same, with butter, cream, fat and gravy, eggs or potted meat, and Van Abbott's parmesan cheese. *Fourteenth*.—The same, or lamb, veal, tongue, chicken, turkey, game, and soup, without flour and starchy vegetables. *Fifteenth*.—Fish and shell-fish. *Sixteenth*.—Any green vegetable but peas and beans. *Seventeenth*.—Plain instead of skim-milk, with coffee or tea at breakfast. *Eighteenth*.—The same, with the addition of unskimmed milk at tea. *Nineteenth*.—The same, and brown bread at dinner. *Twentieth*.—The same. *Twenty-first*.—Brown bread at breakfast as well as at dinner. *Twenty-second*.—The same, with white bread at dinner. *Twenty-third*.—The same. *Twenty-fourth*.—White or brown bread at breakfast and dinner. *Twenty-fifth*.—The same. *Twenty-sixth*.—From this time he took potato and other farinaceous articles, but no sugar or sugary food.

"This course began on May 7th, 1877, and ended on the following November 4th. The first effect of the exclusive skim-milk diet was headache, which continued for three or four days. Then diarrhoea set in and continued more or less till other articles were added to the dietary, the stools sometimes passing involuntarily. At first large quantities of bile were passed. The urine was scanty, high-coloured, and charged with bile. He lost six pounds in weight in the first four weeks. But, whereas when he commenced the treatment he was passing sugar to the extent of eight grains to the ounce of urine, in one week it fell to half a grain to the ounce, and, in a fortnight, the urine was pronounced by a practical analyst to be free from sugar. It remained free from sugar till November 3rd. Sugar returned, however, almost immediately after that date in consequence of returning to such articles of diet as potatoes and rice. In a fortnight sugar was found to the extent of two grains to the ounce of urine. He accordingly left off bread and farinaceous food, and a fortnight afterwards there was no sugar to be found; the specific gravity was 1023, and the quantity passed in the twenty-four hours fifty-seven ounces, and the acidity normal.

"Since then his urine has remained free from sugar as long as he abstained from farinaceous food, and, on the contrary, sugar has returned whenever he has not abstained. No medicine but quinine has done his disease any good, and that medicine does not cure him."

* "Medical Gymnastics," in various numbers of this Journal, *e.g.* vol. xii, p. 601.

hot air baths. Whenever there is evidence of hepatic disturbance there is an additional reason to press exercise in the open air, especially on horseback, so as to guard against stagnation of blood in the liver. Diabetics often suffer so much from languor that persuasion is needful to enforce exercise. Dr. W. Richardson gives in the experience of his own case the benefits of exercise. He urges the regular and daily walk to be carried out patiently and perseveringly, so that the task, at first difficult and unpleasant, becomes at last positively a pleasure.*

ATMOSPHERE.—Dryness, and sunshine are very great aids in relieving the diabetic; damp and cold combined are their greatest enemy; hence the need of warm woollen clothing, and the choice of a suitable climate.

BATHS.—Tepid baths, temp. 84° to 94° , tend to promote a healthy action of the skin, but for those persons who can bear it the hot air bath is a more efficacious means.

Dr. W. Richardson (*loc. cit.*) found advantage in his own case, and in that of others, from the use of tepid baths containing carbonate of soda, taken twice a week. The benefit of Vichy as a curative agent is no doubt partly attributable to the alkaline tepid bath taken daily.

MORAL means.—Freedom from all worry and emotion, complete mental repose, and the surroundings of a cheerful society are most valuable auxiliaries in treating diabetes. The neglect of moral and mental precautions is one of the most frequent causes of relapse in this ailment. "Fret not thyself" is an exhortation of the Psalmist, which is of incalculable benefit in all diseases.

DRUGS.—The choice of diet, and other hygienic means, is the easiest and most satisfactory part of the treatment of diabetes; the difficulties commence when a drug has to be selected to correct the malassimilation of sugar.

The homœopathic formula, owing to the scanty and imperfect knowledge of artificial glycosuria, affords as yet no satisfactory guide.

The discovery of small groups of initial symptoms is almost impossible, for it is a peculiarity in diabetes that

* *On Diabetes*, p. 91.

a marked condition of the disease may exist without exciting suspicion in the patient's mind.*

From the seat of the disease it is rare to procure indications in the treatment of diabetes, except in cases where injuries of the brain or spine are traceable as exciting causes, for pathological anatomy gives no certain information.

It may be alleged by some that it is needless to consider the abnormal presence of sugar in the urine, and that the totality of the symptoms, according to the rule of Hahnemann, is the true guide in seeking for a *simile*. No direction has been more abused, and less understood; its truth and importance are founded on the word *totality*. It means as true and as perfect a picture of the disease as can be drawn, cleared of all speculative views, but to ignore the condition of the urine in diabetes is as imperfect as to publish, as complete, a list of the dramatis personæ of Hamlet with the title character omitted.

At present, then, from lack of knowledge, selections must be made from among those remedies which have a certain amount of traditionary value, *e.g.* *Phos. ac.*, *Uran. nit.*, *Phos.*, *Ars.*, *Nux vom.*, *Morph.*; † to this list may be added *Silica*, *Atrop.*, and *Lactic acid*, and of untried remedies *Curare*; after these the choice may be extended to such drugs as have an hepatic affinity. The very evident connection of glycogen with the liver, and the very important functions that organ performs in addition to the secretion of bile, especially its share in the formation of urea, justify the hope that through this class of hepatic medicines a reliable remedy may be discovered for diabetes.‡

* Pruritus vulvæ is often the first sign in middle-aged females. The following case, related by Dr. Follet, is interesting. A lady, aged 26, apparently in robust health, complained of weight after eating, accompanied by flushing and giddiness. Some of her finger- and toe-nails had fallen off; there was no trace of inflammation in matrix. Remembering that he had seen the patient's father, who was not syphilitic, suffer from falling off of the nails, and who in eighteen months died of diabetes, he examined the urine, and found it to contain six grammes of sugar to the litre (*Gaz. hebdom. de Méd.*, 1874, No. 5). Sexual weakness in the male is often the first symptom to excite his attention.

† See p. 132 for a fuller list.

‡ The frequent occurrence of diabetes in gouty patients, and the evident

PHOSPHORIC ACID, as already shown (p. 131), was adopted from ordinary practice, and the doses in which it has been given by the homœopathic school have been large, amounting often to the officinal quantity, but benefit has been ascribed to minute doses.* Dr. Prout, whose experience was probably the largest in England, writes: "I have been disappointed with the use of *Phosphoric acid*; it has not in my hands produced the good effects some have ascribed to it." He thinks more favorably of the *Phosphate of Iron* (loc. cit., p. 50).

The published cases of cure by *Phos. ac.* are not sufficiently numerous to afford reliable data for peculiar clinical indications, and the same remark applies to *Uranium*. Dr. Hughes writes: "I feel more and more convinced that the main one is that which I have laid down when lecturing on *Uranium*, that it is best suited to cases originating in dyspepsia or assimilative derangements, while *Phos. ac.* excels it when the starting-point of the disease is the nervous system."† When such a diagnosis can be made the indication is good, but in three fourths of diabetic cases the task is a very difficult one.

PHOSPHORUS has been suggested by Kafka as a prob-
marked connection of gout with impaired functional disturbance of the liver, gives a further importance to looking among hepatic drugs for a remedy. Dr. Lecorché, in a paper submitted (June, 1872) to the Academy of Médecine in Paris, considers glycosuria as the result of azoturia, and he makes the remark, "in the most successful cases of patients apparently cured, because they ceased to be glycosuric, they none the less died diabetic, that is to say, azoturic." He strives to stop the loss of urea by *Opium*, *Arsenic*, *Valerian*, tea, coffee, and fatty substances.—(*Lond. Med. Rev.*, 1874, p. 32.)

Recent observations show the liver, in addition to a biliary and glycosuric function, to be not only a blood-forming, but a blood-destroying and purifying organ; that it contributes in a great degree to the destruction of albuminous matter derived from food and textures, and the formation of urea and lithic acid, which are subsequently re-eliminated by the kidneys.—(Murchison's "Croonian Lectures," *Lancet*, 1874, vol. i, p. 502.)

* The evidence in favour of very minute doses is far from being satisfactory, e. g., a man, aged 40, weakened by diabetes, which three months' allopathic treatment had failed to relieve, is completely cured in eight days by the administration of *Phos. ac.* 30, treated by Dr. Pompili.—(Extract by Dr. Oehme, *Hom. Klinik*, July, 1873, p. 107.)

† *Therapeutics*, 2nd edit., p. 244.

able remedy, but he gives no clinical experience of its use. In Case No. 1 (p. 47) it appeared to the writer to exercise a decidedly more marked effect than *Phos. ac.*; the patient always felt stronger after its use, whereas the acid appeared to produce no immediate perceptible action.* It is a drug which has a powerful physiological action on the nutrition of the liver, and this, with its well-known therapeutic value in diseases of the brain and nervous system, suggest a trial of this remedy in diabetes, either when the gouty diathesis is present or disease of the brain is the exciting cause. It may also be useful as a palliative in the latter stages of diabetes, when the lungs get disorganized by cheesy degeneration, or when cerebral symptoms show themselves.†

URANIUM is used in the form of the muriate and nitrate, and it may be regarded as one of the remedies which has a fair claim to further trial in diabetes. Eight years' experience of *Muriate of Uranium* confirms Dr. Jousset's favorable opinion of it; he finds this remedy rarely effects a radical cure, but it *nearly always* brings about a considerable amelioration in the general state of the patient.‡ My own experience, added to a careful review of other cases, leaves me to form not quite so favourable a view of its efficacy. Dr. Jousset considers excessive thirst as the principal indication, but this is a symptom present in every marked case of diabetes.

Dr. Hughes regards *Uranium* with favour, especially in

* Drs. Madden and Hughes (*Brit. Journ. Hom.*, vol. xxi, p. 99) remark: "It is possible that the curative power of *Phos. ac.* over diabetes may be connected with the influence of *Phosphorus* upon the liver. If so, it would be desirable to ascertain whether the base itself is not a more powerful remedy than the acid."

† Schulzens found that in animals poisoned by *Phosphorus* the processes of oxidation are arrested in the organism, but those of decomposition by ferments go on. In such animals urea disappears from the urine, and is replaced by leucine and tyrosine, which in the healthy organism are converted into urea. No sugar appears in the urine, but a kind of lactic acid is found in quantities exactly proportional to the amount of sugar afforded to the animals by their food.—(Dr. Lauder Brunton "On Diabetes," in *Reynolds' System of Medicine*, 1879, vol. v.)

‡ *Elements de Med. Pratique*, 2nd edit., vol. i, p. 116.

cases of peptogenic origin, and where marked dyspepsia is present.*

The presence of albuminuria in conjunction with glycosuria may be suggested as an indication for *Uranium*. In one of Dr. Magdeburg's cases there were traces of albumen. This drug has generally been given in doses of the lower decimal triturations; there are also a few reported cases of its efficacy in higher dilutions. A well-marked case is reported in the *Lancet* (June 13th, 1874) by Mr. Kennedy, where a sixth of a grain of the nitrate was given three times a day, and gradually raised to the third of a grain; in a week the improvement was marked. This patient, aged 17, had never menstruated, and there was no history of fright or error in diet to account for the diabetes. The prominent symptoms were great weakness, harsh dry skin, voracious appetite, and great constipation.†

In two cases reported by Dr. Magdeburg,‡ where considerable amelioration followed its use, there was considerable derangement of the digestive organs. One case was a lady, aged 68, a gourmand, and an indulger in the free use of wine; her appearance was good; she suffered from dryness of the mouth, and not unfrequently complained of a sensation as if hairs were in it. The skin was very dry, with mealy scaly appearance. The subject of the other case was a broken-down, decrepid man, of a very gouty habit; he suffered much from disturbance of the digestive organs; the tongue was red and painful, with a slimy grey coating; dislike to flesh meat. Dr. Magdeburg gave a quarter of a gramme (2nd dec. trit.), divided into four doses, daily. He remarks, although with this attenuation there is no specific taste, still less any disturbing action in the stomach, yet it generally happened between the second and the sixth day of its exhibition the patient experienced disgust at it. Hence he found it necessary to suspend its use occasionally.

Dr. Lowder published a very satisfactory case occurring

* Two cases reported by him in *Brit. Journ. Hom.*, vol. xxi, p. 369.

† *Brit. Journ. Hom.*, vol. xxxii, p. 573.

‡ *Brit. Journ. Hom.*, vol. xxxiv, p. 67, from Hirschel's *Hom. Klinik.*, Bd. xx, No. 14.

in an elderly lady, where the action of *Uranium* was marked; the patient ultimately died diabetetic. The prominent symptoms were: very constant thirst; tongue reddish at edges; no appetite for solids; obstinate constipation; urinary tenesmus; eczema in various parts; emaciation. *Uranium* 3x trit. was given three times a day; the relief was soon apparent and attended with a very marked diminution of these symptoms, with a great gain in flesh, and happiness.*

In addition to a case of diabetes, alluded to by Dr. Drysdale, in his *Use of Specifics*, where without any change of diet benefit followed the use of *Nitrate of Uranium*,† two more cases treated by him will be found in this paper, under the head of *Atropine*, where *Uranium* had its share in checking the glycosuria.

Dr. Ker reports:—"My experience of *Uranium nitricum* in diabetes is more favorable than yours. I have scarcely given it in a single case without some improvement, and occasionally a great deal of improvement, following. One marked case, that of a lady over seventy years of age, had all her symptoms modified to the better as soon as I gave her *Uranium nitricum*, in one-drop doses of the first decimal dilution. The quantity of urine fell from five quarts daily to five pints. Her strength, which was nearly gone, returned in a great measure. Her nutrition improved, and she gained flesh; thirst disappeared, and, with it, a distressing dryness of the mouth; costiveness of the bowels ceased, and the appetite became natural. The improvement was maintained for a month only, and then the urine increased in quantity again. But it has never returned to five quarts, and the other symptoms are still favorable, though sugar is still being passed.

"Other cases I have had a like experience with. One old lady, now aged eighty-six, has had attacks of diabetes at intervals for the last six years, and I never give any other medicine than *Uranium nitricum* 1^x, in doses of one drop, repeated four times a day. Such treatment has, on

* Dr. E. T. Blake, *Uranium*, in *Hahn. Mat. Med.*, p. 24.

† *Brit. Journ. Hom.*, vol. xxv, p. 596.

three separate occasions, brought about the disappearance of sugar from the urine in about three weeks. Another case, that which benefited so greatly by the exclusive use of skim milk (vide p. 349), has been always relieved by the same medicine, the patient saying, 'It is the only medicine that does me any good.' That is strong testimony from one who, during the last eight years, has tried every diabetic medicine known. I have only lost one case of diabetes, and that was a boy of fifteen."

ARSENIC.—Little is yet known of its action in glyco-genesis. Grauvogl quotes from Heller that sugar is found in the urine after *Arsenic* has been taken.* According to Scirkowsky and Luchsinger, the formation of glycogen ceases when the hepatic cells are rendered incapable of performing their functions by poisoning with *Arsenic*. This action on animals suggested to Leube its administration in diabetes.†

Arsenic has been used in ordinary‡ and in homœopathic practice in the treatment of diabetes, but with no very decided results. It may, however, be ranked as one of those means which have an ameliorating influence in this disease, in some cases actually diminishing the excretion of sugar, in others having no action, and the reason of such varying action not being apparent. If the glycogenic property could be established it would encourage the further use of *Arsenic*, for its general action bears a great resemblance to many of the symptoms of diabetes, *e.g.* thirst, dry, red-edged, and fissured tongue, impaired digestion, polyuria, and exhaustion.

Kafka suggests *Arsenic* as a remedy. He notes a case where it relieved thirst, dry mouth, craving appetite, and polyuria; no examination is given of the urine. The patient died of lung disease.

* *Archiv für Chemie und Microscopie*, Feb., 1852, quoted in *Handbuch der Hom.*, ii, p. 175.

† Senator, loc. cit., p. 936.

‡ Senator says it was long since recommended by Berndt, and in more recent times by Devergie and Leube. V. Pap found it useful in mild cases —(*Wiener Med. Presse*, 1875, Nos. 13 and 14.) Devergie's paper appeared in *Gaz. Med. Paris*, 1870, No. 22.

Grauvogl relates the cure of a drunkard considered by him to be suffering from diabetes, where horrible thirst, emaciation, and exhaustion, with odd hallucinations, were the prominent symptoms. He recovered under the action of *Arsenic* in three months (Oehme, *Hirschel's Hom. Klinik*, Mai, 1878, p. 73). Oehme quotes another case from Kafka of a chlorotic girl, where *Ars.* 3, given three times a day, rapidly removed thirst and polyuria, but this patient was evidently suffering from diabetes insipidus, not mellitus. In an advanced case of diabetes, where increased thirst, entire extinction of sexual desire, emaciation, and loosening of front teeth are recorded as the prominent symptoms, no benefit was experienced from the use of various remedies, including *Arsenic* in dilution, but after taking $\frac{1}{10}$ gr. of *Arsenic* every week, and then every five days, the patient improved much in two months. Recovery not permanent.

Sorge says he found *Ars.* useful in two cases, but he gives no particulars (*Br. J. Hom.*, xxxiii, p. 544).

Arsenic may be considered as indicated where there are eruptions on the skin and tendency to boils; where the vagina and vulva become subject to redness, swelling, and pruritus; when the teeth become loose, and the skin dry and mealy-looking; when the lungs become involved; when albumen is present in the urine, and in advanced cachexia, where the kidneys have suffered, and there is œdema of legs.

OPIMUM and some of its preparations have long held, in traditionary medicine, the first place as useful agents in controlling diabetes. They have hitherto been used in full doses, to which the diabetic show a remarkable tolerance, though there is also abundant evidence of harm from the extent of the dose. They present, in their pathogenesis, a similar glycosuria, and as many of the general symptoms of diabetes as *Phos. ac.* and *Uranium*; they ought, therefore, not to be ignored by the specific school, but merit a trial, under certain circumstances, in moderately small doses,* *e. g.* when there is evidence that some cerebral condition, such as congestion after an injury, is the exciting cause of glycosuria; when constipation proves a troublesome

* Dr. Hughes suggests it in *D. acutus* and *acutissimus*.

symptom; when the mental state is one of dulness and sadness, with weakness of the memory and of the muscular system; when the skin is dry, and great itching experienced. Morphia is generally employed in preference to opium. Of late *Codeia* has been recommended by Dr. Pavy; the other constituents of opium have no clinical value.

CURARE has glycosuria in its pathogenesis, but, as already noticed (p. 116), not similar to ordinary pathological diabetes. It is a drug of whose finer shades of specific action little is known, but in the paucity of true remedies for diabetes it is worthy of remembrance, especially when cerebral and spinal lesion is the exciting cause of the glycosuria; also when there is great nervous debility. Dr. Hughes alludes to *Curare* as a possible remedy in that rapid and fortunately rare form of diabetes (*D. acutus* and *acutissimus*), where life is threatened in a few weeks.

NUX VOMICA.—There is little published evidence in homœopathic records of the utility of this medicine. Dr. Yeldham has found *Nux vomica* of much use in diabetes.† One case is very cursorily reported by Oehme (loc. cit.). Another interesting case is given by Dr. E. J. Blake. The subject was a married lady of a gouty habit. She was placed on a strict diet, compresses were applied at night to the loins, hot-air baths were prescribed, and, in conjunction with these, *Nux vom.* 8^x and *Calc. carb.* 6^x, one hour before meals, on alternate days. Very satisfactory progress was made. The swelling and irritation of the vulva, the tormenting thirst, the dryness of skin, the marked languor, and copious urination all passed away.‡ To which of these various agents is the benefit to be attributed? The gouty habit may be considered an indication for *Nux*; also the existence of dyspepsia, characterised by gastrodynia and headache. It is useful in relieving the mental conditions which often arise in diabetes, such as sadness or irritable, vacillating temper, great sensitiveness of the nervous system,

* *Therapeutica*, 2nd edit., p. 245.

† *Trans. Brit. Hom. Soc.*, 1864, vol. iii, p. 458.

‡ *Brit. Journ. Hom.*, vol. xxviii, p. 206.

attended by odd sensations in the limbs, and fidgets. Spinal lesions as the exciting cause may be regarded as an indication.

In ordinary practice *Nux vomica* and its preparations are held in esteem by some practitioners. Dr. Dickinson considers *Strychnine* of all medicines the most constantly useful; he prescribed it in full doses.*

BELLADONNA and ATROPINE.—The former medicine has been tried in diabetes in the ordinary school, but according to the latest writer, with no good results. The latter has no published testimony in the specific school in its favour. Dr. Drysdale, from the marked thirst in its pathogenesis, has been induced to try it, and the two following cases show its action, though being given in alternation with *Uranium* the results must be divided.

20th February, 1877.—Captain G—, æt. 45, a captain of an American merchant ship. Has hitherto done his duty, and only complains of thirst and general debility. Urine 5 pints, sp. gr. 1035, reaction acid, no albumen, sugar 40 grains per 1000, urea 24·8 grains per 1000, little deposit. *Atropine* 1, gr. ij, for six days; then *Uran. nit.* 1, gr. ij, for six days, and so on alternately.

27th.—Less thirst; quantity of urine about 4 pints; slight headache; appetite not excessive; bowels costive; irritable temper. He was then going to sail, so I gave him a course to take on the voyage. *Atropine* 3rd dec., for four days; then *Uran. nit.* 1, for fourteen days; then *Nux vom.* 1st dec., for four days, followed by *Uran. nit.*, for fourteen days, and then *Atropine* 2nd dec., for four days, &c. A dose to be taken night and morning.

On 7th March, 1877, he returned, and the urine showed—sugar none, urea 37·2 grains per 1000; some slight deposit of uric acid and oxalate of lime. Health quite good.

On October 10th, 1877, he returned, and reported that last April his urine was examined in America, and reported free from sugar. Since then he has married, feeling well and eating common diet all summer; but for a month or so has begun again to feel dry in the mouth and pass more

* *Diseases of Kidneys*, 1875, p. 135.

urine, but thirst not great. On analysis the urine showed 27.7 per 1000 of sugar, and specific gravity 1030. To repeat the course as before.

This patient was quite well when seen in the spring of 1879.

Captain S—, æt. about 40, also a ship captain on active service.

On 2nd February, 1876, complained only of dry mouth, pains in loins, and general debility. Urine showed sp. gr. 1040, sugar in considerable quantity, but not accurately detected.

Atp. 1, sig. 1, 4, 7, 10; *Uran. nit.* 1, sig. 2, 3, 5, 6; 11, 12. The powders to be taken as numbered, dissolved in three tablespoonfuls of water, one spoonful every day. He improved, and then went on his voyage, with a course of *Nit. Uran.* and *Atropine*. He remained well all summer, and on common diet.

On 23rd December, 1875, was seen again, and complained of pain in loins, for which he got *Terebinth*.

On 10th January, 1877, complained only of a slight numb feeling in legs, for which he got *Cocculus* 1st decimal, n. m.

On 14th September, 1877, reported that he had been very well all summer, and on common diet; but had complained off and on of that numb tingling in the feet and hands. But on analysis the urine showed sp. gr. 1032, acid reaction, sugar 21 per 1000, urea 13.5 per 1000. He was then put on restricted diet, and a dose of *Uran. nit.* 1, night and morning, with one of *Veratrina* 3, at noon daily.

On the 1st October.—Sp. gr. 1025. He feels very well, and only feels the tingling now and then. He has taken a less restricted diet than ordered. Continued.

20th.—Feels quite well and has taken much exertion without fatigue and common diet. Urine 3 pints, sp. gr. 1027, no sugar, urea 32 per 1000.

The patient was quite well in the spring of 1879.

CREASOTE has had its advocates. Bähr (loc. cit., vol. i, p. 624) reports a case where it first disagreed, probably

from over-large doses, then *China* was useful. After this *Creasote* was returned to, and was followed by complete disappearance of the sugar. Oehme gives an abstract of a case where a man, aged twenty-eight, suffering from marked diabetes, quite recovered after the continuous administration of *Creasote* pills. Another case he gives is of no therapeutic value (*Hom. Kl.*, 1873, p. 89). Jousset (loc. cit., p. 116) says *Creasote* rendered him some service, but he is unable to fix its indications. Prout, whose experience is the largest of any English physician, says:—"Like many other remedies, some of them, as, for instance, *Creasote*, have sensibly diminished the quantity of urine and its immediate consequences, but here their good effects have ceased, and neither these nor any other remedies that have yet been proposed exert to my knowledge any direct effect in improving the saccharine quality of the urine" (*Stomach and Renal Diseases*, p. 51).

SILICA.—This remedy, so valuable in the specific therapeutics, has lately been tried in ordinary practice, and among its uses Dr. Batty reports its action in diabetes. His article appeared in the *Edin. Med. Jour.* (vol. xx, Nov., 1874), and is abridged in the *Br. J. Hom.* (vol. xxxiii, p. 89).

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

Then come three cases of pronounced diabetes. The first ended fatally in spite of the sp. gr. of the urine being reduced occasionally to 1015, thus evidently showing the power of the drug, although the action could not be maintained. The second case improved, but the patient went away and was lost sight of.

The third case, a middle-aged man, lost forty pounds in weight in four months; the constitutional symptoms of diabetes fully developed themselves. The sp. gr. of the

urine varied from 1034 to 1037, with large amounts of sugar, tested by Professor Rodgers and Nimsely, the quantity passed being not less than six pints by night and perhaps as much more by day. After three weeks' fruitless treatment with *Perchloride of Iron* and *Chlorate of Potash*, he was placed on the *Silica*, one grain night and morning.

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

These reports are very interesting, but knowing how many medicines have been vaunted as curative in diabetes which have not stood the ordeal of experience, further trials are required before the therapeutic stamp of true coin can be placed on *Silica*.

LACTIC ACID has been recommended by Cantani, and used with considerable success by others in diabetes. An erroneous theory as to the function of the liver in secreting *Lactic acid* led him to try it. Senator classes it rather as a dietetic agent, that is, it is a substitute for the *Lactic acid* which in health is converted in the stomach from sugar, and this conversion may be restricted in diabetes. *Lactic acid* is entirely oxidised in the blood; it is used up there, and becomes a source of power, which does not occur in the same manner with grape sugar, which finds its way into the blood. The dose has been from 75 to 1000 grains, given daily, in 8 to 10 ounces of water. The danger from continued use of such or larger doses is the probability of exciting acute rheumatic polyarthritis. Foster made observations on two diabetic patients, in whom the prolonged administration of *Lactic acid* invariably produced this disease in a perfectly characteristic form, the symptoms always subsiding when the medicine was discontinued.*

* The Synthesis of Acute Rheumatism, *Brit. Med. Journ.*, Dec. 1871.

This result has been observed by other writers. Two cases of diabetes are reported, but without details, in which 5 or 6 drops of *Lactic acid* 1st dec., given twice a day, proved effectual.* It is still a question to be decided if minute doses are sufficient to elicit the undoubted good results of *Lactic acid* in diabetes.

NATRUM SULPHURICUM.—Aegidi records a case occurring in a man aged 43, where a great number of ordinary homœopathic remedies failed (*Sul.*, *Calc.*, *Phos. ac.*, *Phos. Mer.*, *Ars.*, *Sil.*, *Magn. m.*), until, under the idea that the patient had gonorrheal cachexy, one dose of *Thuja* 30 was given; then, as the patient was supposed to have a “hydrogenoid constitution,” *Natr. Sul.*, 3, five drops four times a day, was given for four months with complete success. Dr. Aegidi remarks, “This remedy failed completely the same year in another case, which, however, was yielding to a remedy of surprising power, which he declines to name until further experiments have made him better acquainted with its employment.

The case was well marked, *e. g.* great weakness, bodily movements difficult, pain in the ankle-joints, heaviness of feet. After sleeping in the morning, fatigue and powerlessness; all the ailments aggravated during rest; thirst all the forenoon, with internal chilliness; confusion of head, pressive frontal headache, especially after meals; noise in the ears, sometimes vertigo, followed by nausea and difficulty of swallowing (*Br. J. Hom.*, xxii, p. 164, from *Allg. Hom. Ztg.*, November 16th, 1863).

ARGENTUM was suggested by Hahnemann as a remedy likely to cure some forms of diabetes. There is little or no clinical confirmation of this. Rückert (*Klin. Erfahrungen*, 2, p. 49) mentions a case which was relieved by *Arg. fol.*, but died of tuberculosis afterwards. The symptoms were emaciation, great weakness, face sallow, urine turbid, sweetish tasting, profuse; scrotum and feet œdematous. The lack of chemical examination mars the value of the case.

HELONIN, active principle of *Helonias Dioica*, has not been shown to excite glycosuria, whatever renal action it may

* *Brit. Journ. Hom.*, vol. xxxiii, p. 359.

otherwise have. Dr. Paine (an Eclectic) details a case occurring in a man, aged 26, where *Helonin*, given every two hours during the day, for sixteen consecutive days, had a very beneficial effect in reducing the sugar. With this and *Quinine* and *Cod-liver oil*, and occasionally *Iron*, a cure was soon effected. He says several other marked cases have been treated in a similar way and with the same results (Hale, *New Remedies*, 2nd edit., p. 536).

Rhusin, *Trillin*, *Lycopin*.—Dr. A. Stokes, in his analysis of Dr. Grover Coe's work on *Concentrated Organic Remedies*, notes, "Diabetes.—*Rhusin*, tonic and astringent, valuable; *Trillin*, tonic; *Lycopin* of remarkable efficacy, two to four grains ter die, regulate the bowels with *Hydrastin*, valuable" (*Br. J. Hom.*, xxii, p. 74).

Quinine arsenite also *Iodide of Potassium* recommended by Kafka (loc. cit. 2, p. 714).

"*Nux v.*, *Aco.*, *Sul.*, *Chin.*, *Bell.*, and some other remedies" of marked benefit, in a widow, aged 47, where fifteen pints, containing a pound of sugar, were passed daily. No symptoms given (Dr. Sharp, *Br. J. Hom.*, ix, p. 589).

MINERAL WATER.—The consensus of medical opinion is greater in favour of certain mineral waters than of any of the numerous drugs used in diabetes. The waters most in repute are those of Vichy and Carlsbad; the rationale of their beneficial action does not yet admit of any satisfactory explanation. The latter is to be preferred when there is evident hepatic derangement, or the patient gouty, and able to stand the aperient action which follows the use of Carlsbad, but not necessarily of Vichy water. These waters rarely bring about a radical cure, but they are very efficacious in modifying the disease, and moderating its course. Vals (Ardèche) in France, is recommended by some, as also Neuenahr, near Remagen, on the Rhine, but they have still their reputation to make.

Some mineral springs in the centre of France are strongly recommended by M. Gubler, especially for diabetics who are anæmic.* He names Rouzat (saline and ferruginous), Saint Maurice, Vic de Comte, Saint Nectaire

* *Lond. Med. Record*, 1874, p. 708.

(warm saline, and contains arsenic), but he gives the preference to La Bourboule, which is a warm saline spring containing more arsenic than any known mineral water. It has a reputation in skin and strumous conditions, is easily borne by weak stomachs, and is said to be very efficacious in "organic cachexias." It is about half an hour's drive from the famous springs of Mont Dore, which also contain arsenic.

When failure to correct the malassimilation of sugar arises, and this, unfortunately, is too often the case in confirmed diabetes, recourse must be had to such remedies as meet the general exhaustion, and the local injury to various organs.

DEBILITY may be met by *Phos.*, *Phos. ac.*, *Ars.*, *Chin.*, *Mosch.*, *Camph.*, *Picric ac.*; it is rarely benefited by alcoholic stimulants, especially in the last stages.

THIRST.—A feeling of thirst, dryness, and burning in the throat often seriously distress the patient, and being local manifestations of the general lack of fluids due to the increased secretion of kidneys they are difficult to relieve, but they are also partly due to the actual presence of sugar, for they are most intense an hour or two after meals, and may be present, as in Case No. 2 (p. 57), with low specific gravity and scanty urine, the sugar accumulating in the blood instead of being eliminated by the kidneys. *Acon.* was useful in this condition; *Atropine* and *Ars.* may also be indicated; fomentations to the loins and a free use of diluents. The sense of thirst led Dr. Drysdale to prescribe *Atropine* in the cases reported (p. 360). Remarkable dryness of the mouth is a very distinctly marked action of this drug, and even a moderate dose renders the central part of tongue, the palate, and back of the oesophagus, as dry and glazed as paper. It also excites polyuria, and tenesmus of the urinary organs.

Digitalis may also be useful, and it bears in several points a resemblance to the general symptoms of diabetics. Dr. Lauder Brunton has observed that *Digitalis* causes thirst. When experimenting on himself with this drug, the excretion of urine was greatly increased on one occasion by

its use. Shortly afterwards intense thirst came on, which obliged him to drink more than his usual allowance.* Thirst is relieved by fatty foods, and liquids acidulated with *Carbonic acid* and lemon juice.

CONSTIPATION is very generally present, and its diminution invariably quickly follows the action of any remedy which tells on the saccharine assimilation; failing these, recourse may be had to *Nux, Op., Sul., Alumina*. Enemata are rarely useful. When the constipation proves obstinate, causing headache and hepatic disturbance, a mild aperient is required. Of these a small glass of *Friederichshall* or *Hunyadi János* water is most efficacious, giving relief to the whole system. It is a curious circumstance that no sugar is found in the solid fæces, only when there is diarrhoea.

LIVER.—This organ is very frequently affected functionally; organic changes rarely take place, except in the last stages of diabetes. The functional derangement is generally shown in diminished appearance of bile in the fæces, and this is a condition more difficult to relieve than when there is increased flow. In the former case *Dig., Kali bich., Mer. sol., Iod. m., Hep. s., Sul.*, are the most useful remedies; in the latter case *Euonymin, Iridin, Leptandrin, Podophyllin, Merc. corr., Iod. m., Nit. ac.*, are indicated. But there may be much liver disturbance without the bile secretion being apparently affected; it may fail in performing the important function of converting the albuminoid matter circulating through it into urea, a soluble product which can be readily excreted by the kidneys, and in lieu of this there is a deposit of lithates and insoluble lithic acid in the urine, the general disturbance expressing itself by headache, frontal, sometimes occipital, occasionally vertigo, languor, weariness in the limbs, uneasiness about liver or scapular regions, tongue large, furred, and often indented at sides, loss of appetite, flatulence, great depression and irritability of temper, constipation, with dark or pale motions, or normal colour, sometimes alternating with diarrhoea, intermitting pulse, and palpitation of heart. For such a

* Article on "Diabetes," in *Reynolds' System of Medicine*, 1879, vol. v, p. 368.

state the best remedies are *Nux*, *Lyc.*, *Nit. ac.*, *Merc. corr.*, *Iod. m.*, *Chelid.* The effect of these is sometimes better marked after one or two doses of such remedies as *Euon.*, *Lept.*, *Irid.*, *Pod.*, given in doses from a tenth to half a grain, so as to secure their physiological action.

Rheum is also a remedy homœopathic to much of this condition, but its efficacy is best shown when given in a dose sufficient to act slightly on the bowels; it then can, with advantage, be followed up by *Nux*, *Strychnia*, or *Nit. ac.* This hepatic condition is often attended by chronic catarrh of the fauces, indicating *Kali bich.*, *Nit. ac.*, *Iod. m.*, *Hep. s.* Dr. Sharp has found *Chamomilla* useful in two diabetic cases with hepatic symptoms.*

Ammonium muriaticum (*Chloride of Ammonium*) is a remedy which is so useful in functional derangement of the liver attended especially by lithæmia, and when the catarrh of the fauces extends to the stomach, that it is strange it is so little used by the homœopathic school. Noack and Trinks, in their *Arzneimittlehre* (p. 47) give a long list of diseases in which it is used by the old school, so corresponding with its employment by the homœopathic school that they may well remark: "Is not all this homœopathic doctrine and practice?" Great thirst is a marked symptom, also increased excretion of urine, especially at night. Urea is always excreted in abnormally large amounts by diabetics, and, according to Boecker's experiments, *Chloride of ammonium* increases the nitrogenous solids of the urine; the mean daily increase he found to be not less than seventy-four grains.†

Liver disturbance is also frequently present in the gouty diabetic patient, and probably is an important factor in producing gout. With manifestations of gout this hepatic disturbance requires *Colch.*, *Nux v.*, *Kal. iod.*; all of these, especially the first and the last, act better in tangible doses. *Kal. iod.* is also indicated when there is suspicion of a syphilitic taint. Kafka (*Therapie*, vol. ii, p. 709) quotes Professor Jakesch, who is of opinion that diabetes often depends on inherited or latent syphilis.

* *Essays on Medicine*, p. 791.

† *Parkes on the Urine*, p. 165.

URINARY AND SEXUAL ORGANS.—The secretion of urine is sometimes much and rapidly diminished below the normal quantity, causing general disturbance from the non-elimination of sugar, and producing local distress in the form of strangury, with excessive itching of the labia, and sense of fulness in vagina. Remedies : *Acon.*, *Camph.*, *Tereb.*, *Canth.*, *Kal. b.* In an obstinate case of this kind, where diabetes had long existed, the writer found a wineglass of Hunyadi János gives very marked temporary relief.

Frequently eczema of the labia, attended with distressing itching is present; this irritation may extend down the thighs. Less frequently in men balanitis, phymosis, and paraphymosis are set up. These conditions are probably due to the local action of the sugar, and the existence of a peculiar fungus, but the sugar in the blood seems to have some specific irritation on these parts, for in Case No. 2 the labial and vaginal symptoms were always worst when the urine was almost suppressed, and the glycosuria ceased.

If the general specific remedies which give the greatest relief to the glycosuria cease to act, and under such circumstances *Ars.* is well indicated, recourse must be had to such local applications as borax, muriate of ammonia, chamomile tea, and glycerine with almond emulsion; this last has proved most useful in the writer's experience. The regular use of the catheter with females is reported to have diminished the distressing irritation.

LUNGS.—Not unfrequently chronic pneumonia leading to phthisis appears in confirmed diabetes. That the lungs at last become involved is not a matter of surprise, for in diabetes the respiratory power is early affected, the amount of carbonic acid excreted and of oxygen inhaled is less than usual; they lose the power which healthy persons possess of storing up oxygen in the body during the night for utilisation during the day.

Remedies : *Phos.*, *Ars.*, *Iod.*, *Hep. s.*

NERVOUS SYSTEM.—There is an increasing opinion that some kind of textural change in the brain stands at the foundation of diabetes, especially occurring in the young, though such may not so often be the case when this disease

affects those past middle life. There is also a connection, due to hereditary predisposition, between diabetes and diseases of the nervous system, particularly epilepsy and mental affections. Pathological anatomy shows sometimes the medulla oblongata affected by degeneration, sometimes by inflammatory softening, sometimes by the pressure of a tumour. Are such conditions always the exciting cause, or are they the results? Dickinson noticed dilatation of the arteries, and perivascular spaces to be so frequent that he considers this condition to be peculiar to diabetes; as also the same state in the spinal cord, the substance sometimes hardened, sometimes softened. But the constancy of their appearance is disputed.*

The presence of such states if established indicates for the cerebral class *Acon.*, *Atrop.*, *Phos.*, *Arg.*, *Aur.*, *Kal. iod.*, and for the spinal, *Nux v.*, *Ver.*, *Sil.*, *Phos.*

There is sometimes a partial cerebral congestion which may run on to apoplexy. Remedies: *Acon.*, *Atrop.*, *Op.*, *Nitrite of Amyl*; or it may take a form of coma peculiar to the diabetic, which from the theory that it is due to acetone in the blood, of which there is no evidence, has been styled acetonæmia. It may occur, as in Case No. 2 (p. 59), without any assignable cause; in others it is generally agitation or over-exertion which excites these fatal symptoms. If the attack comes on slowly as in Case No. 2, the remedies indicated are *Morphia* or *Atrop.*; if in a rapid form, then either *Nitrite of Amyl* in inhalation or stimulating doses of either *Carbonate of Ammonia* or *Moschus* dissolved in ether suggest themselves as possible remedies.

FURUNCLES, and CARBUNCLES. The former occur in all the stages of diabetes, the latter are generally confined to the confirmed cases where the disease has told on the constitution, and in these circumstances they are often the cause of death. The simple furunculus requires little interference; *Arnica* or *Phos.* internally, with poultices, followed by application of pitch plaster. Carbuncle is a much more serious condition. *Arnica* and *Arsenicum* have

* Drs. Taylor and Goodhart on the "Nervous System in Diabetes," *Guy's Hosp. Reports*, 1877.

been recommended, but in the writer's experience they have not modified the course, though the latter may diminish the exhaustion which attends the sloughing stage. *Silica* and *Hepar s.* are supposed to exercise a useful influence in the suppurative stage. The experience, already quoted, of Dr. Battye of the beneficial action of the former in diabetes gives it a further claim when carbuncle is forming. The action of *Hepar* is increased by its free local application.

Dr. Thomas, in an interesting report of four cases of diabetes occurring in connection with the gouty diathesis, corpulency, and carbuncular inflammation, writes: "I would here remark, before passing on, that I do not advocate the indiscriminate use of the knife in carbuncles. I have treated many by incision, and they have all done well; on the other hand, I have also treated a few with medicine and poultices &c., and so far these have done well. I am quite convinced that carbuncles, like all other diseases, vary much, and cannot be treated upon one invariable plan; but my rule would be to leave the carbuncle alone if I found the skin sloughing quickly, while on the other hand, if the tendency to spread was great, I should incise it." He also states that in one of the cases he tried the treatment of carbuncles with caustic, a mode recommended by Mr. Augustine Pritchard, of Bristol, as being both safer and quicker than any other. Dr. Thomas tried it upon three occurring in a stout corpulent diabetic, but in spite of it they spread rapidly, and each had to be crucially divided before it could be arrested. "The plan I adopted at last, and found most successful, was, when one was discovered, to divide it thoroughly, carrying the incision (as Mr. Syme so strongly insists) a little distance beyond the limits of the disease. I then plugged the wound with lint moistened with turpentine. This quickly set up healthy suppuration, and so destroyed the diseased action." *

* Since the above was in type I have received the following case from Dr. Dudgeon:—

A gentleman, *æt.* 59, who had long resided in India, but had been in Europe for the last ten or twelve years. He was subject to the recurrence of aguish symptoms, rigor followed by heat, on the occurrence of any acute affection, such as cold, dyspepsia, &c. In the beginning of July last he was

REVIEWS.

The Encyclopædia of Pure Materia Medica. A record of the positive effect of drugs upon the healthy human organism. Edited by T. F. ALLEN, A.M., M.D. Vol. IX. *Silicea—Thuja*. New York and Philadelphia: Boericke and Tafel. London: Turner, 170, Fleet Street.

THE present year is to witness the conclusion of Dr. Allen's great undertaking; and its penultimate volume has already been for some mouths in our hands. It reaches, as will be seen, to *Thuja*, whose exhaustive re-proving by seized with acute intercostal neuralgic pain, simulating pleurisy in the left side of the chest inferiorly. This, after a few days treatment with *Bry.*, subsided, and he went to Scotland for a change. When he left there was, and had been, nothing remarkable about the urinary organs, excepting occasional irritability of the bladder and the appearance of an increased quantity of vesical mucus. When in Scotland he wrote me that he felt extremely weak and prostrated, and that he had frequent desire to pass water, which came away in unusual quantity. At the same time he had vague and irregular aguish attacks. I urged his return home, and when he arrived I examined the urine, which was still passed in enormous quantity, the exact amount per diem was not ascertained, but the secretion was very large and frequent. He had to take a railway carriage compartment to himself coming from Scotland, as he was obliged to urinate so frequently, and at night he had to get up at least every hour to empty his bladder. I found the specific gravity only 1025, but the *Liq. pot.* test showed, by its deep brown colour, a considerable amount of sugar; no albumen or anything else abnormal in the urine. I prescribed appropriate diet and *Phos. ac.* 1x, two to four drops three times a day. Under this treatment the secretion of urine gradually diminished in quantity, and at the end of three weeks it was normal in amount, sp. gr. 1015, and not a trace of sugar could be discovered by the *Liq. pot.* test. I should mention that while the diabetic symptoms were present the thirst and the craving for food were very great, but these subsided with the diabetic symptoms, and his strength improved so much that he was at the end of three weeks able to resume his very active and responsible duties in connection with a most important Government office. Of course, sufficient time has not elapsed to enable me to decide if the cure is permanent, but at present (20th Sept.) he is apparently in perfect health.

the Austrian physicians is for the first time incorporated with Hahnemann's. The same is to be said of *Sulphur*, which has here a pathogenesis of 4085 symptoms. Of other new matter, we have for the first time a full collection of the toxic effects of *Strychnia*, *Tabacum*, *Terebinthina* and *Thea*; we have large additions to the pathogenesies of *Silicea* and of *Stramonium*; we have that of *Tarantula*, hitherto almost unavailable, and an excellent presentation of some of the old provings, as those of *Spigelia*, *Spongia*, *Stannum*, &c. Fuller information than ever is given as to the manner in which the experiments were conducted, so that we can tell precisely the value of each symptom; and for *Sulphur* we have the advantage of Dr. Dunham's verifications, as far as Hahnemann's symptoms extend.

Since the above was in type we have received the 10th and last vol. of the *Encyclopædia*. We propose to give an account of the entire work in our next number.

Essays on Ophthalmology. By GEORGE EDWARD WALKER, F.R.C.S., &c. London: Churchill, 1879.

THIS is a remarkable little volume, full of originality and displaying a thorough practical acquaintance with the subjects of which it treats, and which are handled by the author in an unconventional manner.

The main portion of the work is occupied with glaucoma and its treatment. The author says he never was enthusiastic about iridectomy as a remedial measure in acute glaucoma, for he is convinced that even where it seems to succeed at first the ultimate effect is often very disastrous, and vision is completely lost. Several such cases having occurred in his own practice he was induced to try Hancock's operation for dividing the ciliary muscle, but seeing serious objections to this method he devised an operation for cutting the ciliary muscle, which he calls "hyposcleral cyclotomy," and which is performed in this manner:—"The patient was fully etherised in a sitting position, then, the lids being

opened by the wire speculum, I pinched up the conjunctiva with toothed forceps slightly to the inner side of the vertical diameter below, and then thrust perpendicularly through the cornea, well within transparent tissue, a very narrow knife, edge upwards, exactly opposite to the point held by the forceps; then, depressing the handle so as to bring the knife-edge parallel to the curve of the tunics, I thrust it through the iris, and slowly withdrew it, cutting, as I did so, everything up to the sclerotic. I felt a distinct sensation as of cutting a gristly body as I made the return incision." (This he afterwards tells us was occasioned by the knife cutting through the fibres of the ciliary muscle, but surely any one who has dissected the eye must know that cutting through the extremely fine and soft fibres of the ciliary muscle could never have communicated the sensation of cutting through a "gristly body;" probably the ciliary processes were divided at the same time to cause this sensation.) "The pupil, up to this time of a medium size, dilated at once towards the wound, and then all round. Some aqueous and then a little blood followed the withdrawal of the knife, and the eye was then bound up." The operation was attended with complete success. The dull, heavy pain was at once relieved, and some smarting pain remained for a short time, soon followed by absolute ease.

This operation—if only equally successful, and the author asserts that it is much more so—is a decided improvement on iridectomy with its unsightly disfigurement of the eye.

The author gives a case (at p. 40) which seems to show that acute glaucoma may be produced by the instillation of *Atropine*, which may be a useful hint to us as showing that *Atropine* or *Belladonna* may be useful homœopathically in curing acute glaucoma; but we believe that the best results have hitherto been obtained by the frequent administration of *Aconite* in acute glaucoma. He is of opinion that chronic glaucoma may be cured by the frequent instillation of *Eserine* (the alkaloid of the *Calabar bean*). He accounts for this by the physiological fact that contraction of the ciliary muscles (which *Eserine* induces) is attended by an opening of the discharge pipes of the anterior

chamber, whereby the aqueous humour escapes and tension is relieved. The solution of *Eserine* he uses varies in strength from 1 grain to $\frac{1}{32}$ nd part of a grain to the ounce. He generally alternates the use of *Eserine* instillation with that of a 4-grain solution of *Strychnia sulphate*. The over-use of *Eserine*, he incidentally remarks, is capable of causing glaucoma, so that its curative effect may be an instance of homœopathic treatment.

Mr. Walker believes that accommodation for distance is not merely passive, depending on the elasticity of the capsule of the lens, as is generally held to be the case, but that it is owing to an active contraction of the radial fibres of the ciliary muscle, and hence must be esteemed a voluntary muscular action. He adduces some experiments made on his own eyes with *Daturine* and *Eserine* to prove this, but they are hardly sufficient to settle this question. He also believes that myopia is occasionally caused by spasm of the ciliary muscle, and that this form of myopia is readily relieved by instillation of atropine. He adduces several striking cases in corroboration of this view.

His next essay is on the differential diagnosis and treatment of exophthalmos of intra-cranial and intra-orbital origin, which is well worth attention, but as his conclusions are founded on the observations of two cases only, it would be premature to say that he has absolutely proved the correctness of his views.

The next essay is on that destructive ophthalmia known by the name of gonorrhœal, which includes many, if not all, of the virulent cases of ophthalmia neonatorum. He condemns the treatment by solutions of lead or lunar caustic, and, in fact, all the other methods in common use, which, he says, are all distinguished by their indifferent success, and he is satisfied that the application of *moist heat* is the most powerful agent for preventing and limiting this severe suppurative inflammation. Lint moistened with a lotion of sulphate of zinc (2 grs. to the oz.) is laid over the eyes and covered with gutta percha. By this means not only was the disease cured in the early stages, but cases in which the cornea was ulcerated and perforated were

cured and the sight of the eye saved. If further experience should corroborate the utility of this treatment it will be a great gain to practical medicine. We notice that in one case *Aconite* was used by the author, which, we should imagine, had something to do with this favourable result. This treatment he has found equally successful in the purulent ophthalmia of infants and in the gonorrhœal ophthalmia of adults. Mr. Walker does not seem to attach much importance to the *Sulphate of Zinc* in the lotion. He mainly insists on the wet lint being completely covered with the waterproof.

A favourite mode of treating neuro-retinal atrophy has been for some time back the administration of *nux vomica* or *strychnia* to the verge of tetanus. The results were not very encouraging. Our author has been more successful with the instillation of a neutral solution of *Sulphate of Strychnia* gr. iv to 1 oz., of distilled water. He mentions that a form of this disease is often occasioned by smoking strong tobacco. He also conceives that great loss of blood by profuse catamenia and flooding after labours is sometimes a cause of neuro-retinal atrophy in the offspring. All such cases are benefited by the instillation of *Strychnia*.

The last essay is on sympathetic ophthalmia, and the author is an advocate for early enucleation of the injured eye, though he confesses that there are some cases in which enucleation does not suffice, and where vigorous mercurial treatment is required in addition, and still other cases, where the sympathetically inflamed eye is not benefited by enucleation and subsequent mercurialisation, but where the inflammation once set up goes on until the vision is irreparably lost.

On the whole, we are much pleased with the essays, which will raise their author to the position of an original authority on some of the most serious diseases of the eye, and we are of opinion that the rational practitioner of whatever school may gain a great deal of instruction from them. It may be of advantage to us to adopt the author's method of applying ophthalmic remedies locally to the eye, and not confine ourselves to their administration by the mouth.

The local employment of *Eserine*, *Morphia* and *Strychnine* especially seem to have been singularly efficacious in the author's hands, and perhaps we might find that some of our remedies, such as *Gelseminum*, *Euphrasia*, *Ruta*, *Phosphorus*, &c., might also with advantage be used in the way of instillation, with more decided effects than we have hitherto obtained by their external exhibition.

OUR FOREIGN CONTEMPORARIES.

GERMANY.—*Allgemeine Homöopathische Zeitung*, vol. xcvii, No. 18 (*continued from p. 309*).—In 1871 a man consulted Dr. Hendrichs with lupus on the left side of the face, spreading over two thirds of the face. He treated him for a year with *Ars. 30* and *Lyc. 30* without the slightest benefit. The second year he gave *Ars. 2* (one dose every night). This was continued with several intermissions, and the patient got 180 doses. The result was satisfactory, the lupus ceasing to spread and getting a better appearance. The patient was not contented, and gave up the treatment. He tried several other doctors, but the lupus continued to increase. In August, 1875, he came back to Hendrichs. By this time the disease had spread all over the left side of the face, and had eaten away the half of the ear. The back of the hand and a portion of the forearm were also affected. He now got *Ars. 2*, a dose twice daily. By September, 1878, the lupus was completely healed.

In No. 19 Dr. Dörr mentions that he had cured with *Arsen.* inwardly, and *Carbolic acid* externally, a case of lupus of the right side of the face.

Dr. Hendrichs found low dilutions of *Nux vom.*, 2 or 1, very efficacious in some severe cases of proctalgia. He also cured a bad case of eczema of the hands with *Rhus 2*, after an ineffectual employment of *Graph.*, *Carbo*, *Sulph.*, and *Rhus* itself in higher dilutions.

Dr. Nöthlichs found *Naphthalin* very efficacious in asthma.

In No. 21 Dr. Dörr relates a case of advanced locomotor ataxy with amblyopia amaurotica, which he cured in a few weeks with *Acid. picrotoxicum* 3x.

Dr. Simrock mentions three cases of violent and troublesome chronic bronchial catarrh with cyanosis of the face, and complicated with eczema of the lips, to which, on account chiefly of the latter symptom, he gave *Ol. croton* 3x, with a perfectly successful result.

In No. 24 Dr. Sigmundt relates a case of very severe colic from renal calculus, descending through the urethra, cured by *Colocynth* 8, in a very short time. He was called to see the patient, a man aged 36, at 5 a.m. He found him suffering from horrible pains in the abdomen. The pain was shooting, involved the region of the flexura coli sinistri and spleen, and spread downwards to the bladder and rectum. There was ineffectual straining to urine and stool and empty eructations. The regions mentioned were very sensitive to pressure, and the abdomen was distended. The pains were constant but varied in degree; they sometimes came in paroxysms of intolerable agony. The patient could not lie in bed, but ran about the room groaning, bent double, the hands pressed on the abdomen. Skin cool, moist; pulse 80, weak. The previous day he had had three loose stools, and the pains had commenced about midnight, increasing gradually in violence. *Coloc.* 8, in half a pint of water, a mouthful every quarter of an hour. The first dose gave relief, he was soon able to lie in bed, and by 9 a.m. he was quite free from pain. In the course of the day he passed nine small stones, from the size of a pin's head to that of a pea. They were round, not quite smooth, of red colour and rather hard, but could be crushed. Their chemical composition was uric acid. During the next day four more stones were passed and a considerable quantity of gravel. Under the use of a diet chiefly of vegetable substances, and *Coccionella* the gravel gradually disappeared, and the urine became clear, and the patient was soon quite well.

Dr. Köck relates the case of a peasant woman who, three weeks after confinement, was terribly frightened by a fire

that broke out in a neighbouring house. She jumped out of bed, ran into the street in her night-dress, and the same night had a severe rigor, followed by heat, headache, and abdominal pains. Then she went raving mad, and talked constantly about fire, manifesting the utmost degree of terror. The physician in attendance advised her removal to an asylum, but her husband, not agreeing, sent for Köck. Remembering that Dr. Buchner had observed that "dreams with fear of fire" constantly occurred after the employment of *Aurum*, Köck gave *Aur. mur. nat.* 4, a dose night and morning, which speedily cured the woman. After this she, while apparently quite well, was subject to fits of laughing and almost ecstasitic excitement and exhilaration. This lasted a considerable time and resisted all the remedies mentioned in the manuals for such symptoms. At last *Agar. musc.* 3 was given, which completely restored her to her normal condition of mind.

In the early numbers of vol. 98 there is a good proving of *Carduus Mariæ* by Dr. Buchmann, so well known by his masterly proving of *Chelidonium*. This new proving is a valuable addition to our *Materia Medica*, and we regret that it has not been incorporated in the supplement to vol. x of Allen's *Encyclopædia*.

In No. 6, vol. 98, there is a report of some of the cases treated in the New Children's Hospital of Vienna, endowed by the liberality of the late Dr. von Lebenswarth, whereby we perceive that this hospital has already begun to be of good service.

In No. 7 there is given an extract from the *Annual of the Barefooted or Lesser Brothers of the Order of St. Francis of Thann*, for the year 1517, which seems to show that diphtheria, which by many is held to be a new disease, was not unknown in ancient times, and that epidemics of it occurred which proved fatal to vast numbers. The passage, which we translate from the old German dialect, is as follows:—"About Lent there occurred in the land an unknown disease; the tongue and throat of the patients became white as if covered with mould; they could neither eat nor drink; this was accompanied by cruel

headache and pestilential fever, which deprived the patients of reason, and destroyed nearly 2000 persons in Basel alone in the space of eight months; here and in Mülhausen, Altkirch, Ruffach, Gebwiler, Sulz, many died, also in the whole of Lower Elsass and Swabia. For a long time no remedy could be found for this malady; at length it was discovered that he who would be cured must, in addition to other means employed by the physicians, have his mouth cleansed till blood came, every two hours, and then washed clean with honey, &c."

In No. 8 Dr. Pröll relates a case which he diagnosed as ulceration of the stomach. The patient was a widow lady, seventy-eight years old, who, though good-natured, was of a very fiery disposition, occasioned, as Dr. Pröll thinks, partly by her constant residence in the hottest part of the town, partly by her repeated over-indulgence in red wine, which in Nice is looked upon as an indispensable aid to digestion. When she began to have her catamenia, as they were for a few years scanty and painful, she was advised to take some allopathic secale powders for them, which brought on the most frightful metrorrhagia. Although she recovered from this, it left a weakness in the eyes, especially the right, and in the stomach. She complained of constant heat in both, and when the menopause came (she was never pregnant) she got cataract in the right eye and the commencement of cataract in the left, and she suffered constantly from rheumatic pains in the whole body and from continued heat in the stomach and bowels.

At the commencement of December, 1877, she determined to be no longer treated allopathically, so she sent for Dr. Pröll. He was told that her inflammation of the stomach had become so violent that the priest had been sent for to administer extreme unction. He found her in a horrible state of excitement, with a quantity of allopathic medicines on the table by her bedside, together with concentrated beef tea, pieces of half-raw beefsteak, and strong red wine, which she was taking to keep up her strength. But after every mouthful she swallowed she had indescribable burning pains in the stomach, with inclination to vomit,

and often vomiting up all she had taken, but no blood, only a few brown streaks. Every stool, which only occurred after repeated enemata, was very hard and extremely painful. *Status presens* : 1, amblyopia amaurotica, right eye occasionally very red, hot ; 2, countenance deady pale (Hippocratic) ; 3, frequent severe vertigo and frontal pain ; 4, tongue furred white, red at the tip ; 5, constant eructation ; 6, thirst not very great ; 7, appetite not quite gone ; 8, taste salt and sour ; 9, lungs and heart sound ; 10, in the whole epigastrium, especially in the scrobiculus cordis, constant aching and burning like fire, so that the bed clothes must often be renewed in order to cool her ; 11, abdomen much distended, hot to the touch ; 12, urine dark yellow, scanty, with sour reaction ; 13, constipation, feet and legs cold ; 14, pulse 100 ; 15, respiration accelerated. No emaciation since the end of October, when her present illness commenced. On the touch, in the region of the eighth, ninth, and tenth vertebræ, a constant aching burning pain. The disease commenced with frequent eructations, nausea, inclination to vomit, for which she had got purgatives, but as these weakened her, strengthening food was given. Attacks of retching came on every half hour and brought the patient to the last stage of weakness, almost syncope.

Dr. Pröll prescribed an exclusive milk diet, and water that had been boiled and cooled ; nothing more. He would prescribe medicine next day. This prescription was declared to be impossible to be carried out, as she had not drunk milk for sixty years, and could not digest it. He insisted upon it, and the milk was given in very small quantities and was well borne. At the evening visit he found that she had taken repeated teaspoonfuls of milk, which seemed to relieve her, and the retching was rarer. No medicine was prescribed. The following night was rather restless, but every attack was allayed by milk, which was not vomited ; only a few sour-smelling, slimy masses were ejected, but no more blood flakes. In the morning the pulse was 90. Less restless. She had taken two cupfuls of milk, and retained them. In the evening the pulse was 90. Vomit-

ing as before. On the third day she took two cupfuls of milk with dislike. Appetite returning, but the burning and tension in the abdomen, the anxiety before the vomiting, and the painful eructations continued. Prescribed *Carb.* v, 6x, 10 drops in 100 grammes of distilled water; 10 drops on the tongue alternately every two hours with milk, *i. e.* one hour milk, the next hour *Carb.* On the fourth day she had a quieter night. The burning less severe, abdomen less distended. Passage of flatus for the first time, which gave relief. Sickness as before. Stool still black, passed by means of enemata. Pulse 90. *Carb.* 10 was continued till the seventh day. After this no more sickness. Tongue clean, but very often burning pain, which on the ninth day became unusually severe, and was not allayed by *Carb.* Great thirst, but very little water suffices to quench it. Appetite gone. Secretion of saliva stopped. The fiery hot feeling continues, but is no longer relieved by throwing off the clothes. Milk is more grateful now warm than cold. The sickness and vomiting of slimy brownish flakes returned. She tossed about anxiously in bed, and this was followed by a kind of fainting or fear of death. Prescrip: *Arsenicum* 10, two drops every hour, whereon relief ensued; then every two hours, alternately with a cup of warm milk. This was continued for two days, and great improvement ensued. Now *Ars.* 20 was given three times a day, and the pains having returned on the fifteenth day *Ars.* 30 was prescribed, which in two days produced great improvement. The *Ars.* was now discontinued, and nothing but milk and water given, of which she drank a quart daily with relish. In spite of the manifest improvement she had frequently vertigo, and the heat of the abdomen continued, as also the burning pain in the stomach (pylorus) and back, for which *Ars.* no longer did good. There came now a general itching of the skin aggravated by scratching. Along with this there were always hard motions, mingled with coagula of blood, great weakness, greyish-blue coloration of the lips and gums, pulse hard, 100, sad disposition, the amblyopia increased almost to blindness, bluish swelling of the right nostril, and discharge of a brownish fluid. Intense thirst,

increase of the urine, and palpitation of the heart. For these symptoms *Arg. nit.* 10 was given every three hours. On this the pains began to diminish internally and gradually went away, also the dark colour of the mucous membranes and stools. After three days she got appetite for solid food, and toast and bread crusts soaked in milk were allowed and well borne. She also drank two quarts of milk per diem. She then got white fish, and afterwards farinaceous food. The *Arg.* was continued for several days in different dilutions. Eleven days after commencing the *Arg.* she could leave her bed. On the twenty-first day she could take ordinary mixed food (except soups and butcher's meat), her only drinks being milk and water. All the symptoms disappeared except the amblyopia, especially of the right eye. After two months she could eat all kinds of food, and even butcher's meat. Acids only were forbidden. Two years have now elapsed and this lady is now better than ever, with the exception of the amblyopia. She eats everything, drinks wine, and goes out every day for some hours. If she now experiences any heat of the stomach she takes a small dose of *Carbo. veg.*, and the heat at once goes off. She continues to drink milk with relish.

In No. 9 is an extract from the *Berliner Med. Wochenschr.*, vol. xv, No. 38, giving the experience of Dr. Bogomolow with regard to the efficacy of the ordinary black beetle (*Blatta orientalis*) in dropsy depending on heart and kidney affections. It diminished the dropsical swellings, increased the urine and eliminated the albumen, and increased the perspiration.

In No. 10 Dr. Crüwell relates two cases of chronic hoarseness cured by *Carbo. veg.* 12.

In No. 19 Dr. Crüwell relates the following case:—A girl, æt. 20, blonde, unmarried, being unable to obtain a situation as domestic servant, had remained at home for three months, during which time she occupied herself with needlework. On the 1st March she came into the doctor's house as housemaid. She was extremely thin and pale, and her eyes were conspicuously surrounded by red

borders. After a fortnight she sought advice for her eyes. Dr. Crüwell found the conjunctiva of the lower lid covered with pale, not very elevated, granulations, the left eye being the worst. He prescribed *Arsen. iod.* 6x, three times a day. In eight days the red edges and the granulations had quite disappeared, and they have not since returned.

In No. 22 Dr. Köck relates the following curious case:—A lady had for a fortnight suffered from a peculiar cough, for which she had tried various domestic remedies and taken *Spigelia* and *Nux vomica* without result. After every meal, while sitting in her chair, she was affected with palpitation of the heart, which was worse when she lay down on the sofa, when she was affected with cough. The palpitation and cough were ameliorated by rising up, sitting up erect, or on lying on something hard, *e. g.* when she placed beneath her back, two hands' breadths above the pelvis, a hard sofa pillow. The cough was dry, with a feeling of fulness in the upper part of chest, *i. e.* a hand's breadth below the clavicles. The palpitation was so violent that she felt like blows from the back to the sternum, whereupon she must cough. The feeling was like (as she expressed it) a locomotive ejecting its steam; this sensation came from the back, and when it occurred she must cough two or three times; if she suppressed the cough, the blows became more violent, so that she must now cough with increased violence, but the sensation often would go off without cough if she expired forcibly. This cough and palpitation lasted always an hour after eating, but it sometimes came on when she fasted too long, but this did not always happen. Percussion revealed nothing abnormal. When the stethoscope was applied to any part of the sternum the cough was immediately excited. The heart's sounds were stronger, and the beats quickened. In the upper part of the chest on both sides the breathing was much interrupted. There was no expectoration. The only cause that could be ascertained was perhaps catching cold, or carrying about a sick child. The woman was thirty-one years old, and the mother of four children. She had never previously suffered from affections of the respiratory organs, and all her functions were normal. Dr. Köck

prescribed *Calc. muriat.*, 4th trit., a small quantity on the tongue every three hours. On visiting her next day she had no cough after breakfast, and no sense of the inward blows. The medicine was continued in smaller doses every four hours. The following day he was informed that she was able to lie down after dinner without the recurrence of the former symptoms, and she never afterwards was troubled with them.

In No. 23 the editor has an article, in which he accounts for the insufficiency of the homœopathic chairs established in allopathic universities by pointing out that the lectures delivered were not made compulsory, that the opposition to them by the other members of the medical faculty is bitter and unceasing, that students are deterred from attending them by the fear of the examiners, who are all of the hostile camp, and that the wards of the hospital set apart for the demonstration of the results of homœopathic treatment and for clinical instruction are, by the intrigues of the allopaths, only supplied with incurable and hopeless cases. Hence it comes that the professors lecture to empty benches, and that homœopathy derives no advantage from the existence of these chairs, that have been forced on an unwilling faculty by the action of the Government. He says that the American plan of having complete medical schools, where all the branches of medical science are taught "in the light of homœopathy," is the only plan that can be successful, but that this plan is impossible to be adopted in Germany.

A notice is given in this journal of the new method of illuminating the interior of the bladder by electric light, the invention of Dr. Nitze, of Dresden, but the details of the method are not given.

Hirschel's Zeitschrift für homöopathische Klinik.—We resume our notice of this periodical with No. 7 of vol. xxiii (xxvii).

The editor, Dr. Lewi, relates a case of nephritis hæmorrhagica post scarlatinam. A boy, æt. 8, had been treated allopathically about four weeks previously for an eruptive disease, which was apparently scarlatina that had not had

a full development of the exanthem. There was a sort of miliary eruption in various parts of the body, the papules varying in size from an extreme minuteness to that of a millet-seed, some of them being seated on a slightly reddened base. The eruption is chiefly on the back, abdomen, chest, face, arms, and legs. The fingers show slight desquamation, as also the tip of the nose. Face, hands, and feet are œdematous, so also is the abdomen slightly. Percussion over the region of the bladder is extremely painful. The skin is white and moist. He has profuse sweats without relief. The temperature and pulse are slightly increased. Sleep disturbed. Excessive thirst after midnight. Frequent talking and screaming in sleep. He was subject to curious convulsive attacks, during which he frequently stood on his head. Tongue white, furred at the back. Appetite not bad, longing for pastry and apples. Stool constipated, only hard lumps coming away after straining. For half a year whenever he sat down to stool and passed anything he leapt up, as if mad, crying "it stinks, it stinks!" and cannot be soothed until the utensil is taken away. The urine is passed with great straining in drops; it was usually alkaline or neutral. In the forenoon it was of a blood colour, in the afternoon brown or even blackish in colour, and in spite of its alkalinity it contained a large quantity of uric acid sediment. The microscope showed a quantity of blood-corpuscles and granular and hyaline epithelial casts, with vesical mucus and a considerable quantity of albumen; this and the alkalinity were evidently owing to the admixture of blood. He was evidently suffering from hæmorrhagic parenchymatous nephritis, the consequence of abnormal scarlatina. After putting him on easily digestible nourishing diet, he got *Calc. carb.* 6, then *Puls.*, *Merc.*, *Ferrum*, and *Phosphorus*, all without result, for four weeks. During this time the desquamation increased. Then he was affected every morning with temporary blindness, which, however, lasted but a short time each day. He now got *Secale corn.* 3x, three times a day. Under this medicine the urine lost its bloody character and became acid; its colour also became

normal. The other symptoms also gradually disappeared, and in two months from the commencement of the treatment he was quite well.

In No. 11 Dr. Heyberger relates some cases of *nævus* :—

1. A female infant, six weeks old, had on the right side of the upper lip a *nævus* that looked like a bruise. She was born with it, and it had increased considerably in size since her birth. It was of a bluish colour, the size of a scarlet bean, and projected like a nipple from the lip. Under the use of *Bellad.* 3 this swelling gradually subsided and ultimately disappeared. 2. This was a male infant, one and a half month old, who had on the right side of the chest a *nævus* of a violet-red colour. It occupied a fourth part of the side of the chest, was raised above the skin, and had an irregular surface. Under *Bell.* 3 it disappeared in a few weeks. 3. A female child, two months old, had a *nævus* on the left auricle. It was of a violet-red colour, the skin was hypertrophied and uneven, the blood-vessels small. This, too, disappeared in a short time under *Bell.* 3.

In No. 12 Dr. Hartlaub relates a case of severe stomach affection, which he diagnosed as carcinoma ventriculi, and which was cured with *Phos* 30, but the correctness of the diagnosis seems to us extremely doubtful.

Dr. Heyberger relates a case of hypertrophy of the heart in a boy, aged ten years, cured by *Iod.* 3 in about six months.

Dr. Goullon, *à propos* of a case of dysentery cured by *Carbolic acid*, shows the homœopathicity of the treatment by citations from the pathogenesis of this drug.

In No. 13 Dr. Lembke relates three cases of non-homœopathic cures. The first was that of a man, sixty-eight years old, who for several weeks had general dropsy. The limbs, face, and body were swollen. He could neither lie nor eat. He had cough and scanty urine. He had been treated allopathically without benefit. *Tartar. boraxat.* was first given, but did no good. After some days he got *Squilla* ϕ , 10 drops every two hours. This caused a great flow of urine, and in eight days all the dropsical swelling

had disappeared and the patient was quite well. The next case was that of a young woman who, in the third month after marriage, had a miscarriage. Hæmorrhage continued for three months afterwards, but she said nothing about it until her strength became so exhausted that she was attended for four months by two physicians, who gave her all sorts of remedies without stopping the discharge. At length, at the suggestion of a friend, an old woman was called in, who did nothing but rub her abdomen with her hands, whereupon the bleeding stopped and the menses returned regularly, and after this she had three children, and never had any more hæmorrhage. The third case was an old ship's captain, ninety years of age, whose limbs, face, body, and chest were dropsical, and he had a cough with mucous expectoration. He got *Ol. terebinth.* in doses of a teaspoonful. The water rapidly disappeared, the old man was restored to health, and lived three or four years afterwards, dying at last of old age.

In No 14 Dr. Goullon relates a case of chronic ulcer of the left side of the tongue with great pain, which was much aggravated by *Merc. sol.* 3, but was treated with *Apis* 4 alternately with *Silic.* 12, and latterly with *Silic.* alone, and was cured in a fortnight.

In No. 16 Dr. Goullon gives a couple of cases of gouty rheumatic pains in the joints, worse after resting, in which *Salicylic acid* was of benefit. He mentions that this remedy is often useful in cracking of the joints.

Among other cases related by Dr. Schelling we extract the following:—A woman, aged forty-nine, family living, strong and sanguine, was much reduced by care and sorrow. In July, 1869, she complained of pain in the stomach and precordium, nausea and weakness; then she got mucous diarrhœa with pinching in the abdomen, eructations, chills and heats, great thirst, and disturbed sleep. Then she became yellow all over, especially in the face and eyes. She got a variety of domestic remedies, but grew daily worse, and in four days she became so weak that she could not leave her bed; no appetite, food makes her sick, eructations, stomachache, motions white, urine icteric, breath-

ing oppressed, alternate chills and heats, sleep disturbed and unrefreshing. On the 25th of August she got *Acon.* 20 in the evening, and on the 26th *Arsen.* 40 every two hours. 27th.—More sleep, urine clearer, breathing anxious, weak. 29th.—Sleep still disturbed but more refreshing, some appetite, urine lighter; is out of bed; *Ars.* 40 every three hours. 1st Sept.—Appetite and sleep returned, urine normal, skin much less yellow, eyes clearer; *Ars.* and *Sulph.* 20. 6th.—Quite well.

In No. 17 Dr. Schelling relates several cures by *Colchicum*:—1. A stout man, 32 years old, was always well until autumn, when he got a chill when working hard on the railway. He had catarrh and cough, and thought he was cured after taking some domestic remedies, but thereafter he had frequent attacks of weakness, rigors, and pains in the limbs, especially in cold damp weather, with headache and vertigo. Whilst these symptoms got worse and better, he complained of pain in back and chest, with loss of appetite and feeling of fulness and pressure in the scrobiculus cordis. In December his sufferings increased greatly, and to these were added burning pains in stomach and chest, with drawing and shooting from the chest to the back, pinching in the abdomen, especially towards evening and into the night, with frequent urging to urinate; urine scanty and opaque yellow, passed with great scalding; rigor; cold feet prevent him sleeping till midnight; sleep uneasy and full of dreams. On the 15th December he got *Colch.* 5 three times a day. On the 17th much relieved, the burning in chest and shooting in back gone, the urine clearer and without urging, chills also less, sleep quieter. *Colch.* every three hours. On the 18th all right except the pressure in the scrobiculus cordis; *Colch.* The following day quite well.

2. A man, aged 69, very subject to affections of the stomach and bowels, affected with an inguinal hernia, had, while working in the fields in summer, complained for eight weeks of pain in back and sacrum, with frequent call to make water, which scalded. In July, in consequence of a chill, he got toothache in one eye-tooth, which, after eight

days, was relieved by warm fomentations, and ended in swelling of the cheek, whereupon the back and loin pains increased, and at the end of July extended to the chest. He got so bad that he was unable to walk or work on account of the pains, and sought advice. On the 7th of August the following symptoms were noticed :—Burning in stomach and chest; little appetite; pressure and tension after a little food; flatulent distension of the stomach, with pain in the *scrobiculus cordis*; frequent discharge of fetid flatus; frequent call to make water, with scanty discharge of burning urine, which is dark yellow and cloudy, depositing white flakes on standing. Day and night violent pains; tearing and shooting in the back, loins and sacrum, with twitching in the thighs down to the knees, especially on the right side. At night he can hardly find an easy position; sleep none, or only short and uneasy; at the same time he has constant rigors; cold extremities; face pale grey, the lips dry and bluish red. He got *Colch.* 5 every three hours. The following day he was relieved, the pains were better. On the third day he had no pain when reposing, only when going about; sleep quieter; urine copious, and passed without discomfort. The following day he went about his work without difficulty. No relapse occurred.

3. A girl of 18, in whom the menses had not yet appeared, suffered for several weeks in autumn from diarrhoea day and night, with rumbling in the bowels without pain, appetite good, but difficulty of going to sleep before midnight. She complained of constant ice-cold hands and feet; they did not get warm even in mild weather, and the hands got stiff, thin, and cold on walking in the open air and washing. She suffered much from chaps on the skin, and every winter from chilblains and cramp in the hands. She got one dose of *Colch.* 4. By this one dose she was cured of the cramp in the hands and the diarrhoea, but the coldness of the extremities returned.

In No. 18 Dr. Mossa relates a case of severe cardialgia in a young man, aged 20, which was worse when moving, better when lying and sitting, but sometimes went off when

he took violent exercise and got into perspiration. The pain was as if a stone lay in the stomach. His appetite was good, but the pain was excited by eating. He was soon cured by *Argent. nit.* 3, a dose four times a day.

Dr. Lewi relates, in No. 20, the following case of melancholia acuta, cum migratione nocturna et conatu suicidii. A girl, aged 18, of rather limited intelligence and of shy disposition, had already suffered for some years from attacks of melancholy. These attacks became very frequent. She was sent to be treated at the town hospital, but no good result followed; the attacks became more frequent and more violent. *Status præsens.*—She is apparently of good constitution, only rather pale. No derangement of any of the functions. Her father, who was a robust man, living in comfortable circumstances, had unexpectedly committed suicide. The present attack had already lasted four or five days. She is restless, does not sleep at night, but wanders about the house under the impression that she has committed some great crime, and that she is not worthy to live. During all this time she would neither eat nor drink. She must be constantly watched, for once she ran off to the police office to denounce herself as a criminal, and once she attempted to hang herself. She is always worst at night. To the doctor she accused herself of the supposed crime, and expressed her fears that she would be taken up by the police. She twisted her hands together, and continually changed her position. Her expression indicated the deepest grief. Two doses of *Nux vomica* were given without effect. She then got *Arsen.* 6x, two drops in water for a dose. The effect was marvellous. The first dose calmed her greatly, she passed a quiet night of refreshing sleep, and next morning she was quite well and spoke perfectly rationally. Four years have since elapsed, and she has remained well, without the slightest recurrence of the attacks.

In No 22 Dr. Lewi relates a severe case of ophthalmia scrofulosa after measles, with ulceration of the cornea, which was rapidly cured by *Hep. sulph.* 6x.

In No. 3 of vol. xxiv are two observations by Dr.

Heyberger on neuralgia cured by *Sepia*:—1. A woman, about forty, after getting wet while engaged in field labour, got joint rheumatism with pain, that lasted three days. Soon afterwards she got pains in the teeth, upper jaw, and temples of the left side, which gradually increased, and, especially at night, were of frightful intensity, remitting towards evening, the pains boring, shooting, and burning in character. *Arg. nitr.* did no good, but after a few doses of *Sepia* 3 the pains went off as if by magic. 2. A young lady, of twenty-one, after being heated, drove at night in a carriage, and did not notice that the windows were open, whereby she was chilled. Two days later she got violent, apparently rheumatic, pains in the teeth, that became intolerable at night. The pains spread from the teeth through the upper jaw and the temples of both sides, but were worst in the left side, and went to the top of the head and occiput. All sorts of domestic remedies were employed, and two carious teeth extracted without affecting the pain, which got worse. The doctors in attendance gave *Bark* in large doses, which caused the pains to increase enormously in intensity. She then sought the advice of Dr. Heyberger, who gave *Sepia* 3, after two doses of which the pain completely disappeared.

In No. 4 the editor commences a paper on the oriental bubo plague, which is continued through several numbers, and gives a tolerably complete account of this serious disease.

In the same number is a paper giving a series of experiments on the lower animals with *Carbolic acid*.

Dr. Mossa gives an account of Keppler's investigations respecting acute *Saponin* poisoning.

In No. 8 Dr. Pröll relates the following case:—A young lady of elegant appearance, apparently in the best of health, with all the functions in order, was affected with such a fetid breath that no one could come near her without disgust. As she was engaged to be married in three months she was very anxious to lose this disagreeable symptom. On examination the nasal and buccal mucous membrane was quite normal, her teeth were perfect, the tongue clean,

the stomach in good condition, no eructations, no cough. Percussion and auscultation showed that the lungs were all right, and yet the breath was horribly fetid. The eyes, nose, and lips showed a scrofulous type, and she had when a girl had enlarged cervical glands. She got *Aurum. muriat.* 10x, a dose every morning. After two weeks of this medicine the smell had nearly disappeared, and a fortnight later, when no more medicine was given, she had not the slightest remains of her disgusting affection. In three months she was a happy bride.

In our April number we made some progress in overtaking the arrears of American homœopathic journalism. On the present occasion we must begin with an attempt to do the same for France, Belgium, and Italy.

FRANCE.—Our last review of the periodical literature of this country (October, 1878) brought it down to June in last year. We have, therefore, more than a twelvemonth's way to make up; but, on the other hand, have only two journals of which to treat, as the *Bibliothèque Homœopathique* seems to have come to an end with the lamented decease of its editor, Dr. Pitet. At least, we have received no number of it since that October, 1878.

L'Art Médical, July, 1878—August, 1879.—This journal, too, has to lament the death of its *redacteur-en-chef*, but to it (though not indeed to homœopathy in France) the loss is merely nominal, as Dr. Davasse—the prey to a mortal malady—had long ceased to be able to discharge his office, and the *gérant responsable et actuel* has been Dr. Jousset. A tribute from his pen to his late colleague adorns the number for July in the present year. We translate its touching and dignified conclusion.

“And now that death has done its work, one can apply to Jules Davasse the ancient inscription which marks the entrance of a Roman cemetery: ‘Happy is the dead, since he is at rest.’ He is at rest from his labours, from the contradictions of his life, and the sufferings so long-drawn-out of his malady;* he is at rest with our master, J. P. Tessier.

* Dr. Davasse died of locomotor ataxy.

There he has rejoined Timbart, Escallier, Gabalda, J. Hélot, Milcent, Maillot, Champeaux, the first-fruits of that band of *internes* who, with the generosity of youth, sacrificed their future prospects in the hospitals to their attachment to that which they regarded as the truth in therapeutics, and also, it must be said (for the sentiment does them honour), to friendship for a master unjustly persecuted. Those who survive are old and wearied, but not discouraged; the thankless task they fulfil finds them day by day at the breach, and, although convinced that they are too old to assist at the triumph of therapeutic reform, of the advent of that triumph they do not doubt for a moment. And why should they doubt? The study now so general of the physiological action of medicines, the demonstration of the law of similars by the very writings of their adversaries, small doses replacing those of perturbing magnitude, the general proscription of polypharmacy, even the common use of granules—do not these constitute sufficient signs of the approaching triumph of the truth? Assuredly, we shall not have the satisfaction of seeing the victory, or of tasting the joy of those who triumph; but we are of a school where it is taught that 'he that planteth is nothing, and he that watereth is nothing, but God who giveth the increase.' And when we shall have rejoined J. Davasse in those high realms where reigns absolute truth, what to us will be the hurrahs of earthly success?

'As for you, ancient colleagues, who have had the weakness to join our persecutors, it is you who have to lament. The war you have waged against us is an unjust war, because we were not unknown to you. You lived in our intimacy during the happy days of our *internat*; you were our colleagues, and you have broken from that sacred fellowship which, despite your injurious doings, we have never forgotten. You know well that we are neither ignoramuses nor charlatans; our life has been honest, always open to your view; and yet you have associated yourselves with our persecutors; you have become the accomplices of those who have first deprived us of the possibility of cultivating the science which you know

we love by excluding us from the hospitals, and now refuse us the consideration which is due to every honourable practitioner of medicine.

["It is you, I repeat, who have to lament ; and I hope that you may live long enough for the triumph of the therapeutic reforms to which we have sacrificed ourselves to make you exclaim : Well, after all, Davasse and his friends were in the right."

The fourteen numbers of *L'Art Médical* now before us contain several fresh clinical lectures by Dr. Jousset, presenting all the excellences of the published series, to which we hope that they will some day form a companion volume. In them also is concluded the treatise of Dr. Frédault, *La cellule vivante et la théorie du protoplasma*, of which we spoke in our last notice. Dr. Frédault cannot accept the protoplasmic theory of life, and puts very forcibly the objection that it fails to account for the *morphology* of animated nature, the development and perpetuation of so many distinct specific forms. Dr. Ravel also continues to enrich the pages of this journal with his learned collections of testimony on points pathological and therapeutical ; and Dr. Imbert-Gourbeyre maintains his corresponding fame as a pharmacologist by an article (May, 1879) on poisoning by arseniuretted hydrogen.

While every number of this ably conducted journal presents something to instruct and interest the actual reader, there are few points in the present series on which a survey such as ours can dwell. We would only note two—the articles by Dr. Claude in the May number on the treatment of nocturnal enuresis and of chemosis, and that by Dr. Cramoisy, in June, on the use of *Aconite* in cholera. Dr. Claude begins by speaking of the occasional value of *Belladonna* in the first-named complaint, relating two cases in which it proved successful in his hands, in the dilutions from the third to the thirtieth. He admits, however, that it often fails, and calls attention to the claims of *Equisetum* to greater confidence. He then adds to the observations previously published by him as to the efficacy of *Guaræa* in conjunctivitis, when chemosis occurs, two others not less

satisfactory. Here, too, it acted well in the 6th dilution, while in his former cases he had given the 1st decimal. Dr. Cramoisy furnishes some further evidence of the value of *Aconite* (given in the mother-tincture) in choleraic conditions. He justly takes credit for being the first to perceive the appropriateness of the remedy, and to apply it in practice in *France*; but he must not say, as he does, "before the application which I made of it in 1865, *Aconite* had never been given in cholera." The "numerous researches" by which he says he has satisfied himself of this have hardly extended to American homœopathic literature, or he would have found Dr. Hempel taking up the same position as that which he now holds in the epidemic of 1849.

Bulletin de la Société Médicale Homœopathique de France, July, 1878—July, 1879.—The numbers of this journal for August, September, and October, 1878, have failed to reach us, in spite of our reclamations; and those of June and August have not been received at our present writing (August 29th). The nine numbers before us maintain their wonted excellence, but present little to note or extract. We would call attention to a mistake made by Dr. Tessier in speaking (at p. 126 of the May number) of the treatment of plague. He refers to Hahnemann's pre-indication of the remedies for cholera, and gives them as having been *Cuprum*, *Veratrum*, *Arsenicum*, and *Camphor*. If he will refer to Hahnemann's writings on the subject, he will see that *Arsenicum* was not mentioned by him. At p. 728 of the same number, Dr. Jousset mentions that Hahnemann gives "gangrene" among the symptoms of *Belladonna*, and justly expresses doubt as to the correctness of the observation. He speaks of "deux paragraphes" as containing this symptom; we can only find one, S. 1268 of the pathogenesis in the third edition of the first volume of the *Materia Medica Pura*. This is indeed most erroneously cited from the author to whom it refers, as may be seen at p. 664 of vol. xxxi of our Journal. It should read—"death forthwith ensued, and a universal gangrene throughout the body, which in a short time became black throughout, and so flaccid, that the cuticle adhered to the surgeon's hands."

If Dr. Jousset will tell us where to find the second paragraph of which he speaks, we may be able to give him a similar explanation. The number is chiefly occupied with the essay of Dr. Espanet, on the reconstitution of the *Materia Medica*, which we have discussed in our last issue.

In the May number we read the following regrettable announcement:—"On the initiative of our colleague, Dr. Gonnard, the gathering"—the late Paris Congress—"moved by his persuasive eloquence, took a grand resolve; it named a commission for studying a plan whereby there should be a collective teaching of homœopathy at Paris. This commission has elaborated a well-defined scheme, formulated by the author of the proposal; it has been submitted to you with unanimous assent. Alas for the fate of mundane affairs! This ingenious conception has become abortive in the face of the impossibility of finding a neutral ground on which we could agree. What can you expect, gentlemen? We can easily decree teaching, but we cannot command harmony." It seems as difficult to agree about a School of Homœopathy in Paris as it has been here in London.

In the same number Dr. Gonnard relates a case of osteomalacia, occurring in a woman at the climacteric age, in which the progress of the disease has been entirely checked by *Phosphorus* and *Calcarea*, each in the 30th dilution, administered for six months, fortnight by fortnight, with a corresponding interval of repose between each alternation. At p. 39, last line of the text, "*acidum*" should read "*aurum*."

We will notice the July number when we have received its predecessor of June.

Bibliothèque Homœopathique, July—October, 1878.—In departing its life this journal has left us something to extract. The passage occurs in the August number, in the course of a lecture delivered (it does not say where or to whom) by Dr. Kruger. "I have myself observed certain effects of *Sepia*. I used the third trituration, i.e., one containing the millionth part of the substance. I intermingled some doses of the 12th dilution, which represents a septillionth

part.* Now this minute fraction sensibly augmented the effects of the drug, which showed themselves in a peculiar fermentation of the blood, slight fever, disagreeable sense of nausea, ebullition in all the vessels, heat at the stomach and in the lungs, noises in the ears, troublesome dreams, determination of blood to the head. But the most remarkable effect was the being awakened with a start, by violent beatings of the heart, slow and regular, as in hypertrophy, felt strongly in the head, and producing a slight feeling of anxietas. After about a minute this ceased abruptly, and it felt as if the cardiac pulsations were entirely arrested. I anxiously sought to feel the heart beat at its normal place, and did not recover calmness until I had found it, or rather until it returned under my fingers. This was at 4.30 a.m. On that night I had taken a dose of *Sepia* 4, and had felt a contractive sensation in the forehead, followed by a peculiar itching. Next morning I discovered at the same spot an eruption of a vivid rose-red, formed of little round spots, circling like a crown the roots of the hair. At noon it was still there, on the right side. On the chest, where I had felt a similar itching, little yellow spots appeared. On another day I experienced persistent irritation at the nape of the neck, with a sensation to the touch as of the presence of small elevations.

"The itching was considerable, very different from that caused by insects, returning instantly after scratching. It seemed as if the fingers were unable to disperse the ebullition of blood accumulated at this point. It gave me the impression of an internal irritation without external cause. I experienced also at the apex of the chest slight drawing pains, which went immediately to the forehead, becoming there dull and pressive in character. Is there not something strange in this communication between the two sets of spots? The various sensations had quite an unwonted feeling to me, one at once lively and fugitive. I had never felt anything just like them. I could compare them to the effect produced by arrest of perspiration (*Sepia* is much

* We need hardly point out that Dr. Kruger's arithmetic is at fault, Hahnemann's 12th dilution is a quadrillionth.

employed for this accident). I experienced besides a great feebleness of the limbs when walking, and a general excess of moisture in the alimentary canal."

BELGIUM.—*L'Homœopathie Militante*, July, 1878—July, 1879.—This new journal, under the management of its active editor, Dr. Gailliard, continues to flourish, contributing much to our polemical literature, and somewhat to our practical. It is, we confess, a little too militant for our taste, but perhaps the circumstances of its country require that it should be so.

The collection of facts relating to the physiological action of *Quinine*, by Dr. Ch. de Moor, is continued throughout these numbers, and is of much value. Dr. Gailliard himself contributes to each some similarly obtained observations as to the pathogenetic action of various drugs; and the same indefatigable writer has once more gone at length into the question of the poison which was administered to Socrates, maintaining (with Dr. Imbert-Gourbeyre) that it was our *Conium maculatum*. Other communications of note are as follows.

In the August number, Dr. van den Berghe relates a case of chronic hydrocephalus, cured by *Calcarea* and *Sulphur*, in the 30th and 200th dilutions; and Dr. van den Heuvel has some practical observations as to the place of *Rhus* in typhoid fever. "During its march," he writes, "on the eighth, tenth, or twelfth day, in the midst of an abatement, there often supervenes an aggravation of the fever and of the general condition, nearly always accompanied with a liquid evacuation, fetid, but not very abundant. This means that erythema of the intestine has declared itself, and that from thence to ulcerations, to perforations, to adhesions, to intestinal hæmorrhages, there is but a step. This state of things occurs in nearly every typhoid fever. . . Those who have tried it are satisfied that a simple dose of *Rhus*, given at the moment when one suspects the presence of this intestinal erysipelas, nearly always arrests at once the *cortège* of accidents we have to dread, and permits the disorders to terminate in a happy convalescence on the eighteenth or twenty-first day."

In the September number Dr. Eenens communicates some cases, showing that the ancient repute of *Phellandrium* in pulmonary disease is not unwarranted, and can be sustained by its use in infinitesimal doses. He gave the 6th dilution.

In December we find a series of cases of cure of men-
tagra, by Dr. van den Berghe. He finds *Sulphur* the remedy for the dry form, *Graphites* for the humid.

In February, we find another incorrect account of Hahnemann's prescription of the homœopathic remedies for cholera. It is represented (by Dr. De Keersmaecker) as having been made in 1848, at Paris. Hahnemann died in 1843, and his recommendations about the treatment of cholera were written at Coethen in 1831.

In April we were startled to find the editor declaring that there were "*deux cent quatorze journaux de médecine homœopathique actuellement publiés*" in the United States. We give his own words, that we may not be representing him. For this astonishing statement he refers to the *United States Medical Investigator* for February 15th; but what is said there is "no less than 214 Homœopathic journals *have been started* in the United States." This is a very different thing from saying that that number are published at the present time. It would be more correct to set them down at eight.

The last three numbers reproduce at full length the essays of Drs. Espanet and Ozanam, on the reconstitution of the *Materia Medica* and on the acid diathesis respectively, which have appeared in the *Bulletin* of the French Society. We regret such wholesale transfers, when the language is the same, as they indispose the readers of one journal to take the other; and our aim should rather be to induce as many practitioners as possible to become acquainted with the periodical literature of their school, and so to give it the sustenance it so much needs. We cannot, moreover, approve of Dr. Gailliard's claiming (in July) that "*if Secale causes uterine hæmorrhage it is solely because it can provoke such flux.*" He must know that the occurrence of metrorrhagia under the action of ergot is a very rare

phenomenon; and that its power of checking hæmorrhage from the uterus is much more readily explained by the contracting influence it unquestionably exerts upon unstriated muscular fibre. There are, of course, cases to which *Secale* is homœopathic, and here it will act well in infinitesimal doses; but these are correspondingly rare. Such excessive claims for our method weaken the real force of the evidence in its favour.

Revue Homœopathique Belge, July, 1878—July, 1879.—Contrary to the fears we expressed in our last notice, the *Revue* continues to flourish by the side of its rival. We hope it may long continue to do so.

The chief feature of the numbers before us is a study of the homœopathic treatment of constipation, by Dr. Bernard, which runs throughout them, and displays much erudition and industry. We hope it will appear in a separate form, as it deserves to do. Dr. Bernard also communicates (August 1878 and June 1879), some interesting reminiscences of a year spent by him in Paris, in 1860, during which he enjoyed much intercourse with the then luminaries of French homœopathy. From the January number we learn of the formation of a new society at Brussels, under the title of "Association Centrale des Homœopathes Belges." Why it should be required, seeing that a "Société Homœopathique Belge" already exists in that city, we can hardly see; but our Flemish colleagues probably know best about their own affairs. The rivalry here does not seem due to the quarrel which has elsewhere divided homœopathists into two distinct camps—that between pure Hahnemannism and more liberal views of the system. From a paper read by Dr. Martiny, editor of the *Revue*, at the first meeting of the new society, we extract the following, which bears upon some questions recently discussed among ourselves:—"We fear not the light, we earnestly ask for it; we do not dread comparison: we wish that students of medicine should have an opportunity of learning our method; but for this it is necessary that there should be professors who are *au courant* with its history and its literature, who have sufficient practical experience in it, and who have sounded the depths of the

numerous questions which belong to it. We do not wish that our *confrères* of the old school should believe us animated by the spirit of sect or system in that which we propose. If there are patients who wish to be treated homœopathically, they ought at least to be able to secure physicians acquainted with the method ; if there are students and practitioners of medicine who wish to practise homœopathy, they ought to have means of studying it. No faculty of medicine in this country will supply this supplementary teaching ; it is urgent to draw the attention of the Government to this deficiency, so lamentable from the point of view of a great number of our fellow-citizens. We do not hesitate to declare it ; the teaching of homœopathy ought to have a supplementary character. All those who are destined to practise homœopathically are also initiated in every branch of medical knowledge. The new system cannot have any influence on the sciences auxiliary to medicine, nor can it affect the teaching of mechanical surgery or of the obstetric art."

In the May number Dr. Loosvelt contributes another characteristic symptom of *Lycopodium*, which he thinks worthy to rank with the celebrated "fan-like motion of the *alæ nasi*." It is that the patient sleeps with the eyes half open. This is well known to be a phenomenon of serious import ; and if *Lycopodium* can improve the vital condition it indicates, another leaf will be added to the laurel-crown of that great medicine.

ITALY.—*Rivista Omiopatica*.—This journal continues to reach us, at somewhat irregular intervals. It is doubtless of value to the homœopathic practitioners of its country, but it presents little original matter which can be utilised as a contribution to the common stock of our literature.

AMERICA.—The journals of the United States were last surveyed by us in our April number ; but, as there mentioned, the notice was written for that of January, and does not therefore come down beyond November, 1878. Since that time, several changes have taken place in the periodical literature of the country. Of the journals we have previously had to notice, the *Ohio Medical and Surgical*

Reporter and the *California Medical Times* have ceased to appear. The *American Homœopathist* has dropped the final "ist" from its title, and is now published at New York ; while its place has been taken at Chicago by a new venture, the *Medical Counsellor*, which we have not yet seen. Two other accessories to our exchange list are the *Homœopathic News* and the *American Journal of Electrology and Neurology*. Of the former we have received two numbers, for July and August (1879) respectively, purporting to be the 94th and 95th of an old, the 46th and 47th of a new series. It is published at St. Louis, and edited by Dr. Goodman. Its chief occupation seems to be the giving a *résumé* of the other homœopathic journals of the English tongue. The second is a new undertaking, and is conducted by Dr. Butler, late medical officer to the Middletown Lunatic Asylum. Though Messrs. Boericke and Tafel are the publishers, and the contributors to the first number are all known as homœopathists, there is nothing to prevent the journal from becoming a neutral ground, where men of all schools can combine to relate their observations in the field which it cultivates.

Of the older journals, we hear of the continued existence of the *Cincinnati Medical Advance*, though we never see it. The rest continue to reach us, and we will begin—if we cannot finish—a notice of their salient points.

We are reluctantly compelled by want of space to leave our review of the American periodicals until our next number, where we hope we may be able to give them due attention.

MISCELLANEOUS.

Congress of British Homœopathic Practitioners.

THE Congress was held this year on the 11th September, at Great Malvern, and was attended by about forty practitioners. Dr. Richard Hughes was President, and commenced the proceedings by reading an address, which was attentively listened to. As our readers will have an opportunity of reading it in the columns of our monthly contemporary, we shall not attempt to give an abstract of it, further than to say that it was concerned with the present position and future prospects of homœopathy. After the address Dr. Herbert Nankivell read a paper on cases of consumption treated by *Arsenic*, *Hepar*, the Mineral Water of Eaux-Bonnes, and *Lach-nanthes*, and on the influence of a winter residence at Davos on pulmonary disease. A discussion followed, the speakers being Dr. Holland, who mentioned several cases that had fallen under his own observation, which had derived much benefit from Dr. Nankivell's treatment at Bournemouth; Dr. Hayward, who objected to the treatment as being empirical, and the cases not fair specimens of homœopathic treatment; Dr. Pope, who differed from the author with respect to the value of Davos as a winter residence for consumptives; Mr. Stephens, who extolled the advantages of Cannes as a winter resort for consumptives; Dr. Pearce, and Dr. Drury, who mentioned that Colorado had a high reputation in phthisical cases. He stated that consumptives were benefited by a residence in moderately elevated localities, but that, if they went above a certain height, in place of deriving benefit they suffered injury. Dr. Nankivell replied to the objections of Dr. Hayward, and contended that his treatment was thoroughly homœopathic.

In the absence of Dr. Burnett, Dr. Pope read his paper "On the Revival and Further Development of Organopathy during the First Half of the Present Century," in which he gave an account of the peculiar system of Rademacher and his disciples. Some remarks on this subject followed from Dr. Dudgeon, who mentioned that

an account of Rademacher's system was given in an early volume of this Journal under the title of "The Modern Paracelsists;" from Dr. Hayward, who considered that Dr. Burnett's paper was just such an essay as was suited for a Homœopathic Congress, and Dr. Jagielski, who criticised severely the method of Rademacher.

The afternoon's sitting was occupied by a paper "On the Homœopathic Treatment of Internal Aneurism," by Dr. Flint, which gave rise to an animated discussion, and by a lively controversy respecting the recent action of the London School of Homœopathy in regard to the proposed recognition of the lectures of the University of London.

The place of meeting of the Congress for 1880 was fixed for Leeds, on the second Thursday of September, Dr. Yeldham being elected President.

A dinner at the Imperial Hotel concluded the proceedings of the Congress, at which numerous speeches were made and great harmony prevailed.

A printed letter was distributed to the members of the Congress, addressed to them by Dr. Hilbers, of Brighton. In this letter Dr. Hilbers regrets that, "owing to adverse circumstances," he is unable to be present, because he observes that "the principal subject of discussion is the present and future prospects of homœopathy," a subject on which he conceives himself capable of "throwing some light." Now, Dr. Hilbers is entirely mistaken in supposing that "the present and future prospects of homœopathy" were to be a principal subject of discussion, for the fact is the only allusion to the present state and future prospects of homœopathy was in the President's Address, which, according to invariable custom, is not a subject of discussion at all. Hence, the members of the Congress cannot too much congratulate themselves on the fact that "adverse circumstances" prevented Dr. Hilbers from coming to the Congress, for had he been present he would have found his mouth sealed as to the subject of the President's Address, and it is to his absence, regretted by himself, but rejoiced in by the members of Congress, that we are indebted for the valuable light he throws on the present and future of homœopathy. According to Dr. Hilbers, "the truth, the whole truth, and nothing but the truth" is that, in this country, homœopathy is at present "rapidly going to the dogs, and its future prospects are that, ere long, it will have gone to the dogs, unless something is done to

check its downward course." The cause of this downward course of homœopathy, Dr. Hilbers asserts, is neglect of the teaching of Hahnemann. Our hold on public confidence is thereby "shaken and this, alas!" he wails, "is not only true as regards our skill, but as regards our *integrity* (sic) also." Now, Dr. Hilbers may be, and no doubt is, very attentive to his p's and q's, but it is evident, from the peculiar orthography of the word we have italicised, that he is not sufficiently careful about his r's, which he intrudes into unauthorised places. Dr. Hilbers thinks that the downward course of homœopathy may be checked by more careful study of the *Materia Medica*, but at the same time he inveighs against the only complete *Materia Medica* we possess, viz. Allen's *Encyclopædia*; and he refers, in terms of adulation, to (besides Hahnemann's works) "Curie's *Epitome of Jahr*, a most excellent work, now almost forgotten, Noack and Trink's *Handbuch*, Ruckert's *Darstellung*, and Boenninghausen's *Manual of Therapeutics*."

As *Jahr's Manual* has always seemed to us a most confused and confusing jumble of all sorts of symptoms, pathogenetic and clinical, without any indication as to their sources, we would be sorry to allow [that Curie's epitome of this wretched patchwork was "a most excellent work," and are glad to know that it is "now almost forgotten." We should have thought that an author who is so zealous in recommending the two German works mentioned might have known that the name of the chief author of the *Handbuch* is "Trinks" and not "Trink," and that the author of the *Darstellung* is "Rückert" not "Ruckert." But, though homœopathy is "going to the dogs," Dr. Hilbers is able to discern "one bright spot on the homœopathic horizon," and that is "the course of lectures which Dr. Dyce Brown is delivering in London." To be sure Dr. Hilbers has not heard any of them, but he has heard "from those who are fully competent to form an opinion that they are as excellent in execution as they are admirable in conception." Surely Dr. Hilbers's admission that there are some persons "fully competent to form an opinion" on the excellence of Dr. Dyce Brown's lectures is another "bright spot on the homœopathic horizon," for, judging from previous utterances of Dr. Hilbers, we had come to the desolating conclusion that there was but one person in this country fully competent to form an opinion on any point connected with homœopathy, and that was Dr. Hilbers himself. How many such fully competent men there may be we know not,

but surely the existence of even two or three such competent men, may serve, if not to prevent, at least to retard, the downward course of homœopathy "to the dogs." If homœopathy must eventually go to the dogs, perhaps, on the whole, it is more satisfactory that it should go to these intelligent animals than be monopolised by other less intelligent creatures, who are fully competent to write down their name without the aid of a literary Sexton.

Now, as is well known, Dr. Brown argues for the homœopathic action of blisters, and prescribes mustard and iodine as external homœopathic applications, besides advocating the application of nitrate of Silver to an ulcerated os uteri, and swabbing the diseased part in follicular pharyngitis with a solution of nitrate of silver, gr. xx, ad ʒj; and he says, "We charge our opponents with prejudice, but we forget that we ourselves may be equally prejudiced, and for fear of using what seems to savour of allopathy, we may neglect to use what may sometimes be of benefit to our patients." As, according to Dr. Hilbers, Dr. Brown's teachings are the "one bright spot on the homœopathic horizon," perhaps he will find in these specimens no departure from the teachings of Hahnemann, and nothing resembling that "homœopathised allopathy," or "allopathised homœopathy," so detested by himself.

Dr. Hilbers "fears that the remnant that is left of what was once the *British Journal of Homœopathy* may be sorely vexed with him" for having given us a bit of his mind ("*levavi animam meam*," he classically puts it). We, the remnant alluded to, hasten to calm Dr. Hilbers's apprehensions. So far from being vexed at what Dr. Hilbers has said, we are quite delighted with it, for had he refrained from writing this most instructive letter we might have been left completely in the dark as to the condition of homœopathy in the present and its prospects in the future; and how could we ever have known, except from Dr. Hilbers himself, that he is almost, if not quite, the sole representative of homœopathy in this country who abides by the teaching of Hahnemann and who considers Curie's *Epitome of Jahr* "a most excellent work?"

BOOKS RECEIVED.

Handbook of Practical Midwifery. By J. H. MARSDEN, A.M., M.D. New York.

The Homœopathic Therapeutics of Uterine and Vaginal Discharges. By W. EGGERT, M.D. New York: Boericke. 1878.

Transactions of the Homœopathic Pharmaceutic Association of Great Britain. May, 1879.

Homœopathic Therapeutics. By S. LILIENTHAL, M.D. Second Edition. New York: Boericke & Tafel. 1879.

A System of Surgery. By W. T. HELMUTH. Fourth Edition. New York: Boericke & Tafel. 1879.

Notes on the Position and Progress of Homœopathy in the United States. By A. C. POPE, M.D. London: Gould, 1879.

Allen's Encyclopædia, vol. x. New York: Boericke & Tafel. 1879.

Archivos de la Medicina Homeopatica. Barcelona.

St. Louis Clinical Record.

The American Homœopath.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung.

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

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The Medical Herald.

The Medical Record.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ALLEN'S ENCYCLOPÆDIA.*

THE publication of the concluding volume of the great undertaking which will henceforth be known by the above familiar appellation imposes a special duty upon us. At the first announcement of the work in 1874 (see our number for April of that year), and at the appearance of each of its successive volumes, we have sought to greet it with our warmest welcome, and at the same time to aid in its perfecting by our strictest criticism. Now that it is all before us, however, it seems right that we should attempt to lay before our readers a deliberate account and estimate of a work which, for many years to come, will be *the* Materia Medica of Homœopathy, at any rate for all of the English speech.

Dr. Allen's work grew out of the necessity which exists for the bringing together of the pathogenetic material we possess wherewith to work the law of similars. Our provings have appeared as they have been made in journals, in monographs, or in such works as Hahnemann's and Jörg's; they are scattered through a series of volumes which every year increases in length, and in proportion

* *The Encyclopædia of Pure Materia Medica.* A Record of the positive effects of drugs upon the healthy human organism. Edited by T. F. Allen, A.M., M.D. With contributions from Drs. Hughes, Hering, Dunham, Lippe, and others. 10 vols. 1874—1879.

VOL. XXXVIII, NO. CLI.—JANUARY, 1880.

A

becomes inaccessible to practitioners at large. The need of collections of these records has been felt from the early days of our history, as is shown by the publication of Stapf's *Beiträge* (from his *Archiv*) and Hartlaub and Trinks' *Arzneimittellehre* (from their *Annalen*). It was supplied, on as large a scale as the time required, by the manuals of Jahr and of Noack and Trinks—the former, in its various English dresses, having long been the ordinary text-book for homœopathic physicians in this country and in the United States. Its older editions being exhausted, our enterprising American publishers planned a new one, and sought for professional aid towards having it so edited as to bring it down to the present day. Dr. Allen, into whose hands the work ultimately came, had no difficulty in seeing that Jahr's presentation of his matter was as inadequate as the matter itself was imperfect; and that, to do justice to the requirements of the case, an entirely new work must be set on foot. All extant provings must be brought together, re-translated where necessary, and rearranged; the old collections from authors must be replenished from later sources, and new symptom-lists compiled from these. The pathogeneses of the new *Materia Medica Pura* must be as complete for their own day as Hahnemann made his for the time of their publication. He offered to undertake this work as editor, and Messrs. Boericke and Tafel accepted its responsibilities as publishers. As soon as the project was known offers of help came in. Dr. Hering undertook to supply the recondite literary information in his possession, Drs. Dunham and Lippe to furnish verifications, Dr. Hughes to revise and illuminate Hahnemann's citations from authors. The first volume, containing 640 pages of imperial octavo, was issued in November, 1874. The publishers hoped then to complete it in five or six similar volumes, and to have the whole out by 1876. Ten volumes, however, have been required to contain the accumulated and accumulating matter, and it was not till last autumn that the tale was complete.

Five years, then, having elapsed between the appearance of the first volume and the tenth, it was to be expected

that Dr. Allen would have fresh material for the pathogeneses of many of the earlier medicines. Accordingly, it is only the first 238 pages of his tenth volume which are occupied with the concluding numbers of his alphabetical series, viz. the medicines from *Tilia* to *Zizia*. The remainder consists of a "Supplement," bearing date April, 1879, and containing additions to the symptom-lists of numerous medicines, with some pathogeneses which are absolutely new. There are, finally, some "Notes and Corrections" supplementary to those issued with the third volume. These last should be, as far as possible, incorporated in the text by all possessors of Dr. Allen's work; and no one should conclude that he has before him the complete pathogenesis of any drug contained in the first nine volumes without looking to see if it has any fresh symptoms in the tenth.

Taking, now, a survey of the whole work, we would first speak of its *materials*. In our comment on the specimen medicine (*Aconite*) first furnished, we made the following suggestions:

"1. That the materials of the collection shall consist only of such provings, &c., as are *on record*."

This was to exclude symptoms privately supplied to the authors, and only introduced as from "H. N. S., 40th dil.," "T. C. D., 60th dil.," and so forth. It was obvious that he might be flooded with such dubious observations, and that his readers would have no means of checking their value. In the reproduction of *Aconite* in his first volume, Dr. Allen has supplied references which show that these symptoms *are* on record; and he has throughout his work adhered consistently (with a few well-warranted exceptions) to the salutary rule we ventured to lay down. Our school has thus been spared the incorporation of the multitudinous pathogenetic effects which Dr. Swan and some like-minded persons imagine they have elicited from attenuations of different kinds of *milk*!

"2. That the bracketing and correcting (where necessary) of the symptoms taken by Hahnemann from authors be done with the utmost thoroughness."

Dr. Allen has since left this part of his work entirely in the hands and to the responsibility of one of the editors of the *British Journal of Homœopathy*, so that we cannot criticise it in our present article.*

“ 3. That no mere ‘ clinical ’ symptoms be admitted.”

The editor had some difficulty in bringing himself to abandon altogether these fascinating but illegitimate additions to the *Materia Medica*. His first and second volumes contained a few, but in June, 1875, he announced, in the *Hahnemannian Monthly*, that “ in future *no* symptoms will be admitted unless they have been obtained by proving the drug.” The misleading effect of admitting these is seen in the pathogenesis of *Benzoicum acidum* contained in the second volume. Here, S. 66 (“ extensive ulcerations of the tongue, with deeply-chapped or fungoid surfaces ”) and 175 (“ troublesome, constant, dry, hacking cough, after suppressed gonorrhœa ”) are purely clinical, as reference to the original will show ; but they have escaped the distinguishing cipher, and, till the corrections in the last volume appeared, they have stood as pathogenetic effects of the drug.

We have thus every reason to be satisfied with Dr. Allen's collection of material for his work, as his mode of proceeding has become conformable to our initiatory suggestions. We have, however, one exception to take. It is not to his admission of the provings of *Cimex lectularius* and the similarly nasty substances which Dr. Mure has introduced into our *Materia Medica*. Dr. Dake has stoutly protested against the insertion of these : we agree with him in disliking them, but we do not see how Dr. Allen could reject them. It is otherwise, however, with the symptom lists of Houat. In our twenty-seventh volume we gave an account of the first part of the *Nouvelles Données* of this writer, and showed the utterly untrustworthy, and indeed impossible, character of the pathogeneses therein furnished. We were sorry, therefore, to find in Dr. Allen's first two volumes Houat's symptoms of *Anantherum*, *Belladonna* and *Bufo* given without a word of caution, as a list of

* See our vol. xxxiii, pp. 308 and 461.

observed effects of these substances. In the third volume an improvement was made. Under *Cubeba* we read, as an appendix to the list of authorities—"Houat's proving, from *Nouvelles Données de Mat. Med.* This truly astonishing collection of symptoms is put by itself, since there is no way of determining what is pathogenetic, and what clinical, and since there is no intimation of how the symptoms were obtained: in these days all accounts of scientific experiments must be accompanied by a most complete detail of methods, that they may be verified." Such relegation to a separate category was next best to entire omission, which we should have preferred; and it was again performed in the fourth volume as regards *Curare*. In the fifth, however, we had to express our regret at finding the pathogenesis of *Kali iodatum* spoiled by the incorporation of these apocryphal symptoms; and probably our remonstrance did not stand alone, as Houat's contribution to our knowledge of *Piper nigrum* was omitted altogether from the seventh volume, and his symptoms of *Robinia* and *Sarracenia* were treated in the eighth like those of *Cubeba* and *Curare* in the third and fourth.

So far, then—save as regards *Belladonna* and *Kali iodatum*—no harm has been done to those who intelligently use Dr. Allen's *Encyclopædia*. When, however, we heard that an index to his work was in preparation, we felt anxious lest it should refer to Houat's symptoms as if standing in the same category with the rest; an error which (we may say) the compilers of the *British Repertory* are sedulously avoiding. Dr. Allen has dispelled our fears, however, in a paper he has published in the August number of the *North American Journal of Homœopathy*, entitled "Shall Houat's provings be considered reliable?" His conclusion, after examination of the facts, is—"It is quite evident that Houat's collection (with the exception of his provings of *Belladonna*) has no place in a pure *Materia Medica* (*his symptoms will not appear in the index to the Encyclopædia*, for the editor of that work is unable to distinguish the pure from the impure)." We cannot agree with him in excepting the symptoms of *Belladonna*. He

argues their harmoniousness with the known action of the drug; but this will not substantiate a list of 893 symptoms purporting to have been obtained by him between August and November with the 15th dilution, and containing (among other symptoms) "tettery eruptions, with scabs, scales, and ulcerations, on the scalp," "eyes projecting, sparkling, furious, sometimes expressionless, dull, and clouded," "face pale, yellow, earthy." Nor can we accept the explanation of the symptoms ascribed to other drugs, by which Dr. Allen endeavours to save Houat's credit. That writer admits the incorporation of clinical symptoms into his lists; and it is this "abominable fallacy," as Dr. Allen justly calls it, "which has poisoned the fountains of our *Materia Medica* from Hahnemann to the present," that has (in his opinion) "rendered Houat's provings unreliable as guides to the true homœopathist, though they may be of some value to the empirical." We cannot think that they are thus explained. To Houat's symptoms of *Sarracenia* Dr. Allen appends the note: "Most astonishing, and apparently impossible.—T. F. A." But are they less astonishing or more possible if regarded as clinical symptoms? Are we really to believe that this almost inert vegetable substance has cured, in Dr. Houat's hands, "hard nodosities and tumours of the tongue;" "inflammation and swelling of the spermatic cords and testicles, with burning and pulsative pains;" "the uterus swollen, as if filled with cysts;" "deformity of the thorax and back, as in rachitis;" "emaciation;" "anasarca;" and similar conditions profusely scattered about its long symptom list? Are we to accept, on Houat's authority, a power on the part of *Cubeba* to cure—not the familiar gonorrhœa with which it has long been associated—but mania, marasmus, hæmorrhages, and partial paralysis? To this we are committed if we suppose the catalogues now in question to consist of genuine "clinical symptoms." Nay: it is far wiser and safer to reject them altogether as fabrications, and the greater the scorn and indignation with which we do it the less likely is the imposture to be repeated.

We pass now to Dr. Allen's *presentation* of his matter. We found in his specimen medicine too little information as to the authorities for, and subjects of, the symptoms obtained by proving, while those observed in poisoning cases were thrown together indiscriminately under the head "toxicological." This last we could not approve, and we desiderated fuller and more detailed information in the section "authorities." The improvement which has taken place in this respect as the work has gone on is very great. Compare (for instance) the "authorities" section for *Agaricus* in the first volume with that for *Natrum muriaticum* in the sixth. We mention these two as having both been re-proved by the Austrian Society. For *Agaricus* we have a bare list of forty-eight names, and are told in a note that 12 to 30, and 48, are Austrian provings. Where these are to be found, who the experimenters were, what doses they took and how often,—of all this no account is given. Turn to *Natrum muriaticum*, and in the list of authorities itself we come upon "Nos. 8 to 43 from the Austrian provings, *Oest. Zeit. f. Hom.*, vol. iv." Then follows the catalogue of names, the doses taken by each and their repetition being stated. If the same person tested both the crude salt and its attenuations his symptoms at the one period have a mark to distinguish them from those of the other; and if he were the subject of any existing or habitual derangement of health this is stated in a note. Hahnemann's notes, moreover, which were omitted from the specimen medicine, have (as we suggested) been uniformly given.

We must now say a word upon the markings of the symptoms. In his original preface, the editor explained the significance to be attached to these. "Symptoms which have been repeatedly cured by the drug are distinguished by stars, with italics, or full-faced type; the latter class is most important. Symptoms in italics, without stars, have been repeatedly observed upon provers, but not yet verified on the sick." In obtaining these "verifications" he acknowledges the help of Drs. Dunham and Lippe. The contributions of the former reach to *Lycopo-*

dium, when they were terminated by his lamented death; a fly-leaf, containing the numbers of the symptoms marked by him, was supplied to all subscribers to the work. Dr. Lippe, who had already sent the editor the numbers of the symptoms in his 'Text-Book' which he had himself verified, now undertook to go over Dr. Allen's MS. and add his stars, which he has done from *Manganum* onwards. Besides these, "other verifications have been inserted by the editor, after consulting nearly the whole of the homœopathic literature." The extent of the examinations thus made, and the amount of the yield, may be estimated by the article "Clinical Symptoms of *Lycopodium*," contributed by Dr. Allen to the *North American Journal of Homœopathy* for August, 1877. These verifications constitute a valuable feature of the *Encyclopædia*, and a beginning student might do worse than make a list of them, at any rate for the principal medicines, or learn them by heart.

This, then, is the work which Dr. Allen has given us. Before concluding our survey, let us concentrate our attention upon a particular medicine. Dr. Dunham did this as regards *Aconite* on the appearance of the first volume;* let us do it now for *Belladonna*.

The article upon this drug appears at p. 67 of Dr. Allen's second volume. Some corrections are made in it at p. 639 of volume iii, and p. 657 of volume x; the latter volume also contains an addition to the pathogenesis. With its predecessor it gives *Belladonna* 2681 symptoms, derived from 285 distinct observers, and this excludes all effects of *Atropia*, which has an article to itself.

We will first make Dr. Allen's own corrections. They are only fourteen in number, and chiefly consist of single letters or figures. Where whole numbers have to be altered, it is through a reference having been made to Hahnemann's pathogenesis, and inserted without being made to correspond with the fresh numeration of the *Encyclopædia*. The only considerable error (evidently of a copyist) is in S. 2312, where we are told (in vol. x) to read

* *North American Journ. of Hom.*, Feb., 1875.

for "worms in" "warmth out of all the pores," which is certainly a very different thing.

The first paragraph refers the plant to its Linnæan and natural orders, and gives its English and German domestic names, with its mode of preparation for homœopathic practice. We next have the list of "Authorities." Of these, the first eighty-five are stated to be from Hahnemann's pathogenesis in vol. i of the *R. A. M. L.* His own name and those of his fourteen fellow-provers stand as they are given by him, for we have no information about them. But after each of the remaining names, which belong to authors from whom he has quoted, a clause follows, stating the circumstances of their observation, whenever, that is, their originals were accessible. In the case of Greding, from whom so many symptoms are taken, we have a list of the patients in whom they appeared, and the reference of each symptom to him is accompanied by a mention of the case in which he observed it. As his patients consisted of epileptics, epilepto-maniacs, and pure maniacs, it is of obvious importance to have this knowledge, that we may know how to estimate epileptiform and maniacal phenomena when ascribed on his authority to the drug. We then have a series, mostly of poisoning cases, taken from the various collections which have been made (as Hencke's in the *Vierteljahrschrift* and that of the *Hahnemann Materia Medica*), and from general medical literature, English, American, French, and German. Of the care here taken we have an evidence in the following observation:—"141 to 176 are taken from Roth's *résumé* in *J. de l. Soc. Gal. (Mat. Med.)*, 4, 402, where references are furnished, but no details. On subsequent critical research, most of these additional authorities given by Roth have been found to refer to the effects of *Bell.* when given to patients; they are therefore omitted, though the subsequent numbering could not be changed without great trouble." It was this pathogenesis, we may note, on which Dr. Espanet founded his study of *Belladonna* noticed in our July number last year. To each of the names here given a statement is made of the subject of the poisoning

or proving ; and it is only in the last—"Macfarlan, proving with the 6^m (Fincke)"—that we have to regret the introduction of an unpublished observation of sufficiently dubious value.

Let us now test the accuracy of Dr. Allen's translations and quotations as regards this medicine. It would be tedious to do so throughout its range ; we will take, therefore, two limited sections—those containing the symptoms of the abdomen and of the sexual organs respectively.

S. 1363 to 1461 comprise the section "Abdomen,"—Hahnemann's corresponding tract containing 56 symptoms. We have begun by ascertaining how these have been reproduced. Six we find omitted, viz. S. 660, 665, 669, 673, 681, and 687 ; and we cannot say that any are mere duplicates, so as to warrant their being passed by. Of the remaining 50 the rendering of 44 seems unexceptionable, but with six we have to find some little fault. Thus : in S. 1387 (corresponding to Hahnemann's S. 638) "abdomen" should be "duodenum" (Zwölffingerdarms). In S. 1435 (S. 646 Hahn.) "in the evening" is omitted. In S. 1430 (S. 647 Hahn.) it should be "hard," not "heavy" weight. In S. 1414 and 1449 (S. 644 and 648 Hahn.) "abdomen" should be "hypogastrium" (Unterbauch, a word Dr. Allen translates thus in every other place of its occurrence). In S. 1458 (675 Hahn.) "grosse Stiche" should hardly be rendered "severe :—" the word seems rather to express the breadth (as it were) of the needle which pierced the parts.

We have next 8 symptoms taken from other parts of Hahnemann's schema, on the ground of their having some relation to the abdomen. The rendering of one only of these we have to criticise, S. 1363 (628 Hahn.). Dr. Allen gives it—"Fulness below the short ribs when stooping ; fulness at the pit of the stomach and darkness before the eyes." In the original, however, the semicolon occurs after "Ribben :—" it is the fulness at the epigastrium and clouding of vision which occur on stooping.

Of the remaining symptoms, 20 are from Hout's manufactory. Of their value (remembering that they

purport to have been obtained from the 15th dilution in three months) we may form an idea from the first and third—"Swollen, painful liver, presenting swellings like abscesses," "Cramps of the liver (!), involving the chest and exciting paroxysms of cough and suffocation." We advise the student to draw his pen through the whole of them. The others are derived from several poisonings and provings—consisting, from the former source, mainly of meteorism, with occasional pain and tenderness, from the latter, of various sensations connected with flatulence.

We pass now to the sexual organs. *Belladonna* has but slight pathogenetic influence upon these. Hahnemann only gives them 30 symptoms out of his 1440, and Dr. Allen can add but 5 more from poisonings and provings—two of which are merely general statements. The inexhaustible invention of Houtat, however, fills his section with 20 others, which may share the fate of his abdominal symptoms, to which they are fully comparable. Of Hahnemann's 30, 11 are not found here. Of these, 8 have been transferred to other parts of the pathogenesis; but the change cannot always be commended. For instance, Dr. Allen retains S. 789, which states that during the menses great thirst was experienced by one of Greiding's patients taking the drug; but he omits S. 786—8, which affirm the same thing as to other coincident affections. Still less defensible is the omission of S. 795. This has, indeed, been given among the abdominal symptoms (S. 1451); but it so obviously belongs to the female sexual organs that it should have been repeated or referred to here. The leaving out of Hahnemann's symptoms 771, 781 and 785 has not even transference to explain it. Of those remaining, we have some fault to find with five. In S. 1614 (777 Hahn.) "tumour" seems almost too large a word for the "Knoten" of the original. In S. 1629 (784 Hahn.) the reference is wrongly given to Langhammer: it is one of Hahnemann's own observations. S. 1645 is a repetition of S. 1638, and has no existence in the original. S. 1637 and 1647 are placed by Dr. Allen among those of the female sexual organs; but in Hahnemann's list they occur

in the midst of those of the *male* genitals, and he seems to have intended that the two should follow one another in separate categories.

The results of our examination have hardly been as uniformly favourable as we could have wished ; but how few, after all, are the errors, how admirable the general accuracy of the compilation ! A new translation of Hahnemann's pathogeneses is certainly not rendered supererogatory by what Dr. Allen has done ; but for all else his work may be accepted as both complete and trustworthy. When he has completed its practical usefulness by the index to its ten volumes now preparing under his superintendence, he will have furnished to homœopathic literature a contribution which will long remain its central feature, its most valued possession ; and will have inscribed his own name among those most cherished in the annals of our history.

THE REGENERATION OF MATERIA MEDICA.

By J. P. DAKE, M.A., M.D., Nashville, U.S.A.

I.

In the study of the science of numbers we first learn the properties and powers of numerals, considered by and among themselves, and thus gain a knowledge of *pure mathematics*.

Going farther, when we bring these numerals into use in the measurement of land, the navigation of seas, and the study of movements among bodies on the earth and in the heavens, we gain a knowledge of *mixed* or *applied* mathematics.

This distinction has long been recognised as not only proper but necessary to a clear understanding of things mathematical. And the order has been, from the begin-

ning of mathematical science, first the pure, and then the mixed. I speak of science here as the orderly arrangement of elements empirically discovered, brought before the mind in a comprehensible and useful shape.

Arithmetic, algebra, geometry, trigonometry, conic sections, the calculus, these belong to *pure mathematics*.

Surveying, navigation, natural philosophy, astronomy, these are representatives of the *mixed*.

One well acquainted with the properties and powers of numerals in their varied relations to each other may pass on readily to their applications and uses where measurements of any kind are to be made in the avocations of daily life.

So, in medicine, we must first learn the absolute properties and powers of various drugs, as shown in the healthy human organism, and the knowledge thus gained we term *Pure Materia Medica*.

In proceeding farther, when we bring the pathogenesis thus learned into comparison with the manifestations of disease in the sick, obeying the law *similia*, and cures result from the drugs employed, we are led to a knowledge of *Mixed or Applied Materia Medica*.

Here, as in mathematics, the order is, first, the pure, then the mixed; first, a knowledge of how the drug by itself affects the human organism when in health, and afterwards how it affects it in disease.

The human organism in health is not exactly the same medium or reflector of drug influence that it is in sickness. The difference in the character of results is well marked and appreciable, the former being direct, simple, and positive, while the latter is indirect, complex, and uncertain.

Pure Materia Medica is required not only in medicinal therapeutics but likewise in practical toxicology and experimental physiology.

As in mathematics so here the master of the *pure* is prepared to make generalisations and applications, reaching out into several departments of the arts and sciences, each having its own field.

With such an understanding of the relative position and

importance of Pure *Materia Medica* we proceed to consider the methods for its attainment.

II.

Whatever mention had been made of the study of drug properties by experimentation with drugs upon persons in health it is a plain matter of history that before Hahnemann no one pursued it to any extent nor with any success.

Upon his discovery of the relationship necessary between positive drug effects and the exponents of disease in the human body such experimentation became a thing not of speculative but of practical moment.

An understanding of that relationship or law of cure could avail nothing for those unacquainted with drug affections. The very first work of Hahnemann, therefore, was the testing of medicines upon himself, his associates, and followers.

I need not here speak of the difficulties he encountered by reason of individual poverty, and the ignorance, and prejudice, and perverseness of the medical world about him, nor yet of the measure of success which he realised. Suffice it to say his early gatherings, published under the modest title *Fragmentary Observations relative to the Positive Powers of Medicines on the Human Body*, and the first pathogeneses furnished by himself and by persons immediately under his direction and scrutiny, were more reliable than the larger gatherings and less thorough provings afterwards brought together under the more pretentious title *Materia Medica Pura* and in the *Chronic Diseases*.

How the high standard of excellence, at first planted by Hahnemann, became gradually lowered, and how side streams from one source and another, bringing in impurities, came finally to vitiate the great reservoirs of pathogenesis I shall not stop to relate. In this Journal, and in various other publications from the hand of Dr. Dudgeon, as well as, more recently, from the discriminating pen of

the junior editor, Dr. Hughes, such information has been repeatedly laid before the profession.

III.

In view of the great importance of a *pure* *Materia Medica*, and of the evident corruptions of that now bearing the name, I desire to make an earnest appeal to the profession in behalf of more exact methods of drug experimentation.

In the July number of this Journal, Dr. Hughes, writing upon "The Reconstitution of the *Materia Medica*," after noticing the plans put forward by Dr. Jousset and Dr. Espanet for the better arrangement and display of drug symptoms, concludes as follows :

"It is impossible, therefore, thus to present the whole *Materia Medica*, and while I would have such studies of individual drugs multiplied indefinitely, I should deprecate any attempt to substitute them for our existing symptomatology. Let this stand as it is, and let our work upon it be something like that of theologians upon their sacred books. As with them, let our best endeavours be made to enrich, to purify, and to illuminate the text. Then let those competent for the task give us commentaries upon it elucidating its language. Let the teachers of *Materia Medica* in our schools publish from time to time their systematic lectures, embodying (as they must do) all the side lights which from toxicology, from the physiological laboratory, and from therapeutic experience they can bring to bear upon its study. These will answer to treatises on doctrinal and practical theology; and then, for the sermons which expound and apply particular texts, let us have clinical records showing the bearing of pathogenetic symptoms upon the phenomena of disease. In this way, while we shall lose no grain of fact which can be made available in the comparison of drug-action with disease, there will be supplied to every student of the *Materia Medica* a general knowledge of its constituents, of their sphere and kind of action, of their characteristic features and ascertained effectiveness, which shall send him forth fully equipped for using them in the treatment of disease.

"There is thus abundance of work for all who desire to labour in the field of *Materia Medica*, and the more there is done of the kind the better for the future practitioners of our method."

The reading of these words, especially such as liken our present *Materia Medica* to the "sacred books" of the theologians, suggested the theme of my present writing. I said, in my musings, how can our books of symptomatology be like the books of the *Bible*?* Did they come as we see them by supernatural revelation? Must all remain unchanged except as illuminated by classical research and expounded by clinical experience?

In view of what Dudgeon and Hughes and others, who have endeavoured to hunt out the sources of *Materia medica*, have said of the imperfections of our drug symptomatology, and in view of what is well known of its insufficiency by every experienced and intelligent practitioner of homœopathy, I asked myself—Is it possible that we must sit down content with the "text" of *Materia Medica* we now have? Is there nothing attainable that may be more perfect, more reliable, more useful? Can we do nothing but "illuminate," comment upon, compare and classify, or, perhaps, extend the symptoms now recorded?

Shall we have no correction of errors, no purification, except as brought by the "side-lights" of toxicology and the slow, halting, stumbling advances of clinical experience?

In short, is it not possible for us to have a *pure* *Materia*

* My friend Dr. Dake strangely misunderstands me when he supposes me to liken our "books of symptomatology" to "the books of the Bible." I purposely used the general term "sacred books" as covering those of all religions that have them; and my actual comparison was not between the two classes of records themselves, but related to the use it seems desirable to make of them. Drs. Jousset and Espanet would *substitute* their expositions of drug-action for the pathogeneses on which they are based. I deprecate this proceeding; but certainly not upon the ground of the infallibility or adequacy of our present symptomatology. I have myself applied pretty "free handling" to it at various times, and entirely go with Dr. Dake in his endeavours to set on foot a systematic and scientific re-proving of our medicines. I beg him and his readers, therefore, not to consider me the antagonist he has imagined me to be, but his sincere sympathiser and well-wisher.—R. H.

medica, such as was at first contemplated by Hahnemann and always demanded by the law *similia*?

Starting up from my musings, and remembering that medicine is not theology; that our knowledge of drug properties and powers comes not by revelation, but by observation and experiment; that the methods of science are not the methods of religion; that what we would have we must earn by dint of severe application and study; and encouraged by the great achievements of man in other departments of human inquiry and labour, I concluded that Hahnemann was not a visionary when he said we *must* learn the character and capabilities of medicines from their effects upon persons in health.

If *similia* be the law of cure, and if to obey it in practice we must have a *pure pathogenesis*, surely in the economy of Providence and the invariable order of nature, the method and means for its attainment cannot be withheld from us.

Nor have they been withheld. In place of the master, with a few followers, struggling with poverty, surrounded by discouragements and bitter opposition, what do we behold to-day?

Thousands of followers with millions of clients, among the most intelligent and wealthy people of the earth; a number of well-appointed and well-managed schools, with hundreds of students, male and female, qualified and ready to act as drug provers—scores of experts, capable of applying every necessary test or means in the diagnosis of drug affections, and good examples of delicate and thorough experimentation, with various agents in the human, as well as brute organism, in the search for physiological facts. Favoured thus with provers and means, inducements and examples, it may be asked—What has kept the Homœopathic School so long from the realisation of its greatest *desideratum*, a pure *Materia Medica*?

To answer this question properly would require more space than allowed me in a medical journal.

Hahnemann, in his exceeding anxiety to extend the *armamentarium* from which to draw the necessary *similinum*,

departed from the plan of drug investigation, by him so well shadowed forth in *Hufeland's Journal* as early as the year 1796, and gathered great quantities of drug symptoms from trials upon the sick, concerning which he had so truly said :*

Either nothing happens, or there occur aggravations, changes, ameliorations, recovery, death, without the possibility of the greatest practical genius being able to divine what part the diseased organism and what the remedy played in effecting the result. They teach nothing and only lead to false conclusions.

His volumes of *Chronic Diseases* especially display symptoms thus obtained ; and *Jahr's Manual*, and every other compilation of drug symptoms having the same rubric, has presented only a hash and rehash of the pathogenetic with the curative, the direct with the indirect, so that we have had almost anything but a *pure Materia Medica*.

The followers of Hahnemann who have undertaken to prove drugs have nearly all imitated his faults, seldom making the least improvement upon his method.

Care has not been exercised to exclude the almost countless symptoms belonging to individuals of different temperaments and habits, and in various circumstances, noticed probably for the first time by the self-watchings and introspection practised while acting as drug provers. These have been placed to the credit of the doses taken and passed into the *Materia Medica* as drug symptoms !

Improved means of diagnosis have rarely been employed to ascertain the conditions and appearances, the deeper graven lines, of drug action in the human organism. The subjective has greatly exceeded the objective and the uncertain the certain.

Provers have laboured under a variety of disqualifications, besides being scattered here and there away from competent direction and scrutiny.

Led on by the mischievous notion that it is the duty of every practitioner, amidst the hurry and cares of professional life, to act as a drug prover, physicians have recorded

* *Hufeland's Journal*, vol. ii, part iii, 1796.

thousands of abnormal thoughts and feelings and appearances in themselves as drug effects, which were due entirely to the disturbing influences of the sick-room, of medicines handled, and of numerous other causes more potent than the attenuated doses generally placed on trial. But I cannot enlarge. In the *Transactions of the American Institute of Homœopathy* for the years 1857, 1873, and 1874, and in the *Transactions of the World's Homœopathic Convention, Philadelphia, 1876*, may be found a more extended showing of the faults inherent in our current methods of developing drug pathogenesis.

IV.

The point to which I would call especial attention is the paramount importance of having *facts* well ascertained and carefully sifted, *genuine drug symptoms*, for Dr. Hughes, Dr. Jousset, Dr. Espanet, and others, to arrange for safe and convenient reference in works upon *Materia Medica*.

Generalisations and arrangements are of little worth if the symptoms generalised and arranged *are not drug effects*. If there is every reason to believe that one half of the symptoms in hand are spurious, coming from other than drug influence, the strict symptomatologist will be puzzled and led astray no less than the pathologist; and the writer of text-books for the student and of manuals for the practitioner must feel that his work is clothed in doubts, and that it comes far short of the demands of medical art, to say nothing of the unsatisfied claims of medical science.

The difficulties realised by Dr. Hughes and other teachers in arriving at the real character and sphere and uses of the numerous agents in our drug *armamentarium* presented themselves to me twenty-four years ago, when I stood before a large class of earnest students in the College at Philadelphia endeavouring to teach the homœopathic *Materia Medica*.

When I examined the sources of our symptomatology and realised what they had been I was convinced that a large part of the symptoms recorded must be due to other than

drug influences; and when I remembered how long it had taken the medical world to correct *errors of fact*, to set aside useless and mischievous things once vaunted as valuable remedies, I had little courage to compare, arrange, and enforce the materials embraced in our current works upon *Materia Medica*.

I am well aware of what has been done since that day toward purification and greater certainty, and am compelled to say that it amounts to very little.

I have contemplated with wonder the vast labours of several writers, notably those of Dr. Gross, Dr. Hering, and Dr. Allen, in gathering and arranging thousands upon thousands of symptoms, placing them before earnest practitioners and before an intelligent people, as though they were properly ascertained drug effects.

The fact that clinical experience during a period of seventy years since the active spread of homœopathy began has done little or nothing toward the separation of the "chaff" from the wheat in our symptomatology shows how useless it is to expect purification from that source.

Dr. Allen in his great *Encyclopædia* has endeavoured to avoid the spurious by the aid of the side lights of classical research and the rejection of dishonest provings, and yet see the vast amount of "chaff" remaining.

That his work is not a *Materia Medica Pura* is the fault of the current methods of drug experimentation and not one of his head or heart. When provings are properly made thousands of symptoms will be cast away at the start, which being once published along with the genuine can never be detected and cast out by any amount of sick-room experimentation. And not only will the worthless be separated from the good, but the good will be vastly increased and enhanced in value.

I cannot regard our present pathogenesis, then, as at all comparable to the "sacred books" of the *Bible*, as being fixed in quality and quantity, subject to no improvement or change except by the "illuminating" and "expounding" influences of literary research and clinical experience.

I see little prospect of a *Materia Medica* at all in keeping

with the grand law *similia* till the work of experimentation is removed from the field of the busy practitioner and from the hands of credulous men and committed to experts, supplied with proper provers and means of diagnosis, and laboratories, and means of publication.

The signs of the times are auspicious. A few weeks ago, as Chairman of the Bureau of Materia Medica, Pharmacy, and Provings in the American Institute of Homœopathy, I received the following communication from a society of high standing in the United States. I present it here as an evidence both of the need and of the method of obtaining a more reliable symptomatology :

Buffalo, N.Y. ; July, 1879.

To the Chairman of the Bureau of Materia Medica, Pharmacy, and Provings, in the American Institute of Homœopathy.

J. P. DAKE, M.D., Nashville, Tenn.,

At the third Annual Session of the American Ophthalmological and Otological Society, held at Lake George, June 24th and 25th, 1879, the following motion prevailed :

"That a Committee of three be appointed by the President of the Ophthalmological and Otological Society, for the purpose of conferring with the Chairman of the Bureau of Materia Medica, Pharmacy, and Provings, in the American Institute of Homœopathy, with the view of perfecting the ophthalmic and aural examinations during the proving of remedies."

In fulfilling the spirit of this motion, the Committee would suggest to the Bureau the advisability, should it meet your approval, of having careful examinations of the eye and ear made by specialists before, during, and after the action of the drug ; the former to determine the condition of the visual function, of the fundus, of the accommodation, of the refraction, and of the extrinsic muscles ; and the latter to show the state of the external auditory canal and membrana tympani, with a careful record of the hearing power.

All of which is most respectfully submitted.

F. PARK LEWIS, M.D., Buffalo.

H. C. HOUGHTON, M.D., New York.

W. H. WOODYATT, M.D., Chicago.

But practitioners who treat affections of the eye and ear

are not alone in finding our drug provings insufficient for their purpose. Complaints have come also from gynecologists and from writers upon affections of the heart, of the lungs, and of the kidneys, time and again. The means of diagnosis daily used by them in the examination of cases have not been employed during the proving of remedies, which they are endeavouring to apply under the law of similars.

I may here mention another hopeful sign, that in the University of Michigan, one of the foremost educational institutions of America, the Regents have inaugurated a department of "Experimental Pathogenesis" in connection with the Chair of Materia Medica in the Homœopathic College. The friends of this movement look forward to the time when the State of Michigan shall appropriate sufficient funds to render the experimental department of great practical benefit to the medical world.

If the practitioners and lay friends of homœopathy in England and the countries of Europe and America would unite their energies and means in the promotion of such work, only a few years would pass till we would have a Materia Medica such as Hahnemann dreamed of, and such as would render his law *similia* of much greater practical benefit to suffering humanity than it has yet become.

In conclusion I must be allowed to say, and to say with emphasis, that our Materia Medica needs not only to be *reconstituted*, but REGENERATED; so that in making pathological deductions, comparative arrangements, repertories, epitomes, comments, and illustrations, we may have some assurance that we are dealing with things PROBABLE and not simply *possible* in drug symptomatology.

EFFECTS OF POISONS.

(Continued from Vol. XXXVI, p. 335.)

Sausage poisoning—botulismus—allantiasis.— Attempts to ascertain and separate the toxical agent in this form of poisoning have hitherto completely failed, and all is conjecture regarding its nature. The search in this direction cannot be aided by experiments on the lower animals, as it seems to be man alone who is susceptible of its action. Whatever the nature of the poison may be it is probably the result of the slow putrefaction of animal substances. The disease it produces is quite peculiar. It is geographically limited to a few localities. Most of the cases have occurred in the Black Forest; fewer in other parts of Germany; only two are recorded as having occurred in France, and one only in England. It is supposed that something faulty in the mode of preparing sausages in Swabia leads to the development of a poisonous matter in them, but all statements on this subject are guesswork. Sausage-poisoning generally attacks several members of a family who have partaken of the tainted food. The disease generally runs a subacute or chronic course. The first symptoms usually occur in from eighteen to twenty-four hours. The sufferers complain first of general discomfort and nausea, pain and weight in stomach, followed by diarrhœa and vomiting; often colicky pains are the first symptoms. Sometimes the affection commences with vomiting, retching, vertigo, cloudiness of vision, and difficulty of swallowing. Again, the gastro-intestinal symptoms may be absent, and the other symptoms just mentioned, with muscular weakness, may constitute the disease. Dyspnœa and præcordial anxiety are often among the early symptoms. In the majority of cases there is seen so much weakness that the patient must keep his bed. The vomiting and other gastric symptoms decline or cease and give place to the nervous symptoms. These are giddi-

* *Month. Hom. Rev.*, 1869, p. 340.

ness, headache, and an apathetic comatose condition. The weakness is not definite paralysis, but only extensive muscular weakness. There are sometimes complaints of diminished sensibility of the finger tips and crawling feelings in extremities and back. The most extraordinary symptoms are those of the visual apparatus. There is diminished visual power, with cloud or mist before eyes, and sometimes sparks. Very soon double vision, the powers of the ocular muscles are greatly diminished, and there is often ptosis. Sometimes the rectus externus is paralysed. The pupils are dilated and the accommodation greatly lessened. Sometimes total blindness has occurred. There is generally more or less aphonia and a croupy cough. The dysphagia often culminates in perfect aphagia. The tongue is hampered in its movements and speech becomes stammering and unintelligible. There is great dryness of mouth, a diffused or speckled redness of the mucous membrane of mouth and pharynx, sometimes aphthous formations, and the tongue has a whitish coat. There is constantly constipation, and occasionally retention of urine. The patients often complain of hunger, but the dysphagia prevents nourishment being taken. Thirst is rare. The pulse grows feeble and slow, sometimes vanishes altogether. The skin is pale and mucous membranes livid. The surface feels cold. There is rapid emaciation caused by inability to swallow, the attempt to do so often bringing the food into the windpipe. Death is generally preceded by a comatose or soporous condition, sometimes with slight general convulsions. Those cases that recover have a very slow convalescence, in which the disorders of vision and the dysphagia often persist long, and the strength is long of returning. The post-mortem appearances are of a negative character.

Poisonous cheese.—The effects are colicky pains, vomiting, diarrhœa, disgust at food, vertigo, anxiety, diplopia, headache, weariness, and muscular weakness. The affection sometimes terminates fatally.

Poisoning by Metals and their Salts.

LEAD.—*Acute poisoning* may be caused by the use of

badly-glazed earthenware ; of metallic vessels soldered with impure solder containing lead ; also by partaking of food coloured with lead pigments, and in children after licking playthings, visiting cards, &c., covered with lead paints. Infants have been poisoned by rubber nipples coloured with white lead. The quantity of sugar of lead required to produce severe or fatal poisoning is from two to three drachms and upwards. The symptoms are those of corrosive gastritis. The milder cases are often only shown by obstinate constipation. The course is always very acute, death or recovery taking place in from twenty-four hours to a few days. *Post-mortem appearances.*—Those of acute gastro-enteritis, the mucous membrane is covered with tough white coagula, the tissue beneath is red and softened. The best antidotes are the alkaline sulphates ; when these are not at hand milk and white of egg are useful.

Chronic lead poisoning.—This may be produced by the prolonged administration of moderate doses of sugar of lead, by the use of plasters containing lead, by the contact of the metal in the manufacture of white lead, by white- and red-lead paints, by the lead weights used in loom weaving, by handling gas- or water-pipes, or types, by the glaze used in pottery, by the colours used for tinting papers, by the lead preparations used in colouring bristles and making enamel. Cosmetics containing lead, ill-glazed crockery, beer drawn through lead pipes, beer and wine in bottles in which are some shots (used to clean bottles), snuff packed in spurious tin-foil, hair-mattresses in which the hair has been dyed black by lead, have all caused chronic lead poisoning. Water, especially soft water, flowing through lead pipes or kept in lead cisterns, or wooden ones painted with lead colours, has frequently caused chronic poisoning. [Another cause of lead poisoning has lately been discovered by Dr. Alford, of Taunton—bread ground by millstones, the cracks or holes in which have been stopped up with lead.]

Persons affected with chronic lead poisoning have skin of a yellowish hue, and usually a thick black line on the edges of the gums, most strongly marked on the upper

jaw. The patients experience an insipid sweetish taste, and have very fetid breath, and occasionally very slow pulse. Emaciation is generally observed. The lead disease assumes four principal forms:—1, colic, 2, arthralgia, 3, paralysis, 4, encephalopathia and amaurosis saturnina. Of these the colic is the most frequent, and the other forms are less frequent in the order just given.

Lead colic.—It sometimes comes on suddenly, but generally after weeks of moderate wandering pains, sometimes soon after eating, but often independent of food. There is loss of appetite, sweetish taste, constipation or diarrhoea. The actual colic lasts only for a few minutes, but there is besides continual griping and cramp in the bowels. Pressure usually relieves the pain. The seat varies; generally it is about the navel, but sometimes in the upper or lower part of the abdomen, and rarely in the kidneys. There is often tenesmus present, sometimes strangury or retention of urine, and some pain extending along ureters or spermatic cord to kidneys or penis, also shooting pains in breasts. Retraction of the abdomen and constipation are seldom absent. This retraction is often so great that the bodies of the vertebræ can be seen through the skin of the abdomen. Sometimes there is swelling of the abdomen and sometimes, in place of constipation, diarrhoea. Violent vomiting, preceded by ineffectual retching, is a common occurrence. It generally occurs during the remission of the colicky pains. The vomited matters are usually mixed with bile. There is generally slight jaundice. The pulse is peculiar; it is often diminished to thirty beats per minute and irregular in frequency, but not intermittent. Respiration, on the other hand, is quickened. There is little or no fever. The appetite is diminished, the urine usually concentrated, and often contains albumen. The colic and all the symptoms are worst at night. Relapses are frequent after days or weeks. The duration of the disease is usually not more than a week, but it may be much prolonged by frequent relapses. Prognosis usually favourable.

Arthralgia saturnina.—After prodromata similar to those

of colic or without prodroma there come tearing and burning pains in the joints or the muscles over them. These pains have violent exacerbations and remissions until they completely disappear. The exacerbations are accompanied by cramps. The attacks are brought on by excesses and cold. Pains diminished by pressure. There are no inflammatory appearances. The joints chiefly affected are those of the lower extremities, especially the knees. The muscles oftenest attacked are the flexor muscles. The smaller joints are rarely affected. There is often a tremor in the muscles affected. Prognosis favourable.

Lead paralysis.—It often occurs after colic or arthralgia, but may come on without these affections. The paralysis may occur as early as the third day of exposure to lead, or it may not be seen until after fifty years of exposure. The upper extremities and extensor muscles are most frequently affected. Paralysis of the extensors of the hand and fingers with freedom of the supinator is the best known form of the paralysis, next the triceps and deltoid are most frequently attacked. When the lower extremities are involved the corresponding extensor muscles are the seat of the affection. Only in rare cases are the intercostal and laryngeal muscles affected. The muscles affected do not correspond with the distribution of the nerves. Thus, in the common paralysis of the hand and fingers the muscles involved are, as a rule, those supplied by the radial nerve, but other muscles receiving branches of this nerve remain unaffected. Generally the limbs of both sides are affected, and the same muscles in both. The paralysis is sometimes confined to one finger, and sometimes it spreads over all the muscles of the limb and even over the whole body. Sensibility is usually unaffected; often there are pains in the affected muscles and their bones; sometimes there is anæsthesia of the skin corresponding to the distribution of the paralysis. The affected muscles rapidly become atrophied. The muscles may lose their power of reaction to electrical currents. Sometimes there is tremor of the paralysed muscles. Usually it occurs after or along with colic or encephalopathy, but sometimes without any prodroma.

Encephalopathia saturnina.—This includes eclampsia, amaurosis, maniacal excitement, stupor, and coma. There is often albuminuria along with it. It is only met with in cases of workmen who have been absorbing large quantities of lead. Post-mortem investigations have only yielded negative results. Prognosis always unfavourable.

COPPER POISONING.—The chief sources of copper poisoning are cooking food in copper vessels, and colouring confectionery and fruits, vegetables and pickles, with copper pigments. Oysters in beds near copper deposits sometimes contain a considerable amount of copper.

Acute copper poisoning.—The symptoms are those of severe gastro-enteritis, there are also in many cases some tenesmus and pains in the large intestine. The nervous centres sympathise. Convulsions frequently come on. Tetanus is said by some to be a frequent occurrence. Some think that a scorbutic condition may result from a protracted case of acute poisoning. Post-mortem shows intense inflammation of the mucous membrane of the stomach, sometimes extending downwards to the duodenum and upper part of the small intestine.

Chronic copper poisoning.—This is only observed among workers in copper and brass. The symptoms are very undecided. Some say there is a purple-red line at the edge of the gums. Occasionally there is gastro-intestinal catarrh, and one case of copper paralysis has been recorded.

ZINC POISONING.—The chloride of zinc is a corrosive poison of the most virulent character, and causes symptoms analogous to those caused by other corrosive poisons. The sulphate is not corrosive but irritant, and is often used as an emetic in the dose of from fifteen grains to one drachm. The gastric symptoms are not very distinctive, and there are occasionally nervous symptoms just as little characteristic. In one case of poisoning by *Chloride of Zinc* albuminuria and hæmaturia were observed. The chronic poisoning observed in factories consists of emaciation, dyspnoea, colics with constipation or diarrhoea, muscular pains, and contractions.

SILVER POISONING.—Chronic poisoning is observed from

the prolonged medicinal use of the nitrate. The first sign is a bluish line on the gums, as in lead poisoning, but the most characteristic symptom is *Argyria*, i. e. discoloration of the skin and mucous membranes. The skin assumes a livid bluish-grey colour, deeper on those parts exposed to light. Symptoms of gastro-intestinal catarrh and albuminuria have also been observed. The discoloration of the skin and other parts is owing to the deposit of metallic silver granules.

MERCURIAL POISONING.—The corrosive preparations of Mercury are *Corrosive sublimate* and *Mercuric nitrate*. Three grains of the former have in some instances proved fatal to children and adults. But there are sublimate eaters in the East who, by its habitual use, are enabled to consume enormous doses without injury. One of them is said to have taken as much as two scruples of sublimate daily. The action is said to be similar to that of *Opium*, only more exciting.

Corrosive sublimate causes great corrosion of the mucous membrane of the mouth, œsophagus, stomach, and intestines, and develops gastro-enteritis of the severest form. There is pain in mouth, throat, œsophagus, and stomach, violent vomiting and diarrhœa, with painful tenesmus, and often bloody evacuations. There is often suppression of urine, the greatest prostration, and even collapse. It sometimes affects the larynx, causing hoarseness and dyspnoea. Death may take place in from half an hour to twelve hours. If the patient lives longer than twenty-four hours salivation sometimes occurs. Post-mortem shows corrosive gastro-enteritis; the mucous membrane of the mouth, throat, and œsophagus, is inflamed, wrinkled, and covered with a white coat. The mucous membrane of the stomach, especially near the pylorus, is converted into dark, tough eschars. Sometimes there is ulceration, and perforation may ensue. The small intestines are usually normal, but in the large intestines inflammation, ulceration, and hæmorrhage, are often seen.

Chronic mercurial poisoning.—Although pure *Metallic mercury* may be swallowed in large quantities without

injury, when rubbed up with fatty substances it is readily taken into the circulation, producing physiological effects. In the form of blue pill *Metallic mercury* is also much used. Other preparations of *Mercury* are also employed internally, as *Calomel*, *Mercurous iodide*, and *Mercuric iodide*. In the form of vapour *Mercury* is also introduced into the system, as in the workers in quicksilver mines and smelting works, those engaged in manufacturing mirrors, gilding, &c. The vapour from *Mercury* spilled in a shop or a room is capable of producing poisonous effects. The symptoms of chronic mercurial poisoning by any of these preparations are very various. These are eczema, anæmia, rheumatoid pains, chronic gastric catarrh, enteritis, diarrhœa with colicky pains, tenesmus, evacuations slimy and bloody, stomatitis, salivation, swelling of gums, fetid breath, croupous exudations on gums, with ulceration beneath, necrosis of the jaw, and peculiar fever. Mercurial erethism is often noticed, characterised by great mental excitability, great anxiety, stammering speech, sleeplessness, frightful dreams, headache, palpitation, twitching of facial muscles. Mercurial tremor is of various degrees. When severe it resembles paralysis agitans. Convulsive twitchings in various parts. The trembling ceases during sleep. Paralysis often comes on from the trembling; when complete the tremor ceases. Neuralgic pains, such as violent headache and toothache, dragging and tearing pains in the limbs. Oppression of chest, even to asthma. Miscarriage of pregnant women. Dropsy and albuminuria.

POISONING BY ANTIMONY.—Tartar emetic is the form of the metal usually employed to produce poisoning. The symptoms are those of severe gastro-enteritis, some pain in the mouth, throat, and along the œsophagus to the stomach. Collapse soon appears. In some cases genuine tartar emetic pustules are developed from its internal ingestion. Post-mortem examination shows gastritis, hæmorrhage, exudation, and infiltration into the mucous membrane of the stomach, and abundant hæmorrhage into the intestines. Slight ulceration of the mucous membrane of the bowels has frequently been seen.

POISONING BY SALTS OF IRON.—This is rare. A gastritis of slight intensity has been observed, with vomiting and purging.

POISONING BY MANGANESE.—It is said to cause death by paralysis of the heart.

POISONING BY PREPARATIONS OF CHROMIUM.—Workers who handle solutions of the chromates or chromic acid suffer from ulceration of the hands and of the mucous membrane of the nose and scrotum. Internally taken they cause severe corrosive gastro-enteritis, evidently owing to their escharotic action.

POISONING BY TIN.—Only two cases are known. The symptoms are those of corrosive gastro-enteritis. Orfila says it causes convulsions and paralysis.

POISONING BY BISMUTH.—Lebedeff says that glycogen disappears from the liver after long-continued feeding with bismuth.

POISONING BY THALLIUM.—This is said to be a muscular and cardiac poison.

(To be continued).

REVIEWS.

Die Homöopathie am Krankenbette erprobt. Von Dr. PAUL SICK, 1st Theil: *Die Homöopathie im Diakonissenhause zu Stuttgart.* Stuttgart, 1879.

THE post of physician to the hospital of the Deaconesses Institution at Stuttgart having become vacant in the spring of 1866, by the promotion of the actual physician to the Katharine Hospital, the governing committee chose Dr. Sick for the vacant post, although, or we may perhaps say because, he was, though a young man, a known adherent of the homœopathic heresy.

The book before us is an account of Dr. Sick's experience in the homœopathic treatment of the patients admitted to the hospital during thirteen years. The hospital is described by the author as being provided with everything necessary for a hospital. The number of beds for the reception of patients from without is thirty-six, but the space available would allow them to be increased to fifty. There are besides nine beds in the hospital for the sisters, who are about 200 in number.

The class of patients admitted to the hospital is not the most favourable for cure, they being, for the most part, elderly persons afflicted with chronic maladies, who have taken refuge in the hospital in order to get a home and care for their declining years. Acute cases are certainly admitted, but they seldom come at the commencement of their illness, but usually only after having been treated for a considerable time in their own homes. Hence the statistical table that Dr. Sick gives of the cases treated by him during those years does not show any remarkable results in the way of average mortality, but the general character of the class of patients admitted may be judged of when we mention that there were 175 cases of phthisis, 54 cancers, 111 put down as *poverty of blood* and *general nervousness*

(whatever these expressions may mean), and only 50 cases of pneumonia and 28 of pleurisy.

Dr. Sick has special chapters on twenty of the chief diseases treated at the hospital during his thirteen years' service.

The first disease he considers is typhus (meaning by that term what we call typhoid). But the cases he gives have little bearing on the merits of the homœopathic treatment. In fact, Dr. Sick does not believe that any medicinal treatment is equal to the cold-water treatment of typhus, and he gives us a few cases treated on the method of Brand by cold baths every two hours, but with the exception of one, the first, they do not seem to us to show anything beyond the patient's powers of endurance, for they were followed by some serious symptoms, such as hæmorrhage from the lungs or bowels or other serious accidents, which compelled them to be abandoned and other treatment resorted to. However, we must not judge of the efficacy of the cold-bath treatment of typhoid by the scanty statistics the author can furnish. There is no doubt that in the hands of Brand, Jürgensen, Liebermeister, and others, it has proved a most valuable curative means, reducing the mortality in the hospitals from 20 and 30 per cent. to 3 and 9 per cent. In the face of these well-known facts it is curious to observe the estimate of the value of the cold-bath treatment of typhoid made by Sir W. Jenner in his lecture on typhoid fever in the *Lancet* for 15th November, 1879.

"The treatment of typhoid fever," he says, "by cold baths when the temperature reaches 104°, or even less, is very greatly adopted in Germany; but neither my own limited experience, nor the evidence adduced by others in its favour, has carried conviction to my mind of its advantage."

From this passage we must conclude that in Sir W. Jenner's hands the mortality from typhoid is under 3 or at most 9 per cent. We are more modest, and will not claim, even for homœopathy, as low a percentage of mortality as that obtained by many of the practitioners of the cold-bath treatment. We subjoin Dr. Sick's first case of typhoid,

which is a good instance of his way of relating his histories of cases :

“ R. L—, a student, 19 years of age, was, until the end of the third week, under the medical treatment, of no very active character, of another physician, and his relations, having heard of the excellent effects of the water treatment in other cases, placed him under the care of the author, in the following hopeless state :—Extreme weakness, pale, pinched countenance, jaw hanging down, constant stupefaction, can scarcely swallow even fluids, and has a temperature of 41.2° C. (105.8° F.). [S. always took the temperature in the rectum, which may give perhaps 1° higher temperature than in the axilla.] Finding that there was a complication with disease of an important organ, I resolved to try the cold baths. On communicating my intentions to the directing deaconess, who had seen many cases of typhoid, she asked, ‘ What was the use ? The patient must necessarily die soon and it would be said that I had killed him with the water.’ I persisted, and he was put into a bath with the water at 15° R. up to the axillæ, and ten jugs of water at 8° R. were poured over his head and back, until a severe chill came on, which happened generally in from five to ten minutes. The baths were at first repeated every two hours. On the second day of this treatment the patient could hardly be recognised. He was perfectly conscious, ate, slept naturally, spoke, could assist himself a little, in short, the most threatening symptoms were all gone. A congestion of the lung which occurred on the fifth day of the treatment soon went off again. On the tenth day the bathing could be left off; on the thirteenth, he was free [from fever. A recrudescence of the fever (temp 41.3°) from eating something indigestible, which he afterwards vomited, soon went off without any remedy besides an appropriate diet, and the patient left the house a few week later, quite well and strong.”

But, however interesting the cases of typhoid treated by cold baths may be in themselves, and however much the author may prefer this treatment to aught medicinal, our readers will hardly thank us for dwelling long on this part of Dr. Sick’s treatment. So we shall now proceed to the next section, which is devoted to acute rheumatism. Dr. Sick admits the specific power of *Salicylic acid* in rheuma-

tism, and asserts that its employment in the Stuttgart Katharine Hospital was followed by a reduction of the average duration of the disease by nearly seven days, but then, he says, this was in comparison with the ordinary allopathic treatment with quinine and morphia, and not with a specific treatment. He doubts if the salicylic treatment is superior to the established homœopathic treatment, and he says that if *Salicylic acid* is specific in the high temperature of acute rheumatism, it is so by virtue of its homœopathicity, as, according to Wolfsohn, when given to the healthy it raises the temperature of the body. The triumphal shouts with which *Salicylic acid* was at first received as a specific for rheumatism have not been altogether justified by experience, for in spite of its use many cases last as long as under ordinary treatment, and heart and other complications are far from unknown.*

The cases treated by Dr. Sick included among them some of the severest character. One, a youth, aged twenty, after having already gone through an attack of acute rheumatism with moderate febrile symptoms, was attacked with endo- and pericarditis, pleuritis, peritonitis, and inflammation of the joints, including those of the vertebræ, and sternum. The functional derangements consequent on the cardiac affection were very severe, the skin was cold and blue, and life was in serious danger. The treatment lasted seventy-six days, but the patient was dismissed in the most satisfactory condition. In cases of very elevated temperature in rheumatic fever Dr. Sick employs the cold baths. One case had nine such baths within forty-eight hours, with the effect of bringing down the temperature permanently from 41.2° C. to 39.8° C., and without further employment of the bath the temperature became normal in three days. Dr. Sick's medical treatment seems to be of the most ordinary homœopathic kind—*Aconite*, *Bryonia*, *Spigelia* (for heart complication), and *Sulphur*.

Eleven cases of scarlatina were treated, and all recovered. They are unimportant cases occurring in grown-up persons. On the other hand, Dr. Sick speaks of an epidemic of

* *Die Wirkung der Salicylsäure auf den Stoffwechsel*, Königsberg, 1876.

scarlatina of a very malignant character which he witnessed in Stuttgart in 1862 and 1863. In this epidemic *Belladonna* was of no use either as a curative or a prophylactic. The disease was of a typhoid character, and *Rhus* and *Arsenic*, with the energetic employment of cold water, proved most serviceable. Bright's disease was a common consequence of the disease. Besides the urinary symptoms, uræmic poisoning showed itself in some cases by convulsions, disturbance of the vision, and sopor. The remedy for this was *Phosphorus*. Dr. Sick is not aware if *Phosphorus* has ever hitherto been employed for Bright's disease and uræmia. The result of post-mortem examinations in cases of *Phosphorus* poisoning has shown that it can produce a state of the kidneys very similar to that in Bright's disease, so that he alleges his treatment in these cases to have been distinctly homœopathic. It would be better, we think, to apply some such name as acute desquamative nephritis to the kidney affection following scarlatina, and reserve the name of Bright's disease (if it must still be retained) for the chronic form of nephritis, which has been so thoroughly studied of late years. "Bright's disease" has, off and on, been used to designate such a large number of dissimilar diseases, having nothing in common but albuminuria, that we think the less it is employed the better.

Diphtheritis (of which but eight cases were treated in the hospital) is a disease for which the author thinks he has found the specific remedy in *Hepar*, one dose of which (after, perhaps, a preliminary dose of *Aconite* or *Belladonna*, according to indications) he considers sufficient for the cure of the whole disease. We wish sincerely this were so, but the case he gives in illustration of his practice does not appear to us satisfactory. Here it is:

"M. W—, a lady's maid, otherwise healthy, took ill on the 29th April, 1877, with fever and sore throat, and as the physician in attendance considered the disease diphtheria, he sent the patient into the Deaconesses' Hospital on May 2nd. The malady was confined to the tonsils, which were covered by thick greyish-white membranes. On account of the severe fever, *Acon.* 3 was given, and in the evening, the temperature being 40·3° C.

(105° F.), she got a dose of *Bell.* 3. On the 3rd May, the morning temperature was 40·2°, the evening, 41·1°, and no improvement in the local symptoms. She now got *Hep.* 6. On the morning of the 4th, temperature, morning 38·7, evening 39·1° C. (102·2° F.). The symptoms now gradually declined. From the 8th she was quite free from fever. The local process rapidly declined from this one dose of *Hepar.*"

Those familiar with the disease as it occurs in this country will not be disposed to call this a case of diphtheria, but, at the most, a case of catarrhal sore throat, with diphtheroid exudation, such as we often see in ordinary practice.

Another case the author gives as an example of the cure of diphtheria in a child of three, after the process had extended into the larynx, seems to us not to bear out the diagnosis of the author. It was evidently a case of inflammation of the larynx, but its croupy or diphtheritic character is not apparent. The author's only evidence of diphtheritic exudation is the presence of a thin pseudo-membrane, the size of a sixpence, on the upper part of the right tonsil. As this so-called false membrane persisted unchanged from the 2nd to the 11th April, then disappeared every evening to reappear in the morning, we think it could not have been a diphtheritic deposit. At least, we never saw one which so conducted itself.

In one case Dr. Sick tried von Villers's remedy, the *Cyanuret of Mercury*. He first gave a dose of the 30th dilution, but as no effect seemed to result, he then gave the remedy in the 6th dilution, and the disease thereupon began to decline, the membrane to be thrown off, and the cure was complete in three days. Another case, where *Hepar* failed, or, at least, did not bring the cure very far, was treated with *Merc. cyan.* 6, every four hours, and recovered.

He relates a case of excessive infiltration in the connective tissue and gangrene of the mouth and neck occurring in a case of sore throat, which, he would imply, was diphtheritic, but for which he offers no evidence. The destruction of parts went so far as to lay bare several arterial trunks, threatening fatal hæmorrhage, which had

to be guarded against by ligature of the common carotid artery. In spite of this the patient recovered perfectly.

We have not space to give a complete *résumé* of what Dr. Sick says respecting all the twenty diseases for which he has special sections, and we must confine ourselves to a more desultory notice of the remainder of his work. In his treatment we should describe Dr. Sick as a true Hahnemannian, not one of those who call themselves Hahnemannians, but whose practice is to depart as far from the teachings of Hahnemann in one direction as the rationalist of the homœopathic school strays in another. On the contrary, Dr. Sick is a purist of the old Hahnemannian sort. He does not always give the 30th dilution, certainly, but he waits for the exhaustion of the action of one dose with exemplary patience before giving another, and has a great dread of the effects of repeating too soon the dose of a remedy that may have been indicated at first. He is a firm believer in the necessity of what is called the "homœopathic aggravation," and he says if we fail to wait for the expiring of this indispensable phenomenon, our remedies will only irritate the nervous system of the patient, and render him always worse and worse, until his condition becomes intolerable to him, and he rushes off again to allopathy, to get his nerves quieted with *Morphia*, *Quinine*, or *Iron*. This is all in the true Hahnemannian vein, but to us, who do not believe in homœopathic aggravations and in the necessity of waiting weeks or months for the exhaustion of the action of a dose of medicine, it has a queer, unpractical ring in it; and if Dr. Sick's patients were irritated by the doctor's patience in waiting for the exhaustion of the action of the dose, we would ascribe their irritation to quite other causes than the irritant action of his medicines on their physical nerves, and if they threw themselves into the arms of allopathy, we can only say we think they served their doctor quite right.

On the subject of gout and chronic rheumatism he has not much to say. Acute fits of gout he treats successfully with *Aconite* and *Apis*, and he asserts that one of the best remedies for constitutional gout, keeping off acute attacks,

is *Thuja* in a high (meaning the 30th) dilution. But, he says, what with the popularising of homœopathy, which means the interests of the sellers of homœopathic medicines; domestic chests full of homœopathic remedies are so universally present in houses, and the remedies they contain so indiscriminately used, that patients are mostly spoilt for the employment of one dose of a truly homœopathic remedy, and it is but seldom we now meet with a subject who has not already been saturated with all manner of incongruous remedies in all potencies; so that we never, or hardly ever, meet with a virgin soil on which to plant our single dose of a high potency and let it germinate for weeks or months with the confident expectation of a rich and continuous growth of curative results. If such be really the case, and if the single dose of the high potency will not act on the polluted soil of well-dosed patients, then the logical inference is that we should give up attempting to cure in the way the early pioneers of homœopathy did, and probably the modern practice of not diluting medicines so highly, and of giving them in more frequent doses, meets the altered circumstances of patients, and is a justification of those who depart in this direction from Hahnemann's latest teachings. But, perhaps, there is another cause for the expressed disappointment of modern exact followers of Hahnemann—we do not mean, of course, the latest development of high-potency Hahnemannians, for, as yet, these gentlemen have recorded none but miraculous cures—and that is, that the practice of the old school having changed so much, we no longer meet with so many cases which need but to leave off strong drugs in order to get rid of their frightful sufferings, and for such a dose of milk-sugar or a sniff at a single globule was equally efficacious, provided only the strong drugs were left off. Now, we have chiefly to do with diseases that are not produced by over-drugging, and consequently cannot be cured by merely leaving off something, but require the oft-repeated attack of the specific medicine for their cure.

Dr. Sick's treatment of pneumonia does not look very successful if we take his gross statistics—fifty cases, nine

deaths, a mortality of 18 per cent. This is very different from Fleischmann's 1058 cases and forty-eight deaths, or 4·5 per cent., and even greatly inferior to the results of Dietl's expectant treatment with a mortality percentage of 7·4. He accounts for his comparatively large mortality by the considerable proportion of his patients, whose ages ranged from fifty to eighty-seven, seventeen out of fifty. Of the remaining thirty-three patients, whose ages ranged from twelve to forty-nine, three died, giving a mortality of 9 per cent. This is already a considerable increase on Fleischmann's percentage, and, perhaps, Dr. Sick was unfortunate, in that two of his fatal cases, between twenty and forty, were habitual drunkards, for we all know the fatality of pneumonia in such cases. Dr. Sick's remedies were *Acon.*, *Bry.*, *Phos.*, *Sul.* and *Ant. t.*, and his usual potencies 3, though occasionally 80 was used. The doses were repeated during the early period of the disease as often as every two hours, which shows that the author is not a bigoted adherent of the Hahnemannian dogma of non-repetition of the dose. Indeed, we must do Dr. Sick the justice to say that, except in the matter of the doses and their infrequent administration, in chronic diseases mostly, he is not an out-and-out partisan of Hahnemann's doctrines, for he rejects Hahnemann's theory of the three miasms of chronic diseases.

In reference to gall-stones, he mentions a case of a woman of forty, who was extremely liable to attacks of gall-stones and jaundice, for which she had long been treated with Carlsbad salts and homœopathic remedies, such as *Sulph.* 30, *Card. mur.* 3, *Nux v.* 30, *Graph.* 30, *Bry.* 30, *Chel.* 3, *Nat. sul.* 6; *Ol. tereb.* 3, *Calc.* 30, and at length the attacks became so severe and frequent that she was admitted into the hospital, and treated at first, with no particular result, with *Col.* 6, *Puls.* 6, and *Ars.* 3. It was not till *Arsen.* 6, three drops twice a day, was given that any rapid improvement came on; and under its use the jaundice, pain, and itching of the skin gradually went off. The jaundice and itching of the skin had lasted for nearly two years. The *Arsenic* was continued for seven months. The

result was perfect re-establishment of the health and strength, and no recurrence of the attacks of gall-bladder colic.

Dr. Sick believes in the power of homœopathic medicines to remove the morbid symptoms accompanying the presence of tapeworm, and to reduce the tapeworm to such a condition that it ceases any longer to throw off joints, but he does not think they will expel the worm. In hospital practice he gives *Kousso*, and finds it very successful in expelling the parasite.

In the treatment of wounds, such as gun-shot wounds and wounds after accidents and operations, Dr. Sick is greatly in favour of Bolle's cotton-wool bandage, which he employed with success in some very severe wounds. As Bolle's treatment of wounds was published in the *Pop. Hom. Zeitung* of 1864, years before Lister published or practised his familiar method, and as in some points, to wit, the careful exclusion of air, the retention of the dressing undisturbed for a long period, and the employment of cotton-wool in place of lint or charpie, both treatments are alike, we think that to Bolle, rather than to Lister, the profession and the public are indebted for the introduction of these innovations in surgical dressing, which are now considered to be so indispensable, but which are so directly contrary to the practice of former days. Bolle's plan was as follows:—He brought the edges of the wound carefully together, then covered it with a layer of cotton-wool soaked in *Tincture of Arnica*, over this he placed dry cotton wool, then a layer of sticking plaster, tightly applied, then more cotton wool, and finally a roller bandage to keep all in its place. In this way he formed a dressing impervious to air and any infectious matter communicable by air. This dressing he allowed to remain undisturbed for a longer or shorter period, according to the severity of the wound—four weeks being a not uncommon period, during which the original dressing was not removed. Dr. Sick records several severe cases of wounds which were received into the hospital, and treated on this plan with remarkably successful results. In the case of wounds whose edges could be brought together, the dressing on being

removed after a fortnight or more, showed only the surface of the cotton next the wound stiffened with the secretion from the wound and discoloured with blood and some exfoliated epidermis upon it. When there was loss of substance and the edges of the wound could not be adjusted, a thick layer of pus was found between the discoloured cotton and the red granulating cicatrix, but the secretion had no bad odour at all. As Bolle's dressing seems to be quite as efficacious as Lister's, and not nearly so troublesome, we think it might in many cases, especially in private practice, be advantageously used in place of the more complicated process of our countryman. In a campaign the superior simplicity of Bolle's method must be a great recommendation. Dr. Sick imagines that Bolle's method effects such excellent results, excluding spores, bacteria, and the like, from the wound. But then he believes that Lister's plan succeeds for the same reason, but as it has been proved that bacteria flourish in any quantity under Lister's dressing, we fancy they will be found equally well under Bolle's, and hence the efficacy of either method cannot depend on the prevention of the development of microscopic organisms. Probably the success of both depends on the prevention of putrefactive decomposition of an altogether different kind. The absence of fœtor in the discharges after the dressings have remained unchanged for weeks seem to point to this, and probably bacteria and other micrococci have nothing to do with rendering wounds dangerous or fatal.

In the treatment of chronic ulcers, especially those of the leg, that are very obstinate, Dr. Sick is an advocate of Schroth's thirst cure, of which we gave an account in vol. viii, p. 262. The fever produced by this very disagreeable "cure" sometimes runs very high. In one case treated at the Stuttgart Hospital it presented the appearance of typhus, with a temperature of 40° C. (104° F.), and a slough on the sacrum. This fever is to be combated by the cautious administration of light wine or water, and by packing according to the method of Priessnitz. Dr. Sick says it is very efficacious with these old ulcers, and others have found it serviceable in old gun-shot wounds.

On the whole, we are much pleased with this little book. It is pleasant to read anything from the pen of a really practical man, who has had good opportunities of seeing a large number of cases under such favourable circumstances as Dr. Sick enjoyed. It is but too seldom that we get anything from such practical men. Fleischmann, who enjoyed such advantages in his position at the head of the Gumpendorf Homœopathic Hospital, hardly ever wrote anything. Wurmb and Tessier did a good deal, but Dr. J. O. Müller, who has been at the head of the Sechshaus Hospital so many years, never gives us the benefit of his vast experience. Many others who are known to have immense practices keep all their valuable experience to themselves. It would be more to their credit, and do more for the advancement of the excellent method of Hahnemann, were they to impart their experience to their younger colleagues, than all their boasting about the thousands of patients and the infinite variety of the diseases that have passed through their hands. The number of contributors to the homœopathic literature of this country may almost be reckoned on one's fingers, and not all of them enjoy the largest practices. Many of our eminent practitioners never enlighten their brethren by scrapes of their pen, and we know this is not from inability to do so. Want of time is not a valid excuse, for the most occupied practitioner could spare an hour or two in order to jot down some valuable item of his experience. Perhaps laziness is the only reason for their far from golden silence.

The Pathology and Treatment of Hereditary Syphilis. By
H. C. JESSEN, M.D., &c. Chicago: 1879.

THIS is a short pamphlet of twenty-four pages on a long subject. It is so condensed and meagre in details that it seems more like notes for future expansion into lectures or a treatise than a complete work on the subject. Still, it

may be very useful in reminding practitioners of the modes of production of hereditary syphilis, the main symptoms of that cachexia, and the general method of homœopathic and dietetic treatment for it. Syphilis has been so much studied of late years, and so many treatises on it have been published by illustrious, careful, and much-experienced practitioners, that it would be difficult to write anything novel or original about it. We may say that Dr. Jessen is an adherent of the doctrine of the essential difference in nature of the poisons that produce the two forms of chancre, the soft and the hard. In enumerating the various modes in which syphilis may be propagated he omits to mention that the mother may be infected by the fœtus in utero, which has been syphilised by a syphilitic father.

A case occurred in our own practice which illustrates this curious phenomenon. A gentleman who had had syphilis twelve years previously, which after developing secondary symptoms had been rapidly cured by *Mercury*, and who had for some years at least been apparently quite free from taint of any sort, married a perfectly healthy lady, who soon became pregnant. Towards the latter part of her pregnancy she became covered with copper-coloured blotches of evident syphilitic character. We need hardly say that she had no signs of infection of primary syphilis. We told her what was the cause of her disease, and that the probability was that her infant would be diseased and would die. Her syphilitic symptoms went on increasing, and at or near the full term she was delivered of a child that only survived a week or two. We did not see the child, as she was confined in the country. The lady's syphilitic symptoms went on and proved very serious, large ulcers breaking out in different parts of the body. This case illustrates three points in syphilidology, first, that a man may be apparently quite well, and that for many years, and yet be capable of begetting a syphilitic child; second, that a woman may be infected from her fœtus; and third, that the syphilitic symptoms may appear on the mother during pregnancy.

A System of Surgery. By WILLIAM TOD HELMUTH, M.D.
Fourth edition, revised and corrected. Boericke and
Tafel.

THIS edition is said on the title page to be the fourth, but the preface makes it the third. We reviewed the second in 1874. The author tells us that in its present form the work "has been rearranged, many portions of it have been entirely rewritten, and while much new matter has been added a great deal that appeared in the former volume has been omitted." It now makes a large and handsome volume of over 1000 pages, with 558 woodcuts; and supplies to the homœopathic student all the surgical information ordinarily necessary. In using it, he has the satisfaction of knowing that his guide is no mere compiler, but a practical surgeon of large experience and eminent operative skill, who thus can check the statements he quotes from others, and supply much from his own storehouse.

Our previous review went so fully over the contents of Dr. Helmuth's work that it would be repetition to follow the same course now. Many of the criticisms we made upon the second have become inapplicable to the present edition, from the thorough revision it has received; and we have few of our own to add. We could have wished that the omissions mentioned by the author had included the subjects of quinsy, nephritis, hepatitis, and such like, which are hardly in place in a work on surgery, and are treated quite inadequately. We are sorry that Dr. Helmuth has not exercised as much discrimination in his medical as in his surgical quotations. Such a statement as this, for instance, given without names and references, is quite valueless:—"The mercurial preparations are often used" for encephaloid periosteal cancer. "Some have highly recommended the oxymuriate of mercury, and, according to other authors, the treatment has proved quite efficacious." The following, moreover, must on other grounds be condemned: "The principal medicine in the treatment of this disease"—goitre—"is *iodine*, which has been used

by allopathic practitioners from a remote date, but with inconsiderable success, from its improper administration." *Iodine* was only discovered in 1812, but its employment in goitre has been attended with far from "inconsiderable success;" and there is no recorded experience with it in the 3rd or 6th dilution repeated every second day (as Dr. Helmuth recommends its being given) which can compare with the practice of the old school in its administration. We have also to correct a statement made on page 672. It was *chlorine* water, not *bromine*, which Carroll Dunham advised for spasm of the glottis.

Apart from such faults, the work seems to us excellently well done. Dr. Helmuth's experience in the medicinal treatment of surgical disease is of much value to us; and we are pleased to find him endorsing to the full the usual high estimate among us of *Arnica* and *Calendula*, of *Berberis* (which he gives in infusion) for biliary colic, and of *Hydrastis* for (especially epithelial) cancer. It is satisfactory, moreover, to hear him saying:—"There is no doubt of the efficacy of homœopathic medication, not only in the early stages of strangulated hernia, but in advanced states of this disorder, soon after fæcal vomiting has commenced. I am positive in this assertion, and speak from experience in many cases, and so much so, indeed, that I rarely am obliged to operate for strangulated inguinal hernia."

From the extracts we have given, it will have been seen that Dr. Helmuth is hardly as ready with the pen as he is with the knife. He has given us, however, a useful book; and none of us who has anything to do with surgery can afford to be without it.

Lectures on Clinical Medicine. By Dr. JOUSSET. Translated, with copious notes and additions, by R. LUDLAM, M.D. Chicago: S. C. Griggs & Co. London: Turner.

WE have so often in these pages expressed our high

appreciation of Dr. Jousset's clinical lectures that it is with special pleasure we welcome their appearance in an English dress. We are very glad, moreover, that the task of translating them has been undertaken by so capable a man as Dr. Ludlam, whose own clinical lectures on *Diphtheria* and on *Diseases of Women* are deservedly in high repute among us, and who has both the practical and the literary knowledge requisite to reproduce the thoughts of his French colleague for those of his own speech. Not content, too, with simply translating, he has copiously annotated the work—especially those parts which treat of gynæcology—from his own reading and experience, and has obtained the co-operation of some of his colleagues—among whom we may specially name Drs. Small and Vilas—in similar contributions. He has thus enriched English homœopathic literature with a very valuable volume, and we tender him our best thanks for it.

Dr. Ludlam translates with no less ease and grace than he writes; and we can testify, as far as we have proved it, to his accuracy, at any rate when it is medical French that has to be rendered. He is hardly so strong when his author is not so strictly professional. Thus, “*blanchir*” is the habitual phrase in France for the laundress's art, so that when Ricord says, “*qu'on blanchit la vérole mais qu'on ne la guerit pas,*” Dr. Ludlam should hardly render it (p. 58) “we may *blanch* the venereal disease, but we cannot cure it.” So (p. 177), Dr. Jousset quotes Scarron's verse—

“ Je vis l'ombre d'un valet,
Qui, de l'ombre d'une brosse,
Frottait l'ombre d'un carrosse—”

as illustrating the imaginary character of old-school therapeutics. Dr. Ludlam translates the last line, “brushed away the shadow of a coach,” which destroys the consistency of the picture. It was the actual coach at which the valet was brushing, though both man and thing were shadows. Again, at p. 235, Dr. Jousset tells how the Academy of Medicine once welcomed a report of the value of *Capicum* in hæmorrhoids, innocent of the homœopathic

origin of the practice, and says, "*cette présentation de poivre ne manquait pas du sel,*" which Dr. Ludlam translates, "smacked a little of salt." He loses there by the allusion to the "Attic salt" of wit, which, the author meant to suggest, seasoned the occurrence. At p. 340, Dr. Ludlam renders "*prétend*" by our English "pretends," but it simply means "alleges," without implying any judgment as to the *mala* or *bona fides* of the allegor. There is also an error here of another kind. Dr. Ludlam writes—"Strack, of Mayence * * pretends that at the end of four days, when *Viola tricolor* is taken by healthy persons, the face becomes covered by thick crusts." Now there is nothing about healthy persons in the original, which says of the drug:—"Strack, de Mayence, l'administrait en poudre, dans du lait, contre les croûtes laiteuses, et il prétend qu'au bout de quatre jours le visage se couvre de croûtes épaisses." Again, "*Plumbum should produce vaginismus,*" scarcely represents "D'après Richard Hughes, *Plumbum aurait produit le vaginisme,*" which states what has been, not what should be.

As these are the only faults we have to find with Dr. Ludlam's translation, it may justly be inferred that our verdict upon it must be extremely favourable.

The Homœopathic Therapeutics of Uterine and Vaginal Discharges. By W. EGGER, M.D. Boericke and Tafel. London: Turner.

THIS royal octavo volume of 543 pages is a repertory, embracing every imaginable morbid feature connected with the discharges to which women are prone, and every possible concomitant thereto. As the latter subject embraces the whole female organism, it is not surprising that three fifths of the book are taken up with it. The work is introduced by a preface of astonishing English, but sound "Hahnemannian" orthodoxy, and we know accordingly what must be its material. All the symptoms which a medicine has

come to "have," whether pathogenetic or clinical, derived from recommendation or inference, supplied from true sources or false, verified or disqualified, will be found here without discrimination. The "rage before the menses" and "tenacious leucorrhœa" of *Aconite*, so completely put out of court, the pathogeneses of Houat, so utterly discredited, are used as freely as the provings of Hahnemann and the clinical verifications of Dunham. Any one who uses this repertory, therefore, must be aware that he is treading upon insecure ground; and must only so far avail himself of its help as to lead it to suggest remedies of which otherwise he might not have thought.

Were it not for the "shoddy" of its materials, we should have had to speak with commendation of this book; for it is well arranged, and very handy for reference. Even as it is, the practitioner who can discriminate between the wheat and the chaff it contains may employ it with advantage in a field of practice for which we certainly want aid.

The Medical, Surgical, and Hygienic Treatment of Diseases of Women, especially those causing Sterility, the disorders and accidents of pregnancy, and painful and difficult labour. Second edition, enlarged. By EDWIN M. HALE, M.D. Boericke and Tafel. London: Turner.

THIS book is as widely different from its predecessor as any two on a cognate subject, and proceeding from the same school in medicine, could well be. It is not merely that Dr. Hale has written a treatise, while Dr. Eggert has merely given a list of symptoms and medicines. The great difference is that treatment by homœopathically-acting internal remedies, which is all in all to Dr. Eggert, plays but a subordinate part in Dr. Hale's therapeia. He, indeed, professes, no less than the other writer, his belief that "the law of cure, enunciated by Hahnemann, is

universal and all-embracing ;" but by extending it to local action, and by his theory of primary and secondary homœopathicity, already expounded in these pages, he is able to include therein pretty nearly the whole armamentarium of caustics and antipathic medicinal agents employed in the ordinary treatment of uterine affection. All this shows the absurdity of using names to designate the practice of any body of men, where the *quot homines, tot sententiæ* will always to some extent hold good.

Dr. Hale's volume consists of an enlarged edition of a previously-issued treatise on sterility (which had not reached us) and of the two chapters on dystocia contributed to Dr. Richardson's *System of Obstetrics*, of which we spoke favourably when reviewing that work. It brings together a great deal of useful matter, obtained both from reading and observation, bearing on these two subjects; and will be found of much use to all among us who cultivate gynæcology and practise the accoucheur's art.

A Text-book of Electro-Therapeutics and Electro-Surgery, for the use of Students and General Practitioners. By JOHN BUTLER, M.D., L.R.C.P.E., L.R.C.S.I. Second edition, revised and corrected. Boericke and Tafel. London : Turner.

DR. BUTLER, whose British diplomas at once commend him to our favourable notice, has given in the above volume a most excellent treatise on the use of electricity in medicine. He has gone to work in the true way of Hahnemann, by first ascertaining and recording the action of this force upon the healthy subject, and in the light thereof appreciating its reported curative action in disease. Having thus, as he believes, demonstrated its homœopathicity to the affections it cures, he seeks to ascertain its precise place in therapeutics and the indications for its use in preference to other remedial means. Since to this work, so indispensable for practitioners of our school, he adds all necessary infor-

mation as to the choice, management, and application of instruments, and as to the uses of electrolysis in gynæcology and surgery, he has supplied us with a text-book on the subject, complete in itself, and rendering—for the ordinary practitioner—any other superfluous. It is written, too, in a style free from the extravagances which disfigure many treatises on electro-therapeutics, and, indeed, in a spirit eminently scientific and satisfactory. We have much pleasure in introducing it to our readers.

Condensed Materia Medica. By C. HERING. 2nd Edition.
Boericke: New York, 1879. London: Turner.

If we do not attach much value to this work our estimate of it does not seem to be that of Dr. Hering's American colleagues, for here we have it in a second edition with five additional medicines "condensed" like the others. In this second edition none of the objections we raised to the work in its first edition are removed, so we must rather regret that it should have obtained such a considerable popularity as this reprint seems to indicate.

Homœopathic Therapeutics. By S. LILIENTHAL, M.D.
2nd Edition. Boericke: New York, 1879. London:
Turner.

THIS is practically the same work as that we recently reviewed in these pages. The stock of the first edition having been destroyed in the disastrous fire that consumed Boericke's warehouse, Dr. Lilienthal had to prepare a reprint, and took advantage of the opportunity to "correct all sins of omission and commission" in the first edition. We do not perceive that he has corrected any of the sins, or rather we should say, venial errors, we pointed out in

our review, probably because he does not agree with us in thinking them to be errors.

The Grounds of a Homœopath's Faith. Three Lectures by SAMUEL A. JONES, M.D., Professor of Materia Medica, Therapeutics, and experimental Pathogenesis in the Homœopathic Medical College of the University of Michigan. Boericke and Tafel.

THESE lectures were, as the title page states, "delivered at the request of Matriculates of the Department of Medicine and Surgery (Old School) of the University of Michigan." They display all the bibliographical knowledge and the vivacious style to which we are accustomed in the pages of this clever writer. His manner of late has grown too Carlylese to be original or (to our mind) agreeable; but this is when he is engaging in personal controversy. When, as here, he is occupied with pure science, nothing can be more pleasant reading than his pages.

The argument of his lectures is clear and forcible. In the first he demonstrates (after Carroll Dunham) that the law of similars establishes its claim to science in that it enables prevision, illustrating this by Hahnemann's *à priori* choice of the remedies for cholera, and leading up thereto by a sketch of his life and discovery. In the second, he proves the single remedy to be a necessity of science, showing how all real advance in medicine has led from poly- to mono-pharmacy. In the third, he argues that the minimum dose is an inevitable sequence of the law of similars and the single remedy; and very aptly traces the treatment of dysentery in the old school from the monstrous prescriptions of *Paulus Ægineta* to the hundredth of a grain doses of corrosive sublimate recommended by Professor Ringer. He makes it quite clear that science itself is leading the better men of the old school to these three articles of the homœopath's faith; and we hope that his

demonstrations were taken to heart by his audience, for whom nothing could have been better designed. The lectures, as published, are likely to prove of much service to well-affected men of the old school into whose hands they may come.

A Guide to Homœopathic Practice, designed for the Use of Families and Private Individuals. By J. D. JOHNSON, M.D. New York: Boericke, 1880.

As long as homœopathic practitioners are not to be met with everywhere, like Newcastle grindstones, rats, and Scotchmen, and as long as ladies and gentlemen, but especially ladies, will wish to treat the ailments of their children, selves, and friends without calling in the doctor, so long will domestic works on homœopathy be in demand and be supplied. In fact, domestic works are the only works on homœopathy that have a very large sale, especially in this country, as the numerous editions of Laurie's and Ruddock's manuals testify. Dr. Johnson's seems a tolerably good specimen of this class of works. It errs in attempting too much. It need hardly be said that such diseases as inflammation of the brain, cerebro-spinal meningitis, hydrocephalus, pneumonia, phthisis, hydrothorax, hepatitis, enteritis, hernia, Bright's disease, diabetes, puerperal convulsions and peritonitis, delirium tremens, dropsy, typhoid fever, yellow fever, tetanus, and some other diseases here treated of cannot safely become subjects of domestic treatment, and are better left to the charge of educated physicians and surgeons. A useful *Materia Medica* of the fifty-six medicines mentioned in this work forms its second part, and the index is, as it ought to be, very complete. On the whole Dr. Johnson's work may prove of value to those who have not Hering's or one of the others alluded to above,

The Homœopathic Physicians' Visiting List and Pocket Repertory. By ROBERT FAULKNER, M.D. 2nd Edit.
New York: Boericke. London: Turner.
Silverlock's Medical Practitioners' Visiting List and Diary.
1880.

DR. FAULKNER'S *Visiting List* is, as its name implies, intended for the homœopathic practitioner, and a useful repertory accompanies it. It is not arranged for any particular year, but has ample room for a record of every day in the year. It is handsomely bound in black morocco, and is of a size adapted to the pocket.

SILVERLOCK'S *Diary* has been politely forwarded to us by Messrs. Armbrecht, Nelson, and Co. It is essentially a work for an old school practitioner, but besides containing information respecting doses of all sorts of medicines on the allopathic scale, and other items that are of value to the orthodox practitioner only, it contains a great deal of information that is equally valuable to the homœopathist.

Either of these works may be used by any practitioner, but, on the whole, we prefer the arrangement of the English work to that of its American rival, notwithstanding the repertory in the latter, which may prove useful as a refresher of the memory, that it is rather meagre.

New Part of the 'Cypher Repertory.'

We call the attention of our readers to the new part of this valuable work just published. It contains the symptoms of the Female Genitals, and has been well executed by Drs. Drysdale and Stokes, who have already contributed the greater number of chapters to this work. This part is pagged separately as it is rather out of order in its publication, two chapters which are not yet published intervening between it and the part last published.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—*North American Journal of Homœopathy*, Nov., 1878—Nov., 1879.—The November number of this publication contains the long-expected pathogenesis of *Palladium*, by Dr. Hering, which will be read with much interest. The metal was proved by thirteen persons. Dr. Hering thinks it indicated in uterine and ovarian disorders like those for which *Platina* is given, when the mental symptoms characteristic of that drug are absent. The editor continues his useful translations, giving us in this number the beginning of Dr. Gerstel's study of *Mezereum*, which was prepared for the World's Convention. He is not so happy in his rendering of Dr. Jousset's clinical lectures on purpura. The author relates a case treated at the Hôpital Val de Grâce, for the sake of the phenomena which occurred. Dr. Lilienthal assumes that the patient applied to Dr. Jousset at a homœopathic dispensary, and received *Quinine*, &c., *secundum artem*; and then exclaims, "Is this the homœopathy of France?" We accordingly have *The Organon* (to which *L'Art Médical* is probably unknown) saying, in reference to this translation, "Dr. Jousset's cases are simply a disgrace to homœopathic literature." Dr. Hale extracts from the *Eclectic Medical Journal* a cure of a reputed case of diabetes mellitus with an infusion of *Lycopus virginicus*.

In the February number we again meet with Dr. Hering ("Father Hering," as the editor affectionately calls the veteran homœopathist), and, much to our gratification, find him departing from the narrow lines of his party, by recommending the use of *Amyl nitrite* by inhalation, as a palliative in angina pectoris. He excellently says:—"The old school doctors have taken from us dishonestly, let us take from them honestly." Dr. von Tagen communicates some more facts showing the power of *Calcarea phosphorica*, in the triturations from the 6th to the 30th, to promote

ossification in fractures, bone disease, &c. Dr. Lilienthal continues the translation of Gerstel's *Mezereum*, and Dr. Berghaus begins that of Lohrbacher's *Causticum*.

In May we find a very able paper by Dr. W. S. Searle, entitled "A New Form of Nervous Disease." This is "characterised by a sensation of sudden shock or blow, or explosion, usually located in the occipital region, which is sometimes preceded by an aura, similar to that of epilepsy, and is always followed by passive congestion of the cerebellum." His remarks on the pathology of this affection—of which he relates nine instances—show thorough acquaintance with the subject; and it is interesting to find that *Argentum metallicum* and *Digitalis** prove its most useful remedies. We should like to know, however, where Dr. Searle found "electric shock terminating in an explosion near the foramen magnum" in the pathogenesis of the former drug. We cannot discover it in Allen. The studies of *Mezereum* and *Causticum* are continued. The remarks of the author on the pathogenesis of the latter drug display much of that blind credulity about medicinal effects which we have often had to reprobate. "Complete paralysis," he writes, "is very rare after *Sulphur*, while it occurs frequently after *Causticum*." What evidence have we that either of these drugs (which are not poisons) ever caused anything like "complete paralysis?" Another translation from the German is Dr. Buchmann on "Molecular Attraction and Repulsion." He supplies a crucial experiment illustrating the specific morbid effect of undue nutriment. "A *Ricinus purpureus* developed itself beautifully by manuring it with Chilian saltpetre. But when I doubled the quantity of saltpetre in the solution chlorophyll discoloration set in in the centre of several leaves, they shrank, and the affected parts of the leaves died. By conveying a surfeit of nutritive matter we caused a pathogenetic molecular attraction instead of a nutritive one, showing, without doubt, a special predisposition of some cellular territories for this combination."

We are compelled to note another instance of unwarranted

* See vol. xxvii of this Journal, p. 150.

assertion, this time from the clinical side. In a paper on *Berberis*, Dr. H. V. Miller says that this drug "has repeatedly cured fistulæ recti, when attended with bilious symptoms, or dry troublesome coughs." Rectal fistulæ are not so easily cured by internal medication as this statement would lead us to imagine.

The August number begins with a paper by Dr. Hering, entitled "Alternation with the Antidote." Referring to his curious recommendation of an alternation of *Colocynth* with strong coffee in a form of colic, he extends a similar countenance to the administration of opiates in connection with the specific remedy where great pain is present. Verily, this *princeps* among the Hahnemannians must be disturbing the minds of his fellows while gladdening ours. Of Dr. Allen's interesting article on Houat's provings, which follows, we have spoken elsewhere in our present number. Dr. McNeil contributes some new "Characteristics," which may be worth recording:

"*Apis*.—In intermittents, when during the paroxysms the lips swell and are painful.

"*Ignatia*.—Labour-like pains relieved by lying without pillows, and with the foot of the bed elevated.

"This, I think, will be found useful in the many pains which women suffer in labour, abortions, dysmenorrhœa, &c., and probably in those found in the other sex.

"*Rhus tox*.—Violent colic pains, relieved by lying on the back, with the lower extremities elevated vertically." We suppose this means on the mantel-piece; it would be difficult otherwise to sustain the legs in such a position.

"*Sulphur*.—Children cry violently without any discernible cause; only pacified by rubbing or by taking into cool air.

"I impute the crying to an itching that torments the child, although no eruption can be discovered." Dr. Edward Chapin gives the outline of some new provings of *Apocynum*, which will be found in full in the tenth volume of Allen's *Encyclopædia*.

Dr. Hering, whose literary activity is untiring, has another article in this number on possible remedies for

the plague, and at its close begins a collection of the symptomatology of *Lyssin* (as he now styles what used to be called *Hydrophobin*). It seems that that which has been proved and employed under this name is a trituration of the saliva of a rabid bitch, obtained in 1833. In preparing it, Dr. Hering states that he was affected with intolerable feelings of apprehension.

In the November issue we have a proving of another rare metal, *Cæsium*, by Dr. W. E. Leonard. It contains, with its predecessor, several translations from French and German sources; and some further contributions to the two cognate controversies now raging among our American colleagues, viz. those excited by Dr. C. Wesselhoeft's microscopic examination of our triturations, and by the proposal emanating from Milwaukee to test our high dilutions by crucial experiment. We hope to give a full account of these matters in our next number.

Throughout this series of the *North American* Dr. Ludlam continues his survey of the gynæcological literature of each quarter, and makes a very instructive thing of it.

We find that we must limit our notice this time to our quarterly contemporary. A mass of numbers of the monthlies lie before us, and we shall endeavour to survey their contents next time.

CLINICAL RECORD.

Sulphur in Chronic Ulcer of the Legs.

By A. G. SANDBERG, L.R.C.P. Ed.

JAMES P—, 49 years of age, a compositor, consulted me on September 20th, 1879, for a chronic ulcer of the right leg. He had suffered from the ulcer for five years. The patient described its commencement as follows:—"Five years ago I noticed a blister on my leg, this broke the same night, and has never healed." He was quite well previously. No history of syphilis, though half a year before the ulcer appeared he had gonorrhœa. The patient had been of rather intemperate habits before the ulceration appeared. Since that time he had been attending St. Bartholomew's, Charing Cross, and King's College Hospitals. The leg appeared much inflamed, and the ulcer was about the size of a florin, and of an unhealthy brown colour.

The patient otherwise was in a good state of health, the only other symptom complained of being a slight irritation over the back. The leg was very hot and painful.

I ordered him a lotion of *Aconite* (two drachms of the 1st tincture to one third of a pint of water) to be applied to the ulcer and round the inflamed parts; also internally *Sulph.* 3, *mj* ter die.

September 27th.—He was rather better. Medicine and lotion repeated.

October 1st.—Repeat medicine and lotion.

4th.—Still improving; the ulcer seems to be smaller. Repeat.

11th.—"Not quite so well, the pain being rather severe in the leg." Repeat *Aconite* lotion and *Sulph.* 3.

18th.—Better again. Repeat medicine and lotion.

25th.—Repeat.

November 1st.—Much better. The ulcer rapidly “filling up.” Repeat.

8th.—Repeat.

15th.—Ulcer quite healed, nothing remaining but the redness of the leg.

29th.—Still well. Repeat *Sulph.* 3. Has kept at work all through his attendance.

Myopia from a blow. The mechanism of accommodation.

By R. E. DUDGEON, M.D.

A. E—, aged about twenty-six, was struck by the cork of a soda-water bottle, let off beneath him, on the inferior and outer part of the left eyeball. The pain caused by the blow was extreme, and the vision much affected. Within a few minutes of the accident he was at the Moorfields Ophthalmic Hospital, and his sight was tested by a medical man there. Vision was very foggy, and fingers could only be seen and counted at a small distance from the eye, in which position they appeared magnified. Ice to the eye was prescribed. On going home he saw Mr. Engall, and as the pain still continued of an intense burning character, and as blood was effused into the anterior chamber, filling it inferiorly almost up to the line of the pupillary border, Mr. Engall prescribed *Arnica* in compresses, which soon caused the blood to disappear. Pain still persisting (it lasted for three days), and the eye being highly injected, *Aconite* was prescribed and a powder of *Merc. corr.* The pain and inflammation having subsided the pupil appeared egg shaped, the long diameter perpendicular, the smaller pointed end of the egg directed downwards. By this time the vision was clear, but extremely myopic, only things held at less than two inches from the eye being distinctly visible, and then highly magnified. Vision beyond this was extremely indistinct, no details of objects being distinguishable. Mr. Engall applied *Belladonna*, which caused dilatation of the pupil, but had no effect on the vision. *Bell.* was also given internally. When the *Belladonna* mydriasis had subsided the pupil appeared round, but the vision remained as before. Mr.

Engall sent the case to me a week after the accident. I found the right eye normal and emmetropic, but in the left eye the pupil, though not much dilated, was sluggish. There was no pain, unless a slight tenderness on the top of the eyeball could be so called, the refractive media of the eye were quite transparent, and there was little or no vascular turgescence. A book had to be held within four inches of the eye before he could see the letters distinctly, and then they appeared highly magnified. There was no dimness or fogginess of vision, but he could not distinguish the details of objects beyond that distance from his eye. In short, the eye was *set* at the highest possible degree of accommodation for near vision, and could not be moved from that. I prescribed *Physostigma* 3x every three hours, and after one dose he was able to see objects at a considerable distance, and the following day the sight was almost as good as ever. I saw him again eleven days after his former visit—eighteen days after the accident—and found his vision perfectly normal, distant and near objects being seen in the most perfect manner. The pupil, too, was normally contractile. There was some tenderness on pressure on the top of the left eyeball, and some conjunctival vessels appeared rather too plainly, but the eye could be pronounced well.

This case, I think, illustrates the views I have repeatedly set forth with regard to accommodation. The blow on the lower and outer part of the eyeball had tilted the lens on its horizontal or perhaps oblique axis to such a degree that the lower fibres of the ciliary muscle were overstretched and paralysed, if not actually lacerated. The lens was thus in the position of accommodation for the nearest possible distance, and the weakened or injured portion of the ciliary muscle was unable to restore it to the proper place required for distant vision. Were the views respecting accommodation usually held correct, this condition of the vision would imply a continual and extreme spasm of the ciliary muscle, so as to keep the capsule of the lens in a state of laxness, and allow the lens to assume a convex form by its own elasticity. But then the dilated and irregular state of the pupil militates against this view, not to mention that the exciting cause—a sharp blow—is more likely to cause paralysis than spasm of the delicate ciliary muscle. The circumstance that the full dilatation of the pupil by *Belladonna* was without effect on the myopia is another

reason for disbelieving in any spasm of the ciliary muscle. On the other hand, a mechanical turning of the lens, as I have elsewhere explained, will shorten its focus and cause any conceivable amount of myopia. The degree of myopia in this case was greater than could be produced by the utmost effort to accommodate the eye for near vision, and it was permanent. It is impossible to suppose a spasm of the ciliary muscle—even could it cause this degree of myopia—lasting for such a length of time—a whole week—without any painful sensation, and even resisting the paralysing action of *Belladonna*. On the other hand, the immediate effect of *Physostigma* might favour the idea of spasm; for the production of myopia, which is usually considered to be owing to general ciliary contraction, is a pathogenetic effect of *Physostigma*, and its relief would be a homœopathic cure. My own idea is that the *Physostigma* acted remedially on the overstretched or paralysed portion of the ciliary muscle, restoring its tone gradually, and so enabling it to replace the lens in the position adapted for distant vision. The restoration to normal accommodation power was not effected by a sudden spring, as in the natural changes from near to distant vision, but gradually, for though great improvement was observed soon after the first dose, it was not complete until after the lapse of a day or two.

Vaccination and Smallpox. By Dr. DUDGEON.

Miss H. S—, æt. 55, was exposed to the contagion of smallpox during the early days of March last in the following way:—Her housemaid had been to see a friend in the house of a medical practitioner, a strong opponent of vaccination, whose children—all except one, who had been vaccinated at school against his father's wish—were lying ill with smallpox, to one of whom it proved fatal. The housemaid some time after this exposure to infection took ill with feverish symptoms, and her mistress, Miss S—, being fond of her, nursed her until the 2nd March, when the disease proving to be smallpox, she was sent off to a smallpox hospital at Haverstock Hill. Miss S—, who had not been vaccinated successfully since infancy, was vaccinated on the 3rd

March, and the vaccinia ran a perfectly normal course; so that on the 10th March the three points of vaccination displayed the characteristic appearance of normal vaccinia. On the 11th March febrile symptoms came on, which increased to such a degree next day that I was sent for. I found the pulse about 120, the temperature of the skin 103, great pain in the back, nausea, and general uneasiness. I looked at the arm, and found the vaccinia perfectly normal, with a moderate amount of redness and swelling around the vesicles. The patient told me she had nursed her smallpox maid before being vaccinated, but as there was yet no eruption on her skin, I was in hopes that I had to do with a case of rather severe vaccine fever. However, the following day there was no room for doubt, she showed red spots all over face, body, and limbs, and smallpox eruption soon showed its characteristic appearance. The fever immediately ceased on the development of the pustules, which, though pretty generally distributed, were moderate in number. After attaining their full development they almost suddenly shrank and dried up, and no marks were left. It is to be remarked that the vaccine vesicles shrank into insignificance, and their red areola suddenly disappeared on the occurrence of the variolous pustules. In this case the system had received the infection of variola before that of vaccinia; the vaccinia ran its course normally up to the ninth day, by that time the variolous infection, having completed its period of incubation, assumed the upper hand, causing the vaccinia to abort. In its turn the variola was evidently modified by the vaccinia, as the pustules seemed struck with a sudden blight, and shrivelled up.

MISCELLANEOUS.

A Letter of Hahnemann.

THE following letter addressed by Hahnemann to the Minister of Public Instruction of France *apropos* of an application made to Government for the establishment of homœopathic dispensaries and hospitals is interesting and, as far as we are aware, has not hitherto been published. It was communicated by Dr. Tessier to the Homœopathic Medical Society of France, and is published in the *Bulletin*. The original is in French. The year 1835, when it was written, is the same year in which the fair Mélanie d'Hervilly travelled to Coethen, and captivated the founder of homœopathy with her mature charms. May we not imagine that the old gentleman was assisted in its composition by his French charmer?

TO M. the MINISTER OF PUBLIC INSTRUCTION OF FRANCE:

SAMUEL HAHNEMANN, Discoverer of Homœopathy.

M. LE MINISTRE,—

I read in the *Moniteur* that you have been pleased to consult the Academy of Medicine, in order to ascertain "if it is desirable to establish in Paris dispensaries and a hospital where the sick shall be treated according to the principles of homœopathic medicine."

The welfare of humanity interests me too intensely to allow me to remain silent before a question of such importance. M. le Ministre, my conscience forces me to enlighten yours, which nobly wishes to hail and to protect the most important of all the sciences, that which restores and preserves life; a new science trenching, like all new discoveries, on some private interests, and on that very account, wherever it seeks to establish itself, encountering oppositions which, in order to hinder its propagation, compel themselves to question the truth of its principle.

All the systems of medicine hitherto invented, regard diseases as capable of being *displaced* materially by violent means, which weaken the vital force with bloodletting and evacuations of all sorts. Homœopathy, on the contrary, acting dynamically on the vital spirits, *destroys* diseases in a gentle, imperceptible, and durable manner. Hence it is not merely an ingenious invention, a skilful combination that produces results more or less beneficial in its application, but it is a principle of eternal nature, the only one able to restore to man his lost health. The science established on this principle, which is expressed in the sentence *similia similibus curentur*, is, and will continue to be in opposition to all the medical doctrines, and to those who practise them ; consequently, M. le Ministre, you cannot accept for its judges those who are unacquainted with it, or who are directly interested in opposing its progress.

The members of the Academy of Medicine of Paris are respectable men, but it should not be forgotten that long habit attaches them to the practice of an imperfect science, which, in the absence of a better, has hitherto governed the health of mankind. They know not what homœopathy is ; in their ignorance they regard it as a chimera, they refuse to study it, are unable to conceive its effects or its application. I do them the justice to believe that successful results may convert them, but it is requisite to be able to obtain these results, and the chance if this should not be submitted to their approbation.

Homœopathy only demands from its detractors to be allowed to prove its power ; this proof will be the more evident the greater the number of individuals on whom it is produced. A homœopathic hospital, however small, if it be well ordered and exclusively subjected to the influence of this system of medicine, is certainly a sure means of convincing people of its excellence. I entreat you, M. le Ministre, to be guided in this important matter by your own convictions, which you may enlighten by applying to the members of the Homœopathic Society of Paris ; consult them upon the principle which guides us, and give them the means of showing you its truth, by confiding to them a hospital, uninfluenced by the adverse superintendence of physicians of the old school. The results will be prompt and favourable. I promise this by my long experience, and entreat you to credit the word of an old man, the friend of humanity.

It is only the advantage of the French whom I love, and no personal interest, that guides me in the advice I make bold to proffer to you now, and I shall be happy to be able to answer your questions if you consider it requisite to have more detailed information.

M. Le Ministre, your poet Beranger says—

Combien de temps une pensée,
Vierge obscure, attend son époux !
Les sots la traitant d'insensée ;
Le sage lui dit : Cachez vous.
Mais la rencontrant loin du monde,
Un *fou* qui croit au lendemain,
L'épouse ; elle devient féconde
Pour le bonheur du genre humain.

This is my story, M. Le Ministre ; at eighty years of age I must still beg my fellow-creatures to pardon me for doing them good.

I trust you will accept my observations, and cause to be established in Paris an independent homœopathic hospital, submitted to your jurisdiction only, whereby my wishes will be accomplished, and I shall be rewarded for my immense labours.

I remain, M. Le Ministre, with the most profound respect,

Your very humble and very obedient servant,

SAMUEL HAHNEMANN.

Coethen, Duchy of Anhalt ;

13th February, 1835.

The Secret Revealed.

A CAT in a bag is an object that excites the utmost curiosity, if not awe. It is a concealed mystery ; a hidden secret we long to disclose. But when the bag is opened and an ordinary pussy is revealed, curiosity gives place to indifference, awe to contempt. While the cat is concealed, and only betrays its presence by sundry movements, scrapings or low growls, we are apt to make all sorts of conjectures as to what it may be—some unknown monster, some ferocious creature with poison fangs and rattle, some lovely fowl, or some hideous reptile, but when Tom appears

we feel half ashamed of our previous curiosity and other emotions, and rather disposed to administer a disdainful kick to the vulgar beast for having so excited us.

The mystery that has so long hung over the mode of preparation of the high potencies of the notorious Jenichen, has, it strikes us, been of much the same character as that surrounding the cat in the bag; and now that our contemporary *The Organon* has revealed the secret, we feel that we have expended a useless amount of curiosity on an insignificant object of no greater consequence or interest than the cat out of the bag.

We can imagine the owner of the cat in the bag being very unwilling to dispel the mystery that enshrouds his property, and rather liking to retain the importance that attaches to himself as the possessor of an awe-inspiring or, at least, curiosity-exciting secret. We can fancy him resisting the entreaties of his friends to tell what was within his precious sack; we can figure his amusement at their wide-of-the-mark guesses. Probably the only way to get him to let the cat out of the bag would be to "rile" him by persistently declaring there is nothing in it. The cat-in-the-bag's owner would hardly be able to resist such treatment. Contempt will make him yield when entreaty is fruitless. Unlike the traveller in Æsop's fable, he refuses to part with his cloak to the genial sunshine of solicitation, but throws it off at once when subjected to the cold shade of scepticism. His consent to let his cat be seen would, we expect, be promoted supposing others appeared with cats in bags, and were by no means unwilling to let their cats be seen; but, on the contrary, flaunted them before his face, vowing they were the finest cats ever seen, and much superior to his poor cooped-up animal.

Such has been, *mutatis mutandis*, very nearly the history of that homœopathic cat-in-the-bag—Jenichen's mode of manufacturing his so-called high potencies. Drs. Gross and Stapf were the first patrons of these novelties—not that Jenichen was the first introducer of high potencies, so called, into homœopathic practice, for Von Korsakoff preceded him with his high potencies by infection, as we showed in vol. v. The novelty of Jenichen's high potencies was their mode of preparation, which he kept a dead secret, and secrecy also was a novelty in homœopathic pharmacy; if these gentlemen knew Jenichen's method, at all events they did not reveal it. Dr. C. Hering certainly knew it, and after the

death of Gross and Stapf—if not before—was the only one who possessed the secret.

Hering was frequently appealed to to reveal the secret, but his answer was, "If any one wishes to know how Jenichen's preparations are made, let him apply to Jenichen; I know it, and that is sufficient for my purpose."* Solicitations were evidently fruitless to get the cat out of the bag.

Dr. Rentsch, of Wismar, a very scientific man, whose physiological researches in the domain of microscopic organisms resemble in some ways those of our own Drysdale, was constituted the heir of Jenichen. At the meeting of the Congress at Leipzig in 1851 he read a paper giving, from the writings of Jenichen and, where these were defective, from his own conjectures, the mode of preparation of Jenichen's potencies. We gave an account in our ninth volume of our impression of what Rentsch said at the Congress; not an abstract of his paper,† which we had not seen, and which, in fact, we did not see until after our own report had been published. Well, Rentsch's guess at the contents of the bag did not succeed in inducing Hering to let his cat out; so our venerable friend still continued to pass as the sole and envied possessor of the mighty secret.

But the bag, which was kept tightly closed against the solicitations and the guesses of friendly colleagues, was at last opened to Dr. Hughes's contemptuous remark in our No. of last January, that these high potencies are "utter impossibilities," equivalent to an assertion that there is nothing in the bag; that, in short, the whole affair is a sort of homœopathic Mrs. Harris, of whom the sceptical Mrs. Prigg said "she didn't believe there wasn't no sich person." Dr. Hering, more fortunate than Sarah Gamp, can triumphantly produce his Mrs. Harris in the flesh—he has a real cat to let out of his bag.

He was probably rendered more willing to do this by the crop of rival claimants to high-potency fame that had sprung up of late. As long as there was only one, poor Petters of Dessau, who tried to make high potencies according to Hahnemann's method, Hering had no difficulty in snuffing him out with the remark that his potencies had been tried and found useless, and although Rummel took up the defence of Petters, and even sub-

* *Brit. Journ. Hom.*, v, p. 558.

† *Allg. Hom. Zeit.*, vol. xlii, Nos. 10 et seq.

jected his preparations to the ordeal of a solar microscope, it was of no avail. Jenichen and Jenichen alone would go down, and henceforth, for some time, high potencies and Jenichen's preparations were convertible terms. But when a crowd of high-potentizers appeared, each with his cat in his bag, which he made no pretence of concealing, but, on the contrary, which he displayed to all the world, appealing to all to say whether it was not the very perfection of cats, and especially a thousand times better than that old affair of Jenichen's, the possessor of the last-mentioned treasure felt that unless he displayed his very superior animal there was some danger that its place would be permanently occupied by one or more of the new claimants for admiration. There was Dunham with his 200ths, made by fastening his bottles to a mill-wheel; Fincke with his thousandths, obtained by the facile process of putting his dilution bottle under a water butt, and letting the contents flow through it at their leisure; there was Lehrmann with his high potencies made one way, Boericke with his high potencies made another way; Swan with his millionths, and Skinner with his ten millionths. The ingenuity of some of these potentizers is displayed in the complicated machines, automatic and other, for taking the labour of potentizing off their hands. Evidently one or other of these new high-potencies, some of which go up to millions, will soon shoulder the Jenichen potencies out of the swim altogether, unless it can be shown that his method is vastly superior to any of their modern rivals with their new-fangled machinery. So its custodian resolves at last and at length to let the Jenichen cat out of the bag, and he chooses *The Organon* for that purpose. Rather hard this on Dr. Skinner, who has his own special potencies, and his own ingenious machinery for potentizing.

We will now compare the accounts given by Hering and Bentsch of Jenichen and his mode of preparing the high-potencies connected with his name, in order to enable our readers to judge of the difference between them, and to appraise for themselves the value of Dr. Hering's cat in the bag.

Bentsch.

Casp. Jul. Jenichen, born at Gotha in 1787, was intended

Hering.

Jenichen belonged to a noble family of North Germany (what

by his father for the profession of law. In 1814 he went to fight as a mounted volunteer rifleman. Returned from the wars he bought a property near Gotha, where he devoted himself to training horses and veterinary medicine. When, in 1821, Duke Ernst erected a national manège Jenichen was appointed Master of the Horse and placed at the head of the institution. Owing to his skill in veterinary medicine he was appointed examiner of candidates. After the death of the Duke, the manège being done away with, Jenichen went back to his property and horse training. He had become acquainted with homœopathy in Gotha, and practised it on his horses. At the request of Baron von Biel, of Weitendorf, near Wismar, he undertook the management of his stables. After some years he retired from this post and settled in Wismar. Here he invented the high potencies, and whilst preparing them he got a disease of the feet and legs, which caused him so much pain that he committed suicide in February, 1849.

Jenichen was a man of Herculean strength. He once, for a wager, dashed his fist through a door panel, and he exerted all his strength in the prepa-

became of the "von" ?); he distinguished himself as a cavalry officer at Waterloo. After this he was engaged to be married, but on riding to his bride's house he learned she was dead, like

"The last lord of Ravenswood to
Ravenswood did ride,

To woo a dead maiden to be his
bride."

He returned home alone, and being told that her life might have been saved by homœopathy, took to studying that system of medicine. Having acquired a knowledge of the practice, he devoted all his energies to curing horses. His muscular strength was prodigious. One day he saw a carriage and pair dashing down a hill at full speed. He caught hold of a horse with each hand and brought them to a standstill. (The size of the horses is not stated; perhaps it was a pony carriage.) The carriage contained the Grand Duke of Gotha and his lady. (When was the Duchy of Gotha made a Grand Duchy ?) The Grand Duke invited Jenichen to his house, and made him his Master of the Horse. The British, with their characteristic meanness, translate this title (stallmeister) into "hostler." (We don't know who Dr. Hering refers to; as far as we know the British have

ration of his high potencies. The reason why he made high potencies was because he was discontented with the potencies produced on the method pursued by Hahnemann (whether with their effects on horses or men we are not told). He did not think better of Korsakoff's method, and resolved to find one for himself. He had the luck to make a great discovery—no less than a new law of nature (*Naturgesetz*); a real revelation of nature (*Naturoffenbarung*)—in this way:—Finding a bottle of the 29th dilution of *Plumb. ac.* dried up, the cork loose and dry, the idea occurred to him to potentise from this bottle up to the 200th. A patient affected with hereditary fetid perspiration of the feet, smelt once at a few globules saturated with this potency, and in a few days was permanently cured. After this Jenichen began all his high dilutions of earths and metals from the evaporated 29th dilution. Rentsch does not know if he did this with other medicines besides the metals and the earths. He thinks it probable that Jenichen began to potentise other medicines from the 5th or 3rd attenuation.

For the potencies from 200 to 800 he used alcohol, for those from 800 upwards the

always said he was a trainer of horses, on the authority of Rentsch and others; we don't remember to have heard him called "hostler.") At the duke's table one day he rolled up a silver plate as if it had been a piece of pasteboard, and afterwards tore the roll into shreds as if it had been a newspaper. (No wonder the Grand Duke did not retain his services very long. A new terror will be added to the business of a host if the guests are to roll up their silver plates like pasteboard and afterwards tear them to shreds like newspapers. We have heard the story of rolling up a silver plate with the fingers told of Count Orloff, a Russian ambassador, but the tearing it afterwards to shreds is new to us. *Moral*.—Don't ask athletes to dinner if you have any silver plate lying about.)

The high potencies, *i. e.* up to 800, are made in bottles $4\frac{1}{2}$ inches long and weighing $\frac{1}{2}$ oz. Each potency gets twelve strokes. The *highest* potencies—from 900 upwards—are made in bottles weighing 18 oz., including the contents. Each potency gets thirty strokes. The vehicle used is the water of Lake Schwerin, which is as clear as crystal. (Water "clear as crystal" does not give us information as to its purity.

water of Lake Schwerin, which is as clear as crystal.

The proportions of medicine to vehicle were, up to 200, 6 to 294; for those from 300 to 800, 1 to 800; for the remainder 2 to 12,000.

For the high potencies he used bottles $4\frac{1}{2}$ inches high, $\frac{1}{4}$ inch wide, which weighed $\frac{1}{2}$ an ounce (one *Loth*). He used eight such bottles.

For the highest potencies he employed larger and heavier bottles, which, including their contents, weighed 18 ounces (36 *Loth*).

Jenichen sat or stood stripped naked to the waist, holding the bottle in his fist in an oblique direction from left to right, and shook it in a vertical direction.

The fluid at every stroke emitted a sound like the ringing of silver coins. He paused after every 25th potency, and the muscles of his naked arm vibrated. At first, after one day of potentising he had to rest about a week to recover, but when by practice he got into condition he would go on potentising without hurting the muscles, though every stroke shook his body as though it was electrified. He was latterly able to give 8400 strokes in an hour.

He worked at his voluntary

Our Thames water as supplied by the companies may be described as "clear as crystal," but we know that it contains a pretty considerable admixture of organic and inorganic substances.)

His regular proportion of medicine to vehicle for the high potencies is 1 to 300, for the highest potencies 2 to 12,000. But he does not know the exact proportion of composition in the highest potencies.

Dr. Hering gives exactly the same account as Rentsch of Jenichen's discovery of the art of making high potencies—which, however, he does not, like Rentsch, call a new-discovered law of nature or a revelation of nature—viz. the dried-up bottle of *Plumb. ac.* 29. The cork was shrivelled and loose in the bottle's neck, and had, perhaps, been so for years. He filled it three fourths full of alcohol, shook it, and then potentized a drop of this in his usual way with 300 drops of alcohol up to 200. With this he saturated some globules and cured with them a stinking foot-sweat of two years' standing.

Ever since that time J. made all the high potencies of the earths and minerals, as also some others, from evaporated phials. (It would be important

task from 10 p.m. till 3 a.m. keeping himself awake by drinking cold black coffee. He always took everything in the shape of food and drink cold, as he held warm food to be unphysiological, and he was a teetotaler.

From 200 he gave 10 shakes for each potency, from 300 to 800, 12 shakes, from 800 to 40,000, 30 shakes for each dilution.

Rentsch thinks that for every 10, 12, or 30 shakes, he counted a degree of potency. He thinks also that the peculiar efficacy of Jenichen's potencies was owing partly to their being started from the evaporated bottle of the 29th dilution, which he terms a revelation of a natural law, partly to the violent friction of the fluid against the sides of the bottle effected by his giant strength, partly by the magnetic power communicated to the fluid by his enthusiasm and will.

to know how many of the other medicines he potentized in this way, and if he did not make them all so, at all events it is evident from what Hering says, that he did not confine his remarkable method of potentizing from an empty bottle to the earths and metals; so, for all we know, he may have so prepared all his high potencies. Hahnemann taught that each dilution should be made with a hundredth part of the previous potency; but Jenichen, whose method was considered so infinitely superior to Hahnemann's by some of Hahnemann's immediate disciples, and who enjoyed revelations of nature denied to Hahnemann, prepared his potencies from an empty bottle. If Hahnemann took for his motto *similia similibus curentur*, it would not have been amiss had Jenichen adopted the motto *ex nihilo nihil fit.*)

Our readers have now before them the two accounts of Jenichen's mode of preparing his high potencies, Rentsch's guesses, and Hering's revelations, and they may judge for themselves how far they differ. To ourselves the difference between them is much about as important as that between the traditional tweedledum and tweedledee. They both say that the process of high potentizing commenced with a phial nominally of the 29th dilution from which all the medicine had been evaporated. This to Rentsch is a physical apocalypse (*Naturoffenbarung*). Hering discreetly omits to say what he thinks of it. They agree in the

proportions of vehicle to medicine, 1 to 300 for the *high*, 2 to 12,000 for the *highest* potencies. They agree also in the number of shakes given to each dilution. They both describe the muscular strength of this person as prodigious. Rentsch describes him dashing his fist through a door-panel, Hering as stopping a carriage and pair of horses madly galloping down hill with a Grand-Duke and his lady (possibly his Grand-Duchess), and afterwards rolling up silver plates and tearing them in strips.

The only point on which there is a material difference between these two authorities is where Rentsch suspects that Jenichen reckoned each 10, 12, or 30 shakes as a degree of potency irrespective of dilution. There is apparently no foundation for this suspicion in Jenichen's own communications, but yet there is nothing in them to render it impossible that such was the case, and Rentsch says the circumstance that he only employed eight phials in all for a medicine, and had them scalded with hot water for each subsequent medicine, rather strengthens Rentsch's supposition. Moreover, Jenichen says he rested after every 25th potency, and that the 200th potency received 2000 succussion strokes. Now, $8 \times 25 = 200$ and $8 \times 250 = 2000$, which looks as though one bottle were used without pause for every 25 potencies, and as though the dilution were only performed eight times, and not 200 times, as it would have been according to the Hahnemannian process. Hering offers no evidence that this is not the explanation of Jenichen's high potencies, unless that be considered as evidence which Jenichen writes to Hering, that he proposes to make a special potency for Hering running from a 2000th, and giving it 10,000 strokes, but only raising it eight degrees thereby. Bönninghausen's "conclusive comments" have no bearing on the subject.

But after all, what does it matter? The only point of interest in connexion with the whole subject to us is this, that men of standing in the homœopathic world, Hahnemann's immediate disciples and others, could encourage an ignorant and presumptuous man like this Jenichen in his attempt to upset the teachings of the master with regard to the preparation of homœopathic medicines, and to substitute for the well-known and well-tried pharmaceutical processes hitherto practised a method proceeding from his own fancy, without a single proof of its superiority, which set at defiance all the maxims of reason and experience, and would

imply that the proper mode of making our pharmaceutic preparations is to commence diluting from an empty bottle. The instances of Jenichen's practice, published after his death, and which there is no reason to suppose Stapf and Gross knew about, are mostly beneath contempt, either from their utter triviality or sheer impossibility. Here is one of each :—"A three-quarter-year old little boy suffered from diarrhœa with the smell of rotten eggs, cough, and rattling of mucus in the chest. *Chamomill.* 4000 removed the diarrhœa by the next day, but the bronchial catarrh only after five days." Just what we might expect from the administration of nothing. "A girl of eleven had suffered for four months from grey cataract of the left eye. One dose of *Silic.* 6000 cured her in eight days." So, on the testimony of an ignorant horse trainer we are expected to believe that a girl of eleven had grey cataract of one eye, and further, that it was cured by internal treatment in eight days. Credat Judæus! Of what value can be the assertions of a man who is either so ignorant or so untruthful as to make such a statement? Connected with this melancholy incident in the history of homœopathy we have a scientific man like Rentsch declaring that this empty-bottle pharmacy is a revelation of nature—a physical apocalypse—a newly-discovered law of nature; and we have the sad spectacle of men like Gross and Stapf encouraging, if not enjoining this vain man to keep his process a secret, thus introducing, for the first time, into homœopathy the disreputable secrecy of the charlatan. The saddest spectacle of all is that of the honoured veteran of the homœopathic *Materia Medica*, Dr. Hering, urging on Jenichen, from across the Atlantic, to go higher and higher. Thus encouraged, stimulated by the applause of these well-known disciples of Hahnemann, see the wretched author of these innovations labouring half naked every night from 10 to 3 at his useless work, expending his prodigious strength on succussing successive dilutions of nothing, each stroke of his Herculean arm making the innocuous liquid in the bottle ring like silver money, and causing the whole house to shake. His giant strength and health gave way under his self-imposed task; but still he toiled away in obedience to Hering's wish, and for Hering's sake gave still more shakes to each dilution. His health and his brain at length gave way under this incessant toil, and he put an end voluntarily at once to his life and his sufferings.

This miserable episode reminds us of the fable of the frog swelling and puffing itself out to imitate the ox. "Is that big enough?" cries the ambitious reptile. "No! bigger, bigger!" cries its companion, until at last the poor creature bursts with its efforts. So Jenichen says to Hering, "Is that high enough?" "No! higher, higher, every year higher!" cries Hering; until at length the wretched man succumbs to his willing efforts.

The manifest duty of those who first came in contact with Jenichen and his potencies was to discourage any departure from Hahnemann's approved method. If it be replied that they did not know Jenichen's method of preparing his so-called high-potencies, then it was clearly their duty either to insist on a full and complete publication of his process, or to decline to have anything to do with them.

Had they acted in the interests of science and homœopathy they would have snubbed the poor lunatic from the first, thereby saving us from a shameful episode of credulity and nostrum-mongering, and perhaps preventing the melancholy self-sacrifice of a half-witted enthusiast, whose antecedents eminently disqualified him for the office of revolutionising and upsetting Hahnemann's pharmaceutic processes.

As for Dr. Hering's exclusive possession of the secret of Jenichen's mode of preparing his high potencies, our readers are now able to estimate the value of this for themselves, now that Hering has himself let the cat out of the bag. We now see that far from being a respectable cat it more nearly resembles a much more insignificant animal. *Parturiunt montes nascetur ridiculus mus!* The process of parturition has been long and difficult, and the result is like the starting-point of Jenichen's high potencies—nothing at all!

After this corroboration by the sole possessor of Jenichen's secret of what Rentsch told us long ago, we regret that we devoted so much space in our 5th vol. to a consideration of these worthless preparations. The highly respectable names of Drs. Gross and Stapf, who stood sponsors to the Jenichen innovation, induced us to attach to it a greater importance than it deserved. It is humiliating to observe that a respectable reputation, real useful work, and an intimate personal acquaintance and friendship with the great founder of homœopathy, failed to preserve some of his immediate disciples from such arrant *gobemoucherie*.

No sooner does a muscular horse-trainer, with no knowledge of medicine except what he has attained from his dilettante practice among horses, announce that he has discovered a new law of nature applicable to pharmaceutical purposes, than these respectable old gentlemen immediately accept his doctrine as though it was a new revelation, and discarding the processes for preparing drugs so minutely described and so earnestly enjoined by Hahnemann, they agree to substitute the method proposed by this ignorant "Schwärmer,"—to commence making their attenuations with an empty bottle.

And men who so act, and others who make what they call high potencies by washing out bottles with ordinary impure water, actually arrogate to themselves the title of Hahnemannians. It would seem that they are of opinion that the farther they depart from Hahnemann's directions the more Hahnemannian they become. Wilkes used to say that he was no Wilkesite, and we may with still greater confidence say that Hahnemann was no Hahnemannian, as the term is applied now-a-days.

But not only do our modern Hahnemannians depart from Hahnemann's precepts and example in the mode of preparing medicines, they do so also in the substances they introduce into the *Materia Medica*. Hahnemann never added to the *Materia Medica* any substance of a distinctly non-medicinal character, but now we have from the Hahnemannians such substances as white sugar, skim-milk, dog's milk, moonshine, thunderbolts, &c. The very forces of nature have been seized upon and potentized by these enthusiasts—at least so they say. One of them told us that magnetic power was now among their potentized medicines. On asking how this was obtained we were told that some milk-sugar was laid on a magnet for some time and then potentized up to the required degree. If magnetism, why not the correlative forces—heat, light, and motion? Why not sound, colours, the qualities of substances, as hardness, softness, elasticity, density, weight? Why not mental emotions—fear, rage, love, jealousy, &c.? In short, we see no end to the absurdities that may be engrafted on homœopathy if we depart from Hahnemann and become "Hahnemannian." The so-called *nosodes* or products of disease are likely soon to present a crop of useless and repulsive preparations if care be not taken to confine them to the true morbid infectious viruses, the admission even of

which into a pure *Materia Medica* is of doubtful advantage. As it is we have seen some so-called *nosodes* that might more correctly be termed *nosodites*, and we deprecate the multiplication of these, as they are more calculated to bring ridicule and contempt on homœopathy than to be of use in the great and honourable calling of curing disease.

Speedy Cure of Nasal Polypi.

THIS painless method of removing nasal polypi, never before made public by the originator, is an apology for taking a small space of your valuable journal.

Mr. G. M—, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry, Dr. Ceccarini kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with an hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odour." With this information, on the 12th of August, in presence of my friend Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2nd, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations was followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odour arising from the decaying mass was corrected

by a weak carbolised wash. The long interval from the destruction of the first, and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.—Respectfully yours, S. CARO.—*New York Medical Record.*

Lilium tigrinum, its Action on the Eye.

By W. H. WOODYATT, M.D., Professor of Diseases of the Eye and Ear, in the Chicago Homœopathic College.

ONE of the early provers of *Lilium tigrinum* was at the time of the proving wearing convex fourteen glasses. That these glasses were not accurately fitted to the actual refractive condition of the eye seems manifest from her remarks that she was obliged to turn her head to the left "in order to see the whole of a letter, for example, *s*, *p*, *d*, and *f*, *u*. When looking straight forward could see only the straight part of the letter and not the curve." The first effect of the drug was to make the vision worse, but ultimately it was better than ever before, for she was then able to see all letters clearly without turning the head.

Evidently a marked change of some kind had been produced here, and to determine its exact character promised to place in our hands a remedy of much value and of a somewhat extended application.

When this proving first came under my observation in 1871 or 1872 the opinion was ventured that the lady was originally suffering from hypermetropic astigmatism, which condition would explain the peculiarity observed concerning the letters *s*, *p*, *d*, &c. In this condition the curvatures of the horizontal and vertical meridians of the dioptric media were different; the focal distance of one was greater than that of the other, so that the image of an object being clearly defined on the retina when viewed through one of these meridians would necessarily be blurred, because out of focus, when seen through the other. It is a common observation in ophthalmic practice that patients who are astigmatic do tip the book or incline the head at different angles in order to see clearly.

At that time I was not aware, and indeed I believe it was not

known, that the meridians of the cornea would change their curvatures under the influence of the drug. It has since been demonstrated by actual measurement, that such change has taken place under the action of *Calabar bean*, and that a corneal astigmatism has resulted attributable to this cause. Not knowing this then, it was not even suggested that the probabilities for and against the changes being in the cornea in this case should be considered, but the conclusion was at once accepted that the original astigmatism was located in the lens, and that the curvatures of this body had been altered by the peculiar action of the ciliary muscle induced by the *Lilium*. It may assist some in understanding this matter if it is added that astigmatism may occur either in the cornea, which is the principal factor in the dioptric media, or in the lens, and is a want of symmetry in the curvature of the different meridians. As a rule, in all eyes, we find the vertical meridian of the cornea shorter than the horizontal, while the reverse obtains in the meridians of the lens, so that these two bodies, as a rule, correct each other's defects and make the eye emmetropic. We do, however, find instances in which the defect of each is intensified by the other instead of being neutralised; and we further find that in the act of accommodation the principal meridians of the lens may change position, so that at one time they may overcome the defect in the cornea and at another increase it.

Both bodies, cornea and lens, may, when examined separately, show lack of symmetry in their meridians, but as they are usually placed in the eye their relation is such as to produce symmetry in the dioptric media as a whole. Enough has been said, however, to show that a change of relation may occur, and astigmatism result, and that the ciliary muscle is an active agent in the production of such change.

Applying these facts to the case of the prover of the *Lilium*, it was opined that the fibres of this circular muscle were not of equal strength, and that in one meridian contraction was not as great (or was greater) than in its opposite. After taking the drug the prover's vision became worse and the "aggravation continued for more than four weeks," but after this vision was much better. Precisely what change took place could have been determined by testing with cylindrical glasses, but this was not done, and we are left to conjecture whether there was present in

the first place a spastic contraction, or a paretic condition of some of the fibres of the ciliary muscle, and accordingly explain the final result. More recent developments have only tended to make this conclusion the more likely. Since that proving I have employed the drug more or less in the treatment of *myopic astigmatism*, a condition in which one meridian is normal and the other requires the help afforded by a concave glass. Some of these cases have been reported from time to time, and now the number is sufficient to justify the conclusion that the remedy performs a distinctive use in the relief of this trouble.

It will not be understood that the relief of *myopic astigmatism*, occurring in the crystalline lens and being due to spasmodic contraction of part of the fibres of the ciliary muscle, necessarily embraces the full action of the drug upon the eye. More power may be discovered after more extended use.

Nevertheless, a careful study of all the eye symptoms recorded in the provings leads me to think that they have their explanation in the peculiar condition of the ciliary muscle, and that the symptoms will only disappear under the use of this remedy when they spring from and are accompanied by this pathological condition. The symptoms are such as are comprised under the term *asthenopic*, but it ought to be clearly understood by the profession that these same symptoms, and, in fact, the whole group of symptoms included in the name *asthenopia*, may appear as the result of trouble located in any of the six muscles moving the globe or in the ciliary muscle.

In my judgment the symptomatology of *Lilium* becomes tenfold more available and may be applied with tenfold more scientific accuracy, when studied in the light of the proximate, underlying, causal, pathological condition. The same is true of many other remedies. The *asthenopic* symptoms of *Natrum muriaticum* are caused by insufficiency of the internal recti muscles. When this muscular condition is present and the symptoms occur, a cure can be expected to follow the administration of the remedy almost as certainly as the night follows the day.

Symptoms very closely resembling those of *Natrum mur.*, and in many cases which I have recorded, identical ones can be relieved by *Gelsemium* or *Cuprum aceticum* if (and mark the *if*), they are caused by weakness of the external recti muscles, as they

may be. Again, a paretic condition of the ciliary muscle may cause to appear symptoms very similar to those recorded in the provings of *Lilium*, but *Argentum nitricum* would have to be used to relieve them when springing from that cause. From which statements it is obvious that any prescription for so-called asthenopia lacks precision in its aim unless it is preceded by a careful test of the vision, and of the muscular apparatus of the eye. It is the aim of this short study of *Lilium* to define specifically the scope of its action so far as that can be accomplished from the recorded provings.

The appended case is offered for the new features it contains, to be added to the cases already published illustrating the action of this drug. It is one in which the symptoms of so-called asthenopia were evidently due to a general spasmodic contraction of the fibres of the ciliary muscle, but the contraction being greater in one meridian than the other.

Case.—Miss W—, æt. 19. Complains of inability to use her eyes without discomfort. During the past year any attempt to work at the near has produced redness of the lid edges and a hot, sandy feeling in the conjunctiva. She finds difficulty in defining the unpleasant sensation with words, though they were pronounced enough to cause her to abandon school work and to feel quite apprehensive about her vision. Rest has not brought the expected relief.

The letter test was as follows:

In each eye, vision $\frac{3}{20}$? With — 48° axis 180°, vision $\frac{2}{20}$. Without glasses, No. 1 Jaeger is read at 3½ inches and 16 inches; with the cylinders it can be read at 23 inches distant.

*Lilium tigrinum*⁸³ was prescribed four times daily. I was able to examine these eyes again on the following day when vision was $\frac{3}{20}$, and a concave 60° axis 180 made vision $\frac{2}{20}$.

Two days later, vision was $\frac{2}{20}$, and No. 1 was read at 18½ inches without glasses.

Four days later still, vision $\frac{2}{20}$; No. 1 at 20 inches. Up to this time no relief from the unpleasant sensations had been experienced.

Three days later, No 1 was read at 22 inches.

Three days later, No. 1 was read at 22½ inches. The eyes now feel relieved.

Experience with homœopathic remedies, added to the results

of observation of certain anomalies of refraction which undergo spontaneous changes, leads us to hold subject to decided modification much that is taught concerning the mechanical treatment of these defects. Sufficient has already been published to show that in myopia, hypermetropia, presbyopia and astigmatism, our remedies have a sphere of action which cannot be overlooked without decided detriment to the case in hand.—*The Medical Counselor*, vol. i, No. 7.

Discontinuance of 'Hirschel's Zeitschrift.'

IN the last number for the year 1879 Dr. Lewi, the editor, announces that the journal he has edited since the death of Dr. Hirschel will not be continued. The reason he gives for its demise is rather obscure, not to say mysterious. Our readers shall judge for themselves.

"We have resolved not to continue this journal, because for years we have not considered, and could not consider, homœopathy in its still beloved old quasi-official form as capable of living any longer, and because while its old approved powers have been during the last few years violently torn away one after the other, *no* scientific substitutes for them, worthy of the name, have been discovered."

This seems to us to be scarcely intelligible. If Dr. Lewi has for years considered homœopathy incapable of living, how comes it that he has for years been conducting a journal which, if it was intended to prove anything, was meant to show the vitality of homœopathy? Has Dr. Lewi suddenly become a renegade, like some we have heard of in our country? The following sentence would prepare us for a full recantation:

"We retire from the scene of our activity, after having, as we believe, attained the end we put before us, viz. to have proved homœopathy to be an important integral constituent of medical science, *but by no manner of means the last word of medical science, or as including the latter in itself*; and thereby we have pointed out the only way by which, sooner or later, the reconciliation of the part with the whole can and must be effected."

We shall miss the *Zeitschrift*, and trust that its disappearance is not indicative of a real decline in the spread of homœopathic truths among the medical profession in Germany. There, as here, we know that the avowed adherents of homœopathy yearly diminish; but we hope that there, as here, the truths of homœopathy permeate traditional medicine, and, like the little bit of leaven, promise eventually to leaven the whole lump.

Berberis Aquifolium. By GEORGE WILLIAM WINTERBURN,
M.D., N.Y.

Berberis aquifolium is a firm, bushy shrub, of the natural order *Berberidaceæ*, growing to the height of four or five feet, in the woods of Oregon. It delights in high altitudes, but is cultivated in gardens, and is much esteemed as a flowering shrub on account of its beauty. The leaves are pinnate, and, instead of the soft bristles of the *Berberis vulgaris*, have spinulose teeth. They are leathery in texture, dark green in colour, glossy, and resemble the leaves of the holly. The flowers are yellow, and are upright, not in hanging clusters, as on the *Berberis vulgaris*. The berries are intensely sour and dark coloured, instead of scarlet, as in the better known variety. The root is the part used. It is very hard, of a bright yellow colour, and an intense but agreeable bitter. Jungk has discovered a new alkaloid in this berberis, to which he gives the name *Mahonia*, $C_{14}H_{19}NO_4$. It differs from berberis in having six equivalents less of carbon, and two more of hydrogen. *Mahonia* does not, however, represent the full therapeutic value of *Berberis aquifolium*, and is probably only one of several constituents.

I have proved this drug quite thoroughly on two men and three women, and have tested it clinically in a wide range of cases. The provers took, under my direction, the fluid extract of the root (Parke, Davis, & Co.), in doses from ten drops to three ounces, the experiments extending over about three months.

The characteristics of the drug are tabulated in the following scheme.

Its analogues appear to be *Aurum*, *Berberis vulg.*, *Bryonia*,

Calcarea, Capsicum, Causticum, Drosera, Grindelia, Squar., Hydrastis, Nux vom., Oleander, Ruta, and Spongia.

Mental sphere.—Unhappy and depressed; sudden depression of spirits without cause; profound depression, amounting to anguish; hysterical crying at frequent intervals; nervous and restless; disinclination to move; dull and stupid; disinclined to do anything, but not sleepy; very drowsy in the daytime.

Head.—Dizzy sensation; pain on right side (pressing like a weight); pain in the right temple, running down into the teeth.

Eyes.—Hollow-eyed; burning and aching in the eyes as if strained; film before the eye; congestion of the lower palpebral conjunction.

Nose.—Stuffish feeling, with discharge of greenish yellow mucus.

Face.—* Blotches and pimples on the face; yellow skin; flashes of heat in cheeks; pinched expression of the face; ° *impetigo figurata*; ° *eczema infantile*.

Mouth.—Increased flow of saliva; bilious taste after eating; yellow brown, deeply-coated tongue; white, pasty, thick coating on tongue; tongue feels as if blistered; blisters on right side of tongue; scanty expectoration; yellow, sticky, tenacious expectoration; expectoration streaked with blood; soreness in teeth of lower jaw; soreness in the salivary glands; ° cancer of the tongue: dry throat.

Stomach.—Hungry soon after eating; constantly hungry, but still could not eat; hunger with aversion to food; canine hunger; sudden nausea after eating; burning in stomach; borborygmi; cramp in stomach; no appetite; heartburn.

Abdomen.—Uneasy feeling, without desire for stool; heat in the region of the spleen; burning sensation in the spleen; spleen feels as if it had been struck; pain in hypogastrium.

Stool.—Large, loose, free movement (four times first day of proving); hot, griping stool (second day); light-coloured stool, expelled with difficulty; lumpy stool, looks as if each lump was varnished; soft stool, expelled with great difficulty.

Urinary Organs.—Urine less than normal, clear and without sediment; urine sherry-wine colour; urine enormously increased in quantity.

Generative Organs.—Slight burning in vagina; wind from vagina; bearing-down pains; aching as if menses were about to

come on; °delayed menses restored; (in two cases); °amenorrhœa; very decided increase of sexual desire.

Chest.—Unusual weak feeling in the chest; “have wondered whether it was the beginning of consumption;” weakness of the upper part of the chest; oppression as of a weight on the chest; burning heat in the lower left lung; °phthisis pulmonalis.

Larynx.—Voice very weak, “as if a damper had been closed on it;” dry, nervous cough.

Upper extremities.—Flashes of heat and burning in the palms of the hands; tremor in hands and arms; inability to raise the arms from the side; numbness and immobility of the arms; lameness of the arms; *rheumatism felt only when moving the part; prickling on the outside of the hand and forearm.

Lower extremities.—Heaviness and trembling of the limbs; bruising pain in the extremities; cramp in left leg; cramps in the calves of both legs; inability to lift the right foot; rheumatic tension and stiffness of the legs.

Fever.—Pulse raised fifteen to twenty beats.

Skin.—°Salt rheum; °eczema impetiginodes; °herpes zoster; °rupia syphilitica and escharotica; °pityriasis capitis; °psoriasis diffusa.

General symptoms.—Weak and depressed; feels very tired without cause; weak and tired in the morning, wants to go back to bed, better after exercise; griping pain down the whole right side; rheumatic pain on right side; rheumatoid pains over the whole body, making one keep very still; bone pains; °scrofula; °syphilis.

The mental symptoms appeared usually on the second day, continued through the proving, and for several days subsequently. The pains in the head disappeared during the latter part of the proving, and were transitory and recurring. The dizzy sensation, worse when stooping or moving, was part of the general biliousness caused by the drug.

Upon the eyes it has an especial action, producing a sensation like a film. They look weak, as if tired. In one prover, the palpebral conjunctiva was very decidedly injected. This feeling of weakness persisted in one case for several weeks after the medicine was suspended.

The increased flow of saliva was probably due to the bitterness of the medicine, but the other mouth symptoms are characteristic.

The bilious coating of the tongue dated from the second or third day; the blistering of the tongue about the end of the second week; and the soreness of the salivary glands and dry throat during the third week.

Dyspeptic hunger without desire for food, and with burning in the stomach, was noticed from the first. The cramps in the stomach and "no appetite" occurred during the second and third weeks. No direct sensations were felt in the liver, but this drug evidently affects the whole glandular system, including the liver. Biliousness was a marked feature in all the provers, and one had a peculiar waxy look like the beginning of jaundice. Upon the spleen it has a very positive action, causing intense burning and a feeling as if it had been pounded. This burning in the spleen was a very marked effect in all the provers, commencing about the seventh or eighth day, and persisting until the drug was discontinued, producing a soreness in that viscus of which the provers complained bitterly.

All the provers had large, free, dark movements on beginning the medicine; one had hot, bilious diarrhoea. This was followed by light coloured, varnished, constipated stools. Subsequently the stool became soft and natural in quantity and colour, but too large, and expelled with great difficulty. If pushed, the drug would apparently produce paresis of the rectum.

It had a manifest effect on the kidneys of all the provers, but increasing in some and decreasing in others the amount of urine voided. The effects on the generative system were not marked, except a peculiar bubbling of wind from the vagina and unusual sexual desire (same person).

On either the third or the fourth day each of the provers had what seemed like a bilious cold, the throat choked with mucus, the voice rough and somewhat hoarse, the expectoration yellow, and becoming in a day or two greenish. The throat was not relaxed, the prover could sing *in tune* and without fatigue, but the voice sounded muffled, as if a damper had been closed in the larynx. This condition developed by the fourth week into a most interesting phenomenon. The peculiar lack of *timbre* in the voice; the oppression and weakness of the upper portion of the chest; the dry, irritative cough; the scanty, tenacious, blood-streaked expectoration; the pinched expression of the face; the previous gastric disturbance and the present languor and debility;

the accelerated pulse and heightened temperature ; gave a startlingly vivid picture of phthisis pulmonalis.

The symptoms in the extremities presented certain peculiarities. When the parts were perfectly still they were free from pain, though sometimes there was a feeling of numbness, and a sense as if there was not strength of will to lift the part. On movement there were cramps, trembling and uncertainty of motion, and pain. The latter was sometimes severe, and resembled that following a heavy blow. The condition simulated both rheumatism and paralysis. There is a form of paralysis, arising from exposure to damp cold, which includes numbness, immobility, and pain.

One prover noticed, for several weeks after discontinuing the medicine, a peculiar prickling, like electricity, on the back of the hand and outside of the forearm. This lasted only momentarily, but it returned frequently, and seemed to be independent of occupation, position, or time of day.

The proving gave slight indication of its great value in skin disease. Blotches and pimples annoyed the provers, and they all subsequently noticed that the skin was smoother and softer than previous to the proving ; but, though it was given in as large doses as the stomach would stand, nothing more serious was developed.

It has, however, sterling merit in the treatment of skin diseases, being alike useful in the mere roughness caused by exposure to wind and weather, or resulting from the continued use of cosmetics, up to the acrid corroding ulcers of syphilis.

It is equally beneficial in many diseases of the mucous surfaces, either of the air passages, digestive tract, or genito-urinary organs. It has cured for me obstinate chronic tonsillitis, chronic parotitis, and chronic trachitis, with scanty, gummy, tenacious expectoration. But it will go deeper than these superficial ailments, and in incipient phthisis will restore gastric energy, and so modify the tubercular diathesis as to remove every vestige of pulmonic disease. Even when the mischief is considerable, it will arrest its rapid course, bring the pulse back to its normal standard, allay local irritation, and prolong life.

All the members of the *Berberidaceæ* are antiperiodic. *Berberis aquifolium* is eminently so. It is considered by some as equal to *Quinine*. It is certainly superior to *Hydrastis* and

Gentian, and in sensible doses, say twenty minims of the fluid extract, is quickly curative.

In more moderate doses, three or four drops, it quickly relieves congestion in the liver and kidneys, increases the activity of the spleen, and removes hypertrophy when present, both here and in the prostate.

In rheumatism, I have seen it speedily cure when the pain was like that from a blow, with lameness and stiffness; or when there is no pain except on movement—the patient dreads to move on account of the pain. And it might be of service in paralysis from damp cold, as shadowed forth in the pathogenesis.

But it is especially in what are called blood diseases, syphilis, cancer and scrofula, that the value of this remedy has been shown. In secondary and tertiary syphilis, in five drop doses of the 1x dilution, it will often unaided eliminate the morbid matter from the system. The drug has been so recently introduced that its exact position in relation to other blood remedies cannot yet be stated, but that it is a valuable addition is evident to all who have tried it.

I have never used a dilution beyond the 2x, and I usually prescribe a drachm of the fluid extract in four ounces of simple syrup, a teaspoonful every two to six hours, *pro re nata*. As there have been spurious articles put on the market, I would suggest to those who would like to try the remedy, that they procure Parke, Davis & Co.'s fluid extract, and make their own dilutions, as that is the preparation with which the above proving was made.—*Homœopathic Times*.

Society for Improvement of the Physique of the Blind.

WE have pleasure in calling attention to this Society, whose objects are stated in the following extract from its prospectus:

"This Society has been formed for the purpose of giving the BLIND better health, independent power of using *their bodily* faculties, in order to enable them to be less dependent upon others, and thus to contribute to the general welfare of 35,000 to 40,000 blind in Great Britain.

"The *first* object is to improve the physique of the adult blind of *both* sexes; the *second*, to assist the physical education of

blind children; and the *third*, to prevent blindness as far as possible, by removing ignorance regarding the hygiene of the eyes, which is probably—besides accidents and disease—the most fertile cause of blindness.

“The means to be applied are :—

“1. To train a few blind and seeing teachers in the elements of hygiene and physical development; these teachers to be employed in the various centres where blind congregate, for the purpose of giving the adult that necessary instruction in health and in the mode of systematically exercising all parts of the body; *models* and *raised* drawings of the various positions and exercises will assist the oral instruction.

“2. To induce the principals of blind institutions to introduce the free exercises as an obligatory part of the education of the young blind of both sexes.

“3. To collect information about the origin of blindness, and the means of preventing it in the various injurious trades and occupations.”

Our colleague Dr. Roth takes a warm interest in it, and is, we believe, the originator of it.

CORRESPONDENCE.

DR. BLACK AND THE ALLEGED GLYCOGENIC PROPERTY OF URANIUM.

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

GENTLEMEN,—May I trouble you with a word or two as to the relation between *diabetes mellitus* and the *Salts of Uranium*?

Dr. Black, in a most scholarly and exhaustive *résumé* of the literature of “Diabetes,” at pages 123-4 of vol. xxxvii of this Journal, speaking of my one-and-twenty provings of *Uranium*, observes that in one animal only, and that on one solitary occasion, was sugar found in the urine. It occurred in conjunction with copious albumen, and Dr. Black very naturally asks “was sugar actually present, or was it not the albumen which reduced the copper?”

Fortunately, this admits of a categorical reply. *It was not the*

albumen. The experimenter was at the time perfectly aware that albumen might reduce copper; so in every instance, where albumen was present, it was coagulated by heat and acid, and removed by filtration before proceeding to the sugar tests. These were conducted with all the scientific precautions known fourteen years ago. Newly-made reagents were used, and the most scrupulous cleanliness was observed.

Is it not more probable that Leconte, having no particular reason for extra care and caution, should, as indeed Dr. Black suggests, have fallen into the error of mistaking albumen, existing perhaps in deeply pigmented urine, for sugar? It is more than possible that Leconte's celebrated dogs were, like my cats, albuminuric. Glycosuria would not lead up to suppression, which took place in the dogs, whereas albumen would be quite likely to pass on to that stage.

To turn to another point, I observe at p. 123 that Dr. Black has rendered the word of the review in the "*Archives Générales de Médecine*" as the "muriate." Leconte employed the "azotate." It would have been well had Dr. Black rectified this slip on the part of the reviewer. It is misleading, for readers would naturally suppose that the same salt which produced Leconte's effects, had not been employed in my experiments, thus considerably depreciating them in scientific value.

This explanation ought, of course, to have been forthcoming at an earlier date. That it may be associated with last year's volume, perhaps the editors, if they think it of sufficient importance, may deem it advisable to print it on a detached leaf, which could be bound with vol. xxxvii.

I am, Gentlemen, &c.,

EDWARD T. BLAKE.

OBITUARY.

DR. JOSÉ NUÑEZ Y PERNIA.

THE name of Dr. Nuñez or, to call him by his title, the Marquess of Nuñez, has been long identified with the spread of homœopathy in Spain. The November number of the *Criterio Médico* announces his death at a good old age, and gives us a

biographical sketch, from which we take the following particulars. He was born in 1805, at Beneventa, in Old Castille. His family was noble. After his school education was finished he went to the University of Valladolid, and studied for the church. He, in fact, took orders, but he changed his mind and became an advocate, practising at Astorga, where he got a large practice, and was so popular that he was elected member for the Province of Leon. At this time the war of the succession was raging in Spain, and Nuñez became a warm partisan of Don Carlos, not as a soldier, but as a member of his Assembly of Notables. He did not continue long a Carlist, for he emigrated to France, gave up politics, and commenced to study medicine at Bordeaux. Here he heard of homœopathy and embraced it. He commenced practising it at Bordeaux without having obtained any legal qualification, was prosecuted and condemned by the tribunals to pay a fine of one franc, which was almost as good as an acquittal. He returned to Spain in 1844, and his medical certificates obtained from the Faculty of Bordeaux being admitted, he was able to graduate as Bachelor of Medicine at Madrid, and soon after obtained his degree of M.D. at the University of Barcelona. All this was somewhat irregular, and his adversaries often taunted him with not having obtained his medical title in the proper manner, and for not having taken out the courses of medical studies required by Spanish law. However, he did not mind this, but began to practise and obtained an immense clientèle in Madrid. But though his medical education was somewhat defective, his acquaintance with homœopathic literature was profound, and it is said that he knew the works of Hahnemann so well that if they had been lost he could have written them over again. He was the veritable apostle of homœopathy in Spain, though, of course, he was not the introducer of it, for it had been practised ever since 1830, and several works had already been published.

In 1846 he founded the Madrid Hahnemannian Society, of which he was president until two years ago, when, on his retirement from age and infirmities, he was nominated honorary president for life. He also started the *Boletín de la Sociedad Hahnemanniana*, which was replaced by the *Anales de Medicina Homœopática*, and this in its turn was superseded by the *Criterio Médico*, amounting in all to thirty-one volumes. These periodicals

contain many articles from Dr. Nuñez's pen. He also published a monograph on the *Poison of the Tarantula*, and sent a paper to the World's Congress at Philadelphia, entitled *Genesis and Etiology of Acute and Chronic Diseases*, which is highly spoken of. His practice brought him in a great fortune and a distinguished position. In 1847 he was decorated by Napoleon III with the Order of the Legion of Honour. He was for some years the favourite physician of Isabella II and of the Infanta Don Sebastian. He was successively made Grand Cross of the Order of Charles III and of Beneficence; Commander of Isabella the Catholic, and in 1865 he was created Marquess of Nuñez. He was last year elected Senator of the Kingdom by the Economic Society of Leon. In 1850 he obtained the royal leave to establish a chair and a hospital for instruction in homœopathy, but he was then unable to carry out this scheme. He applied in vain for public funds and a public building for the purpose. Some years later the Hahnemannian Society resolved to set on foot a subscription to open the Hospital of St. Joseph. When it was opened Dr. Nuñez took up his residence in it in order to be able to devote all his time to it. Possibly the anxieties and the deprivations of his accustomed ease that he incurred by taking up his residence in the hospital may have contributed to hasten the death of the old and by no means robust man. The enthusiastic character of the man is shown in this, and in the fact that he obtained leave for his body, when he should die, to be buried in the garden of the hospital, and he had caused a vault to be constructed for its reception there. His death actually took place almost as soon as he had brought the hospital into good working order. He left by will, under trustees, 3,000,000 reals (£31,250) for the support of the hospital. Occupying pretty much the same position with regard to homœopathy in Spain that the late Dr. Quin held to homœopathy in England, the resemblance of these two illustrious men is further borne out in their munificent benefaction to the hospitals they founded.

CHARLES J. HEMPEL, M.D.

DR. HEMPEL was a native of Rhenish Prussia, born at Solingen, a manufacturing town near Cologne. Having received a collegiate education, he availed himself of the privilege afforded

to all young Prussians at that time of passing a military examination. Young men who passed through this ordeal successfully being entitled to postpone entering the military service of Prussia until the completion of their twenty-third year, the doctor profited by this interval to go to Paris and attend the lectures of the distinguished men who then filled the chairs in the University and College de France.

In Paris he made the acquaintance of the celebrated Michelet, who succeeded Guizot as Professor of History in the College de France, and whom the doctor assisted in the publication of his *History of France*. The six months he resided in the Professor's family as his co-labourer in this great work, constituted one of the most profitable and agreeable periods in the doctor's life. While attending the lectures of Baron Thenard, Gay-Lussac, Dulong, Broussais, and others, he became intimate with American families residing in Paris, and was induced by them to emigrate to America.

He landed in New York on the 5th of September, 1835, the twenty-fourth anniversary of his birth. He always regarded this circumstance as a remarkable coincidence, for he dated the higher intellectual activity, of which he speedily became conscious, from the day when he landed on the shores of America. He at once applied himself to a thorough acquisition of the English language, read the English and American classics with a passionate fondness, at the same time pursuing the study of the Italian language and literature with great zeal and enthusiasm. Very soon after his arrival in New York he became intimately acquainted with Signor Maroncelli, the friend of Silvio Pellico, and with the other members of the Society of the Carbonari who had been released from the dungeons of the Spielberg, and had taken refuge in the United States. He resided two years in Signor Maroncelli's family, where he imbibed an ardent love for music, Italian literature and erudition, and for the great and exalted ideas of social, political, and religious liberty which the members of the Carbonari entertained, and for which they had suffered martyrdom.

While enjoying the society of these gentlemen, and cultivating his taste for the classical literature of foreign nations, he attended medical lectures of the then recently organised Medical Department of the University of New York, of which he became

one of the first graduates. Among his intimate friends and associates at that period he numbered John Manesca, author of a new system of studying the French language, and otherwise a gentleman of vast intellect and scientific attainments; Parke Godwin, editor of the *Evening Post*; Charles A. Dana, co-editor of the *Tribune*; Mr. Ripley, literary critic of the *Tribune*; John C. Bigelow, late ambassador to the Court of France; Daniel E. Sickles, late ambassador to the Court of Spain; Albert Brisbane, the celebrated socialist writer; Professor Bush, the celebrated Hebrew scholar and Swedenborgian theologian, and a number of other gentlemen who have since rendered themselves conspicuous in the domain of literature and politics.

All these gentlemen, without an exception, were enthusiastic advocates of homœopathy, a system of practice which had won Dr. Hempel's admiration in his early boyhood. Drs. Gram, Channing, Gray, Hull, Hering, and others among the oldest homœopathic practitioners in New York and Philadelphia, were his friends and constant companions, to whose advice he was greatly indebted for light and encouragement in the arduous path of his profession.

Soon after graduating he began his translations of the leading authorities of the homœopathic school, and during many later years wrote numerous exceedingly able medical works, which took a high standing in that line of literature in this country and Europe, securing him a name foremost in the medical professional literature of the English language. A bare list of these works would occupy a considerable space.

Shortly after his marriage he was called to Philadelphia to fill the Chair of Materia Medica and Therapeutics in the Homœopathic Medical College of that city. Here he laboured three years with fervent zeal for the cause of homœopathic science, and published, as the result of his efforts in that direction, his system of materia medica and therapeutics, which was hailed with satisfaction by every enlightened practitioner of that school. The death of his father-in-law rendered it necessary for him and his wife to leave Philadelphia, and take up their residence in Grand Rapids, to look after the interests of the family estate. There he became engaged in a large and lucrative practice, which, after a short time, he was obliged to relinquish on account of failing health, and at last entire blindness.

He died on the 2nd September, 1879, aged sixty-eight.

The new edition of his *Therapeutics* is nearly ready for publication.—*Homœopathic Times*.

BOOKS RECEIVED.

The Grounds of a Homœopath's Faith. By S. A. JONES, M.D. New York. 1880.

A Guide to Homœopathic Practice. By S. D. JOHNSON, M.D. New York. 1880.

Condensed Materia Medica. By C. HERING. Second edition. New York. 1879.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Fourteenth Annual Session, 1879.

Lectures on Clinical Medicine. By Dr. P. JOUSSET. Translated by Dr. R. LUDLAM. Chicago. 1880.

The Pathology and Treatment of Hereditary Syphilis. By H. C. JESSEN, M.D. Chicago. 1879.

American Nervousness. By G. M. BAIRD, M.D. Richmond. 1879.

Morbid Fear as a Symptom of Nervous Disease. By G. M. BAIRD, M.D.

The Medical Counselor.

The Homœopathic News.

St. Louis Clinical Record.

The American Homœopath.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung.

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

The Medical Herald.

The Medical Record.

very violent, and the stage of collapse for the most part occurs late in the attack. When the vital powers are greatly depressed there may be a coldness and lividity of surface, which is confined almost entirely to the hands and feet; but the breath is never cold, and the tongue retains its warmth and redness to the last. The eyes are commonly prominent, glistening, and bloodshot, and the skin around them is often tumid, hot, and extremely sensitive.

Table of differences between the symptoms of Arsenic and Cholera.

<i>Arsenic.</i>	<i>Cholera.</i>
(1) A feeling of faintness; no previous purging.	(1) A feeling of discomfort, not often amounting to pain in bowels, with more or less purging.
(2) Great pain in stomach or bowels.	(2) No particular pains in stomach or bowels.
(3) Vomiting; the vomit being dark and often streaked with blood.	(3) Sudden attack of vomiting and severe purging; the ejected matters being bilious or gruel-like, never bloody.
(4) More intense pain, and a sense of a burning in stomach and bowels; great thirst and excessive purging; stools dark and sometimes bloody.	(4) <i>Now</i> comes the pain in stomach and bowels, and the great thirst.
(5) Skin at first hot, and circulation excited; the extremities may then become cold and livid, but the tongue retains its warmth and redness; the eyes are often bloodshot, and the countenance is never so peculiarly death-like.	(5) The skin has never been flushed or itching, but the whole surface of it has rapidly become cold and livid; the breath has lost its warmth, and the tongue and lips look blue and feel cold. The countenance pinched; the eye glazed and bloodless, and the whole aspect ghastly.

410. *Pharmaceutical Journal and Transactions*, 1850, vol. ix, p. 238.

Extract from the *Morning Herald*, Oct. 9th.

A girl named Ellen R.—died from inflammation of the lungs produced by *Arsenical* fumes.

411. *Pharmaceutical Journal and Transactions*, 1850, vol. ix, p. 255.

The household of Mr. Amos, of Witmeaham, near Ipswich, seven or eight in number, were seized with nausea and vomiting from *Arsenic* in food. No other symptoms given.

412. *Pharmaceutical Journal and Transactions*, 1852, vol. xi, p. 266.

By Mr. Thornton J. Herapath.

The whites of three eggs, weighing 1624 grains, were mixed with water and 6·5 grains of dissolved *Arsenious acid*. The mixture was evaporated to dryness, comminuted, and given in food to a cat. Having eaten one fifth or one fourth of the powder, it refused the rest; in a short time it exhibited considerable uneasiness, vomited repeatedly, and was soon afterwards attacked with all the symptoms of *Arsenical* poisoning. It lingered on in a state of extreme torment for two or three days, and then died, refusing food to the last.

413. *Pharmaceutical Journal and Transactions*, 1852, vol. xi, pp. 283—333.

Copied from the *Western Times*. Case of Mr. Huggins.

229 sheep were dipped in Biggs' sheep-dipping composition. In two or three days the sheep appeared stiff, and could scarcely walk, they seemed to be paralysed; they were found to be blistered, as if scalded. After a week they would fall down, and were unable to rise; the blisters became worse and broke; abscesses were formed into the bone. Twelve died; these turned black. The ewes lost their teats.

The composition contained 10 per cent. of *Arsenious acid*, 60 per cent. of *Sulphur*, 12 per cent. of *Potash*, and 18 per cent. of fatty matter.

414. *Dublin Quarterly Journal of Medical Science*, 1864, vol. xxxviii, p. 470.

Report of *Transactions of the County and City of Cork Medical and Surgical Society*. Paper by Dr. Cummins.

Reference to various cases, for which see above and below.

CASE 1.—Last spring I was consulted by a gentleman who

had taken, for a scaly eruption of the ear, from three to six drops of *Fowler's Solution* three times a day for two months. The disease rapidly yielded, but there was tingling, itching, and partial desquamation of the hands and feet. The dose was reduced, and continued thus for another month, when I was sent for in consequence of great irritation of the lower extremities and symptoms of inflammation of stomach. To-day, April 13th, he told me that he has never since felt as well, or as equal to active exertion as before.

CASE 2.—April 1st, 4 a.m., I was called to see a man, æt. 40, suffering from vomiting and diarrhœa. He had felt disinclined for supper the previous evening. At 7 p.m. vomiting commenced, and shortly afterwards diarrhœa, both continuing up to the time of my visit. He was then lying on his back, extremely prostrate, cold, pulseless, and thirsty; punch and brandy had failed to stimulate him; pupils dilated; surface of body cold and dark; hands blue and corrugated; countenance pinched and anxious; great tenderness of epigastrium and abdomen generally; tongue white. At 10 a.m. (after treatment) he was much as before, except that he was warmer, and the breathing very short and hurried. Diarrhœa and vomiting, which had ceased during my visit, had returned; the vomit was a reddish brown, and the stools a reddish serum. He soon died. He had been taking about three minims of *Fowler's Solution* three times a day, for a skin disease, for ten or twelve months. There were no premonitory symptoms of *Arsenical* poisoning during this time.

The peculiar silvery whiteness of the tongue mentioned by Begbie [for which see above—E. W. B.] is exceedingly characteristic of the first constitutional influence of *Arsenic*, and is seldom absent; it is soon followed by swelling of the face, redness and itching of the conjunctiva and eyelids, dryness of fauces, and occasionally by the horizontal red line within the lower lid described by Mr. Hunt.

415. *Provincial Medical and Surgical Journal*, 1852, p. 9.

By Mr. J. Skevington.

November 14th I was sent for about 9 a.m. to see Mrs. B—, æt. 53. I found her vomiting violently; she complained of great heat and pain from mouth to stomach; was very faint, and had cold sweats. She said she had taken some tea containing a little

Carbonate of Soda. She said it tasted very peppery, and in about three minutes after the tea she began to vomit. Pulse was about 120, small and irregular. Skin cold and clammy. Purging came on in about a quarter of an hour, with intense pain in abdomen, more particularly on left side. I sent her to bed and applied bottles of hot water; she soon became warm, and afterwards experienced a burning heat of skin; breathing was difficult; eyes were injected with blood, and appeared as if they were leaving the sockets, with intolerance of light; the tongue and fauces in many places had the appearance of having been recently touched with lunar caustic; there was great difficulty in swallowing, violent pain in head, and cramps of the extremities; the vomit was bilious; the anus excoriated; urine scanty and scalding, scarcely passing any for two days; voice was altered, and hoarseness lasted a fortnight.

The servant, aged about 35, had taken some of the tea, and had similar symptoms, though not quite so severe. On third day she had violent pain and swelling of the tongue, lips, and face, lasting several days.

After the urgent symptoms were removed by an emetic of *Ipecac.* and *Hydrated Peroxide of Iron*, they were both very ill with inflammatory fever, but were convalescent in a fortnight. *Arsenic acid* was found in the tea; probably *Arsenious acid* had been introduced into the *Carbonate of Soda*, and had formed *Arsenate of Soda*.

The patient, in the eight or ten ounces of tea she drank, took about half a drachm of *Arsenic*.

416. *London and Edinburgh Monthly Journal of Medical Science*, 1841, vol. i, p. 918.

By Dr. Sallamea. From *Gazette Méd. de Paris*, Sept. 25th, 1841.

Madame X—, æt. 27, took about a gramme of *Arsenic*; the symptoms commenced from half to one hour afterwards. She recovered under treatment; but eighteen days after Dr. S—'s last visit she vomited a green fluid mixed with blood, with sensation of heat at epigastrium, headache, small pulse, constipation, and diminution of urine. *Arsenic* was found in the urine.

417. *London and Edinburgh Monthly Journal of Medical Science*, 1844, vol. iv, p. 396 [misprinted in Index 397.—E. W. B].

By M. Berutti, of Turin. From *Annales de Thérap.*, Feb., 1844, which again is copied from an Italian journal.

Reference made to *Annales de Thérap.*, 1843, pp. 178, 374, 387.

On Jan. 24th, 1843, Berutti gave to two sheep, about four months old, eight grammes of finely powdered *Arsenious Acid*, with an equal quantity of salt, and thirty-two grammes of the *Arsenic* without salt, respectively. In two hours the sheep which had the latter dose appeared dull and indisposed to move, lying down again whenever it was made to walk. Excrement of a pultaceous nature and dark colour was passed. In three hours the belly became tympanitic, it seemed very feeble and indifferent to external impressions, and was unable to keep its legs. It died within four hours. From the moment of taking the poison it passed no urine, nor ate anything, nor gave signs of suffering. The other sheep also passed no urine, and did not eat, nor had any stool. After two or three hours it became dull and feeble, and lay down. In four hours it had tetanic convulsions, and died very rapidly. After death the lungs and right side of heart were loaded with dark fluid blood. In both the urinary bladder was empty and contracted.

418. *Monthly Journal of Medical Science*, 1851, vol. xiii, p. 483.

Reference to paper by M. Barse, in *L'Union Médicale*, Sept. 27th, 1851.

419. *British and Foreign Medico-Chirurgical Review*, 1856, vol. xvii, pp. 509-512.

By Dr. Hartshorne, from *Philadelphia Medical Examiner*, December, 1855:

A woman, æt. about 22, having taken but little food for a week, retired to her room at 9 p.m. March 29th, 1855, and was then heard to be gagging and choking violently. At 9 a.m. next day the same noise was heard. It was ascertained that she had taken poison. Dr. Hersley saw her at 11 a.m., fourteen hours after the first dose, and two hours after the second. She lay in a state of partial cataleptic stupor, occasionally varied with slight muscular spasms. She took an antispasmodic draught. At 1 p.m. violent pain and vomiting suddenly came on. The *Hydrated*

Oxide of Iron was given, with *Morphia*, cupping, and a blister, &c., but the pain and vomiting increased in severity till the afternoon of April 1st. She then seemed so utterly prostrated that no hopes of her recovery were entertained, either by herself or her physicians. She said the first dose of *Arsenic* (which was dry) irritated her throat, and she coughed out part, but retained about a teaspoonful. Next morning she swallowed another half teaspoonful, with the same difficulty. She felt no pain till she began to take freely of drinks. In evening of April 1st the vomiting and pain ceased, and reaction commenced, with extreme feebleness, cool moist skin, temporary cataleptic spasms, inflammatory tenderness of pharynx and whole intestinal canal, going off with tormina, tenesmus, bloody stools, and strangury, followed in a few days by an acne-like eruption on the skin. She was well in three months.

Wooler's case quoted ; see above.

420. *British and Foreign Medico-Chirurgical Review*, 1859, vol. xxiii, pp. 517—520.

Schroff's experiments referred to, in *Zeitschrift der k. k. Gesellschaft der Aertze zu Wien*, January 11th, 1858 ; Schäffer in *Vierteljahrsschrift f. ger. Med.*, July, 1858 ; and Clarus, in *Schmidt's Jahrbücher*, October, 1858.

Whitehead's case quoted ; see above.

421. *Medical Times and Gazette*, 1857, New Series, vol. xiv, p. 56. By Dr. J. Y. Simpson.

Lebert says of the application of *Arsenic* in cancer (*Traité Pratique des Maladies Cancereuses*, p. 646) that at the end of some hours violent pains commence in and all round the part, tumefaction at first, and subsequently an erysipelatous-like inflammation speedily succeed the pains, and it is only towards the end of five, six, or eight days that this inflammation begins to diminish. During all this time the sufferings are sufficiently great to deprive some patients of all rest and sleep, and ten or fifteen days may elapse before these complications disappear.

Sir Benjamin Brodie says (*Lectures on Various Subjects in Pathology and Surgery*, p. 335) that a medical man told him that many patients died from what seemed to be inflammation of bowels from the application of *Arsenic* in cancer.

422. *Lancet*, 1827-8, vol. ii, p. 136.

By Professor Brande.

The symptoms of *Arsenic* are pain and sensation of burning throughout the alimentary canal. This burning sensation throughout the stomach and bowels is followed by vomiting and purging, and generally there is a quantity of bloody mucus thrown off the stomach. Drinks of all kinds are rejected by the stomach, and after a time the person has fainting fits, great thirst, and intense heat of skin; pulse becomes small and irregular, and there are violent palpitations and cramps in different parts of the body, especially in the extremities; cold sweats supervene, and an eruption of red and purple spots upon the skin precedes death. Delirium is not usual. *Post-mortem* appearances are an inflammatory state of stomach, red patches of inflammation being found upon its inner or mucous coat, and if the mucus and coagulable lymph effused is rubbed off, the parts beneath are found intensely red, usually terminating abruptly at a given point. Generally the blood in the large vessels is found to be fluid.

423. *Pharmaceutical Journal and Transactions*, 1857, vol. xvi, p. 532.

In January, 1847, several hundreds at Hong Kong were poisoned by *Arsenic* in bread. [Can the details be obtained?—E. W. B.].

424. *Pharmaceutical Journal and Transactions*, 1858, vol. xvii, p. 42.

By Mr. H. Bell.

Arsenical powder was applied to the skin of a child. It caused excessive irritation of skin, a wound formed, and the child died in great pain.

425. *Pharmaceutical Journal and Transactions*, 1858, vol. xvii, p. 385.

By Dr. Edwards.

John Guy, of Liverpool, gave *Arsenic* to his wife. She immediately perceived it had a sandy taste on the tongue, and very shortly afterwards there was a burning, tickling sensation in throat and swallow. She took hot coffee in large quantities, and soon vomited.

426. *Pharmaceutical Journal and Transactions*, 1858, vol. xvii, p. 436.

Inquest at Shoreham on Mrs. Puttick and her son. Three persons took *Arsenic* in food. It caused great pain, vomiting, and purging, and two died.

427. *Pharmaceutical Journal and Transactions*, 1858, vol. xvii, p. 553.

By Dr. A. S. Taylor.

Halley's case quoted; see above. Reference to Chevallier's paper in *Annales d'Hygiène et de Médecine Légale*, tome xxxviii, 1847, p. 56.

Bouchardat says, in *Annuaire de Thérapeutique*, 1846, p. 209, that the workers in Schweinfurth green (*Aceto-Arsenite of Copper*) are subject to serious disorders of health. They sometimes suffer from a cutaneous eruption, with œdema of face, and boils frequently form in the scrotum. After a time the mucous membrane of nose shows signs of irritation; there is discharge of fluid from nose, with abundant salivation. This is the first stage. In the second stage there are colicky pains, headache, and prostration of strength.

428. *British and Foreign Medico-Chirurgical Review*, 1859, vol. xxiv, p. 527.

Copied from the *American Medical Monthly*, May, 1859.

A woman, æt. 46, was well till about three weeks before her death, when she complained of general indisposition, and a sensation of heat in the "chest" [? stomach.—E. W. B.]. The symptoms advanced, the sense of burning being located at the epigastrium, and vomiting soon setting in. The vomiting always occurred in five to fifteen minutes after food or drink. A second physician now saw her, and found she had symptoms of severe gastritis. He gave *Nitre*, *Dover's powder*, *Ox gall*, and *Quinine*, and a *Blister* to stomach. The vomiting continued; at first it was yellow, but gradually became green, and towards the close of the case became dark, bordering on brown, and containing spots of blood and a thick ropy mucus, which could be lifted out of the vessel on a stick. Whatever she swallowed she vomited, yet she craved for drink, and took a variety of fluids. During the last week of her life there were nervous symptoms. Extre-

mities were cold, though the face was flushed ; there was a hesitation in answering questions ; partial anæsthesia of hands, slight impairment of voluntary motive power, and convulsive tossings of arms. Languid and anxious expression of face, with a peculiar sharpness of eye. Legs and feet cedematous, lips swollen ; urine scanty, high coloured, and irritating to urethra. No diarrhoea till thirty hours before death, the stools being then dark and offensive. The breathing, which had been before hurried, became laboured ; stupor, interrupted but once by a wild scream, set in ; and the scene closed with complete collapse. *Opium* and brandy were given on the last day (probably three ounces of *Laudanum* and one pint of brandy).

Post mortem after a year.—Body remarkably preserved, also all the viscera, except brain ; the muscles retained their redness. Mucous membrane of stomach hard, much harder than natural, and its veins large, as if congested. Contents of stomach unusually small, and like coffee grounds. Parts of colon and rectum slightly reddened. *Arsenic* was found in body.

429. *British and Foreign Medico-Chirurgical Review*, 1859, vol. xxvi, p. 528.

From *Toronto Weekly Globe*. [See another account in No. 183 of *Path. Record*.—E. W. B.]

Dr. King poisoned his wife. On October 18th, 1858, she was seized with violent internal pains, burning sensation in throat, retching, &c., which lasted till November 3rd, when she died.

Post mortem.—Stomach engorged, in an early state of inflammation. Intestines and rectum coloured. Entire surface of peritonem dark. Lower part of right lung slightly congested ; liver hard. She had often taken a white powder, which she said was "fiery tasted." It caused vomiting of dark, greenish matter. The severe pains was only felt during the vomiting. *Arsenic* was found in the body.

430. *American Journal of Medical Sciences*, 1832, vol. xi, p. 545.

By Dr. A. A. Gould. From *Medical Magazine*, November, 1832.

C. G—, æt. 23, took half an ounce of *Arsenic* in water about

7 a.m. He had taken no food the day before. In about half an hour he began to vomit, and continued to do so for some time. About 10 a.m. he appeared in a lethargic state; eyes closed; would answer no questions and obstinately resisted all attempts to give medicine or drinks. Watery discharges, yellowish and slightly mixed with fecal matter, were constantly occurring, involuntarily, or at least without his attending to them. Pulse rapid, small, and feeble. Skin and extremities cold. He shrunk when pressure was made upon abdomen, but gave no other indication of pain. Milk was forced down him, which soon returned, with some of the *Arsenic*. After resisting all attempts to help him he died quietly at 12.30 p.m., the pulse disappearing at the wrist, and the blood settling under the nails at least one hour before death.

Post mortem next day. Stomach contained more than a pint of whitish, turbid fluid, in which floated some flocculent masses, like coagulated milk. He had taken no liquids for one or two hours before death, and none subsequent to vomiting. Two or three small red patches near cardiac end of stomach, such as are generally seen after severe vomiting. The mucous membrane of whole intestinal canal appeared as if it had been macerated for some hours and then thoroughly washed; it contained no feces.

481. *American Journal of Medical Sciences*, 1832, vol. xi., p. 529.

From *Journal Universel et Hebdom.*, September, 1832. [No name attached.—E. W. B.]

L—, æt. 19, said he was unwell August 8th, 1831. He had diarrhoea and vomiting. In the evening I found him thus:—Countenance calm, cold; eyes sparkling; tongue cold and pale; extremities cold; pulse thready. In twenty minutes more he lost his speech, and died in eleven hours. The median vein was opened, but there was no discharge of blood.

Post mortem in thirty hours.—Ventricles of brain contained about two teaspoonfuls of reddish serum. Beyond the thalami optici, in the two ventricles, there was a softening of that part of the cerebral substance which forms the external parietes of ventricles, most decided in a space of three and a half lines by one in depth. Pericardium contained about a teaspoonful of serum. Heart soft, flabby, could be very easily torn. In right cavities of heart was liquid, livid blood, without fibrinous clots;

in the left cavities the blood was similar, but there were some small fibrinous coagula. The inferior vena cava contained liquid blood, of the colour of wine lees. The internal membrane was slightly reddened (a post-mortem change). Lungs crepitant throughout, but their tissue could be readily torn, especially at posterior portions, where they were filled with a blackish, spumous, and as if purulent liquid. This fluid or blood existed in large quantities in both lungs. Mucous membrane of abdominal viscera presented a very abundant secretion of mucus. It had a yellow tint over most of its surface, but with here and there brown livid patches, especially at the greater curvature of stomach. Mucous membrane of small intestines strongly injected in several spots of three or four inches in extent. Brunner's follicles very numerous, especially towards ileo-cæcal valve and duodenum. Large intestine violently inflamed in several spots, and filled with a large quantity of fluid; its mucous membrane was swollen, and near ileo-cæcal valve it formed a kind of polypus. Bladder contained about two spoonfuls of a turbid and as if purulent fluid; its mucous membrane was highly injected. The tissue of kidneys contained fluid analogous to that in the lungs. Spleen softened, the colour of wine lees, easily torn. Liver large, a little injected. Great sympathetic nerves injected. Everywhere was found the altered black blood so often seen in cholera patients. Urinary secretions had ceased, and bladder only contained a white, milky fluid. *Arsenic* was found in body.

482. *Medico-Chirurgical Review*, 1845, New Series, vol. ii, p. 236.

De Lafond's paper briefly extracted from *Mémoires de l'Académie Royale de Médecine*, tom. xi, 1845.

In some animals poisoned by *Arsenic* the inflammation of the mucous membrane was so violent that in an hour it produced the formation of several metres of cylindrical false membranes. The urine was greatly diminished.

433. *New York Journal of Medicine*, 1850, New Series, vol. v, p. 268.

Geoghegan's cases quoted; see above.

434. *New York Journal of Medicine*, 1858, Third Series, vol. iv, p. 269.

Reference to paper by Imbert-Gourbeyre in *Gazette Médicale de Paris*, January, 1858. He says *Arsenic* causes paralysis, trembling, pains in limbs, contraction, and convulsions. He relates more than thirty cases proving that it may cause paralysis of movement, or of sensibility in the upper or lower limbs, on one side or on both.

435. *Pharmaceutical Journal and Transactions*, 1861, 2nd Series, vol ii, p. 191.

By Dr. Adam.

Mr. Dodd, of Wrangle, was seized with vomiting, purging, and collapse, and died the same evening in great agony.

Post mortem.—Stomach and intestines highly inflamed. *Arsenic* was detected in the body, and it was found that he had taken one ounce.

436. *Pharmaceutical Journal and Transactions*, 1861, 2nd Series, vol. ii, p. 247.

Three workmen of Messrs. Crum and Thernliebank, of Glasgow, ate some potatoes boiled in a dish which had contained *Arsenic* and *Chlorate of Potash*. They had violent pain and vomiting.

437. *Pharmaceutical Journal and Transactions*, 1861, 2nd Series, vol. ii, p. 286.

From *Westmoreland Gazette*.

A stream, called Whitbeck, rising in the Blackcombe Mountains, in West Cumberland, contains *Arsenic*. It at first caused in those who drank it soreness of mouth, and affected the throat.

438. *Pharmaceutical Journal and Transactions*, 1861, 2nd Series, vol. ii, p. 385.

Editorial.

Robert Murton and others were seized with vomiting, and great pain and thirst. *Arsenic* was found in the flour they had eaten.

439. *Pharmaceutical Journal and Transactions*, 1861, 2nd Series, vol. ii, p. 485.

Editorial.

M. Bonniss, of France, spread a green *Arsenical* powder over

flowers. In the course of a fortnight it had caused eruptions on face, and a constant taste of copper in mouth, which prevented him taking his customary food, and made him very ill.

440. *Pharmaceutical Journal and Transactions*, 1859, vol. xviii, p. 222.

By Dr. W. Hinds.

Dr. A. Taylor's case, quoted from one of his works. A young man, after having been engaged for nine days in printing with *Arsenical* green, was seized with coryza, swelling of lips and nostrils, and headache. Next day he had severe colic and great muscular weakness.

Dr. Hinds adds that a paper-hanger told him that he had repeatedly got so ill with coryza, dryness of the throat, and prostration, while hanging green paper, that he has been compelled to leave the room. All the hangers of green paper say they often have severe symptoms while at work. In all these cases the symptoms were gastro-enteritic irritation, with intermittent colicky pains, nausea, prostration, loss of muscular power, coryza, heat, and dryness of the throat.

441. *Pharmaceutical Journal and Transactions*, 1859, vol. xviii, p. 244.

Editorial.

Charles Hill, æt. 23, was seized on waking with vomiting and pains in stomach, and died in a few hours. The mucous membrane of the stomach was found highly inflamed. *Arsenic* was found in the body.

442. *Pharmaceutical Journal and Transactions*, 1859, vol. xviii, p. 340.

Editorial.

Poisoning of 200 people at Bradford by *Arsenic* in lozenges. Two are stated to have died with symptoms of cholera. [No further details given here.—E. W. B.]

443. *Pharmaceutical Journal and Transactions*, 1859, vol. xviii, p. 417.

By Dr. A. S. Taylor.

A friend, whose walls were covered with *Arsenical* paper, for

some time suffered from chronic inflammation of eyes, especially affecting conjunctiva of eyelids. On removing the paper, the symptoms disappeared.

Mr. Gay tells me that he habitually used a room papered with *Arsenical* paper. His health became very indifferent. He had colicky pains from time to time, and occasionally they had been very severe. The conjunctivæ of eyes were inflamed and felt uncomfortable. Latterly he had a severe cough, with hoarseness and almost entire loss of voice.

444. *Pharmaceutical Journal and Transactions*, 1859, vol. xviii, p. 524.

Editorial.

Trial at Newcastle for loss of 850 sheep by *Arsenical* wash. Many sheep were ill, foaming at the mouth, shaking their heads, and lying down. The hands and arms of the men which had been in the liquor became sore and mortified and sloughed, and they were ill for some time. The dead sheep were swollen and black. *Arsenic* was found in the bodies.

445. *Pharmaceutical Journal and Transactions*, 1862, 2nd Series, vol. iii, p. 198.

Trial of Delvaux, of Brussels, for poisoning his wife with *Arsenic*, referred to; the only symptoms given are vomiting and pains in stomach.

446. *Pharmaceutical Journal and Transactions*, 1862, 2nd Series, vol. iii, p. 248.

Trial of three persons for the murder of Mrs. Beamish.

Mrs. B— and her family were seized with vomiting after meals; the youngest child had convulsions next day, and died suddenly, The mother also died, having had diarrhœa. *Arsenic* was found in her body.

447. *Pharmaceutical Journal and Transactions*, 1860, 2nd Series, vol. i, p. 482.

Ballenden's cases quoted; see above. Reference made to Blondlot's paper communicated to the *Paris Academy of Sciences*.

448. *Pharmaceutical Journal and Transactions*, 1860, 2nd Series, vol. i, p. 618.

Editorial.

Samuel W—, of Seagrave, died from *Arsenic* in food. He had violent vomiting.

A woman and her child ate the food containing it. They both felt a smarting sensation in mouth, after which they had violent sickness through the night. The woman was very thirsty for several days afterwards.

449. *New Sydenham Society's Publications*, 1873, vol. lix, p. 438; 1871, vol. l, pp. 189, 62; 1863, vol. xix, pp. 487, 49; 1857, vol. xxxii, p. 484; 1864, vol. xxiii, p. 462; 1860, vol. viii, pp. 434—7, 450—1, 458, 471; 1861, vol. x, pp. 61, 225, 248, 436; 1869, vol. xliii, p. 444; 1865, vol. xxv, p. 27; 1862, vol. xv, pp. 134, 152, 415—6; 1875, vol. lxv, pp. 484, 455.

Cases by Reese, &c., quoted; see above and below: also reference to Guy in *Fifth Report of the Medical Officer of the Privy Council—Appendix*; Virchow in *Archiv*, xlvii, p. 524; Huber in *Oesterreichische Zeitschrift für practische Heilkunde*, 4, 28; Schaeffer in *Caspar's Vierteljahrschrift*, 14, 1; Orfila in *Gazette Hôpitaux*, 1857, No. 139; Grabbacher in *Oesterreichische Zeitschrift*, 4, 45; Haffner in *Deutsche Zeitschrift für die Staats-Arzneikunde*, 11, 2; Prosper de Pietro Santa in *Annales d'Hygiène*, 19 and 20; Trapani in *Gazette Médicale de Paris* and *Ann. de Thérap.*, 1860, p. 168; Bunzen in *Hosp. Tidende*, 185, Nos. 17, 19, and *Schmidt's Jahrbuch.*, vol. 106, p. 30; Clemens in *Deutsche Klinik*, 1859, 10-2, and *Canst. Jahrb.*, vol. iii, p. 292; Niemann's *Medico-Legal Autopsies*, 3rd hundred, in *Henke*, vol. xxxix, part 3, cases 93-100; Hoffman in *Henke*, vol. xxxix, p. 286; Moutard, Martin, and Sistach in *Annales de Thérap.*, 1862, p. 110; Roussin in *Annales d'Hygiène*, vol. xxviii, p. 179; in *Recueil de Mém. de Méd. Milit.*, 8 ser., 9, p. 136; and in *Schmidt's Jahrbuch*, 1864, vol. 121, p. 5 (a rabbit which had taken *Arseniates* for three months without injury, became emaciated on being deprived of them); Schmidt and Sturzwege in *Moleschott's Untersuch.*, and *British and Foreign Med. Chir. Review*, Jan., 1861; Fokker in *Zeitschrift Allgem. Oesterr. Apoth.-verein.*, v. ix, p. 249; Marchi in *Vierteljahrschrift für Gerichtl. Med.*, vol. xviii, p. 162; Zeller in *Würtem. Corr. Blatt.*, 32, 1860, and *Schmidt's Jahrbuch.*, vol. 109, p. 44 (case of hemiplegia); and Von Veiel in *Würtemb. Corr. Blatt.*, No. 24, 1860, and *Canst.*

vol. v, p. 115 (out of 700 patients who took $\frac{1}{3}$ -grain doses of *Arsenious acid* for skin diseases, he often met with conjunctivitis, dry throat and nose, irritative cough; in one case strangury, and in two salivation).

450. *Northern Journal of Medicine*, 1845, vol. iii, p. 384.
Allison's case quoted. See above.

451. *American Journal of Medical Science*, 1835, vol. xvi, pp. 289, 518.

By Dr. Leger; communicated to the *Society of Practical Medicine of Paris*.

A child, æt. 18 months, took a solution of the *Grey Oxide of Cobalt*, commonly called "fly-poison" (? *Arsenic*, see No. 299 of *Pathogenetic Record*.—E. W. B.), and was immediately seized with violent colic. She lay stiff on her grandmother's lap, complaining of violent pain in belly. Had vomited twice. *Hydrated Tritoxide of Iron* cured her. Reference to experiments by Lesueur, communicated to *Royal Acad. of Med.*, November 4th; and to Boulay in *Journ. Heb. des Prag. des Sci.*, March 14th, 1835.

452. *Provincial Medical and Surgical Journal*, 1849, p. 611.
By Dr. Samuel Badcliffe.

A man took a large dose of *Arsenic* about 5 a.m. I found him about 8.30 a.m. approaching a comatose state, and there had been much vomiting and purging. He died comatose a little before 11 a.m.

453. *Medical Times and Gazette*, 1868, vol. i, p. 376; 1850, new series, vol. i, p. 519; 1851, new series, vol. iii, pp. 294, 576; 1866, vol. ii, pp. 335-6; 1872, vol. ii, p. 208; 1873, vol. ii, p. 234; 1857, new series, vol. xiv, p. 319; 1857, new series, vol. xv, p. 404; 1859, new series, vol. xviii, p. 175; 1860, vol. i, p. 154; 1860, vol. ii, p. 168; 1874, vol. ii, pp. 125, 355; 1875, vol. ii, p. 425; 1873, vol. i, p. 490.

Reference to Dupuy's essay on *Arsenic* furnished to the *Société de Pharmacie*; Gibert's *Emploi Médicale de l'Arsenic dans les Maladies de la Peau*, Paris, 1850; Hoppe Seyler in *Centralblatt*, 1862, 434; Lewison in *Virchow's Archives*, 36, 15; Saikowsky

THE
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ON THE ACTION OF DRUGS ACCORDING TO
THE LAW OF SIMILARS.

By DR. FRÉDAULT.*

THERE has been much discussion of late among the practitioners of the homœopathic school on medicinal aggravations, primary and secondary effects, the different or opposite characters of the action of drugs in different doses. Such discussions are inevitable, and will certainly occur until the solutions they require shall have been discovered. For the questions they refer to are of considerable importance to therapeutics, involving, as they do, many secondary points in practical medicine; and the interest they excite, the persistence, perhaps tiresome but certainly respectable, with which they are repeated, is perfectly legitimate.

I have long hesitated to speak, because I have been maturely considering my ideas, and because I had a natural reluctance to work out my thoughts upon subjects of such difficulty. Moreover, the view I took of them tends to modify profoundly one of the principal doctrines of the founder of homœopathy; and I was unwilling to express my sentiments until I had carefully examined the question.

I have at length decided to publish the opinion I have come to, because I have become more and more convinced that the theory of reaction by aggravation, taught by Hah-

* From *l'Art Médical*, November and December, 1879.

nemann (and it is of this that I would speak), exercises an injurious influence on almost all the questions of *materia medica*, that it is the cause of the obscurity in which, in spite of all the efforts of his disciples, the doubtful questions mentioned above continue to be involved.

I trust to be able to show clearly that it is necessary to get rid of an unfortunate theory that has been maintained and imposed with too much persistence, because it is injurious to the law of similars, which is the fundamental point of homœopathic treatment. I believe also that I am able to show that there is a doctrine more truly and accurately in consonance with the facts of therapeutics and with experience; that we may elicit from it satisfactory solutions of several questions that still remain doubtful; and that it may be very useful to medical practice.

This, then, without entering into too much detail, is what I propose to do: to refute an erroneous doctrine, and to substitute for it another on certain controverted points, with the principal arguments in its favour.

I shall speak successively:—1. Of the general theory of the action of drugs; 2, of aggravations; 3, of primary and secondary effects; 4, of the opposite kind of action of different doses; 5, of the different action of different doses; 6, of the intimate action of the drug; 7, of the susceptibility to the drug; and, 8, I shall recapitulate all those questions which naturally follow and are connected with one another.

I.

In the first place I go to the heart of the principal question, and inquire *How do drugs act?* This question includes the theories of aggravations and secondary effects, theories which at present are almost inseparable from the law of similars.

Like ourselves, Hahnemann may from his earliest years have heard the following saws, which are almost as old as the world: that *the evil must first get worse before it can get better*; that *great sinners make great saints*; that *the disease must attain its height in order to make the turn*

towards a cure; that in everything it is the excess in one direction that, as in the oscillations of a pendulum, brings about a return to the opposite direction; that cold brings heat, &c. He may have been more struck than any one else in reading Hippocrates, and especially John Hunter, where the homœopathic idea was more distinctly taught than it has ever before been, so distinctly, indeed, that, as I have shown in my *Histoire de la Médecine*, the English surgeon may be considered as the real precursor of the German physician. But this is a matter of secondary importance. The main thing is that Hahnemann introduced into therapeutics, in order to establish it there as a general and absolute rule, the principle of the above saws; and so, according to him, the medicine cures by producing an aggravation which brings about a secondary movement of reaction.

The whole homœopathic school has been so deeply imbued with this principle that but a small number of minds has escaped being influenced by it; few of us have not heard it said when an aggravation occurred: so much the better, that is a sign that the medicine is acting, a sign of the cure which is about to take place.

Only a few practitioners have denied the occurrence of aggravations; some have asserted that they are less numerous than Hahnemann alleged them to be; but no one has really attacked, with a view to substitute another for it, the theory of the cure based upon aggravations.

Now, as long as a more correct doctrine, one that will explain the facts more accurately, shall not have been substituted for this theory, our scientific situation will remain unaltered. I am aware that many dislike theories, but the nature of things is opposed to this sentiment, and we must perforce adopt one or another; theories cannot be dispensed with in matters of science, we cannot get on without them. Facts are only facts; it is the mode in which we view them that fixes, frames, arranges them, and makes them scientific. Accordingly, those who make it a rule to have nothing to do with theories, adopt them in spite of themselves; if they do not, they remain strangers to the sure progress that theories promote; empiricism itself cannot escape the law.

I affirm, then, that the adage that says that *good may accrue from evil* is true in a relative and restricted sense; but it is a departure from truth to endeavour to elevate it into a strict and absolute principle in the domain of therapeutics.

Hahnemann was dazzled by the homœopathic idea he found in his precursor, John Hunter, under the seductive form which compared the action of a drug to that of a disease which cures another. In grasping this idea of a drug-disease he conceived it as a morbid action added to that already present in order to cure it, in accordance with the saw that an excess of evil produces a return to good.

Still, without the intoxicating and blinding enthusiasm, which I cannot help attributing to him, he would have seen that the comparison on which he based his doctrine was erroneous. For Hunter, who showed him so conclusively that a disease attacking a point of the organism cures a disease previously there, neither observed nor said that the cure was effected as a consequence of a preliminary aggravation. In the numerous cases confirmatory of Hunter's remark he cites, Hahnemann does not show that a disease, by establishing itself in the place and seat of a previous one, and thereby curing it, commences by aggravating it.

Had it not been for the intoxication caused by the idea found in Hunter, Hahnemann would have certainly understood the subtle thought of the English surgeon, unless he had expressly wished to dissent from him. After his remark on the action of drugs, which he believes to be curative in the same way as one disease which suppresses another, J. Hunter adds, with much acuteness and intelligence, that it is doubtless in virtue of the principle that the same instrument cannot perform two different actions at the same time. How different is the thought in the two men! For Hahnemann, the drug produces a medicinal disease that aggravates the pre-existing disease, and this aggravation excites a secondary reaction that brings about the cure. For Hunter, the medicinal action occupies the organic activity, and consequently distracts it, diverts it from the morbid action it was engaged in, in order to allow it to return by itself naturally to its normal function.

The two points of view are quite different, and we can foresee what differences they may produce on the idea entertained respecting medicinal actions, and on the mode of conducting medical treatment. But it remains to be seen which will be proved to be in the right by the facts, and which has given the most satisfactory theoretical reason—Hahnemann, who founded practical homœopathy, or Hunter, his predecessor and precursor, who formulated the first thought.

All Hahnemann's theory is based on the necessity of primary aggravations and secondary effects; consequently these are the two points we have to examine in order to form an exact judgment as to the value of the synthesis that co-ordinates them.

II.

Let us first consider aggravations.

In Hunter's theory it may be said that they are of little importance, or may even be injurious; for, provided the medicinal action engrosses the vital activity, and makes it forget its morbid movement, in order to allow it thenceforward to resume naturally its normal functions, that is its principal office; unless, by accentuating the morbid action, it happens to leave it still in full vigour after having exhausted its own action, which could only be explained by a fixation of the activity in its vicious habit.

But in Hahnemann's theory the question is quite otherwise. Here, the aggravation is necessary in order to obtain the effect of the secondary reaction; and necessary to this extent, that if the author failed to observe it he must nevertheless believe that it occurred, and even desire its occurrence, all the while dreading it, for it calls into play the secondary effect, which must not be too weak, for then it would be insufficient, nor yet too strong, for the secondary effect might become morbid, as it sometimes may be. The whole mind of the German physician must be directed to watch for aggravations, perhaps to make them a bogey, so great a part does imagination play in everything, and

thence he was inevitably led, even should he have failed to observe them, to suspect their presence and to guard against their excess by diminishing the doses of the medicines. All these things are fatally linked together. From the very fact of their observation, aggravations are for Hahnemann of frequent occurrence, especially from large doses. According to the theory they ought to occur constantly.

Yet in the domain of observation various opinions are held by his disciples, in spite of the theory. Some practitioners, it is true, have maintained the perfect accuracy of his doctrines, whilst others have declared that aggravations are less frequent than he has alleged; and others have even declared that they do not occur from large doses short of poisonous ones.

I share the opinion of many of my colleagues, that this last opinion is going rather too far, but I nevertheless believe that the opposite opinion is also an extreme one. There are very few physicians who swear by all that Hahnemann has said, as though it were gospel truth; but even among this small group of firm Hahnemannists I doubt if there be a single physician who would venture to maintain that there could not be a cure without aggravation!

There is reason to believe that the majority of homœopathic practitioners have been taught by experience to entertain an opinion between these two extremes, believing aggravations to be possible, but not necessary, and relatively rare; and this is in agreement with the facts though not with the theory.

This intermediate opinion is a formal condemnation of the theory, and even should it oscillate betwixt the more and the less, what does that signify? It will remain established that the aggravation is not necessary, that the cure may be effected in the majority of cases without it, and consequently by another process; and hence the Hunterian theory assumes all the value which in my opinion it ought to have.

The fact is that if the aggravations are not a general law they are only an exceptional law, for in all things there are

only these two kinds of laws: general laws, and exceptional laws. The theory of aggravations is relegated to the category of the adage whence it came: *good may arise out of evil*, but only exceptionally, as the wisdom of nations would add.

But in order to come to this conclusion it is necessary to understand what aggravations are, distinguishing them as exactly as possible according to the manner in which they present themselves, which those who have written upon the subject have omitted to do.

The first kind of aggravations to be considered are what may be called *general aggravations*, those which embrace the whole disease. I know not if there be any such; for my own part I have never seen them,—for example, a pneumonia aggravated in its collective phenomena, or an eruptive fever, or a typhoid fever. Nor have I seen a pernicious fever aggravated by *Quinine*, and yet I am never sparing of its employment, and I think that in such cases it should not be given sparingly. I can quite understand how it is that some physicians deny absolutely the occurrence of this sort of aggravation, but there are often aggravations that cannot be denied.

Thus *partial aggravations* are possible: the dyspnoea of asthma increased or excited by a medicine such as *Arsenic*, *Coffea*, *Ipecacuanha*, or *Moschus*; so also *Sulphur* fumes, or the exhalation from roasted coffee, have been observed to bring on an attack; the fits of coughing in a bronchitis, or even in a pneumonia or a hooping-cough, are sometimes increased under the influence of a medicine; rheumatic pains are sometimes aggravated by *Sulphur*, *Arsenic*, or some other drug; an eczema will occasionally become redder and more itching under the action of *Petroleum*, *Sulphur* or *Arsenic*; a dysuria will sometimes become more marked and painful by *Colchicum* or *Cantharis*. I have never seen *Belladonna* increase the swelling and redness of sore throat, but others say they have. Again, medicines given for diarrhoea or constipation may increase these states. In those cases, and in all cases of that kind, there is no real aggravation of the disease in its totality, but an aggravation of some local

phenomenon or affection. This is the most numerous group.

I believe that in many cases sufficient allowance has not been made for the actual course of the morbid movement, and that many of these aggravations may be merely the natural course of the disease. We may also say that in other cases the disease has naturally recrudescences of violence, even after a medicine has been taken which has temporarily alleviated it, and these recrudescences are ascribed to the medicine the patient is taking at the time. Still, admitting all this, there yet remains a certain number of undeniable aggravations, which cease when the medicine is left off and return when it is again given.

Their number is doubtless not so large as has been stated, and they are exceptional cases, still we must take them into account.

In the third place there are *relative aggravations*. Thus, it may happen that on discontinuing the medicine and leaving the patient alone, the disease may immediately commence getting better, which it seemed to be prevented doing by the continuous administration of the remedy. I remember a medical student who had mucous patches in his mouth and throat, and who had been taking the liquor of Van Swieten for a fortnight without the slightest sign of amelioration ; for the last eight days, indeed, the treatment seemed to have no effect whatever. He wished to increase the dose, but instead of doing so I made him leave off the small teaspoonful of Van Swieten he took every morning, and in the course of two or three days amendment was obvious and the cure was accomplished without any more medicine. It cannot be said that here there was a real aggravation, but there was a period of cessation of amelioration, and we cannot contend that this period of cessation was absolutely necessary for the cure. Many other analogous examples might be cited.

In the fourth place there are the *accessory aggravations* consisting of the pathogenetic phenomena of the medicines occurring alongside of the phenomena of the disease. For example, the arsenical eruption in a patient who is taking

this medicine for paralysis, or an iodic eruption in a person taking *Iodine* for something quite different. These aggravations, though not frequent, are occasionally met with, and they have served to enrich our pathogeneses; but besides being exceptional, they give no support to the theory of aggravations. They are a side action which may do harm to the patient by adding to his sufferings, or they may have a derivative effect, but have no bearing on the law of similars.

In short, we need only consider the partial aggravations, those of the second kind of which I have just spoken. But it must always be remembered that even these are of rare occurrence, and that on that account they cannot justify the deduction of a general therapeutic law from them.

It cannot be denied that they are sometimes useful, and facts may be cited, as I will show hereafter, where they have at least not been injurious. Still they may occasionally prove dangerous; Hahnemann was well aware of this because he diminished his doses in order to avoid them, but was not always successful in doing so. For my own part, if I have sometimes observed them to be the sign of a beneficial reaction, in other cases, on the contrary, and these were the more numerous, I have found them to be hurtful; so that I have been led to think that with some rare exceptions of a possible ulterior tolerance, when a medicine causes an aggravation some other medicine may be advantageously substituted for it.

To conclude, aggravations are rare; and only some of them can be used in support of the theory; and of these only a few can be useful, whilst many of them are hurtful. Hence it is impossible to establish a general therapeutic law upon these, as has been attempted, by saying that the medicine produces a medicinal disease, which by being super-added to the pre-existing disease, brings about a curative reaction.

III.

We shall now proceed to consider the secondary effects,

the second point of the theory; the reactive effects that should produce the cure.

Hahnemann asserted that medicines produce on the healthy two kinds of consecutive effects: first, primary pathogenetic effects; then effects the opposite to the first, which he calls secondary. For example, an agent causes a diarrhoea or a diuresis as its primary effect, then constipation or anuria as its secondary effect.

Explaining these two effects on the sick, he said that the primary effect is a slight aggravation, and the secondary effect a curative reaction; but if the medicine be given in too large a dose, the primary effect is a dangerous aggravation, the secondary effect a morbid reaction, as when we give too strong a purgative for a diarrhoea, we may get a more severe and dangerous diarrhoea, or a secondary and obstinate constipation.

The observation is quite correct and undeniable in regard to certain cases; but I propose to inquire if it is really a medicinal effect, and if the rule as laid down by Hahnemann is a general rule.

It has been objected to the Hahnemannian formula that, by the interpretation given of it, the curative action is antipathic, since this action is produced by the secondary effect which is the opposite of the primary effect, corresponding to the morbid phenomenon. This hostile criticism would be justified if the formula of *like cures like* were given as a metaphysical doctrine; but I imagine that it was only at a much later period that Hahnemann made any pretensions to metaphysics, in which he was, it must be confessed, absolutely deficient. When he first grasped what he found in Hunter, he only saw a principle of indication in the law of similars; and in fact, this law is nothing more than that. I leave this unimportant side of the question in order to consider the serious arguments.

In the first place I observe that the rule of secondary effects is general for all the morbid phenomena called in general pathology "augmentations or diminutions of the functions," but that not on account of the medicine, but rather in virtue of a normal law regulating these

phenomena in the pathological as well as the physiological state. In all these cases, it suffices that a function shall have been augmented in order that it shall afterwards show a diminution; or that it shall have been diminished in order to be subsequently augmented. This is not owing to a particular and determined agent, but is the result of a physiological law of compensation and equilibrium. On each occasion when the activity occurs and is concentrated on a point, it is afterwards transferred to an opposite point in order to effect a complementary and compensating action; and when the two opposite effects can be produced on the same point, as when a function can be augmented or diminished from the moment when an excess occurs in one sense, another is afterwards produced in an opposite sense.

Thus it is impossible to augment an act of secretion by any means whatsoever, without finding the contrary effect succeeding it more or less quickly. After salivation, a deficiency of saliva, and *vice versé*; after perspiration, dryness of the skin, and after dryness, perspiration; after constipation, diarrhoea, and after diarrhoea, constipation; after anuria, polyuria.

And so also with regard to many phenomena which are not secretions: after the acceleration of the circulation, its retardation, and the contrary effect, which we observe so often in the case of nervous persons; after excitement, depression, and after depression, excitement; after cold, heat, as after heat, cold; and so on.

In one word, as regards every function which by augmentation and diminution can furnish opposite phenomena in either the physiological or the pathological state, it suffices that the phenomenon shall be produced first in one sense in order that its opposite shall afterwards manifest itself.

It is therefore perfectly useless to invent secondary effects of medicines in order to explain a double phenomenon which is regulated by organic laws in both the physiological and the pathological state.

But this fact of opposite phenomena is only produced in cases where the functions can be augmented or diminished

physiologically or pathologically; it does not show itself in cases where general pathology declares that there is a *perversion* of vital action; for since in perversion there is no augmentation or diminution of functions, neither are there compensating opposite phenomena.

Thus pain has no opposite phenomenon. We may, it is true, say that hyperæsthesia follows anæsthesia, and *vice versa*, since there is here opposition by augmentation in diminution of sensibility. But we cannot point to a morbid phenomenon the opposite of pain, which is a perversion of sensibility; we cannot even comprehend that there can be any such, for pleasure is the opposite of pain, and no one has ever seen a medicine produce first pain and afterwards pleasure, or *vice versa*. In like manner we cannot comprehend and do not know any phenomena the opposite of catarrhs, inflammations, gangrenes, eruptions, ulcerations. Vomiting has physiologically no opposite phenomenon, and has no secondary pathogenetic effect. The same is the case with sneezing, cough, spasms, contractions. Hæmorrhages also have no opposite effects, unless they are functional and therefore susceptible of a more and a less, like the catamenial hæmorrhage, which may be augmented or diminished, accelerated or retarded, and which, under the influence of some medicines, may like any other action present successively inverse phenomena. But as regards other hæmorrhages which are a perversion of action, as well as accidentally produced hæmorrhages which are of the same character, and a large number of other morbid phenomena, there can be for them no opposite secondary phenomena, because there are none such in nature.

We may therefore conclude that there are a great number of morbid phenomena, perhaps more than half of those that fall under our observation, which have not, and cannot have, opposite morbid phenomena, and for which there cannot be, nor can there be imagined, secondary pathogenetic effects.

This is as much as to say that, putting the most favourable construction on the facts, Hahnemann's curative theory is based on but one half of the facts, or even less; and that these facts referred to in order to establish his views of the

action of medicines are but the result of a physiological law. But there is even more than this, for the facts, even those in favour of his view express just the contrary of that which they are thought to imply.

For it is the case that the secondary phenomenon is not a curative phenomenon at all, but when it does occur it is in truth a morbid phenomenon. If a patient be affected with constipation, and the secondary effect be diarrhoea, he passes from one disease into another; he is not on that account cured of his first disease; and it may well happen that he again reverts to the first after having left the second, as is occasionally seen. The phenomenon produced is morbid: you cannot believe that it can be curative except on condition of being transitory, and thus you will not know with certainty whether the cure is effected by it or by the first; you must confine yourself to saying simply that the medicine cures because it calls on the vital activity to take on a medicinal action which diverts it from its morbid action. Hahnemann's explanation therefore is incorrect, it is altogether illusory.

On the other hand, Hunter's explanation, as I have given it above, is precisely that to which you must come if the subject is presented to you as I have stated it, and it has the double merit of accounting exactly for the facts and of going straight to the point; let alone the not unimportant merit of making the practical physician see more clearly, and not troubling him incessantly with the double pre-occupation of aggravations and secondary effects, the former rarer than the theory supposes them to be, the latter also rarer and requiring to be searched for and expected, when they either do not exist or even when they exist being incapable of producing what we wish.

The formula of the indication is the same in both theories, but is more simple in the one than in the other. The one embarrasses us with secondary effects which do not even give any explanation of the cure, and which we search for in vain in the majority of cases; whilst the other simply shows us that the medicine cures the phenomena similar to those it produces by occupying the vital activity, in order

afterwards to leave it to itself to resume its normal course. And by its means we understand better how it is that it is necessary sometimes to go on giving the medicine in order to keep the vital activity occupied a sufficient length of time before we leave it to itself; how we must resort to its administration again and again in order to prevent the vital activity relapsing into its bad morbid habit; how, on the other hand, in some cases, it is sufficient to touch it, however lightly, according to its dispositions, in order to enable it to return almost immediately into its normal ways.

IV.

These explanations are of great consequence in their bearing on the question of the dose.

There are frequent discussions on the questions as to whether large doses are preferable to small ones, and whether the action of the medicine varies according to the dose. These questions may, no doubt, be solved directly by experience; but the testimony of experience cannot be impaired by supplementing it by a theory that illuminates it, whereas a clear view of its results may be injured by a theory that obscures it. In this respect, it cannot be denied that the theory of aggravations and secondary effects is an obstacle to a correct appreciation of the facts, because one of its necessary deductions is that the action of small doses is the direct opposite to that of large doses.

For were it true that large doses produce a primary effect, followed by a secondary effect contrary to the primary one, whilst small doses cure by the secondary effect without the primary one, it must follow that every medicine produces, in a small dose, an effect contrary to that it causes in a large dose.

There is in this a strange confusion, seeing that a curative effect is compared with a toxic effect. The pathogenetic or toxic large dose produces a morbid phenomenon; does the small dose also produce a morbid phenomenon, as the theory would imply? Certainly not; there is no clear, well-defined, authentic instance of a medicine producing, in

a healthy person, two contrary effects, in large and in small doses. The truth merely is that in the large toxic dose the medicine produces toxic or pathogenetic phenomena; and that in the weak curative dose it causes effects analogous to those which it produces in the toxic dose.

The curative effect is not a morbid action, it cannot be said to be the opposite of the toxic effect. This opposition which it is endeavoured to establish could only be admitted if we produced by a small dose a morbid phenomenon the contrary of the primitive phenomenon, and in that case our patient would not be cured. If you give a constipation to a patient who has a diarrhoea you do not cure him, you merely substitute one disease for another, and the chances are a hundred to one that if the constipation ceases the diarrhoea will return. This is not a cure; a cure is to cause a patient who has a diarrhoea or a constipation to have neither the one nor the other, but to revert to the normal state. Therefore, the cure does not consist in producing a morbid state the opposite of that present, but in re-establishing the normal state, and when the medicine cures it is not because it develops a morbid phenomenon the opposite of that which is produced, but because it diverts the vital activity from its morbid phenomenon in order to restore it to its normal ways. Hahnemann's theory is here radically false; Hunter's is much truer.

The theory first set out with the idea that one thing was obligatory, viz. the aggravation indispensable for the production of the primary phenomena necessary for obtaining the secondary phenomena. Afterwards, seeing that the cure could be effected without aggravation, it invented the idea that small doses produced the secondary effect without previous primary phenomena, and hence that the small dose has an action the direct contrary to that of large doses. But this is evidently an erroneous notion, it is purely imaginary to suppose that the curative action is a secondary phenomenon.

How can this be accepted when it is proved that the secondary effect is a morbid effect, consequently not cura-

tive, and that this effect does not exist in at least one half of the cases? When a morbid phenomenon has no possible contradictory effect in nature, as we have seen, and when, therefore, the medicine cannot produce any such, how can we allow that the medicine cures by producing such an impossible effect? The thing is absurd.

We should observe that according to this theory medicines ought never to cure except when given in a dose incapable of producing any pathogenetic effect, since it is only in such a dose that they could produce the secondary without the primary effect. But what must this dose be, when it is shown by too many facts to admit a doubt on the subject, that in every dose, even in infinitesimal doses, medicines may produce their pathogenetic effects alongside the disease, or partial aggravations of the disease?

It would at least be requisite that the medicine should be unable to cure except in a very weak dose, as far removed as possible from a toxical dose. Then how does it happen that so many cures have been effected by massive doses? How is it that in England, America, and even in Germany, the general tendency of homœopathic practitioners is to give massive doses, or first decimal attenuations? Let us suppose that only one half uses by preference strong doses, must we assume that this large number of practitioners amuse themselves by deceiving their patients, by deceiving themselves in order to deceive their colleagues?

Finally, were this theory true we ought to have an astonishing scale of contradictory effects according to the doses given; from a non-toxical dose effects contrary to toxical effects; then from the first dilutions there is another contrary resembling the primary effects; then from the sixth to the twelfth, from the twelfth to the thirtieth, and so on indefinitely, a succession of contradictions, which, to sum up, would be nothing but a succession of morbid phenomena that would never result in a cure.

All this is pure romance. In reality medicines have only two possible effects, a toxical or pathogenetic effect and a curative effect, which is physiological. As to alter-

nating phenomena, they are the expression of the physiological law stated above. Practitioners of the old school have fallen into the same confusion that Hahnemann has led us into, because they have followed our lead, of course without saying so. Their want of loyalty has been of no service to them because they have not even the merit of having corrected us. Like us they have set themselves to look for primary and secondary effects, and to imagine that the curative effect depending on a small dose is the secondary effect of a large dose producing primary effects; and as in the days when they disputed whether *Opium* was sthenic or asthenic, we now see them expressing the same doubt with regard to *Digitalis*. We have deceived them so well while deceiving ourselves that they also fancy they see a toxical effect and a physiological effect contrary to the former, according to the doses given; because, in fact, as the secondary action of medicines when it exists is the opposite of the primary effect, agreeably to the physiological law, they suppose that the curative effect is the product of the secondary action. Hence arises an insurmountable difficulty to know what is toxical and what is physiological, as we see in what has been written respecting *Digitalis*. And here it is that they believe they see the normal physiological action in the morbid phenomena produced by the medicine. Just as in homœopathy it is believed that there may be pathogenetic phenomena which are not toxical, whilst it is not perceived that since these phenomena are a derangement, this is because they are not a normal physiological act. On all sides we encounter contradictions, from which there is no escape, because there is a perpetual confounding of the toxical with the physiological, and because it is sought to oppose the weak physiological curative dose to the large toxical dose.

The weak dose has no contrary action, but only a simply physiological action, which does not betray its existence externally in the healthy subject; it cures the patient by a simple physiological process, as I will show presently; for, I repeat, let it be borne in mind the cure is not a particular and perceptible morbid act, it is an imperceptible return to

the physiological state. The medicine, the agent, has not and cannot have more than two actions: the one toxical, which deranges the vital activity and betrays itself by morbid phenomena; the other physiological, which consequently can only produce physiological phenomena, not morbid effects, and which only cures by reason of its occupying physiologically the vital activity. It is actually contended that these two actions are opposed to one another like two movements in contrary directions: this is an error; they are only two different movements, opposed, in the sense that they replace one another, but not in the sense of a conflict or a reaction; the one is toxical, the other physiological. It is because we have got into our heads the idea of a conflict of the life against the disease that we continue in the error naturally resulting from this idea.

The study of the intimate action of the medicine will show us how the physiological action differs from the toxical action, without being contrary to it.

V.

Now, the ground being cleared of false theories, we should inquire if the action of a medicine can vary according to the doses in which it is administered, and what its variations may be. All we have to do is to interrogate toxicology, pathogenetic experiments, and medical practice. Experience only can teach us.

Toxicology tells us that according to the dose the effects are more or less serious and numerous. The effects of a large dose, if it is not immediately fatal, are produced over the whole organism, almost all the secretions are affected; the circulatory system is also involved in its totality, so also the nervous system, with phenomena varying according to the agent employed. On the other hand, if the dose be weak, the array of phenomena is less considerable, less severe; it seems as if the effects localised themselves on some particular points only. Thus, *Belladonna*, which in serious cases of poisoning exerts its action on all the sensitive and muscular systems, on the intestines, the heart, the bladder,

in slight cases will only exert a local action on the eyes, the stomach, the urine, and, perhaps, the intestines. It is in slight cases of poisoning that we especially observe the localisation, sometimes on one point, sometimes on another; eruptions or partial paralyses, or an action on the bladder, doubtless according to the susceptibilities of the subject, since they vary.

We should also consider that if the agent has been given in small doses continued for a long time it localises its action still more precisely, and it is then that we obtain the most of those effects that are recorded in our pathogenetic lists. So, also, the eruption of *Phosphorus* has been much more distinctly developed in the case of moderate doses; and the caries of the jaws in cases where its action has been prolonged. In like manner, mercurial trembling is only seen very rarely in persons who have been subjected to an abuse of mercurial treatment; in these persons salivation and gingivitis are the rule, whilst the trembling, with emaciation, belongs to gilders on metal or mirror silverers.

Similarly in pathogenetic experiments—and of these there are a great number in Hale's instructive *New Remedies*—we find from strong doses general phenomena, and such as involve the whole organism, which are reproduced alike in most of the subjects, and afterwards phenomena localised on one part or another, varying according to the subjects. It seemed to me that there is, as it were, a collection of general phenomena from strong doses, that do not appear from the administration of weak doses; whereas with smaller doses there is, as it were, a specificity, a particularisation of the medicine, which shows itself by one or another phenomenon according to the subject, no doubt owing to his peculiar disposition, for this seems to be the only cause that can be adduced in order to explain them.

And, finally, in practical medicine it is just the same. Allopathic doses are akin to toxical doses, and induce a more general perturbation of the organism than is produced by weak doses. It is in such cases that we observe severe localisations of the medicines on the intestines, on the urinary organs, on the throat, lungs, eyes, and nervous centres; whereas from smaller doses with the first attenua-

tions, the medicine seems to exert its action on more localised points, and on fewer points at a time; and from still feebler doses there occur much more isolated actions which localise themselves in a more precise manner.

Thus, then, to express what I believe to occur, the medicine has not, properly speaking, a different action according to the doses in which it is given; but this action is more violent and more extensive with large doses, more limited and localised with attenuated doses, the action is essentially the same whatever be the dose; and thus it is that we see very sensible effects, such as purging and diuresis, produced just as well with infinitesimal doses as with allopathic doses, according to the susceptibility of the patient. I have seen *Magnesia*, *Ipecacuanha*, *Tartar emetic*, *Bryonia*, produce alvine evacuations resembling a slight purgation, in the 6th or 12th dilution; and in like manner I have seen *Digitalis* 12 cause a sedative action on the heart, or a diuresis, as marked as when it is given in allopathic doses, but certainly only exceptionally, and by reason of the susceptibility of the patient; for, generally speaking, there are effects curative as well as pathological, some of which are best seen from strong, others from weak doses.

I said just now that certain effects have been chiefly obtained from slow poisonings or from provings with small doses, whereas great perturbations are invariably caused by violent poisonings. Perhaps we may say in a general way that with large doses the action is chiefly exerted on the circulation and on the principal foci of evacuations, the liver, the stomach, the intestines, the kidneys, the lungs, the skin; whereas in attenuated doses the medicine touches more delicately the actual structure of the tissues, and exerts its action in a more isolated manner on the peculiar life of the organs. If, indeed, we reflect that the organs have, as it were, two lives, the one functional which responds to the general life, and brings it into connexion with the other functions; the other proper to each organ, to each element of the tissue, and which is their own peculiar life, their particular action, that which provides for the integrity of the tissue and of the organisation; it seems to

me, then, that in a large dose the medicine affects the functions in their totality, whereas in a small dose it affects rather the vitality of the organic tissues at the point where it acts.

It is thus that I explain to myself the difference of the effects, depending not on a difference of action of the medicine according to the dose given, but on the difference of the points whereon it acts. As I have said, large doses appear to me to respond rather to the general functions in their entirety, and small doses to exert their action more specially on the isolated morbid phenomena referable to an action of the tissue rather than to the functions in their entirety. Thus, I have seen *Digitalis* 3000 put a stop to nocturnal cardiac crises which came on regularly at a certain hour, which neither *Quinine* nor *Digitalis* in large doses was able to allay. In like manner, I have seen *Calcareo* and *Plumbum* 200 put a stop to epileptic fits. In a child affected with stridulous laryngitis recurring at night, and which had lasted several weeks, *Plumbum* 200 was completely successful. *Kali carb.* 1200, on one occasion, put a stop to nocturnal attacks of vomiting which had occurred every night for twelve years. So many analogous facts have been recorded, that there can be no doubt on that point; it is especially with infinitesimal doses that affections of a very isolated and limited character can be cured. We are all, I believe, familiar with many similar facts.

To resume, large and small doses have analogous actions, but the former are more apt to cause a general disturbance of the organism, the latter more isolated localisations; both occupy the vital activity, sometimes more violently and extensively, sometimes more subtly, in order to permit this activity to return by itself afterwards to its normal state; and thus it is that, according to the morbid habit of this activity (for the disease may be compared to a vicious habit more or less deeply rooted), we should attack sometimes strongly and broadly, sometimes lightly, sometimes continue giving the medicine, sometimes allow nature to recover its equilibrium after a very gentle diversive action, more or less marked.

VI.

It would certainly be desirable to know more about the intimate action of medicines, but shall we ever know the exact process of any phenomenon whatever? Will there not always be something that escapes us, and that will be an unattainable desideratum for science?

It has been said that in large doses medicines have a kind of chemical action, whereas in small doses they have a so-called dynamic action.

I confess that this last idea of an action of forces without matter, for this idea goes that length, appears to me incomprehensible. The more I endeavour to conceive it, the less successful am I in apprehending this subtilisation by the dynamisation of matter, which would reduce it to a pure force without material substratum. I am unable to comprehend a material force apart from matter, and no one has ever been able to explain it to me clearly.

I know not what the chemical action of a medicine even in medium doses can be, but I can understand that there is a sort of conflict, a fight between the medicinal particle and the living particle. We are aware that lead, copper, arsenic, sulphur, and other inorganic substances may unite themselves to the structure of our tissues, remain there a longer or shorter time, and be expelled therefrom more or less quickly; and thus I explain to myself the fight, the work, though it is not apparent, that may take place in this conflict. In works on alimentation we are told that organic substances, vegetable or animal, may also be associated with the organic life, and even remain stored up there; and thus it is that the milk, the blood, the flesh of animals, retain the odour and the essence of the substances they feed on. So, also, plants smell of the soil on which they grow, of the matters with which they have been manured. In this way I explain the association, the union, more or less durable, of medicines with the vital activity; their participation in this activity and the modifications that may result from it; the occupation they give to this activity, and thereby the diversions they may give to it.

What is there extraordinary in medicines uniting or attaching themselves to living tissues, particle to particle, without anything being apparent except the cure that may result therefrom ; unless the dose be a poisonous one, or unless an idiosyncrasy on the part of the patient manifests some discomfort experienced by him ? Do not such things happen in the ordinary course of life ? The organism is perpetually in conflict with substances that attack it, particles of all sorts that penetrate it, which are then either destroyed, or united and assimilated, or expelled, without the occurrence of anything very remarkable in the manifestations of life. The balanced harmony of the vital actions is compatible with a plus or a minus, and with the imperceptible modulations which vary and which succeed one another without end. In this vortex of vital modulations the medicine associates itself with the action, and occupies it, without anything necessarily resulting therefrom of a very striking character to betray its effect.

It can thus be very well understood that a medicine may occupy the vital activity, modifying it according to the conflict produced, and thereby diverting and deranging it from the action it was performing, and thus turning it away from its morbidity, without the external manifestation of any very striking phenomena, except the obvious return to normal laws.

In cases of poisoning, the agent, by uniting with the living molecule, takes violent possession of it, just as a caustic destroys an external part to which it is applied ; or it attaches itself to the natural substance in order to modify its composition ; and in both these cases there is a change, a modification of the vital act owing to the modification of composition. We understand the more or less profound perturbation which betrays itself by particular morbid or toxicological phenomena. But when the agent is not toxicological, its union with the organism can give rise to nothing but a normal act of this organism, accustomed as it is to conflicts of this kind brought upon it by foreign particles which it assimilates or rejects. I cannot understand how this conflict can be confounded with the idea of a struggle, of action and

reaction, which are purely imaginary, and which have no foundation in fact. Even when the action is toxic it is always only a modified act, which remains modified as long as the agent retains possession of the tissue, and which again simply becomes normal, more or less augmented according to the laws of physiology, and there is no question of any other phenomena.

Thus, as far as we can view this medicinal conflict, the actual details of which are hidden from us and will perhaps always remain hidden, as far as we can judge of it by what observation teaches us, and what physiology allows us to analyse, I do not see how we can conceive of the medicinal action otherwise than as a transient occupation of the vitality by a special agent that causes it to accomplish a normal act, and thus takes it out of the morbid course it was pursuing. This is the action which we may oppose to the toxic or pathogenetic action, from which it differs only by an opposition of effects, not by a contrariety of acts. For we cannot say that there is produced here a movement contrary to the morbid movement, contrary to the pathogenetic effect, that is to say in strife with these movements. Such a strife is always present to the mind when we think of these phenomena ; such a strife is assumed in order to imagine a curative action contrasting with a morbid or toxic action, or a reaction of nature against itself in a sense opposed to the action it accomplishes. Whereas the truth is, there is only a toxic or perturbing action, when in the conflict the agent is toxic *per se* or by reason of the dose employed ; or a physiological effect of occupation of the vital activity which thus returns within its normal laws.

And this confirms what I have said above respecting the alleged opposite effects of different doses. There are no opposites but the normal or physiological state and the morbid state which is toxic or pathological ; the medicinal agent produces the one or the other only. As to the other effects, called alternating or primary and secondary, they are the expression of a physiological law as we have seen. What facts and reason say is limited to that, if we set aside

the theories and the confusions which have accumulated on this point.

It is said that *Opium* causes sleep in large doses, and prevents sleep in small doses; because in large doses it is toxic, and in small doses it occupies the organism; but in those habituated to its action it ceases to be toxic in the doses in which it used to be so, and becomes a simple occupier of the vital activity; or, after having produced sleep, the natural return to the normal state is the prolonged wakefulness which compensates physiologically the previous exaggerated sleep.

Mercury in large doses is toxic, it causes anæmia and diminution of the blood-corpuscles; in small doses it is a simple occupier of the vital activity, and may thus aid in the reproduction of the corpuscles if there was a previous anæmia. But in these same small doses it will not increase the blood-corpuscles in a subject who has enough of them, because this medicine has not two opposite actions as some say it has; it has only a toxic and a physiological action; and the latter does not *per se* increase the blood-corpuscles, but restores the normal state which augments the corpuscles whose number has been diminished; or it is transiently one of the exciters of the vitality.

Arsenic has the same effects; in large doses it diminishes the number of the blood-corpuscles, this is its toxic effect; and in small doses it increases their number in an anæmic person by its curative effect. But *per se* this small dose will not increase those corpuscles in a non-anæmic person; it may even do the contrary, and act as a toxic dose if continued too long.

Digitalis increases the pulsations of the heart in large doses; and then it causes a contrary effect agreeably to the law of physiological compensations. In small doses it excites the heart's beats in a patient in whom these are diminished, by occupying the cardiac activity and bringing it back to the normal state; but this small dose does not produce this effect in a healthy person whose heart beats normally; otherwise we must believe that by exaggerating the normal beats it produces in small doses toxic effects

contrary to the toxical effects it causes in large doses, which no one has ever proved. It can only have contrary effects according to the disposition of the subject; just as water at 70° is a cold bath for a febrile subject but is a warm bath for one that has been frozen.

We may take all the medicines, one after another, as far as we know them, we shall never find anything more than that—either a toxical or a physiological effect. As regards secondary effects, these are phenomena produced by an increased or diminished function; they have no existence if it is a question of a morbid phenomenon of perversion of action, as we have seen.

It should be expressly stated that the insensible physiological action is not the only one that can be curative, and that very useful medicinal actions may be obtained by weak toxical doses, in accordance sometimes with the allopathic, sometimes with the homœopathic law. Thus *Digitalis* in large doses, in powder or infusion, may manifestly diminish the heart's beats and the arterial pulsations, so as to reduce the pulse to fifty and even forty pulsations, which is a slight toxical effect, and thus modify in a very sensible manner affections of the heart, and cause a copious and useful diuresis. Hirtz (of Strassburg) seems to have employed it in this way not unsuccessfully in several cases of pneumonia.

It should be borne in mind that a cure may be obtained by aggravation which is a toxical action. The practitioners of Algeria who have had to do with epidemics of dysentery assert that they have often been successful with emetocathartics which acted like slight toxical agents; for induced emesis and diarrhoea are obviously slight toxical actions. At the beginning of the last century when *Ipecuacanha* powder was first used in dysentery, it was given in doses which always caused nausea and often vomiting, that is to say, in a semi-toxical dose. Thus, there is obviously in medicine a large number of toxical actions, slight it is true, which may be utilised by an able practitioner.

But, as a rule, cures according to the law of similars are

effected in an insensible manner by physiological action ; and the toxical action may be medicinal, either by allopathic effect, or accidentally according to the law of similars.

VII.

There is a last point concerning the action of medicines that I wish at least to mention, as I have the others, though I cannot devote to it the space it deserves ; I refer to the susceptibility to the medicine.

All physicians are well aware of this point in a general way, but it is almost always lost sight of when it is of importance to allow for it. It is well known that medicines do not act in the same way on all species of animals, that plants that are poisonous to man are not so to certain animals. It is more than probable that in the same species some races are more sensitive than others to a medicine ; and perhaps as regards certain plants whose action is now held to be less dangerous than formerly, this change is accounted for by a modification of the races of mankind. Our information on this subject is not sufficient, and we must wait for further instruction.

But it constantly happens in the course of our medical practice that we meet with different individual susceptibilities which often puzzle us. Either we expect a certain action from a drug which fails to do what it performed in another patient, or we witness a manifestation of epiphenomena, of accessory pathogenetic effects, or of repulsions on the part of the patient shown by some discomforts which he alleges he experiences, and which we did not expect.

We may lay it down as a general rule that there is no person capable of expressing and manifesting all the phenomena that a medicine can produce and which are recorded in our pathogeneses. The effects recorded in these pathogeneses have been obtained in a greater or smaller number of persons who were evidently susceptible some of a certain action others of another. And on this point we know not if our most perfect pathogeneses are really perfect, for perhaps the medicines would produce other unknown

effects on a subject endowed with a hitherto untried susceptibility.

Thus, when we give a medicine according to the law of similarity, we are as if we admitted in principle that the pathological state of the subject created in him an aptitude, a susceptibility to respond to the action of the medicine which attacks the diseased part. And in truth it is rational to admit that the pathological state of an organ renders the vitality of this organ more susceptible than any other to be influenced, disturbed, attacked by our agent. Experience leads us to believe that this is a general law, since in a great number of cases the facts bear us out in this view.

Still, it may happen, from some causes still unknown, that the medicine does not act, or acts too energetically. Supposing it does not act; this is demonstrated to us in all those cases where we fail to observe an effect which we had noticed in other similar cases. Supposing it acts too energetically: this is an instance of partial aggravation or of accessory aggravation of which I have already spoken. And these two cases are exactly analogous to those of the pathogenetic provings, or the toxical relations; for in toxicology, as in pathogenesis, certain effects are produced on one subject, others upon another; for one the toxical dose is very weak because the subject is very susceptible, whereas for another much stronger doses are required in order to produce poisoning. When, for example, we see accessory aggravations, as I have termed them—that is to say, pathogenetic effects which have been observed in patients from every dose—how can we lay down a fixed rule of doses, and affirm that such a dose will cause toxical effects and such another dose physiological effects? That is impossible.

The effects called pathogenetic are nothing but very slight toxical effects, where the patient runs no risk except that of suffering a little or of having some epiphenomena; whereas the physiological effect is that where the subject does not manifest any very marked phenomenon, where the conflict betwixt the agent and the organism takes place in one of the normal physiological occupations of the life, at most slightly increasing the vitality at the point where the

conflict occurs. The actual dose may be of no importance in the difference of the two actions, the toxical and the physiological; this depends on the susceptibility of the patient, and a large dose may be just as physiological, that is to say, curative, as an infinitesimal dose, and *vice versâ*.

Not only do the therapeutic effects prove this, but we have also the experiences of toxicologists and therapists. Why has there been so much discussion respecting the true action of *Opium*? and why is a similar discussion going on about the effects of *Digitalis*? Some say that the primary effect of *Digitalis* is to retard the pulse, to paralyse the heart; whilst others say that its primary effect is to contract it. The reason of this is that, on the one hand, experiments on animals and experiments on man are mixed up together, the two different species, whose impressionability to the medicine may be quite different, being regarded as identical. On the other hand, the experiments on man being also contradictory; that is evidently owing to different susceptibilities in the same species, so that the agent is toxical in some, physiological in others, in the same dose.

It is impossible to fix the exact limits of the toxical dose of any agent, not even of the fatal dose, for this dose varies remarkably according to the persons; and for slight toxical, *i.e.* pathogenetic effects, there are, we may say, no limits. It would be necessary to fix their limits in order to establish below them the scale of physiological doses, and this cannot be done, because in every dose we may have, according to the susceptibility of the subject, either a toxical or a physiological effect. The only thing possible to do is to fix a very elastic mean of dangerous doses, as is usually done in the *formularies*; and below this commence the physiological or curative doses which may occupy the vital activity, and at most cause some partial aggravations or some epiphenomena.

I will only mention the principal lines of these questions, for it would take up too much space to enter into all the details necessary for their full elucidation. On this special point of the susceptibility to the medicine, we might inquire

if the oppositions and alliances of morbid predispositions, in action and threatening to act, be not a considerable element of difficulty ; but this is a subject too obscure and difficult to be treated in a cursory manner. I will content myself with stating that the law of susceptibilities only exhibits the two possible actions of the medicine, as I have already said, the toxical action and the physiological action ; the latter usually curative, the former capable of being so exceptionally. But there is one point of this question of the susceptibility of the patient which must be borne in mind, that is, the possible variation in two opposite senses, that of tolerance and that of intolerance.

Thus, on the one hand, the patient may become habituated to the medicine in such a way that after having been greatly influenced by it, the action afterwards becomes physiological and imperceptible, or even null, to such a degree that it would seem that the organism receives it without paying any attention to it. Thus it is that some medicines in large doses, or even in small doses, may first cause an aggravation, or only the semblance of an aggravation, and thereafter act physiologically so as to effect a very distinct cure. The tolerance may be established all at once, or after some time and by continuing to take the medicine.

On the other hand, the patient may at first be apparently insensible to the medicine and then become impressionable by it if its action be continued, and the physiological action may be established, the vital activity being occupied by this action and diverted from its evil morbid habit. Thus it is that a well-indicated medicine may be continued if there is time to do so, and perseverance may be crowned with success. But just as tolerance may be established, so also intolerance may occur in consequence of a too long continuance of its action ; and medicines which have acted well at first, not only do not continue their curative action any longer, but produce aggravations, and that not only in large doses but also in small doses. We meet with patients who after having thus taken a course of medicines, or after having been subjected to treatments directed to divers objects, become absolutely incapable of being acted on by any dose ;

they manifest only irritation and aggravation from even the smallest doses.

If we reflect, we shall perceive that it is impossible to explain these manifestations of tolerant and intolerant susceptibility on the theory of aggravations, whereas, on the hypothesis that the curative action is simply an occupation of the vital activity, all becomes clear.

VIII.

To recapitulate, Hunter's view seems to me to present the facts in a truer, exacter light. While giving full credit to Hahnemann for his great services to *materia medica*, which made the law of similars applicable to practice, and demonstrated its value, I venture to prefer to his theories the larger, more physiological, and at the same time more accurate, views of his predecessor. The law of similars seems more correct by seeming more precise, because we perceive more clearly how the medicine in the physiological dose cures phenomena similar to those it causes in the toxical or pathogenetic dose. We thus get rid of the theory of aggravations and of that of secondary effects, which, owing to the confusion attending them, are constantly giving rise to uncertainty. We see more distinctly and more correctly the facts bearing upon the law of similars, and we can better appreciate its true value, and, finally, we can comprehend more clearly the question of the doses in a general way, although many questions of detail are still obscure. The treasures of *materia medica* and the practice of homœopathy have always appeared to me more comprehensible from this point of view, and I am convinced that nothing but advantage is gained in every respect by getting rid of the ancient theories and adopting other views which throw greater light on the subject.

By its toxical or pathogenetic effects the medicine shows in a precise manner where it exercises its action; and the similarity between these effects and the morbid phenomena to be cured shows that the medicine exerts its action on the precise point where the vital action is morbidly modified.

As I have shown in my pamphlet *On the Relations of the Homœopathic Doctrine with the Past of Therapeutics* (Paris, 1852), the law of similars is the most exact formula of the localisation of the medicinal action ; the medicine cures by modifying the vital state morbidly deranged in the precise point, sense and direction where it is deranged. This is the first point of the doctrine so clearly seen by Hunter, afterwards demonstrated and made practical by Hahnemann.

In the second place, in what does this curative modification of the medicine consist? Not in an aggravation or augmentation of the morbid derangement for the purpose of obtaining a reaction in an opposite direction, because this aggravation occurs but rarely, and when it does occur it may often be an obstacle, and only occasionally an advantage ; and because the reaction in an opposite direction is a mere physiological compensation, and is necessarily awanting in a great number of cases—about one half, and when it does occur it can only be a morbid phenomenon not a curative effect. The proper curative action is quite different, it is a physiological occupation of the vital activity by the curative agent, which thus changes the morbid act which was going on into a physiological act, and causes this activity to return into its normal laws, leaving it there when itself is extinguished.

The action of a small dose, or, better still, of a physiological dose, is not and cannot be said to be contrary to the toxical action of a large dose ; for the contrary can only be a morbid phenomenon in an opposite direction ; it is a different, a physiological action, which, in our mind, we oppose to the toxical action, but which is only different.

There is then really no opposition of action betwixt different doses, but, nevertheless, the action varies according to the doses ; in the case of large doses, more extensive, more multifarious, exerting itself especially on the actions of general functions and the great functional systems, the circulation, the nervous system, the digestion, the secretions ; and, in the case of small doses, localising, restricting its influence, acting then more especially on the proper life of the tissues.

In every case the intimate nature of this action can only be explained by a conflict of the medicinal molecule with the living molecule; a conflict which may be toxic if the dose is large or if the subject is too susceptible, which can only be physiological if the dose is small, or even when it is large, if the subject be not too impressionable. This action is curative because it is physiological, because it occupies the vital activity in accordance with physiological laws; and thus it is imperceptible in its action, only revealing itself by its curative effects. The physiological dose occupies the vital activity, excites it, if you will; here we have an action not contrary, but only different to the toxic action.

Moreover, we must always bear in mind this impressionability of the subject, which may cause a medicinal action to show itself strongly in one case while it seems to be imperceptible in another, and that in any dose; which causes a large dose to be very well borne and to act only in a physiological manner, or causes an infinitesimal dose to be pathogenetic and not tolerated; which can establish tolerance in some subjects, and make a dose at first toxic to be borne and to act only physiologically, or a small dose that at first can be borne, to cease to be tolerated; and, finally, which can render the subject either indifferent to almost any action we try to excite, or impressionable so as not to be able to tolerate any dose.

But if we consider only the generality of cases and the general laws, we may say that a medicine acts physiologically in small doses where it exerts its action in a toxic or pathogenetic dose; so that the medicine cures in this way, restoring to a physiological act the vital activity whose morbid phenomena are similar to those which this same activity would produce if the medicine acted on it toxically or pathogenetically.

I now invite my colleagues to reflect on this important question, of which, as I have said, I can only offer them a general outline.

"ZYMOTICS."

By EDWARD T. BLAKE, M.D.

THE term "*zymotic*" is nowadays often on our lips, yet, were we required to give a strict definition of it, we should, perhaps, find some slight difficulty in doing so.

Of course, every schoolboy could tell us that the term "*zymotic*" is drawn from a Greek word, "*ζύμη*" which signifies "leaven," and it has been supposed that, during the course of certain diseases, the blood undergoes a species of fermentation. But there is not the slightest evidence that the blood can or ever does ferment. Most fermentations are carried on in open vessels, and are followed by more fundamental constitution-changes than we ever witness in living blood. It is, indeed, scarcely necessary to say that current views of the physiology and pathology of the blood have undergone of late so great a revolution that few now suppose such a process to be possible.

Nevertheless, the word "*zymotic*" will probably be retained, because it is a convenient term for a class of diseases recognised, indeed, by the ancients, but whose distinguishing peculiarity, *preventability*, was neither known nor suspected by them.*

By the term "*zymotic*" sanitarians have come to mean

* Knowing little and caring less for the great laws of Nature, how, indeed, could they realize that such terrible penalties were but her indignant protest against ignorance and infraction of those laws! Hence some other cause had to be assigned, and, the professions of priest and physician being so commonly combined, what so natural as to attribute them to the immediate intervention of an outraged Deity, thus making them serve as whips for moral or ecclesiastical offences! Pious as was this view, it was probably as much opposed to the spirit of the authoritative writings of the Christian Church (Luke xiii, 1 to 5) as to the principles of physical science themselves. We know that this feeling served during the long dreary period of the Dark Ages to paralyse all efforts in the direction of sanatory research. Cleanliness, which had been an Article of Faith in the Mosaic economy, was also made an essential by Mahomet, but not, alas! by the Fathers of the Christian Church, some of whom seemed to glory in personal filth and in the abundance of parasitic life.

preventable, and as, in this country, unimported malarious disorders are now almost unknown, the use of the word is nearly narrowed down to those diseases which spread either by contact, through the air or the soil, by means of liquids, as water, milk, sewage, &c., and more rarely by solid articles of food.

Whilst we duly recognise that the term "zymotic" has gradually come to acquire a special significance, it is of importance to remember that when Dr. William Farr coined this convenient word no such restricted sense existed in his mind. Dr. Farr apparently intended by "zymotic" what other writers have meant by "general" [WOOD], by "specific" [WALSHE], and by "miasmatic" (not *marsh*-miasm alone).

Dr. Farr divided zymotics into—

1st. Miasmatic.

2nd. Enthetic.

3rd. Dietic.

4th. Parasitic.

We well know that this division brings together many dissimilar disorders, at the same time divorcing diseases whose alliance stands unquestioned.* Yet Registrar-Generals must make reports, and to draw them up they must, perforce, classify diseases.

There is no doubt that by "zymotic" we had better mean *preventable*; and as, of course, the question then arises—What diseases are preventable? the task I set myself is to answer that question as accurately as the present very limited extent of sanitary research enables it to be answered.

As obviously the measure of infectiousness is the measure of preventability, we must think first of that class of conditions which Sir William Jenner, following Walshe, recognises as the "acute specific diseases."

The European zymotics are then :

Smallpox and its allies.

Measles and its modifications.

* Diarrhoea, *e.g.* being removed from diseases of the alimentary canal, to be placed between dysentery and cholera.

Scarlatina and Rôtheln.
 Typhus.
 Cerebro-spinal fever.
 Enteric fever.
 Relapsing fever.
 Simple continued fever.
 Febricula.
 Ague and its sequences.
 Remittent fever.
 Simple cholera.
 Whooping* cough.
 Mumps.
 Influenza.
 Diphtheria.
 Glanders, farcy, and grease.
 Malignant pustule [vesicle].
 Phagedena [also sloughing p.].
 Hospital gangrene.
 Erysipelas.
 Pyæmia.
 Puerperal fever.
 Ephemera [weed].
 Rheumatism.
 Syphilis and gonorrhœa.
 Cancer ?
 Pulmonary consumption.
 Scurvy and purpura.
 Rickets.
 Anæmia and dropsy.
 Sunstroke.
 Drink diseases.
 Ophthalmia.
 Pneumonia, pneumonic abscess.
 Pleurisy.

* This word is from A.-S. *hwōpan*, to hoot, and is connected with *WHEP* (A.-S. *wēpan*); therefore should not be spelt "hooping." Is this not full of interest, reminding us that our ancestors howled over their dead as orientals and savages do to this hour? How different from the well-bred sorrow—the subdued grief of our day!

Stomatitis { Vesicular.
Ulcerative.
Suppurative.
Gangrenous (cancrum oris).

Putrid sore throat.

Sloughing sore throat, (cynanche maligna).

Pharyngitis and its complications.

Gastric catarrh.

Gastric ulcer.

Hæmatemesia.

Dyspepsia.

Enteritis.

Typhlitis and perityphlitis.

Dysentery.

Diarrhœa.

Hepatitis (abscess).

Peritonitis.

Albuminuria.

Cutaneous affections, especially the parasitic forms.

Certain artificial diseases produced by chronic poisoning in the way of trade and otherwise.

Ague is a typical example of preventable disease. Every-one who is conversant with the early records of Britain, knows what a terrible scourge it has been in this country. The fen district was formerly decimated by the recurrent visitations of this dreadful disorder. A well-marked case of intermittent is now a curiosity, even in the fen country itself, thanks to the wonderful drainage-works that have been carried out there. Of course other factors, as drier houses, improved water supply, better clothing and food, and the introduction of the "Jesuit bark," have contributed their aid to this beneficent result.

Ague was once endemic in the South of London,* but

* The continued want of an effective dam to prevent the recurrence in this district of the terribly disastrous, disease-provoking inundations is a deep disgrace to a wealthy city. There seems to be little doubt that the modern system of deep-drainage, so excellent in itself, contributes considerably to the floods of the Surrey side; they may therefore be expected to increase steadily in severity.

since sewerage operations have been carried out in that district, it has steadily declined and is now unknown, save as an imported disease.

Rheumatism, even in the acute form, is not alone the result of cold or of damp. We have still much to learn as to the precise part played by the nervous system in the different rheumatisms. Here is an example. In a well-built house, on a dry Surrey sand-rock, rheumatic fever threatened a woman of 30, who was suffering at the time from symptoms of pelvic congestion, and who had not been exposed in any way to the effects of damp-cold. The warning passed away to reappear during the next menstrual period, as classic polyarticular rheumatism of the acute type, *again without exposure*.

The occurrence of gonorrhœal, of diphtheritic rheumatism, and of the anæmic variety, tells us that other forms of blood-poisoning, besides the cutaneous secretions, may induce this disease, and amongst these, prolonged exposure to sewer-gas will probably have to be placed.

Cancer, at first flash, seems the last disease in the world to place in the preventable category. But some curious and most significant facts have of late years come out in connection with this terrible disorder. Dr. Haviland has shown the remarkable rule that cancer is more common in alluvial, low-lying districts than on the more lofty, dry, primary formations.

The observant health officer for Ilfracombe assured me that he had witnessed the carcinomatous tendency lingering, and recurring in badly-sewered districts. One would think that this must be an instance of the development by insanitary conditions of a latent taint rather than the direct result of poisoning by sewer products.

Pulmonary Consumption.—A remarkable and unexpected result of the sewerage of towns is the sudden diminution of the cases of pulmonary phthisis.

As empyema with perforation, emphysema with bronchiectasis, pneumonic abscess, chronic recurrent pleurisy, besides a considerable variety of other diseases of the respi-

ratory apparatus, differing widely both as to causation and course, are returned as "consumption," we cannot say that "tuberculosis" itself is especially lessened by good drainage, in which, of course, the removal of surface-water forms a considerable factor, still the result is equally satisfactory from a sanatory point of view, for it shows a diminution (usually of about ten per cent) in many of the pulmonary diseases.

This is a valuable set off against a few "drain-diseases," attributed to modern methods of treating waste liquids, really due to the fact that too many architects, builders, and plumbers plume themselves on their ignorance of the most elementary laws of pneumatics; too often, indeed, even decrying such necessary knowledge in others as unpractical and visionary, because they do not themselves chance to possess it.

It is not for one moment intended that every case of sore eyes or sore throat is zymotic, but that certain cases of all these diseases may be fairly placed in the preventable category.

The principal diseases preventable by *general* attention to health-conditions have now been enumerated.

It is plain that in the nature of things such a list cannot be absolute. Had it been constructed a century ago it would have consisted of, say one disease, *variola*;* and perhaps we should then, if of a proper conservative spirit, have appended a little note of interrogation in brackets! Even now we scarcely realize how, due chiefly to the energy and intelligence of the Army Medical Service, there has sprung up a new science greater, by common admission, than the art of healing, inasmuch as it involves the art of prevention, destined, doubtless, to be the medicine of the future. The long roll of preventable diseases is, thank God, destined to grow longer year by year, not, indeed, by the discovery or appearance of new forms of suffering, but because daily there occurs a transference of diseases from the inevitable list to the zymotic side.

* In 1780 vaccination was not generally received, it had been foreshadowed by Edward Jenner about three years.

A political parallel may aid our conception of what is taking place.

If we imagine all the countries of the world to be represented by diseases. The zymotics being under British sway, and the "inevitables" under other sovereignty. Now, suppose a daring and determined statesman, of marked imperialistic proclivities, holding the reins of government in such a country.

From time to time he selects an appropriate tract of land and taking it from the inevitables adds it to the zymotic empire. Under such circumstances, just in proportion as the preventables grow and increase, the non-preventables plainly must diminish day by day.

We have now glanced over the diseases preventable by general precautions—precautions which cover a wide area—embracing such questions as climate, soil, occupation, habit, food, clothing, cleanliness, &c. These it will take generations of health-teachers to impress on mankind before we see any very marked result of their praiseworthy efforts. But there is also a class of *special* preventable diseases depending on grave domestic sanitary defects. Such diseases we see daily, but, alas! we too frequently fail to recognise and relegate them to their true cause. These are especially due to the introduction into dwelling houses of recent products of organic decomposition. They are introduced principally by two classes of vehicle: 1st. By atmospheric air. 2nd. By potable liquids and solid food.

From this it is evident that they must gain access to the system by way of the respiratory apparatus in the one case, by way of the digestive organs in the other. Producing in the former instance diseases of the nose, mouth, throat, and air-passages; in the latter, disorders of the alimentary canal. And, as a matter of fact, those are just the localities in the body where sanitarians look for the symptoms of recent sewage-poisoning. In older cases, where there has been long-standing exposure to mephitic air or to other methods of contamination, more deep-seated signs are seen. This will be observed in the list of "sewage-symptoms" which I shall presently give. The

list is imperfect, but the subject is new ; and though I have been aided in compiling it by many health officers, I am perfectly conscious of its imperfections. However, it will, I trust, prove at least suggestive, and every man's experience will enable him to add to and to take from it, accordingly as fresh facts come to the surface.

Symptoms of Sewage-Poisoning :

Throat affection ;
Languor, loss of appetite and spirits ;
Anæmia ; palpitation ;
Feverishness ; sleeplessness or nightmare ;
Dyspepsia ; nausea ;
Morning diarrhœa (erroneously attributed to dentition when occurring in the very young) ;
Morning headache with malaise ;
Glandular disease proceeding to suppuration ;
Skin affections, especially vesicular [TÆND] ; shingles ; herpes of mouth or tonsils, prone to be followed by tedious ulceration ; aphthæ.
Urticaria [SLADE-KING ; EDWARD MADDEN].
Erysipelas after operation, especially after vaccination.
Cellulitis { Circumscribed, boils, &c.
 { Diffuse, at or near orifices.
Abscesses of various kinds, facial, temporal, axillary, inguinal, pelvic, more especially multiple infantile abscess.
Quinsy ? Whooping-cough ? Croupous pneumonia ? Convulsions ? Rheumatism and its allies ?

To differentiate these diseases from similar disorders, owing origin to causes not connected with sanitary condition, we have certain tests. Amongst them :

1st. The numerical test. By this is meant that we see usually two or more inmates of a house suffering in a similar way.

2nd. Obnoxiousness to treatment ordinarily successful.

3rd. Speedy improvement on removing the cause or the patient.

4th. Inexplicable recurrence of symptoms in children; obstinate persistency in adults.

Sewer gas is a compound of very varying composition,* as we can readily understand when we reflect on the extremely complex characters of the constituents of sewage† itself. When we think of the products of decomposition of this seething mass of material, reacting on each other in a

* *Composition of the air in sewers.*—The air in sewers varies greatly in composition with the amount of gases disengaged and the degree of ventilation in the sewer. It contains carbonic acid, sulphuretted hydrogen, ammonium sulphide, nitrogen, oxygen, light carburetted hydrogen, ammonia, and certain fœtid volatile matters allied to the compound ammonias. Sulphuretted hydrogen has been found to the extent of 3 per cent., carbonic acid 15·9 per cent., and light carburetted hydrogen 88·5 per cent.; while the oxygen has been reduced as low as 2 and the nitrogen to 5·35 per cent., but these are extreme quantities. In well-ventilated sewers the sulphuretted hydrogen has been reduced to a mere trace and carbonic acid to 0·307 per cent. or even less, whilst oxygen may be 20·71 per cent. These quantities, however, are extremes in the other direction. These gases are, as a rule, of far less importance than the *fœtid organic matter*, to the presence of which the peculiar odour of sewage gas is due, and the exact chemical composition of which is not thoroughly known. Dr. Odling believes it to be carbo-ammoniacal. It is alkaline, and rapidly decolorises solutions of potassium permanganate. Sewer air contains bacteria and promotes the growth of fungi; meat and milk soon taint when exposed to it.

To recapitulate; the air of sewers varies considerably, &c. Its oxygen is generally diminished, and may even be as low as 2 per cent. Carbonic acid is increased, and may be as high as 15·9 per cent. Sulphuretted hydrogen is present, from a mere trace to 3 per cent. Carburetted hydrogen, ammonia, and ammonium sulphide may also be present; but certain peculiar volatile, fœtid organic matters are also present, and give the sewer gas its peculiar odour, &c.

† Sewage consists principally of—

Water.
Excrement.
Urine.
Paper.
Rags.
Kitchen water, cabbage-cleansings.
Wash-house water, soap, soda.
Stable and cow-house refuse.
Slaughter-house blood and offal.
Factory chemicals.

These elements vary greatly, of course, in different towns.

nascent state, we can form some slight idea of the great variety of organic gaseous products evolved !

Yet the effects of the sustained inhalation of sewer air, *uncontaminated by specific germs*, are, in spite of its unstable nature, sufficiently well marked and distinctive.

1st. Comes a characteristic disturbance of the sympathetic, and especially of those portions which control digestion, assimilation, and hæmopoïësis.

2nd. The skin or the mucosa is attacked, a rash appears, sometimes papular (urticaria), more frequently vesicular. Of this nature are the ulcers of the mouth and tonsils, attributed to such widely differing causes, they are usually broken-down vesicles. At times the affection takes the form of inflammation of the skin (erysipelas), which may be associated with cellulitis and then proceed to abscess.

3rd. The respiratory system may suffer when we get either pseudo-croup or croupous pneumonia.

4th. The stress in certain constitutions falls on the musculo-articular system, inducing various rheumatoid conditions.

We have considered in turn a great group of preventable diseases, depending on causes lying for the most part outside our dwellings, and a smaller group of disorders which owe origin to ignorance or systematic defiance of natural laws, having their bearing inside or in near connection with the houses in which we spend at least a third part of each day. It is plain that upon the condition of these houses not only must our own health and happiness in great measure depend, but the well-being of those, also, who are dearer far to us than our own lives. But after all, even that is the selfish side of the question ; there is another aspect of the affair, altogether outside ourselves and our belongings. I know that I shall find a ready response in the breast of every member of the most dignified, because the most disinterested, of professions, when I assert that it is the solemn duty of us doctors to press these truths home on the laity in every possible way and on every possible occasion.

ON PYREXIN OR PYROGEN AS A THERAPEUTIC AGENT.

By DR. DRYSDALE.

IN studying the experimental evidence bearing on the germ theories of disease, I was greatly struck by a remark made by Dr. Burdon Sanderson in the *British Medical Journal* of 13th February, 1875. It was as follows: "Let me draw your attention to the remarkable fact that no therapeutical agent, no synthetical product of the laboratory, no poison, no drug is known which possesses the property of producing fever. The only liquids which have this endowment are liquids which either contain Bacteria, or have a marked proneness to their production." This last clause is qualified by the statements elsewhere, and from other sources, that the fever-producing agent is a chemical non-living substance formed by living Bacteria, but acting independently of any further influence from them, and formed not only by Bacteria but also by living pus-corpuscles, or the living blood- or tissue-protoplasm from which these corpuscles spring. This substance when produced by Bacteria is the *Sepein* of Panum and others, but in view of its origin also from pus, and of its fever-producing power, Dr. B. Sanderson names it *Pyrogen*. If, however, it is to be also used therapeutically, I suggest the more neutral name of *Pyrexin*. I cannot admit without qualification the statement that no drug or poison can produce fever, for undoubtedly *Aconite*, *Belladonna*, *Arsenic*, *Quinine*, *Baptisia*, *Gelseminum*, and a host of other drugs do produce more or less of the febrile state among other effects. But they produce it only after repeated doses and contingently on the predisposition of the subject of experiment, and thus uncertainly as regards any individual case or dose; or they produce it as a part of a variety of complex local and general morbid states, of which it may be a secondary phenomenon. It is therefore practically true

that no other known substance induces idiopathic pyrexia certainly, directly, and at will after a given dose. This directness and certainty of action ought to make it a remedy of the highest value if it ever can be used therapeutically; and if the law of similars is applicable here as it is in so many other instances, we ought to find it curative in certain states of pyrexia and certain blood-disorders to which its action corresponds pathologically. In order to put this suggestion to the test practically, let us first shortly sum up the symptoms and pathological changes caused by *Sepsin* or *Pyrogen* freed from all bacterial, self-reproductive, or transmissible cause of disease. In a series of experiments by Dr. B. Sanderson on dogs after a non-fatal dose of *Pyrogen* (i.e. $1\frac{1}{2}$ cubic centimetre of the aqueous solution per kilogram of body weight, or $\frac{1}{4}$ grain of the solid extract for an ordinary sized dog), the animal shivers and begins to move about restlessly; the temperature rises from 2° to 3° C., the maximum being reached at the end of the third hour. There is great muscular debility; thirst and vomiting come on, followed by feculent and thin mucous, and finally sanguinolent, diarrhoea and tenesmus. These symptoms begin to subside in four or five hours, and the animal recovers its normal appetite and liveliness with wonderful rapidity. I mention this fact as proving that the septic poison has not the slightest tendency to multiply in the organism, and secondly, as rendering it extremely probable that when death occurs it is determined not so much by alvine disorders, which are so prominent, as by the loss of power of the voluntary muscles and of the heart.* Another proof that death when it occurs is from failure of the circulation is, that in non-fatal cases with well-marked gastro-enteric symptoms, the temperature rises gradually during the first four hours, and as gradually subsides; whereas in fatal cases it rises rapidly to 104° F., and then declines rapidly to below the normal before death, thus indicating failure of the heart. In fatal cases from larger doses, the above symptoms increase to intestinal hæmorrhage, purging, collapse, and death. *Post mortem*.—

* *Brit. Med. Journ.*, ii, 1877, p. 918.

There is found extravasation of blood in patches underneath the endocardium of the left ventricle, sometimes on the papillary muscles, sometimes on or in the neighbourhood of the valvular curtains. Similar though less marked appearances are seen in the right ventricle. There are similar points of ecchymosis on the pleura and pericardium. The spleen is enlarged and full of blood. The mucous membrane of the stomach and small intestine is intensely injected with detachment of the epithelium, and exudation of sanguinolent fluid distends the lumen of the gut. These appearances indicate a general tendency to congestion and capillary hæmorrhage, as well as locally, congestion and capillary stasis of the gastro-intestinal mucous membrane, with shedding of the epithelium, as the nature of the disorder. The state of the blood plays a great part in the morbid process; it is darker in hue, and the corpuscles arrange themselves in clumps instead of rolls; many of the blood-corpuscles are partially dissolved in the *liquor sanguinis*, communicating to it a red colour: a large quantity of the hæmoglobin is lost by evacuation of the bowels, and conversion into bilirubin; the partial disintegration of the white corpuscles, by liberating the fibrino-plastic ferment, is supposed to be one cause of the capillary stasis.

The symptomatic and pathological effects are substantially the same in man, and, indeed, the analogy between the symptoms and morbid appearance and state of the blood in septicæmia after wounds and the experimental poisoning with *Sepsin* is very close.

Now, granting that the powerful agent producing these remarkable effects may be expected to act therapeutically as an alterative in morbid states which present the pathological *simile* to them, what are these morbid states, and how are they to be recognised in the complex phenomena of fever in the human subject? To answer this we must enquire what is the cardinal point in the proximate cause of pyrexia with which we have to deal in employing a directly acting remedy? To this question—at least as regards the chief phenomenon which determines the name pyrexia, viz. the increased heat—the critical review of the

experiments of Senator, Leyden, and others by B. Sanderson,* gives a reply.

The temperature of the body being dependent on the production and discharge of heat, of which the former is a function of living protoplasm, the latter a function of the organs of circulation, respiration, and secretion, the question arises whether pyrexial increase of temperature depends upon the former or the latter. To this Dr. B. Sanderson thus replies (p. 45):—"Two possibilities are open to us. One is, that fever originates in disorder of the nervous centres, that by means of the influence of the nervous system on the systemic functions, the liberation of heat at the surface of the body is controlled or restrained, so that 'by retention' the temperature rises, and, finally, that the increased temperature so produced acts on the living substance of the body, so as to disorder its nutrition. The other alternative is that fever originates in the living tissues, that it is from first to last a disorder of the protoplasm, and that all the systemic disturbances are secondary. The facts and considerations we have had before us are, I think, sufficient to justify the definitive rejection of the first hypothesis in all its forms; for, on the one hand, we have seen that no disorder of the systemic functions, or of the nervous centres which preside over them, is capable of inducing a state which can be identified with febrile pyrexia; and, on the other, that it is possible for such a state to originate and persist in the organism after the influence of the central nervous system has been withdrawn from the tissues by the severance of the spinal cord. We are, therefore, at liberty to adopt the tissue-origin of fever as the basis on which we hope eventually to construct an explanation of the process." It is elsewhere concluded that it is in the protoplasm of the blood and the muscles that take place those changes of activity and disintegration on which depend the changes of temperature, and no doubt the other essential phenomena which characterise fever.

What, therefore, on these data, are we to expect from an agent which shall act directly as curative of the pyrexial

* See *Blue Book*, 1876, No. 1, Appendix.

state? Not certainly any palpable disturbance of the nervous system which can in health lower temperature by promoting heat discharge as is expected from large doses of *Quinine*, or from the merely physical action of cold baths; nor a general support of the vital powers till the specific disease runs its course, as is expected from alcohol, &c. But, on the contrary, a simple modification of the exalted and perverted protoplasmic action in which the proximate cause of pyrexia consists, which shall be of such a nature as to bring it back to health. Let us assume (without any attempt to prove it, but merely to give an intelligible illustration in explanation) the hypothesis of Beale, that the essence of inflammation and fever consists in a degeneration in the scale of biological development of the bioplasts of the blood and tissues, which involves the production of a more rapidly growing and disintegrating kind of protoplasm; our most complete and perfect conception of a direct remedy would be that of an agent which would act as a specific stimulus to the affected protoplasm, and bring back its germinal development up to the normal plane. This has long been my view of the action of *Aconite* in inflammatory fever, or, at least, that it acted directly on the pyrexically affected protoplasm, and not on the vaso-motor nerves or centres of the heart, or of the spinal marrow; for reiterated experience has shown that it acts in far too small a dose to exert any directly depressant effect on the heart or its nerves, or, indeed, any perceptible effect on them at all. Now, the living matter or protoplasm is capable of an almost infinite variety of kinds of morbid action according to the predisposing and exciting causes acting on it, and hence pyrexia may vary indefinitely in its character, even independently of the addition of the local lesion proper to the concrete specific fevers; so no directly curative remedy can be applicable to more than a few forms or even to only one, *e.g.* *Aconite* suits inflammatory fevers, and *Quinine* malarious intermittents, while they would be powerless if interchanged. To what form then should we expect *Pyrexin* or *Pyrogen* to be applicable? The true clue to this is given, I think, by the state of the blood, for

that is the most marked and important of the signs of septicæmia; the local congestions and extravasations not being so constant or so grave as respects the issue. If we contrast the characteristic hyperinotic state of the blood in inflammatory fever, displaying its bright colour, buffy coat, firm coagulum, and the adherence of the red corpuscles in rolls, with the septicæmic state of blood already described, showing its dark and dissolved state, loose coagulum, the red corpuscles adhering in clumps, and the increase of white corpuscles, we shall see well-marked grounds of distinction. This latter state of the blood is very similar to, if not identical with, that which belongs to typhous or adynamic fevers, and, indeed, in describing fatal cases of septicæmia after wounds the analogy of the symptoms is so great with these fevers that the word "typhous" is generally used in describing them. Hence the shortest discrimination of the indications for the use of *Pyrexin* or *Pyrogen* may be stated to be the typhous or typhoid character or quality of pyrexia, using these adjectives in their old-fashioned sense. For although the clinical discrimination of enteric fever from typhus is a great gain, it is unfortunate that the word "typhoid" should have been appropriated to the former, as it either introduces confusion into our nomenclature or deprives us of a hitherto well-understood expression of the character of pyrexia as distinct from the name of a specific disease. We shall find it convenient to go back to the terms of Cullen, viz. synocha, for inflammatory fever, the typhous or typhoid condition for the low adynamic or asthenic character or quality of fever, and synochus for the mixed kind, which is inflammatory at the beginning and typhous at the end. I do not know that the more accurate discrimination of the typhus, enteric, and relapsing fevers into distinct specific diseases gives any ground for denying the existence of the above distinctions of character in the pyrexial state in general, and, therefore, we should still keep up the words inflammatory, and typhous or typhoid, as expressive of different qualities or characters of fever, and not of distinct febrile diseases.

As *Aconite* is well known to be the most important of

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the remedies for the synochal or inflammatory pyrexia, so the most summary indication for *Pyrogen* would be to term it the *Aconite* of the typhous or typhoid quality of pyrexia. This being a condition and not a distinct disease, it is to be looked for as occurring in a variety of diseases such as the typhus and enteric fevers themselves always, and more or less it may occur in intermittents, so-called bilious remittents, in certain varieties or stages of the exanthemata, especially scarlatina, measles, and smallpox, of dysentery, and of epidemic pneumonias, diphtheria, &c. From the gastro-enteric symptoms *Pyrogen* may possibly also apply to some stage of cholera, and to yellow fever. It is, of course, to be distinctly understood that this substance is only recommended at certain stages and phases of these diseases, and entirely as a remedy of a secondary or subordinate character, and not in any sense as a *specific* for the whole disease.

Sepsin or *Pyrogen*, it must be remembered, is only a chemical poison, like *Atropin* or serpent venom, whose action is definite and limited by the dose, and it is incapable of inducing an indefinitely reproducible disease in minimal dose, after the manner of the special poisons of the specific fevers; its sphere, therefore, is by no means commensurate with that of these diseases, and if ever true specifics for them should be discovered it is hardly probable that such would be merely chemical non-living agents. At present there is no question at all of such specifics. The only point is that we should be able to form an intelligible idea of the way in which a margin can be supposed to exist in individual cases, say of enteric fever, smallpox, or yellow fever, &c., in which a directly acting medicine can do good to the pyrexia without at the same time having any power to check, modify, or shorten the true specific disease. Observation, I think, shows that such a margin exists, for we are all familiar with the immense variety in the degree of severity, especially as regards the pyrexia existing between cases of the same specific fever in different individuals, while at the same time the cardinal symptoms are pronounced sufficiently to leave no doubt of the diagnosis,

and the completeness of the specific process is also shown by the protection against subsequent attacks being as complete after the slight cases as after the more severe. In scarlatina and smallpox both these circumstances are notorious, and the astonishing mildness of the pyrexia in some case of enteric fever, in which the local diseased process runs its full course, is well known.

When we take these facts in connection with the theory of Beale that not all—nay, not even the majority—of the new bioplasts, whose formation and continued multiplication constitutes the essence of fever and inflammation, are, in a specific contagious disease, themselves specific, and capable of conveying the disease, we can easily see that there may be in each specific fever a large margin of non-specific febrile action or protoplasmic change. It may be, and probably is, this which gives the severity and fatality to certain cases by its excessive amount rather than the greater intensity of the specific process, owing to increased susceptibilities of the patient towards the specific poison, although no doubt that is also a factor of importance in the variations of severity in different individuals. At all events, we easily see from the above considerations the reasonableness of the expectation that any remedy which could moderate and control the concomitant non-specific pyrexia in the specific fevers would thereby palpably diminish the average mortality, even though it could not cut short the specific disease itself. Whether *Pyrogen* be such a remedy remains to be seen; at present we have only to show that a place is open for a possible agent of this kind. Our expectations, also, must not be pitched too high, because, for innumerable reasons, as we all know, a considerable mortality must attend all the severe specific fevers, and the margin wherein positive curative treatment adds to the value of good negative treatment is not large. Besides, from the very character of the symptoms and stage of the disease for which this remedy is indicated, it must often be in the position of a forlorn hope. Therefore, it is only by the statistical comparison of a large number of cases that we can determine how far lives have been saved by it.

The known specific fevers do not by any means exhaust the possible sphere of a remedy for the "typhous" condition of pyrexia; for, although it is no longer the fashion to speak of the synochus of Cullen, yet, as far as my experience goes (and I doubt not other practitioners will agree with me), the list of species or varieties of continued fever in this country is by no means exhausted when we name the inflammatory, rheumatic, typhus, enteric and relapsing. On the contrary, we all meet with cases of fever which cannot be distinctly referred to local lesion, and cannot be fairly brought under any of the above names, and for want of a more definite appellation we have to speak of as catarrhal, gastric, or bilious fever; or describe in some such vague way. Many of these are synochal, and require *Aconite* at the outset, while in the later stages a more adynamic state sets in, supposed to require stimulants, thus corresponding to the synochus of Cullen. In the specific fevers also, there may occur more or less of this primary and secondary quality of the pyrexia requiring *Aconite* at the first stage and (should our anticipation prove correct) *Pyrogen* at the later stages. Doubtless Cullen, his contemporaries, and for long his successors, described and treated as synochus many cases of continued fever, which were, in reality, enteric, or even relapsing, before Henderson separated the latter, or Jenner the former, from the general mass of continued fevers; and, no doubt, we are all doing the same in respect to other species to be discriminated in future. But this is of less consequence as regards medicinal treatment as long as we are guided by indications for a particular quality of pyrexia, and not the concrete disease in which that may occur. If the discrimination of enteric fever as a species may be correctly held to explain away synochus in part, yet can we admit that the supervention of bacterial growth at the later stage will account for all the rest? Certainly, in that case, the sepsin of the Bacteria would produce a state of blood analogous to the "typhous" state, and if itself the cause would of course exclude our remedy. But although a certain growth of micrococci does take place in some cases, and is the cause of complications

(e. g. ulcerative endocarditis in smallpox), yet there is certainly no proof and, I think, very little probability, that such is general and sufficient to account for the phenomena, which in the meantime must, therefore, be referred to a quality of the disease.

In septicæmia, metastatic pyæmia, and puerperal fever, it is more difficult to see any possible opening for a remedy of this kind. As long as not only sepsin, but bacteria, micrococci, and their germs are being poured into the system from the focus of infection we can naturally expect nothing good from it; but after the focus is removed or neutralised by antiseptics it may become a question whether the artificially prepared *Pyrogen* from a different source may not be curative in the still remaining fever and blood disorder. Likewise, whether it may not be a preventive of traumatic pyæmia and septicæmia if given when the system is verging on that loss of vital resistance which allows the development of these diseases. The above objection applies more particularly to auto-infective puerperal septicæmia, or that form which is apparently spontaneous, i. e. not arising from inoculation of specific infective poison such as that of erysipelas, of scarlatina, or of another case of puerperal fever itself. But in the latter case if, at an early stage, this remedy can control the degree of pyrexia, and thus hinder the loss of vital resistance which allows the development of metastatic pyæmia and septicæmia, it may be of vital importance and sensibly diminish the average mortality of that, at present, almost hopeless disease. For, as elsewhere* said, I look upon the theory which attributes the specific infective poisons to partial bions or portions of diseased protoplasm thrown off by the patient (Beale), to be true rather than that of specific pathogenic bacterial parasites. Disease having thus begun in a subject who may be regarded as having a deep-seated wound, vital resistance is lowered and the ubiquitous putrefactive bacteria grow and multiply locally, pass into the system, and add the fatal complications of pyæmia and septicæmia.

The theory of the engraftment of bacterial septicæmia

* *The Germ Theories of Infectious Diseases.* London: Baillière.

and pyæmia as a subordinate phenomenon upon other diseases, without the inoculation of a necessarily specific kind of Bacteria may be shortly stated as follows. The viable germs of a variety of kinds of Bacteria and micrococci existing constantly in all ordinary air and water, and articles of food and drink, even in some after cooking, we are constantly receiving them into the alimentary canal, air passages, and any open wound. But just as constantly in the healthy state does the living matter consume them and prevent their development, such powers being summed up in the term vital resistance. Many states of disease, however, especially traumatic and other states of pyrexia and local stagnation of the circulation, so far lower vital resistance, that the accidental Bacteria germs may grow and multiply, and thus add their characteristic noxious effects to the former disease. Many of the products of bacterial putrefaction, especially those comprised under the term *Sepsin*, have a powerfully poisonous influence in lowering and paralysing vital resistance, and thus a small quantity of complete putrilage, containing both living Bacteria and septic products, is able to form a focus from which septic growths and products can spread and infect the whole system fatally. But if the same amount of Bacteria alone is carefully washed from adhering *Sepsin*, no evil follows, for the vital resistance at the spot destroys the Bacteria speedily. This was proved by Hiller, who injected into his own arm a whole Pravaz syringeful of fluid swarming with living but carefully-washed Bacteria, and no effect was produced but a transitory redness of the part. If, therefore, *Sepsin* should prove a remedy for any of the forms of pyrexia, especially the traumatic, which lower vital resistance, to that extent we may expect it to be a *preventive* of those forms of pyæmia, septicæmia, and so-called blood poisoning, which depend on the development of accidentally introduced germs of Bacteria and micrococci.

In chronic disease there may also be an opening for a substance like this, acting so powerfully on the blood. Here we may name leucocythæmia, and possibly pernicious anæmia.

It may be said that the analogy is not great between the

action of *Pyrogen* and leucocythæmia; but this may be merely that we see usually an early stage of that disease, whereas the final stage may complete the resemblance. I had the opportunity of following to its close a case of leucocythæmia with enlarged spleen, in which the number of the white corpuscles almost equalled that of the red. For many months little alteration of the health was apparent, except muscular debility and liability to digestive derangements. The patient, had, however, bled over much when a tooth was extracted, and also was subject to occasional bleeding of the nose, and once had hæmatemesis. Then, after cold or a trifling indigestion, there came on vomiting and purging, prostration, fever, delirium, and death, in about a week,—the course of the disease resembling typhus without any diagnostic mark of that disease. A day or two before death there was large extravasation of blood under the skin of a large surface of the trunk, a portion of which, drawn off by the aspirator during life, showed a tarry colour and consistence, and the same large proportion of white corpuscles, but no Bacteria. There was also complete deafness for a week, and nearly complete blindness for the last three days, thus reminding us of the retinal hæmorrhage in septicæmia. After death the only appearance of importance was the enlargement of the spleen. In this case, *Phosphorus*, *Arsenic*, and a variety of medicines failed.

A case of leucocythæmia is reported by Dr. Gowers,* in which retinal hæmorrhage is described and figured. Epistaxis is also mentioned as occurring frequently, but the termination is not given. This disease would seem to be analogous to a long drawn out first stage of *Septin* poisoning, therefore, since other remedies fail I would be inclined to try the one under consideration.

Such is an *à priori* outline of the possible sphere of action therapeutically of this powerful pyrogenic agent. It is, however, only an outline, as the characteristic alterations of the blood especially are too meagre and general to enable us to fill up the picture and give exact indications. What the exact state of the blood which characterises this

* *Medical Ophthalmoscopy*, p. 312.

typhous state is, is not yet made out, and it would appear from the observations of Andral and Gavarret, and more recently of Baxter and Willcocks, that the blood-corpuscles are less affected in number and richness in hæmoglobin than might have been expected in many cases of scarlet fever, measles, typhus, and typhoid; while, on the other hand, the decrease of the red corpuscles both in number and richness is most marked and rapid in paludal miasmatic fevers. The indications for pyrexin here given are entirely *à priori*, as the foregoing was all written before a single therapeutic experiment was made. We must, therefore, expect that experience may correct or fill up, or contradict a large part of the above anticipations. In order to put the matter to the test, I prepared some of Panum's *Sepsin* in the following three different ways.

Modes of preparation of Sepsin.

1st. Half a pound of chopped lean beef was put into one pint of water from the tap and set to macerate on the sunny side of a wall in June, 1879. As the weather was unusually cold and cloudy no pellicle had formed in fourteen days, so it was left a week longer. The maceration fluid was then reddish, thick, and fetid; this was strained through muslin, then filtered. The filtration was slow and difficult. The filtered liquid was then evaporated to dryness in a water-bath at boiling heat. The dry residue formed a brownish caky mass, which was then rubbed up in a glass mortar with two ounces of rectified spirits of wine, and then allowed to digest two hours. This sprituous maceration was then boiled for five minutes, then filtered. The residue on the filter was then thoroughly dried in the warm chamber, and formed a hard brownish mass, weighing fifty-four grains. This was rubbed up with 540 minims of distilled water, allowed to stand an hour and a half, and then filtered. The clear amber-coloured liquid which passed through is the watery extract or solution of *Sepsin*. To this was added double the volume, *i.e.* 1080 minims, of *Glycerine*, and labelled "*Pyrexin*" ϕ , forming the standard solution of *Sepsin*, of which one minim corresponds to the water extract of $\frac{1}{36}$ th of a grain of dry *Sepsin*. The solution is amber-coloured, and remains perfectly clear throughout,

and without any trace of mould fungi on the surface eight months after preparation. On testing by subcutaneous injection in white mice in quantities from one minim upwards, and with simultaneous control experiments with like quantities of pure *Glycerine* diluted with one third water, it was found that one, two, and three minims produced palpable effects, though not fatal, while four minims were fatal in some cases, and six minims uniformly so, the corresponding control experiments being innocuous.

2nd Mode. A similar maceration, after standing fourteen days in July, 1879, was strained through a linen cloth, measured twelve ounces, of a deep and clear solution. This was at once precipitated with twelve ounces of strong spirits of wine (90°), mixed thoroughly by stirring, and set aside to stand all night. The precipitate was buff-coloured, and very bulky, taking up nearly half of the glass beaker. The supernatant alcohol was decanted off and the precipitate drained upon a filter, then washed off into a beaker with boiling spirit, made up to twelve ounces, and boiled over the lamp for five minutes with constant stirring. Filtered and washed with boiling spirits. The precipitate was removed to a clock-glass, and kept *in vacuo* over strong sulphuric acid for thirty-six hours, during which time it shrivelled into a small compass, and became blackish. It weighed forty-two grains. Now treated with ten parts of cold water for an hour in a mortar, triturating constantly. Then filtered and washed twice over. The two filtrates and washings were then evaporated in a water-bath to dryness, and weighed 1·5 grain. This was triturated in an agate mortar with 150 minims of a mixture of one part of water and two parts of *Glycerine*. This was marked *Sepsin* or *Pyrexin*, 100 minims = 1 grain. The solution is not complete, and flocculent particles are visible. Of this three minims are fatal to mice, and it is thus, therefore, more virulent than the former preparation, but from the small quantity of dry precipitate got and the large quantity of *Alcohol* consumed in the process it is not one to be recommended.

3rd Mode. A similar maceration of the nineteenth day, in the open air of a cold September. The filtered maceration liquid (11·3 ounces) was mixed at once with two volumes of rectified spirits of wine and precipitated. The precipitate was of a dull brown colour, and the solution containing it was allowed to stand

six days, then filtered, drained, and washed with hot spirits of wine. The precipitate was detached from the filter, dried in a warm chamber at 150° for eighteen hours, then ground very fine, and weighed 8.14 grammes = 48½ grains. This was macerated six hours over a water-bath with ten parts of water, then twenty parts of *Glycerine* added, and filtered under pressure. The fluid was very pale amber-coloured, and keeps perfectly like the mode No. 1. But seven drops are not uniformly fatal to mice. It is, therefore, weaker than the first mode, and more *Alcohol* is consumed. The first mode is preferable in yielding a product of sufficient strength and in tolerable quantity, and with moderate expense of *Alcohol*. But it has the drawback that the preliminary evaporation is attended with such a horrible smell.

As above said these preparations were tested on mice, which animal had been found by Dr. R. Koch to react very like the human subject with the septic and anthrax poisons. The symptoms observed were as follows:—The animal became dull and languid, ceased to eat; then appeared restlessness, the eyes dim and sunken, and bleeding from the anus; then a quiet stupor till death. More or less of these symptoms were produced by all the doses, from one dose upwards. Bleeding from the anus was perceived in all the fatal cases, but also in some that recovered.

The blood of the animals thus killed was then tested by subcutaneous injection into healthy mice, which in every instance were unaffected. It was, therefore, not infectious, and we have thus the security that we are dealing with a simple non-reproducible chemical poison, whose effects can be regulated and kept within perfectly safe bounds by simply limiting the dose.

As all doses below six minims were insufficient to kill a mouse, we may take it that from one to five minims would be quite safe for subcutaneous injection for man. How much smaller might be sufficient for the curative reaction can only be determined by experience. As this is an animal poison like snake venom, it may require to be used subcutaneously, as we do not know how far the stomach or the mucous membrane may not impair its activity, as they certainly do with snake poison. This also can only be deter-

mined by experiment, and it may turn out to be effective in the much more convenient way of administration by the mouth. As the action of *Sepsin* is speedily exhausted, it would probably be necessary to repeat the dose by subcutaneous injection at least twice a day in acute pyrexia; and from the nature of its possibly curative operation, we would not expect a rapid or palpable lowering of febrile heat soon after each dose, but only a gradual amelioration of the disease.

As *Sepsin* is of the nature, probably, of peptones, and extremely favourable to the growth of accidental Bacteria, whose germs exist in all ordinary water, it should, if given internally, not be prescribed in an aqueous mixture, but dispensed in pure *Glycerine* or in *Glycerine* with one third of distilled water, and the dose dropped into a spoonful of water at the time of administering.

Since the above was written, I have had some experience with *Pyrexin* as a remedy, both subcutaneously and internally used, but not sufficient for publication. So far, however, the results have been favourable and give good promise. The injection, even of that strong *Glycerine* preparation, excites no local disorder, nor any general septic disturbance in the above doses. The first decimal dilution has been given internally, in three-drop doses frequently repeated, to children with good effect.*

TRANSACTIONS OF THE PARIS CONGRESS OF 1878.†

We omitted to notice in this Journal the Homœopathic Congress held in Paris in 1878; but our British colleagues were fully informed as to its proceedings in the pages of our contemporaries, the *Monthly Homœopathic Review* and the *Homœopathic World*. Its Transactions are now before

* Messrs. Thompson and Capper, chemists, 55, Bold Street, Liverpool, have undertaken to prepare *Pyrexin* according to formula No. 1, to ensure uniformity of strength and quality. They will furnish it in the form above described as *Pyrexin* φ, and also in the first decimal dilution.

† *Comptes Rendus du Congrès Internationale d'Homœopathie*, Paris, 1879.

us, and we propose to give some account of them to our readers.

The occasion of the gathering was the "Exposition universelle" which was held in the French capital in that year. The idea at first seemed to be that another meeting of French-speaking homœopathists should take place, such as those which met in 1867 and at three previous epochs. It was accordingly styled the Fifth Homœopathic Congress of Paris. Subsequently, however, it assumed a more general character; and the authorisation given to it by the French government speaks of it as "*un Congrès international d'Homœopathie.*" Nor was it unworthy of the title; for among the names which appear on its "*Liste générale des adhérents,*" 19 are those of foreigners.

The organisation of the Congress was entrusted to a Committee representing the various sections into which (unhappily) the homœopathic body in Paris is broken up, and consisting of M.M. Bourdas, Chancercel, Goddard, Herrman, Jousset, Léon Simon, and Teste. The last named was its president, and might have been that of the Congress itself, but that illness unfortunately disabled him from attending it. The election, therefore—which took place at the commencement of the first day's proceedings—lay between Drs. Léon Simon and Jousset, and a slight majority gave the former the chair. Dr. Jousset was requested to undertake the office of vice-president, in conjunction with Dr. Hughes of England, Dr. Gonnard became "*secrétaire-général,*" Drs. Claude and V. Léon Simon "*secrétaires-adjoints,*" and Dr. Guérin-Meneville treasurer.

The plan adopted was to make a general request to homœopathists throughout the world to furnish papers for discussion. Those received were classified in three divisions, and one allotted to each of the days (August 12th, 13th, 14th) on which the Congress assembled. On the first day the subject was "The law of similitude, its bases and its range:" on the second, "*Materia Medica and homœopathic practice:*" on the third, "*Organisation of homœopathic medicine.—Institutions (societies, schools, hospitals).—Study of legal reforms.*" Those papers whose

authors were present were read by them: of the remainder a brief *précis* was furnished by one of the secretaries. The Transactions—published at the expense of the Government, which also housed the Congress in the Palais de l'Exposition—consist of a short-hand report of all that thus came before the meetings, with the discussions that took place.

Our survey of them finds as the most noteworthy feature of the first day's proceedings a paper by Dr. Jousset "On Homœopathic Doses." Beginning by affirming that neither the pure infinitesimalists nor the advocates of pouderable doses in all cases have clinical experience on their side, and that a middle course (as the invariable prescription of the third or sixth attenuation) loses the advantages of either, he shows that those who practise *omni dosi* are bound to inquire into the reason why sometimes larger and sometimes smaller quantities do most good to their patients. Like Dr. Sharp, he looks for his law of dose to the action of drugs in health; but does not find it, with him, in the simply opposite effects of large and small doses. He fixes upon another feature of the phenomena which many of us would equally refuse to acknowledge as a pervading one, viz. the primary and secondary actions of medicines. He points out, after Hahnemann, that, the weaker the dose, the more purely are manifested the primitive effects of the drug; while larger quantities tend to suppress these, and to produce secondary phenomena immediately. Applying now the law of similitude to the choice of dose, he argues that we should administer appreciable quantities (or those approximately so) "when we have to combat a symptom which recalls the secondary action of the medicine, and, on the contrary, should prescribe infinitesimal doses when we have before us a symptom corresponding to the primary stage of the drug's operation."

We have given Dr. Jousset's view in full, that it may not be misunderstood; but our readers will see at once that he has unwittingly propounded as a novelty a position familiar to us as taken up by Dr. E. M. Hale. Our reasons for dissenting from it have already been stated in this Journal, and we will not repeat them here.

The programme of the second day presented a list of sixteen papers, very few of which of course could be read, but which are mostly printed in the Transactions. The first to appear there is a very interesting and valuable paper by one whose writings are always welcome to us—Dr. Meyhoffer, of Nice. It is entitled “A Disquisition on some functional and organic affections of the Heart, in relation to a certain number of homœopathic remedies.” The medicines whose action he characterises are *Aconite*, *Cactus*, *Arsenic*, *Digitalis*, *Phosphorus*, *Coffea*, and the preparations of lime. His remarks upon these are so scientific and withal so practical that we will reproduce them here.

“We shall follow in the choice of remedies the two principal indications furnished by the morbid states we have just pictured, that is, on the one hand to moderate the action of the heart, on the other, to increase its vigour.

“To the first of these indications correspond more especially *Aconite* and *Cactus grandiflorus*; to the second, *Arsenic*, *Digitalis*, and *Phosphorus*.

“But the morbid conditions are not always so clearly defined: they are sometimes very complex, and demand remedies which fulfil several indications at the same time. Among the crowd of such substances, we limit our remarks to two, *Coffea* and *Caffeine*, and the preparations of lime.

“All the physiological experiments made with *Aconite* prove to demonstration that this agent paralyses the vaso-motor nerves, excites the action of the heart, and at the same time irritates its muscular fibres. Dilatation of the arteries and capillaries, elevation of temperature, force and fulness of the pulse, energetic impulse of the heart, violent palpitations with præcordial anguish, are such well-known effects of this plant that we have no need to enlarge on the subject. That which it is of importance to observe is that, whenever we find in a patient the phenomena we have just seen as producible experimentally by *Aconite*, we can be sure beforehand of relieving them, and causing their disappearance, by inducing its influence. We find then in *Aconite* the remedy *par excellence* for palpitations of the heart in adolescents and plethoric adults; it is not less potent in insufficiency of the aortic valves, with a strong and abrupt pulse, with throbbing of the peripheric arteries and dilatation of the

capillary network. Its action is not manifested only in causing the rapid disappearance of palpitations and cerebral congestions, which so often accompany this lesion; but one finds also that the diastolic bruit in the carotids (when it exists) has been at the same time sensibly diminished. This transmitted bruit, present before the administration of this medicine, becomes sometimes scarcely perceptible after the patient has taken three or four doses of it. By "dose" we mean one or two drops of the first or second decimal dilution, repeated every three hours.

"All the aggravations engendered by an endocarditis are under the control of *Aconite* as long as arterial turgescence predominates; but when the heart itself is principally affected and the vascular disorders are but the consequence of its exaggerated action, we should betake ourselves, to restore its equilibrium, to *Cactus grandiflorus*.

"This medicine, still entirely unknown in the official practice, is called to play a grand part in the treatment of cardiac maladies. According to Rubini, who was the first to make us acquainted with it, the effect of this plant on the human organism is absolutely identical with that of *Aconite*. He attributes to it a value equal, if not superior, to that of its analogue in all active inflammations, and considers it an irritant of the heart itself as well as of its nerves. My experience with *Cactus* only partially confirms the statement of Rubini. There is no doubt in my mind that this plant affects the muscle of the heart more than any other organ or tissue. Its action on the nerves of the heart is *nil*. The vascular dilatation, the force and fulness of the pulse, which we observe in its pathogenesis, depend on its primary effect on the muscular fibres of the heart. The contractions of the latter are violent, the blood is thrown with great force into the aorta, and yet one does not see the vascular storm to the same degree as under the influence of *Aconite*. These reservations made, we are the more free to declare that we know no remedy which displays a moderating power over the action of the heart superior or even equal to that of *Cactus*. I have used it with a success which has never failed me in idiopathic hypertrophies of the heart in young people, in all the disturbances of this organ so frequent in the course of mitral and aortic insufficiencies, caused now by endocarditis, now by muscular strains. There is here even a danger: that of allowing one's self to fall too easily into routine.

"*Cactus* does not augment the power of the heart, but it moderates and regulates its action, and thus economises its force. This agent produces no effect on an enfeebled heart; secondary dilatation and the cardiac cachexia are no more within its range than they are within that of *Aconite*. The latter medicine is much less frequently indicated than *Cactus*, but it sometimes prepares the way for it. Sensation of constriction (as from a tight girdle) round the body, and pulsations in the epigastrium, are precious indications for the choice of *Cactus*.

"This plant, whose virtue is so great in the treatment of organic affections of the heart, replaces to the great advantage of the patient the preparations of *Bromide of Potassium*, and of *Digitalis*, which our allopathic colleagues employ in these circumstances. It does not weaken, as they do, the energy of the heart, but preserves while it moderates it.

"The dose of *Cactus* should vary according to the urgency of the case. One is rarely, however, obliged to give oftener than every two hours one or two drops of the second decimal dilution to obtain promptly the desired effect.

"The attenuations which we prepare of *Coffea* and *Caffeine* are for the nerves of the heart what *Cactus* is for its muscle.

"The action of *Coffea* is exerted in an elective and immediate manner on the special nerves and ganglia of the heart, independently of the vagi and the sympathetic trunks, as the experiments of Leven have clearly shown.* Its influence on the cardiac muscle is indirect, entirely dependent on the excitation it effects in its nervous supply; the accelerated contractions of the heart, the increased intra-vascular pressure, have no other origin.

"As a remedy, *Coffea* addresses itself to those palpitations of the heart characterised by abundant diuresis which we call 'nervous.' A drop of the third or sixth dilution often suffices to cut short an attack of tumultuous action of neurotic origin.

"*Caffeine*, though it acts as only an indirect stimulant to the cardiac muscle, is nevertheless manifested to be a potent auxiliary to *Digitalis* in the treatment of asystolia. From simple weakness of the heart to its passive dilatation (cardiac cachexy) and fatty degeneration, this alkaloid renders the most striking service, *provided that it be given only in small doses*. We have found two centigrammes three or four times a day sufficient to secure regular contractions of the heart and an

* *Archives de Physiologie*, 1868, t. i, p. 179.

increased quantity of urine. It was by this means that we restored sleep and obtained the nearly entire disappearance of the oedema in the patient who formed the subject of our third observation. It also determined more vigorous contractions of the heart in the American lady subject to syncopal attacks of six or seven hours' duration, and in the physician whose case I have related. To these I gave one centigramme of *Caffeine* every half hour, until the pulse returned, and then at longer intervals. If, then, one can obtain from such small doses of this alkaloid effects so striking, is it not evident that in following the recommendations of Parrot, who leads us to prescribe from twenty to fifty centigrammes of *Caffeine* three or four times in the twenty-four hours, we shall soon finish by exhausting the vitality of the nerves as well as that of the muscle of the heart?

"*Digitalis* manifests the same influence over the muscular fibres of the heart as *Caffeine* over its nerves; that is to say, it paralyzes them. How comes it, then, that the allopaths employ, like us, this plant and its alkaloid as a tonic for the heart? Some physiologists assert as an explanation of this contradiction, that *Digitalis* acts as a moderating agent on the heart's action in regulating the influence of the pneumogastriacs. The experiences, however, on which they rely are very contradictory, and far from justifying this view. The question is very simple; *Digitalis*, in small doses, augments the heart's action, while in large doses it destroys it. Our colleagues of the official school know this so well that they prescribe in preference one to two granules of *Digitaline* a day, of one milligramme each, in asystolia; and when it enters into their plan to employ stronger doses, they divide them by long intervals. For our part, we have found that *Digitaline*, in the second or third decimal trituration, a dose of five centigrammes two or three times a day, or a simple decoction of from fifty centigrammes to two grammes of the plant in 120 grammes of water, is sufficient to regulate the contractions of the heart and to augment the intravascular pressure. Thanks to this remedy and to its auxiliary, *Caffeine*, one can often bring back to life patients whose state seems desperate.

"*Arsenic* is the remedy for the incipience of the cardiac cachexy. The heart grows feeble, the pulse begins to show irregularities, the nights are troubled by oppression and anguish,

œdema of the feet appears and disappears. The fear lest fatty degeneration should have commenced to invade the heart is a further indication for the choice of this mineral. *Arsenic*, by its profound influence on nutrition, is capable for a long time of holding in check passive dilatation of the heart, and maintaining the equilibrium of the circulation. Dose: four to six drops a day of the dilutions from the first to the sixth.

"Not less important than *Arsenic*, in the treatment of secondary dilatation of the heart, is *Phosphorus*; but it corresponds to a more advanced degree of the malady. Asystolia is more pronounced; bronchial catarrh has become more or less permanent; hæmorrhages and passive pulmonary congestions are produced; dyspnœa obliges the patients to pass their nights in an armchair. It is especially these phenomena of pulmonary stasis which should determine the choice of the present remedy. On the other hand, it seems impossible to treat steatosis of the heart with any chance of success without the aid of *Phosphorus*. We need not here recall the rapidity with which this substance, introduced into the organism in a toxic dose, transforms the muscular fibres, and especially those of the heart, into a fatty substance. We have accordingly found the metalloid of great value in degeneration of the heart, whenever the pulse becomes irregular and intermittent, and vertigo is more or less permanent.

"This agent is not less precious in insufficiency of the sigmoid valves, and in constriction of the aorta of atheromatous origin. The pulse is small, intermittent, difficult to find at the wrist; giddiness and faintness indicate the anæmic state of the brain.

"For dose, I habitually give a drop, three or four times a day, of the third dilution, when we simply have to re-establish the regularity of the circulation. But when vertigo predominates and syncope threatens, I give a drop of the first dilution every two hours.

"It finally remains for me to say a few words upon the preparations of *Lime*. They have no direct affinity for the heart; but by their well-known influence upon nutrition, the *Phosphate* and *Hydrochlorate of Lime* ought to be, and are, most effectual means for quieting palpitations of the heart in young persons who are growing rapidly. It would not be amiss to give them some preparation of *Iron*; but no great harm would be done by

omitting this medicine from our plan of treatment. For we have to do here with no mere anæmia, but rather with an impoverishment of all the reparative elements caused either by defective assimilation or by excessive expenditure. Now it is just this vice of nutrition which *Calcareæ* corrects. Let us say at once that it is not to a chemical action that we attribute this salutary influence, but to the vital direction the drug impresses on the cellular nutrition. The evidence of this is in the dosage we employ, which varies from the first to the thirtieth dilution, one to six drops being given per day. In the affection which we are now considering the *Phosphate of Lime* will generally be the best preparation; but we should prefer the *Hydrochlorate* when there is a tendency to gastro-intestinal catarrh."

The next memoir presented was of no less interest in value. It was from M. Teste, and its subject was the use of *Bromine* in diphtheria. The author makes a curious mistake in his sketch of the history of this remedy. He confounds our Hering, who proved it mainly in the 30th dilution, with Höring, who experimented with it on both men and animals in a more vigorous fashion; and accordingly states that "to our celebrated and venerable *confrère* of Philadelphia is due the introduction of *Bromine* into therapeutics!" He justly, however, credits Dr. Ozanam with having first established its efficacy in diphtheria; and follows him in giving it (contrary to his usual practice) in a somewhat crude form, viz. the *eau bromée*, a solution of about the strength of our first centesimal potency. Of this he administers from one to three drops, every hour in anginose diphtheria, every quarter hour in croupous. His experience leads him to regard this medication as almost infallible in the dreaded malady in question, and as "the most precious acquisition that the art of healing has made for a hundred years past." He relates several cases in illustration; and in some of them the curious fact comes out that milk neutralises the action of *Bromine*, and must accordingly be forbidden during its employment.

The absence of the author hindered the reading of this paper, and so deprived us of what would probably have

been an animated discussion on the point it raises. Some compensation was obtained, however, in that excited by the next communication but one,—a paper by Dr. Cartier, of Lyons, on “Homœopathic Posology.” It contains an account of several cases, treated by similarly-acting remedies in doses somewhat larger than we are ordinarily wont to administer. One was of acute albuminuric nephritis, with anasarca, from cold; in which *Terebinthina* (the obvious remedy) was given in a mixture of a teaspoonful of the oil to 120 grammes (about 4 oz.) of water, of which a dessert-spoonful was taken as a dose. Another was of ulcer, threatening malignancy, on the lower lip, healing under Fowler’s solution of *Arsenic*, two or three drops three times a day; others of severe inflammation and neuralgia, in which *Aconite* proved curative in fractional doses of the mother-tincture. In the first two other remedies, and in the second *Arsenic* itself, in infinitesimal doses, had been employed in vain.

These narrations, accompanied by some remarks pointing their moral, raised quite a commotion in the assembly. Member after member of the Congress rose to protest,—one saying that he thought the author of the paper had missed his way, and supposed himself to be at the *Académie de Médecine*; and, although Drs. Meyhoffer and Jousset came gallantly to the rescue, so strong was the prejudice aroused, that the meeting, by a majority vote, decided that Dr. Cartier’s memoir should not appear in the *Transactions*. The Committee of publication, however, has judged it wiser to print it; and we have the benefit of its experiences accordingly, of which we should have been sorry to have been deprived. To our minds, it is the discussion, not the paper, which suggests the meeting of an old-school rather than of a homœopathic society. The kind of outcry which the communication of cures wrought with infinitesimal doses would have evoked in the former assemblage is here echoed à merveille because the quantities given were comparatively large. It is a small matter that cures were wrought, even that they were effected by medicines conforming to the law of similarity: their doses “ne

rentrent point dans notre cadre," and so they had best remain unreported! Wherein does homœopathic differ from allopathic bigotry? The only point of distinction which comforts us is to find a Meyhoffer and a Jousset standing up for more liberal views: we should have looked in vain for their analogues in the *Académie de Médecine*.

Our space will not allow us to give an account of the remaining contributions to this day's work. They were, a paper on Purpura Miliaris, by Dr. Vincent Léon Simon, a worthy inheritor of an honoured name; one on Seasickness, by Dr. Chapiel, of Bordeaux; two from this country, by Drs. Morrisson and Edward Blake respectively, the one discoursing on Amyl nitrite, the other on the radical cure of Uterine Displacements; a further communication from Dr. Cigliano, of Naples, on Splenic Leucæmia;* and some warnings by Dr. Espanet against "Dangerous Innovations in Homœopathy," among which he includes the substitution of new remedies for well-tried specifics, the use of the decimal instead of the centesimal scale of dilution, high potencies (*i. e.* above the 30th), the mixture of medicines, and Count Mattei's charlatanry.

The last day was devoted to miscellaneous matters. Reports of the two homœopathic hospitals of Paris, and of the existing provisions for instruction in our method throughout the world, were presented. Proposals for a complete French Materia Medica, for a School of Homœopathy in France, for the erection of a monument to Hahnemann on the site of his tomb and the publication of his correspondence, were made and discussed. The Congress terminated with the reading of two papers on the general aspect of our position, one by Dr. Becker, "On the duty of Municipalities in the doctrinal conflict which divides Homœopathic and Allopathic physicians as to the best mode of healing;" the other by Dr. Ariza, of Madrid, on "The Causes which have restrained and paralysed the progress of Homœopathy of late years." The latter is especially worthy of consideration by all who have the large interests of our system at heart. His practical

* See vol. xxiv of this Journal, p. 278.

conclusion is that, to perfect and demonstrate our method, we should cultivate specialties, as he justly says they do with so much advantage on the other side of the Atlantic.

The Transactions of the Paris Congress of 1878 form thus a volume full of present interest and permanent value ; and we shall have to do our best in 1881 if we are to produce a better.

REVIEWS.

Curability of Cataract with Medicines. By JAMES COMPTON BURNETT, M.D., &c. London: Homœopathic Publishing Company. 1880.

DR. BURNETT has here collected in a pretty little volume all the information we can derive from medical literature respecting the medicinal cure of cataract. It is not much, and a great deal of it is nearly worthless, for the diagnosis is so often unsatisfactory. It is not every practitioner who can detect a cataract, and the number of practitioners who can tell what kind of cataract they have before them is still more limited.

Indeed, we may say that a correct diagnosis of other affections of the eye besides cataract is not always made by the general practitioner, and Dr. Burnett gives us what we cannot but regard as an erroneous diagnosis of an ophthalmic affection at page 2, *et seq.*, when he designates, as "a case of panophthalmitis," what was evidently only a severe case of probably strumous conjunctivitis. The extreme photophobia and blepharospasm, the red swollen appearance of the eye in everting the lid (probably chemosis), and the rapid cure in two days, point to strumous conjunctivitis, and are utterly inconsistent with panophthalmitis.

As a rule, soft cataracts are more curable than hard

ones, capsular than lenticular, peripheral than central. Hence the prognosis for a hard central lenticular cataract is much less hopeful than for a soft cataract, a capsular cataract, or a peripheral lenticular cataract.

Though many of the cases recorded as cured under homœopathic treatment are hardly reliable, enough remains to prove that cataract has been cured and consequently can be cured by this treatment, and by allopathic treatment too for that matter, as Dr. Burnett shows.

Perhaps, instead of saying that cases "have been cured" by homœopathic or other medical treatment, it would be more correct to say they have "got well" under such treatment, as cases of cataract have undoubtedly got well under no treatment at all. The following two cases, which occurred within our own knowledge, prove this :

A lady, aged about 50, states that she has had gradually increasing cataract of the left eye for several years, whereby vision was nearly entirely lost in that eye. She now drew attention to it as it seemed to be decreasing. No treatment was pursued, and in the course of two years the cataract had decreased to such an extent, that only a slight grey speck, like a pin's point, remained.

The second case is still more striking—

A gentleman, at about the age of 40, partially lost the sight of the right eye, without apparent cause. His medical attendant said the loss of vision was due to cataract. Ten years afterwards, when examined, the eye presented a yellowish white opacity, filling the pupil entirely. The sight of that eye was entirely gone. Two years later the opacity had entirely disappeared, leaving imperfect vision, the lens having apparently been absorbed, probably from giving way of the capsule. This imperfect vision of the previously blind eye was rather a trouble than an advantage to him, as it interfered with the proper vision of the left eye. No treatment of any kind was adopted.

Such cases as these should lead us to be modest about claiming for our treatment the disappearance of a cataract.

Dr. Burnett gives nine cases from his own practice, which

cannot be called very satisfactory. By-the-bye, they are numbered very oddly. The first and second cases are not numbered at all, the third case is numbered "Obs. IV," the fourth case is "Obs. V," the fifth and sixth are both "Obs. VI."

In the first, second, fourth, seventh, and eighth cases no effect was produced by the treatment on the cataract.

In the third case, where the cataract was stellate, there was some improvement.

In the fifth case (Obs. VI) it is stated that there are lenticular opacities, but in the description that follows we are at a loss to make out whether the symptoms are subjective or objective. There was obviously some improvement from the treatment, but the case is so ill-reported that we cannot tell how much or wherein.

The sixth case is of cataract in a gouty old gentleman ; it is stated to be "*decidedly* improved" by *Iodide of Potash* (*Potassium* is probably meant).

The ninth case seems to be one of cataract of some sort produced by excessive indulgence in salt. Reducing the amount of salt taken to moderate quantity seems to have removed the opacity.

It is, of course, very spirited of Dr. Burnett to publish all we know and all he can tell us about cataracts in such a pretty little book ; but the real information he is able to give us is so very scanty that we think it would have more appropriately appeared as an article in the periodical he so ably edits.

Stammering and its Rational Treatment. By E. B. SHULHAM, M.B., &c. London Homœopathic Publishing Company.

THIS little book is very pleasant reading, and it is evident that the author has bestowed a considerable amount of thought on the subject. We cannot discover from what he says if he has had much practical experience of the treatment, nor does he relate any cases cured by himself,

He objects much to most of Canon Kingsley's rules for overcoming the defect, from which he was himself a sufferer until the age of forty, when he pronounced himself cured, after persevering efforts to overcome the difficulty of pronouncing certain letters. Dr. Shuldham lays down some, no doubt, excellent arbitrary rules for avoiding stammering, but we have seen in our own experience victims to the affection who have endeavoured to practise rules like these and other rules without success. Very likely there are essentially different kinds of stammering, some of which may be cured by attention to rules, some by medicine and some not at all. It is a curious fact that some stammerers lose their defect as long as they are under the influence of violent emotion or passion, while the stammering of others is aggravated by these very causes. There are some whose stammering is only intermittent, others whose defect is not perceptible when singing. Possibly the stammering of some may be owing to insufficient bodily exercise, and what increases their general muscular vigour may remedy the want of co-ordination in the muscles of speech. But, indeed, it is very difficult to arrive at any definite conclusions as to the cause or cure of stammering, and it is scarcely a matter that would come under the treatment of the general practitioner. Those only who have made it a special study and have attentively watched the course and progress of the affection in a large number of cases are capable of enlightening us much on the subject. Though we cannot flatter Dr. Shuldham so far as to say that he has told us much that we did not know before about stammering and its cure, we can, we think, say that he has written a very amusing little book, sparkling all over with funny anecdotes and jokes. The unfortunate subject of stammering is, indeed, often productive of merriment, and the stories about the sorrows and difficulties of stammerers are innumerable. Dr. Shuldham tells us one of a stammering tobacconist in Paris into whose shop came three stammering customers, who excited the tobacconist's wrath by their stuttering talk, the shopman naturally thinking they were mocking him. The

enraged cigar-dealer, under the excitement of his passion, swore at his involuntary tormentors without the least impediment in his speech, and drove them out of his shop with a stick. There is a somewhat similar story, current in select circles, about a stammering carver and gilder in London, only in this case it was the stammering customer who avenged himself on the unfortunate tradesman for his supposed impertinence. Stammerers are perhaps often unduly irascible, and no doubt anger often causes its subject to stutter, for, as Bacon remarked, "Many stutterers are very choleric, choler inducing a dryness in the tongue."

That stammering may be cured, and that it has been cured, we have many historical examples from Demosthenes down to Canon Kingsley; but we imagine that one general method is not applicable to all cases, and that in most the advice of the doctor to Macbeth is the best that can be given—"Therein the patient must minister to himself." Dr. Shuldhham gives a list of the medicines "which may be found useful to the stammerer," or "may not," we might add; and Dr. Kirsch, in our fifteenth volume, gives two more medicines, which he said did good to two stammerers; but, as a rule, the stammerer would be apt to say to his doctor as Macbeth said to his, "Throw physic to the dogs! I'll none of it." By the way, Shakespeare's description of stammering is extremely felicitous—"I would thou could'st stammer, that thou might'st pour out of thy mouth, as wine comes out of a narrow-mouth'd bottle, either too much at once, or none at all." We are glad to think that one of our colleagues, and that a man of such varied accomplishments as Dr. Shuldhham, should have given his attention to the treatment of this common and very annoying defect, and we shall feel pleasure in directing our stammering friends and patients to try his method.

Photographic Illustrations of Skin Disease. By G. H. Fox, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O. New York; E. B. Treat.

WE have received four numbers of this new publication. Photography alone is not a suitable art for conveying an accurate idea of many skin diseases, which require colour for their faithful portrayal, and therefore the plates in this work have been slightly tinted or more deeply coloured where that was necessary. Small photographs would be useless for many of the cutaneous diseases while they might answer well enough for others. Accordingly, some of the photographs are almost life size, as the first two, comedo and acne; and they give a very excellent idea of these two diseases. Elephantiasis, of course, did not require such minute detail. Accordingly Plate 4 gives a photograph of the whole body of a woman affected with this disease. Some of the illustrations we imagine would have been better on the large scale of the first two plates, for we cannot very well make out the details of favus and zoster for instance, and would have preferred them larger. But, on the whole, as far as it has gone, the work is excellent, and must be invaluable to the student and practitioner who are unable to enjoy the advantages of studying skin diseases on the living subject. The descriptive text accompanying the plates is all that could be desired except what relates to treatment, and this is poor enough. Of course, there is no question of specific or homœopathic treatment in this work, and, indeed, the idea of specific treatment for cutaneous diseases seems to be scouted by the author. Even eczema is treated in the vaguest general manner: purgatives, diuretics, alkaline salts, and lithic mineral water, seem to constitute the author's chief reliance.

The work will be completed in twelve parts, with four plates each, and if the remaining plates are as excellent as those already published this will be the most valuable work of the sort with which we are acquainted.

Materia Medica and Special Therapeutics of the New Remedies. By EDWIN M. HALE, M.D. Fifth edition, revised and enlarged. Vol. II. Special Therapeutics. Boericke and Tafel. London: Turner, 170, Fleet Street.

IN this new edition of his now well-known book, Dr. Hale continues to divide his material as he did in the fourth. Its second volume, containing the therapeutic use of his medicines, has appeared before its first, which is devoted to their pathogenetics. We repeat the expression of our hope that, in the latter, Dr. Hale will see it good to return to the manner of his two earlier editions, and give the detailed provings of the new remedies which exist, instead of a dish of hash made from these in the shape of a "symptomatology." Our literature is being flooded with these compilations, which, however useful in their way, can never give the insight into the real action of drugs which is derived from reading the daily records of the experiments made with them.

Dr. Hale states in his title-page that this fifth edition contains thirty-seven new remedies, but in his title-page he gives a list of thirty-nine. Their newness is of various degrees, some being familiar enough to students of old-school literature, while some are entire novelties. While the special value of the book continues to reside in its original nucleus—the account of the action of the indigenous remedies of the American continent, it is of no little service to have, grouped therewith, some information about pretty well every therapeutic agent which has been pressed into service of late years. The value of the several articles is very unequal (that on *Jaborandi*, for instance, being quite unsatisfactory); and the work bears too many of those signs of "raw haste, half-sister to delay," which we have often had to lament in the publications of our transatlantic brethren. But, with all its faults, the book is an indispensable one to every homœopathic practitioner; and Dr. Hale continues to deserve our gratitude for his industry in our cause,

Therapeutical Materia Medica; containing the Chief Symptoms and Clinical Uses of 216 Remedies, arranged upon a new and available plan for Study and Practice.
By H. C. JESSEN, M.D. Chicago; Halsey Brothers.

THE material of this volume is said to consist of the "chief symptoms and clinical uses of the most important homœopathic remedies." The compiler nowhere explains how the remedies came to have the symptoms he ascribes to them, or what "having" them means, or on what principles he has selected some as "chief" among them. When we have looked over a few of his lists, however, it becomes apparent that he has been working upon the old vicious principle. He has taken out of Jahr's *Codex* and similar compositions such symptoms as commend themselves to his mind, without the slightest discrimination (or, probably, enquiry) as to their origin; he has mixed these up, without note of difference, with morbid phenomena supposed to have disappeared under the action of the several drugs; and this *olla podrida* he has given us as the "Materia Medica" he would have students to learn. We know well that herein he is erring in good company; but we cannot cease to protest against a course of proceeding which is robbing the Materia Medica of homœopathy of all that is scientific and rational and real, and reducing it to the chaos in which Hahnemann found that of the old school when he began his labours.

We are not encouraged, under such circumstances, to consider closely the "new and available plan for study and practice" which Dr. Jessen has evolved and followed. When we find a coat to be made of shoddy, we do not trouble ourselves much about its cut. We must, nevertheless, say that his method of presenting on a level the features of four or six medicines at once is a good one, and worthy of consideration by future compilers. In fact, the whole volume displays evidences of industrious work of no slight degree; and we can only regret that it has been rendered comparatively useless by the badness of the material on which it has been lavished.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago, and in the Hahnemann Medical College. Second and revised edition. S. J. Wheeler, Chicago.

WE noticed this book on its first appearance; and we have only to repeat, as regards its present issue, the commendation we then gave it as presenting in a compact form all that it concerns the student to know concerning the chemical phenomena of the organism.

OUR FOREIGN CONTEMPORARIES.

AMERICA. We are prevented, by an accident, from giving our promised survey of the American monthlies this quarter; but must say a few words of welcome to a new one which has appeared in the present year. It is called *The Clinique*, and purports to be "a monthly abstract of the Clinics, and of the proceedings of the Clinical Society, of the Hahnemann Hospital of Chicago." It is to be mainly practical, and at any rate to eschew all controversial articles. The first two numbers, which lie before us, are full of valuable matter; and we advise all homœopathic practitioners in this country who wish to see the actual working of their method illustrated by hospital experience, to send the equivalent of a dollar to Dr. Hoyne, 817, Wabash Avenue, Chicago, in return for which they will receive *The Clinique* for a twelvemonth.

MISCELLANEOUS.

Physicians and Surgeons Practising Homœopathy, 1879.

WE invite the attention of our colleagues to a picture with the above title, just published by the eminent photographic artists, Messrs. Barraud and Jerrard, of Gloucester Place. It represents 128 British practitioners of homœopathy. We need hardly say that the likenesses are excellent. The grouping is done with admirable skill, and is singularly free from the stiffness that would almost seem to be inevitable in a large number of figures that must of necessity have their faces all turned towards the spectator. The picture represents the entrance hall of a building of magnificent architectural design, which the spectator may imagine to be the future locality of the School of Homœopathy or a College of Physicians of the future. The artists deserve great praise for the execution of the work, which will be a valuable memento of a considerable number of the chief representatives of homœopathy in this country in 1879, including excellent likenesses of the late Professor Henderson and Dr. Quin. It is published in two sizes, and the price is moderate.

Solvents of Gall-stones.

DR. BUCKLER, of Boston, U.S., says physicians have a ready means at hand of dissolving cholesterine gall-stones in the gall-bladder. This is the conjoint use of *Chloroform* and *Succinate of iron*. His mode of using these remedies is to give ten drops of *Chloroform* every four hours, and a teaspoonful of *Succinate of iron* after each meal. *Chloroform* alone will often suffice to dissolve the gall-stones, and, after they are dissolved, *Succinate of iron* should be given in teaspoonful doses, three times a day for four to six months, to prevent their re-formation. He says: "Of all the certainties of medicine, there is nothing more absolutely sure than that *Chloroform* will, in every instance, dissolve calculi in the gall-bladder." Dr. Lothrop says he has treated, with complete success, more than twenty cases of chololithiasis by the use of *Succinate of the peroxide of iron* alone.

CORRESPONDENCE.

THE BRITISH HOMŒOPATHIC PHARMACŒIA.

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

GENTLEMEN,—The second edition of our Pharmacopœia having been for some time out of print, and the demand for the work being on the increase, the British Homœopathic Society have decided to proceed at once with the preparation of a new edition, and have authorised me to take the necessary steps for the accomplishment of that object.

The alterations required will not, I hope, be many, as the book has been generally very well received. Still, something more than a mere reprint is needed, as some fresh matter must be added, some omissions made, and any known errors corrected.

Through the kind agency of Dr. Richard Hughes, we hope to get some criticisms and suggestions from our American brethren. If successful in this we shall, as far as possible, endeavour to make our new edition even more acceptable abroad than the other was. It must, however, be understood that there will be no deviation from the leading features of the last edition. The table of doses, which was reluctantly retained, will be omitted.

It may be in the power of different gentlemen to give practical help, some in the way of corrections, others in the way of experiment; but, in whatever shape it comes, it will be very acceptable, and all such information shall receive most careful consideration.

As examples of the points that information is required about I may name:

The *average loss of moisture of plants*, which engaged a good deal of attention at our last revision.

Further information is desired as to the exact composition of *Mercurius solubilis*, also as to its character and tests.

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Additional tests for *Hepar sulphuris* will be desirable.

It is thought that a change is needed in Homœopathic pharmacy, with a view to greater purity, in our process of *Distillation*. Those who have considered this may be able to give some results of their experience.

Shortly after the issue of the second edition of the *Pharmacopœia*, Mr. Isaac Thompson pointed out an error in regard to *Phosphorus*. If others have investigated this matter, an expression of opinion as to the results obtained by Mr. Thompson and Mr. Wyborn will be very welcome.

Mr. Wyborn, who gave most valuable aid in bringing out the last edition, has again promised his assistance, which may be regarded as a guarantee that the revision will be a careful one.

If other gentlemen will kindly supply any information that they have, or will say in what way they can help, I shall be extremely obliged, and shall be glad to hear from them as early as they can make it convenient to write,

I remain, yours faithfully,

WILLIAM V. DEURY.

Bournemouth.

EDUCATIONAL REQUIREMENTS FOR HOMŒOPATHIC TEACHING.

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

GENTLEMEN,—Dr. Jousset, after giving a full report of the last Annual Meeting of the Governors of the London School of Homœopathy in the *Art Médical* for November, 1879, adds, *à propos* of the report:

"We cannot allow this report of the meeting of the Governors of the London School of Homœopathy to pass without remarking on the one hand that our sympathies for this school lead us to say a word on the discussion that took place, on the other, that the questions discussed are interesting to all practitioners who, under whatever title, have adopted the reforms of Hahnemann.

"What is the object of the discussion reported here? Half the lecturers in the Homœopathic School allege that they teach allopathy along with homœopathy; the other half wish that homœopathy only should be taught.

"This question is badly stated, and consequently insoluble.

"Why is the question badly stated?

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"Because the expressions *homœopathy* and *allopathy* are epithets engendered by the war excited by Hahnemann's reforms; because the expressions are false, and I should like, if it were possible, that they should disappear.

"There are certainly two therapeutic doctrines under observation, but their two names are *positive therapeutics* and *systematic therapeutics*.

"*Positive therapeutics* (I do not say, like our colleague, Dr. Gaillard, *positivist*), rests on the experimental materia medica created by Hahnemann. *Systematic therapeutics* comprises all the systems taught by the official school, and before our reform this therapeutics was founded entirely on the hypothetical materia medica, which Bichat defined in his well-known phrase. And if nowadays this materia medica does not bear such a striking resemblance to the Augean stables as it did at the time Bichat wrote, this is owing entirely to the impulse given by Hahnemann and his school to the study of the physiological effects of drugs.

"In our opinion, the question discussed at the general meeting in London, ought not to be to decide whether allopathy and homœopathy should be taught, but more simply and radically whether the teaching of *experimental materia medica* and of the *therapeutics of positive indications* would not adequately imply the teaching of the whole domain of therapeutics; the numerous and contradictory systems known by the name of allopathy being reserved for the chapter of the history of therapeutics?

"We do not hesitate to answer this question in the affirmative.

"The study of *experimental materia medica*, while making us acquainted with the action of medicines on the living organism, does not let us remain ignorant either of their evacuant action, or of their revulsive action, or of their action on pain. And the *therapeutics of positive indications* teaches us in what particular case the homœopathic medication should be replaced by evacuant, derivative, or palliative medication.

"Does not experimental materia medica teach us that in sufficient doses opium has an anæsthetic action on the organism? And does not our therapeutics attest that in painful cancer, where a cure is impossible, the *positive indication* is to allay the pain, and consequently to administer opium in its palliative character?

"The experimental knowledge of the actions of medicines

obviously comprises the purgative action of sulphate of soda, and positive therapeutics teaches us that, in a case of retention of fecal matter, without mechanical obstacles, there is a time when purgative treatment is positively indicated.

"We see that therapeutics viewed from this elevation is but little concerned with the expressions *allopathy* and *homœopathy*; that it only retains them in order to designate a mode of action of drugs, and that it includes, on the one hand, all the medicinal actions demonstrated by experimentation on the healthy individual; and, on the other, all the indications which rest on a positive relation betwixt the known action of drugs and a particular pathological state."

I press the above observations of Dr. Jousset on the attention of all my colleagues who consider anxiously, as I do, the future of homœopathy in England, in France, and in Germany, where the circumstances dependent on the State are wholly different to those existing in America. In the United States progress is most satisfactory, because of the freedom of medical education; in the three other countries the condition is most unsatisfactory, because no such facilities exist. Optimist views are most popular, but here the bare truth must be faced. It is in vain to conceal the fact that in the countries of Europe the number of homœopathic practitioners have, during the last ten years, ceased to increase in the proportion they ought to do, estimated by the general population, by the increase of wealth, and by the number of the whole medical profession.

I believe the great obstacle to the spread of homœopathy in Europe is isolation from the medical profession. I regret this, not, as alleged, because it excludes individuals from certain social and medical privileges, although the injustice of that is crying, and it is a matter of wonder that the educated public have allowed it to remain so long, but because it limits the propagation of a knowledge of the homœopathic law; because it seriously checks the gain of converts among the profession; and, above all, because it debars us from assisting in the education of medical students, by impressing on their minds, during their studies, the existence of special therapeutic laws. It is during these studies, and prior to graduation, that the medical mind is most readily impressed, and therefore it is at this period that it is so desirable to have access to the student. The great object is to impress on the medical

student the supreme importance of a full knowledge of the physiological action of all remedial agents, and how we interpret therapeutically one aspect of those actions. The complaint, and it is a true one, is that therapeutics are taught by the ordinary school in a one-sided fashion: our just claim for recognition is that we teach it in all its breadth. As an example of how fullness of teaching is compatible with fidelity to the homœopathic law, I give the concluding paragraph of Dr. Hughes' "*Belladonna*," in the *Hahnemann Mat. Med.*

"In conclusion, I have only to express my hope that this presentation of the physiological action of a potent drug will be useful to my medical brethren, whatever creed they hold. It is now far from being peculiar to the school of Hahnemann to maintain that to use drugs properly for the sick we must know their effects on the healthy. The following pages are just a *catalogue raisonné* of such effects. The inferences drawn from them as to therapeutic application are governed by the law '*similia similibus curantur*,' in which the writer has the fullest confidence. But he has not been altogether unmindful of other directions towards which the actions of the poison point; and any who prefer to use the drug as a contrary can do so herefrom as readily as those who use it as a similar. Which will get the greater profit out of it as a remedy is another question; and a question towards the settlement of which such a collection as this is a necessary contribution."

I am fully aware that the difficulties in establishing even one recognised teacher, and it is that of *materia medica* which is most important, are very great. It is impossible, say some; but if the *non possumus* were a valid argument, where now in this world could truth in any form exist? It is wrong, it is a breach of faith, exclaim others, for professed believers in homœopathy to teach the ordinary and antipathic use of remedies. This judgment rests on confounding divine or moral laws with therapeutic rules. The greater my belief in the homœopathic law the more I could feel, as a teacher, that the methods of ordinary practice afford admirable contrasts and excellent foils for the demonstration of law as superior to hypothetical therapeutics.

The very efforts to overcome the obstacles which must arise in attempting recognition are salutary, and the necessary agitation offers sound and justifiable grounds on which our peculiar

therapeutics are brought to command examination. These efforts would testify to our catholic scientific spirit, and if steadily sustained must bear good fruit, even if they failed to secure legal recognition. Until recognition is realised, lectures on some of the principal remedies common to both schools might be given with advantage, if the lectures were framed in a liberal spirit, and delivered in the neighbourhood of a large medical school.

This catholic teaching of medicine will benefit us all as individuals. Constant concentration of thought on one point almost always means a mind in one attitude, an eye that regards every object, however many sided, from one point of view ; hence arise exclusiveness and narrowness, hence medical trades-unionism and its tyranny to homœopathy ; hence springs the exaggeration of our own therapeutics, and perhaps therewith of our own importance.

FRANCIS BLACK, M.D.

Bournemouth.

THE NEW DEVELOPMENT.

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

GENTLEMEN,—It gave me great pleasure to see in the January number of your advanced contemporary, *The Organon*, an article by one of the editors, entitled "High Potencies of Nothings," for I have always held that the perfection of treatment for diseases of the most serious character, commonly regarded as incurable, would be just that, viz. a *high potency of nothing*. Casting my eye over the article, I saw that the name of one of the remedies employed was *nix*. Now *nix*, we know, is vulgar German for *nothing*, and a thrill of delight ran through me at the word. Here, I thought, at last we have the true homœopathic remedy for those diseases which the united faculty have declared "*nothing* will cure." But, alas ! I found on reading the article that, though it is not expressly stated, yet the context leaves it beyond doubt, that the Latin and not the German *nix* is intended. *Snow*, in fact, was the remedy employed. Now the hundred-thousandth dilution of *snow* might be thought by some to be very much the same as *nothing*, and methinks I hear some frivolous punster perpetrating a silly *double entendre* by saying "It's *snow* medicine"

(it's *no* medicine). But my eager search for the real remedy for the incurable is not to be balked by untimely jokes or contemptible puns. I am quite of Dr. Johnson's opinion that a man who would make a pun would be capable of picking your pocket.

I had almost hoped, on reading your late article, entitled "The Secret Revealed," that the illustrious Jenichen had discovered the real *nix* or *nothing*, when the happy thought occurred to him of making his high potencies from an empty bottle, but then I could not help thinking that his diluting vehicle, the water of Lake Schwerin, might, like other lake water, contain a certain or uncertain proportion of organic and inorganic substances that might vitiate the purity of the original empty bottle. As yet, then, the real *nihil*, Germanice *nix*, Anglice *nothing*, has not been introduced into the sphere of practical medicine; so *nix* is still a desideratum. When found, I have not a doubt in my own mind that it will act on *isopathic* rather than on homœopathic principles, and be *the* remedy for that large class of patients who have *nothing* the matter with them. The nearest attempt that I have heard of towards obtaining this sovereign remedy was the request made by one of our colleagues to a homœopathic chemist to prepare for him the c.m. dilution of a drop of distilled water. The request unfortunately came to nought, as the chemist pointed out that it could not possibly be made with common spring water, like the ordinary high potencies, and the practitioner was not willing to stand the expense of the quantity of alcohol that would be required for the process of dilution. But, though very near, a high potency of distilled water is not the absolute *nihil* or *nix*, so some other plan must be adopted. The vacuum globes used by Mr. Edison for his new electric light seem to me a hopeful direction in which to look. But perhaps we need not go so far a-field, for, judging by their sayings and doings, I think a perfect vacuum may be found in the heads of many of our opponents. But this is too complex a subject to be considered satisfactorily in a mere letter. With your leave I may hereafter write an article treating the whole matter in full detail, and setting forth my reasons for believing the heads of some of our opponents to be quite empty, and the explanation of the fact that ideas do sometimes seem to proceed from them is to be found in the absolute vacuity of

their skulls, their ideas being merely the reverberations or echoes of something external to themselves.

O quanta species cerebrum non habet!

The chief practical difficulty that occurs to me in connexion with this subject is not so much the obtaining of a *nihil*, but the discovery of some nihilistic vehicle for diluting it. All conceivable diluting mediums seem to partake rather of the nature of an *aliquid*, whereby our inestimable *nihil* would inevitably be contaminated. This is a subject well worthy the consideration of those "men of light and leading," the editors of *The Organon*, and I doubt not that if they will lay their heads together they may, by such "consolidated co-operation," be able to discover something of an analogous nature that will serve as an appropriate potentizing medium for my *nihil*.

But to return to the delightful article in *The Organon* that induced me to write to you. Though disappointed in finding in it my long-sought-for panacea, it presents other points of value to medical science and practice. Thus, it reveals a simplification of the treatment of disease which bids fair to supersede the cumbersome and complicated method of Hahnemann. The first two cases at all events show this new and excellent method, which is to administer the very agent that made your patient ill, in the hundred-thousandth potency, and it will cure him. Thus, one of the writer's patients was affected disagreeably by the *moon*, so he gave *Luna* c.m., which means the hundred-thousandth dilution of the *moon*, and, presto! the moon loses all its baleful influence over that patient. This is a most valuable hint. To a person suffering from sunstroke we shall only need to give *Sol* c.m., i.e. the hundred-thousandth dilution of the *sun*, and one dose will as assuredly cure him as *Luna* c.m. cured the moonstruck patient. Similarly, a person blinded or paralysed by a flash of *lightning* will be readily cured by *Fulgur* c.m. Uneasiness caused by *light* will yield to *Lux* c.m., sufferings from *heat* to *Calor* c.m., and so on. How much simpler this than Hahnemann's wearisome method of proving medicines and comparing the symptoms of the disease with those of the medicines! When this new method comes to be adopted we shall get through our task of prescribing so much more expeditiously and satisfactorily. All we shall have to do will be to ascertain the exciting cause of the disease and administer it in a potentized state. No

inquiry into symptoms nor tedious reference to the head-splitting pathogeneses of our present *Materia Medica* will be necessary. Pathology and pharmacodynamics will be done away with, and the whole duty of medical man will consist in administering the potentized disease-producing forces of nature to patients suffering from the effects of these forces in the crude state.

To some it may appear that there might be a difficulty in procuring some of these valuable agents. But with respect to one of these at least this difficulty has been overcome, as the author has already potentized *Luna*, which it would have been impossible for him to do unless he possessed a bit of the moon. No doubt, though he does not state the fact, he got this from an illustrious and far-travelled German nobleman, who mentions in his autobiographical memoirs that he succeeded in visiting that satellite, and that he brought back a pocketful of it. We would suggest to the fortunate possessor of this fragment of *Luna* the desirability of having an accurate analysis made of it, in order to set at rest once and for all that much vexed question as to whether or no the moon is made of green cheese. Possessing, now, the moon duly potentized for medicinal purposes, we may hope soon to have a similar preparation of the much more powerful *sua*, fragments of which will doubtless be found lying about somewhere, if diligent search be made for them.

Nix, of course, belongs to a much more easily procurable class of remedies, which, however, are in the same category as *Luna*, as they cure in the fraction the maladies they produce in the gross. No one who reads the brilliant cure by *Nix* c.m., can doubt that *snow*, at all events in the hundred-thousandth dilution, is a medicinal agent of marvellous power. All the natural agents that in their excess or their wrong place inflict much misery on human beings may, by the process so effectually employed by the author of this article, be made to heal the diseases they occasioned. How many persons have been seriously injured in health by exposure to the *rain*! One drop of *rain* diluted up the hundred-thousandth would be an infallible remedy. So with *hail*, so with *wind*. I should rather say *winds*, for some are more affected by the east, some by the west, wind; the north wind, too, and the south have each their several victims. The editor of *The Organon*, who potentizes *Luna*, *Nix*, and *Magnæ australis*, will find it an easy task to bring each several wind to

the c.m. potency, to serve as appropriate remedies for the maladies each produces.

During the fogs that prevailed to such a fearful and fatal extent in London this winter the idea occurred to me to potentize this powerful morbidic agent. The difficulty was to find an appropriate diluting vehicle. Water would not do; no combination of the two was possible. Alcohol was equally unsuitable. At length the brilliant idea occurred to me to use *air* as the potentizing medium. Accordingly, with some little trouble, I procured a powerful smith's bellows, having a capacity of somewhat more than one cubic foot, to wit, 2000 cubic inches (a cubic foot, 1728 inches, according to Cocker, being an awkward number for calculations); this I erected in an empty room at the top of the house. I had the nozzle drawn out fine and bent downwards, so that it reached to within 2 lines of the bottom of a specially constructed bottle, which I had previously filled with *fog* taken in London on Christmas day, when the fog was densest, on the roof of the house, so as to have it perfectly pure and uncontaminated by any exhalations from the streets or sewers. The bottle I used for collecting and potentizing the fog is made of the best flint glass, perfectly annealed, so as to admit of being heated to any degree (and I should subject it to a white heat after being employed for one medicine before using it for another), and *thimble-shaped*, that is, rounded at the bottom internally, so as not to offer any corners in which a portion of the gaseous medicine might lurk, and so escape the action of the diluting vehicle. It is of the exact capacity of one cubic inch, and has no shoulder like an ordinary phial, so that every portion of each dilution must come under the influence of the potentizing vehicle. I placed a thick layer of cotton wool over the air-hole of the bellows, so that the entering air should be thoroughly filtered. The apparatus being thus arranged, I waited for a day when the atmosphere was perfectly free from the slightest trace of fog, and set to work. I blew air through the bottle containing the fog for six hours continuously, then rested for one hour and recommenced. In this way I worked for eighteen hours, in spells of six hours each, with only one hour of interval between each period of six hours for meals and repose. Nor was my self-imposed labour done in a perfunctory manner, for, like Jenichen, the beads of perspiration stood on my forehead, and though I

did not, like him, strip to the skin, for it was mid-winter, yet my linen was dripping wet with my exertions, and, again like Jenichen, each stroke of my powerful arm made the whole house shake to its foundations.

I found that, working thus regularly, I made exactly ten strokes of the bellows per minute; this multiplied by 2000, the number of cubic inches of air propelled through the bottle by each stroke, gives the degree of potency communicated to the medicine each minute as 20,000. In my eighteen hours' work, therefore, I raised the potency of the original crude fog to 21,600,000 degrees, and I believe that this is high enough—for the present, at least. I call this the twenty-millionth potency, "xx.m.m." The odd numbers give a liberal margin for leakage, possible weakness of some of the strokes, &c. This is a long way beyond the favourite c.m. dilution of the writer in *The Organon*, but then I think that the medicine I was engaged on demands a higher potentization than the substances he operated on, for it stands to reason that the more fog is diluted the better it is for the human constitution; so I do not think the twenty millionth at all too high. It was with readily comprehensible feelings of pride and satisfaction that at the end of my hard day's work I could stick a label on my bottle marked "*Nebula xx.m.m.*"*

Unfortunately, after I had obtained my preparation of *Nebula*, no more considerable fogs came to derange the health and try the temper of the Londoners, so that I have not had an opportunity of testing the efficacy of my remedy. Had it only been got ready in time (but having to wait so long for a clear day made that impossible) how many of the thousands who fell victims to the pernicious fogs in the metropolis might not now be alive and happy by taking one single dose of *Nebula xx.m.m.*! However, there is the remedy, prepared with infinite trouble and care, and I shall be happy to supply any of my colleagues with a few globules of it for use next winter.

If this mode of potentizing medicinal agents by filtered air should meet with the approval of my Hahnemannian colleagues, I propose to get rid of the labour of blowing the bellows by

* I observe that Dr. Deschere, in the February number of the *N. Am. Journ. of Hom.*, has proved, greatly to his own satisfaction no doubt, that the millionth fluxion potency of Drs. Fincke, Swan, and Skinner is only the tenth centesimal of Hahnemann. But I defy him to prove that my potencies are different from what they profess to be.

connecting it with a gas engine of two-horse power, which will be able to work continuously for many hours at a time, like Dr. Skinner's admirable and ingenious automatic fluxion potentizer by means of water. I shall also attach to the nozzle of the bellows a dry-air meter, like that used by the gas companies, which will automatically register the number of cubic inches propelled through it into the potentizing bottle. I send you a drawing of the complete and perfected apparatus, which I trust you will get engraved on wood or steel to illustrate this letter.* With this machine we may easily prepare potencies of the various gases that are known to produce remarkable effects on the healthy human subject, such as *oxygen*, *hydrogen*, *nitrogen*, *carbonic acid*, *sulphuretted hydrogen*, the *choke damp* of coal mines, *nitrous oxide*, *ozone*, and many more. I would recommend this method of potentizing the various winds, the air of different health resorts, and the morbid exhalations from marshes, sewers, and decomposing vegetable and animal substances. I ought to mention that globules for medicinal purposes are impregnated with the remedy by merely shaking them two or three times in the bottle containing the potency. Any number of globules may be so medicated, care being taken not to let the potentized gas escape from the bottle either in introducing or extracting the globules. Remedies so prepared I propose to call "pneumatic potencies." Plagiarists beware! the name is copyright.

The vista opened up to us by the grand idea of using highly potentized natural morbid agents to cure diseases they have caused in their crude state (which may be appropriately designated "Physical Apocalypse No. 2," Jenichen's happy thought of commencing his dilutions from an empty bottle being, according to Rentsch, No 1, and perhaps my notion of *pneumatic potencies* may deserve to be called No. 3) promises a speedy overthrow of the coarse materialism of Hahnemann's doses. Imagine taking a gross material substance like *Nux vomica* or *Arsenic* and potentizing up to the thirtieth degree merely! Why, if Hahnemann were still alive and were to sport such gross materialistic doctrines he would be quickly expelled from the refined society of the Hahnemannians, and serve him right! To practise the

* This we should have done with pleasure, only our correspondent omitted to send a cheque to cover the cost of engraving his very elaborate design.—[Eds.].

homœopathy of Hahnemann requires a certain amount of labour and brains, but the new method is quite above that sort of thing, and requires neither. All we want is an automatic potentizer, which only needs that a tap should be turned in order to provide us, without any trouble, with the c.m., the m.m., or the c.m.m. potency of anything and everything (and *nothing* too, by-and-by, I hope). Practice is reduced to the simplest formulary. Enter a patient. "What's the matter?" "I drank too much port wine last night, and now—" "Never mind your symptoms; take this globule of *Vin. Port* c.m., and you need not come again, for you will certainly be all right by to-morrow morning." Enter another. "Ten years ago I had syphilis, and now—" "Enough said, swallow this *Syphilinum* c.m., and be off." Enter another. "Last night I got into a towering passion, and to-day—" "That will do; *Ira* c.m. is your remedy." Another. "I chafed myself riding to hounds two days ago." "All right; *Cutis suilla* c.m." Another. "I tumbled down stairs yesterday." "Stone or wood?" "Stone." "What stone?" "Granite." "The remedy for your hurt, whatever that may be, is here. *Lapis granit.* c.m." Another. "I caught cold last week." "You mean cold caught you; take this and be cured, *Frigus* c.m."

What charming simplicity! What a contrast to the lumbering old process insisted on by Hahnemann! Instead of painfully inquiring into the past and present history of a case, and carefully registering all the minute shades of symptoms, with all their conditions and concomitants, for tiresome comparison with the records of tedious provings of medicines, as Hahnemann directs, in this new method all we want to know is the immediate exciting cause of the disease, and this potentized up to c.m. gives the infallible remedy.

Among the remedies of the future alluded to above I have mentioned *Ira*—*anger*. I observe that in your January number, you ask ironically, as it would seem, "Why may not mental emotions, such as fear, love, rage, jealousy, &c., be potentized?" Curiously enough, the question you ask sarcastically has received a serious answer in the February number of the *Medical Record*. We are there informed that a distinguished scientist with the significant name Dunstmeier (*vapour-farmer*) has actually succeeded in collecting what he calls "psychic essences," that is to say, *mental emotions*, and employing them as pathogenetic agents.

His method is at once ingenious and simple. He has found that the nose of a dog is capable of receiving and retaining the emotions excited in other animals. Thus, he placed twenty hares in a cage, and introduced a dog into the room where this cage was. The hares were, of course, terrified at the sight of the dog, and the *fear* they exhaled was sniffed up by the dog and deposited on its nasal mucous membrane. Dunstmeier then killed the dog, removed its nasal mucous membrane and olfactory nerves, and rubbed them up in a mortar with glycerine and water. A few drops of this administered to a cat made her so timid that she ran away from mice offered to her. A small quantity administered subcutaneously to a large mastiff made it so cowardly that it slunk away from a cat. The author himself, after swallowing a little, had not the courage to believe in his own great discovery! By a similar experiment, in which a dog was introduced into the presence of a lion, he succeeded in isolating the soul-substance of *courage* and in transmitting it to other animals. Similarly, doubtless, other passions and emotions might be obtained, and, properly potentized, say to the c.m. degree, might be used as valuable remedial agents. In short, the field opened up to us by the wonderful discovery of this German physiologist promises to yield a rich harvest of new and powerful remedies for a large class of psychical maladies that have hitherto baffled the skill of medical practitioners. I would be inclined to suggest a slight alteration or modification in the mode of collecting "psychic essences." There is a scientific objection to the employment of inferior—or perhaps I should say different—races of animals for the pathogenetic and remedial purposes of mankind, independently of the moral objection with which the anti-vivisectionists have made us familiar. I think that human beings might be used both for the production and the collection of these "soul-substances." Men (and women too) occasionally make great displays of passions and emotions, such as love, jealousy, hatred, anger, fear, &c. An intelligent person with a well-developed nose (for *non cuicumque datum est habere nasum*) might be employed to sniff up these *psychic essences* as opportunity offered. I do not think it would be necessary to scrape off the nasal mucous membrane of the collector; doubtless the mucus alone would contain a sufficient supply of the emotional exhalation. The collector might be provided with pocket-hankerchiefs *ad hoc*

made from calico free from size and "devil's dust," if that is procurable from our manufacturers, and when he has duly sniffed some well-developed passion he might immediately collect the secretion from his olfactory mucous membrane in the usual way, and the handkerchief thus impregnated with the "psychic essence" might be macerated in alcohol, and the tincture thence obtained potentized up to C.M. for future employment as a sure specific remedy for the corresponding natural psychical malady. I look forward to the time when this grand discovery of the learned Dunstmeier shall supersede the present clumsy method of obtaining remedies by their careful proving on healthy persons, for if it be possible (as Dunstmeier proves it to be) to fix the effluvia of passions and emotions on the nasal mucous membrane, to be afterwards used as medicines, then why not diseases of all kinds, which must surely evolve each its special emanation, capable of being collected on the Schneiderian membrane and used isopathically to cure similar diseases occurring naturally. When we have brought medicine to this pitch of simplicity and perfection we may fairly be said *suspendere omnia naso*, as old Flaccus has it. Possibly the materia medica of the future may consist of these psychic and pathic essences obtained in the way described for all mental and miasmatic maladies, the common morbid forces of nature, such as sun, moon, snow, hail, rain, wind, fog, heat, cold, lightning, sewer gas, mephitic air, &c., for diseases produced by their means, all these remedies being duly potentized by the fluxion or pneumatic process up to the highest obtainable potency; and for desperate and hitherto incurable cases we shall soon have, I hope, that incomparable specific above alluded to—*nihil*. Our pharmacopœia will then vie in strangeness with that of the renowned Dr. Hornbook, which, as Burns tells us, contained

Forbye some new, uncommon weapons,
 Urinus spiritus o' capons,
 Or mite-horn shavings, filings, scrapings,
 Distilled per se;
 Sal alkali o' midge-tail clippings,
 And mony mae.

The third cure mentioned in the article of *The Organon* by *Magnes australis* C.M. of sundry pains and sensations in the leg is a further illustration of the great advance of the new system

beyond the clumsy method of Hahnemann. Here the character of the pains is evidently of no consequence, as no similar pains are recorded in the proving. The condition "when the leg hangs down," which is three times italicised, is evidently the key-note, and one symptom in the recorded proving, though it no way resembles any of those in the case, has a similar condition. To be sure other medicines (such as *Digitalis*, *Pulegetilla*) have symptoms occurring under a like condition, and it is not very clear to the uninitiated why *Magnes australis* should have been selected; but the choice of this remedy shows the superiority of the true Hahnemannian to the ordinary disciple of Hahnemann, just as the superiority of his pharmaceuticals is shown by the employment of the refined and ethereal *Magnes australis* O.M., in place of the gross contact with the corresponding magnetic pole, as Hahnemann in his ignorance proposed.

I am sorry that the editors of the new periodical should have named it after that effete work the *Organon* of Hahnemann. Why did they not "go the whole hog," so to speak, and call it *Novum Organum* after Bacon, for their tenets and teachings are as far ahead of the *Organon* as Bacon is ahead of Aristotle.

Mr. Darwin's evolution doctrines have made us all familiar with the wonderful transformations that may take place in the course of æons of ages, but who could have anticipated that within forty short years after his death the gross homœopathy of Hahnemann would have developed into the ineffable sublimities of the Hahnemannians?

My father's brother; but no more like my father
Than I to Hercules.

Like the author of the article in *The Organon* I have a supreme contempt for "materialistic mongrels," but I cannot see how these poor dullards could find any opportunity to poke fun at his excellent article, supposing they are capable of poking fun at anything, which I doubt.

With all respect, I beg to subscribe myself
Your obedient servant,

AN IMMATERIALISTIC THOROUGHbred.

April 1st, 1880.

P. S.—The *nom de plume* I adopt is meant to express my antagonism to those antiquated believers in Hahnemann, with his gross doses and his tedious insistence on the necessity of corre-

spondence between the totality of the symptoms of the disease and the pathogenetic effects of the medicine, whom *The Organon* has so felicitously dubbed "materialistic mongrels." I observe that one of these materialistic mongrels on the other side of the Atlantic has had the impertinence to call us Hahnemannians (who have left Hahnemann so far behind) *Hahnemaniacs*! When an opponent resorts to the pitiful device of calling names he shows his dearth of rational arguments.

BOOKS RECEIVED.

- National Board of Health Bulletin*, Washington.
- Medical Chemistry*. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago, and in the Hahnemann Medical College. Second edition. Chicago, 1879.
- Curability of Cataract with Medicines*. By JAMES COMPTON BURNETT, M.D. London: Homœopathic Publishing Company, 1880.
- Ischl et ses Environs*. Par le Dr. H. KAAH. Vienna, 1879.
- Stammering and its Rational Treatment*. By E. B. SHULDHAM, M.B. London: Homœopathic Publishing Company, 1880.
- Photographic Illustrations of Skin Diseases*. By G. H. FOX, M.D. New York: Treat.
- Étude sur le Traitement Homœopathique de la constipation*. Par M. le Dr. BERNARD, de Mons. Bruxelles, 1880.
- The Homœopathic Expositor*, January, 1880.
- The Medical Counsellor*.
- The Homœopathic News*.
- St. Louis Clinical Record*.
- The American Homœopath*.
- Revue Homœopathique Belge*.
- The Monthly Homœopathic Review*.
- The Hahnemannian Monthly*.
- The American Homœopathic Observer*.
- The United States Medical Investigator*.
- The North American Journal of Homœopathy*.
- The New England Medical Gazette*.
- El Oriterio Medico*.
- L'Art Médical*.
- Bulletin de la Société Méd. Hom. de France*.
- Allgemeine homöopathische Zeitung*.
- The Homœopathic World*.
- The Homœopathic Times*.
- L'Homœopathie Militante*.
- The Organon*.
- The Medical Herald*.
- The Medical Record*.

in *Centralblatt*, 1865, 353, 769; Senffleben in *Centralblatt*, 1865, 914; Cunze in *Zeitschrift für rationelle Med.*, 28, pt. 1, p. 33; cases of poisoning by sheep-wash and fly-paper at Exeter and Nottingham [for which see local papers about year 1851.—E. W. B.]; Hill's paper on *Arsenical colours*, read before the British Medical Association; poisoning of children at Blackburn by *Arseniate of Soda* [see local papers about year 1873.—E. W. B.]; cases in *Report of North Staffordshire Medical Society*, 1855-6; *Report of the Trial of Madeleine Smith* by A. F. Trovine, Edinburgh, 1857; Wales' paper on *Arsenical Poisoning*, read before the *Belfast Clinical Society*; Blondot's paper, read before the *Paris Academy of Sciences*; F. Müller on *Arsenical papers*, in *Berlin Méd. Zeitung*, No. 24; Dr. George Johnson's lecture before the *National Health Society*; Dr. Guy's report (in 1862) *On Alleged Fatal Cases of Poisoning by Emerald Green, and on the Poisonous Effects of that Substance as used in the Arts*; poisoning by *Arsenic* in sheep's-head broth at Rotherham [see local papers about year 1875.—E. W. B.]; and Vogel's remarks [see above.—E. W. B.].

454. *Braithwaite's Retrospect of Practical Medicine and Surgery*, 1840, vol. i, p. 44; 1840, vol. ii, pp. 237-42; 1841, vol. iv, p. 222; 1844, vol. ix, p. 114; 1858, vol. xxxvi, p. 374; 1858, vol. xxxvii, p. 396; 1848, vol. xviii, p. 97; 1847, vol. xiv, p. 126; 1852, vol. xxv, p. 423; 1850, vol. xx, p. 377; 1846, vol. xiii, p. 42.

Reference to cases by Deville, *Revue Médicale*, May and June, 1839; *Lancet*, 1840, pp. 46-9, 1834-5, vol. i, p. 516; 1838-9, vol. i, pp. 54, 327; *Gazette Médicale*, August 22nd, 1835; *Literary Gazette*, 1835, p. 156 (two cases); *Medical Gazette*, vol. xix, p. 177; *Brit. and Foreign Med.-Ohr. Review*, vol. i, p. 572 (6 cases), and vol. vii, p. 563; pamphlet by Bunsen and Berthold, of Göttingen; Puchell; Orfila in *Bull. de l'Acad. de Méd.*; and other cases quoted elsewhere.

455. *Pharmaceutical Journal and Transactions*, 1860, 2nd Series, vol. i, p. 556.

By Mr. Charles Heisch.

Symptoms of *Arsenic* eaters. They take it fasting in some warm drink, beginning with a piece the size of a pin's head, and increasing to that of a pea. The first dose is always followed by slight symptoms of poisoning, such as burning pain in stomach and

sickness, but not very severe. A sudden cessation of the practice causes sickness, burning pains in stomach, &c., followed by death. Unless they gradually give up the practice, they invariably die suddenly at last.

Mr. —, an *Arsenic* eater, reports that in his case, about an hour after the first dose, there followed slight perspiration with griping pains in bowels, and after three or four hours a loose evacuation; this was followed by a keen appetite, and a feeling of excitement. With the exception of the pain, the same symptoms follow each increase of dose. On leaving it off for two or three days he feels slight languor and loss of appetite. On two occasions he tried to leave it off altogether. The second time, on the third day of the second week after leaving off the dose, he was attacked with faintness, depression of spirits, mental weakness, and a total loss of the little appetite he still had; sleep also entirely left him. On the fourth day he had violent palpitation of heart, accompanied by profuse sweat. Inflammation of the lungs followed, and he was laid up for nine weeks. He thinks that had he not been bled he would most likely have died of apoplexy. The results on both occasions of leaving off the *Arsenic* were precisely the same.

Arsenic eating improves the complexion and general appearance, and the persons seldom look so old as they are.

456. *Medical Times and Gazette*, 1859, New Series, vol. xviii, p. 43.

By Mr. W. B. Kesteven.

A lady for ten or eleven years suffered frequently from very severe attacks of intestinal derangement, which have entirely subsided within the last six months. For the last twelve years, *except the last six months*, her sitting-room has been papered with *Arsenical* green paper.

457. *Medical Times and Gazette*, 1859, New Series, vol. xviii, pp. 94, 120.

By Mr. John Gay.

My study, for more than two years, has been papered with a dark green flock paper. From that time the health of myself and some of the inmates of my house became indifferent. A servant who attended to the study was attacked with a severe cough, which evidently had its seat in the trachea and larynx, and has occasionally

been laid up with spasms resembling attacks of colic. She frequently went into the country with the greatest advantage to her health, but on her return her old symptoms came back, and she is now suffering from cough most severely, and is feeble and wan. My own health has suffered very much in the same manner. I have been obliged to go to the country at times, and have returned well, only to be revisited with my household maladies. At times I have been tortured with flying, apparently neuralgic, pains in chest, abdomen, and especially in tips of toes; occasional attacks of colic; inflamed conjunctivæ, which had become chronic; and lastly hoarseness, followed by a severe tracheal cough, from which I am now suffering severely. As I passed most of my evenings in the study, I had the dust from the book-case, &c., analysed, and I found it contained *Aceto-arsenite of Copper* and another *copper* colour. After removing the paper the symptoms gradually declined.

458. *Medical Times and Gazette*, 1859, New Series, vol. xviii, p. 120.

By Dr. Rooke.

A member of my household has been constantly suffering for months, since a green paper was put up in the dining-room, with obscure colicky gastro-intestinal symptoms, not referable to any known cause. *Arsenic* was found in the dust of the room.

459. *Pharmaceutical Journal and Transactions*, 1872, 3rd Series, vol. ii, p. 605.

By Dr. P. A. Simpson.

The Hindoos use *Arsenic* as an aphrodisiac. The collapse which follows taking a large dose resembles that of cholera.

460. *Pharmaceutical Journal and Transactions*, 2nd Series, vol. xi, p. 161.

By Mr. Hamilton.

A man at Waltham was suddenly taken ill after drinking tea, and died. Mr. Hamilton considered the symptoms to be those of English cholera. Twelve more persons suffered in a similar manner. It was found that they all had drunk water from a bucket which had contained *Arsenic*.

461. *Medical Times and Gazette*, 1859, New Series, vol. xviii, p. 169.

By Dr. J. J. Wright.

My library was hung with green *Arsenical* paper. During the time I lived in that house, and never before or since, I had four or five severe attacks of colic. At this time, extending over five or six years, I had frequently had chronic sore throat, and had, with other members of the family, tenderness about margins of eyelids, worse in the morning.

A paper-hanger tells me that he never covers even a small room with *green* paper without suffering, for two or three days afterwards, from symptoms resembling those of a very bad cold: a redness and watering of eyes, *stiffness* and irritation of nose, soreness of lips, and an uncomfortable feeling about throat.

462. *Pharmaceutical Journal and Transactions*, 1864, 2nd Series, vol. v, p. 378.

Editorial.

Miss Huband died from "bilious cholera and syncope." *Arsenic* was found in her body.

463. *Pharmaceutical Journal and Transactions*, 1865, 2nd Series, vol. vi, pp. 181—2.

By Dr. A. S. Taylor.

Reference to the Bradford cases of poisoning; see above.

[More than 200 were poisoned; twelve died from acute poisoning, and five from the chronic effects of *Arsenic*. Are these cases detailed in the Bradford journals or elsewhere?—E. W. B.]

In December, 1857, 340 children at a school at Norwood were poisoned by *Arsenite of Soda* in the food; each child took, on an average, one grain of *Arsenic*. The symptoms were severe pain, vomiting, purging, shivering, and discharge of mucous fluid from nose. Seven had cough of a croupy character; three vomited blood; and one passed blood from bowels. Some had inflammation of stomach; of these six only were under treatment at end of first week, and one did not recover till after second week.

464. *Pharmaceutical Journal and Transactions*, 1878, 3rd Series, vol. iii, p. 75.

From *Western Daily Press*.

Mrs J—, took at least 1000 grains of *Arsenic*. She suffered from intense irritant poisoning, and was in a state of profound collapse.

465. *Pharmaceutical Journal and Transactions*, 1873, 3rd Series, vol. iii, pp. 178, 736; 1874, vol. iv, pp. 176, 745.

Cotton's cases quoted, see above, No. 359; also other cases referred to.

466. *Pharmaceutical Journal and Transactions*, 1873, 3rd Series, vol. iii, p. 475.

Editorial.

A woman took *Arsenic* in her tea. In two hours she had vomiting and purging, and a burning sensation in throat.

467. *Pharmaceutical Journal and Transactions*, 1873, 3rd Series, vol. iii, p. 641.

By Mr. F. J. Barrett.

A correspondent of the *British Medical Journal* says that severe attacks of throat disease, closely resembling diphtheria, at Melbourne, Victoria, &c., have been caused by *Arsenical* wall papers.

468. *Pharmaceutical Journal and Transactions*, 1873, 3rd Series, vol. iii, p. 471.

Abstract of Dr. Donkin's lecture to the *Sunderland Chemists' Association*, November 18th.

Arsenic sometimes causes violent inflammation of stomach and bowels, and so destroys life; on other occasions it causes fatal sinking of the heart's action, or death by syncope; in other cases the patient gradually sinks into a deep sleep, and dies comatose.

In *acute* poisoning by a single large dose the poison most frequently begins to act in from half to one hour, by producing violent inflammation of stomach and bowels. The patient is suddenly seized with faintness, depression, nausea, and sickness, with intense burning pain at pit of stomach, greatly aggravated by pressure; the pain then extends to the whole of abdomen, and violent vomiting and purging ensue, the vomit being brown or turbid, and sometimes streaked with blood. The vomiting is very violent and persistent, and is rendered more intense by swallowing the smallest quantity of any substance or fluid, and is not followed by the slightest relief. The purging is equally persistent and painful, and there is often a discharge of blood. The mouth is parched and

there is intense thirst, with a sensation of burning and constriction in throat. The pulse is exceedingly feeble, frequent, and irregular, often quite imperceptible; collapse is generally, but not always, induced, the skin becoming cold, clammy, and livid. A case of *Arsenical* poisoning may therefore, at first sight, bear a strong resemblance to cholera, *for which, however, it cannot be mistaken on a careful examination*, even although the calves may be cramped. There is much jactitation and restlessness, and the countenance is generally collapsed from an early period and expressive of intense torture, anxiety, or even despair, and the eyes are injected, red, and sparkling. When this group of symptoms has lasted a few hours, convulsive movements of the trunk and extremities often begins, and then delirium, followed by fatal stupor. The mind, however, often remains clear to the last, death taking place calmly, though it may be preceded by an attack of convulsions. In these cases death frequently occurs at the end of twenty four hours, and generally before the end of the third day, though some cases linger a few days more, and become subacute. When it kills by syncope there is a faint and almost imperceptible pulse, cold clammy skin, and laborious breathing, sometimes some degree of stupor, and sometimes convulsions.

In *chronic* cases of poisoning the primary symptoms are constant pains in stomach; nausea, and vomiting, especially after food or drink; griping pains, tenderness and distension over abdomen, and obstinate protracted purging. Tongue is red and dry, and there is urgent thirst. Pulse frequent, small, and feeble. After a few days the secondary symptoms begin as follows: redness and suffusion of eyes and intolerance of light, salivation and ulceration of gums, a discharge from nostrils, cough and expectoration, sometimes bloody, strangury, a peculiar eczematous eruption on the skin, emaciation and great muscular prostration, convulsions, numbness and tingling in fingers and toes, ending often in paralysis, especially of the lower extremities. As the case progresses there are convulsions, numbness, stiffness, tingling and paralysis of the lower extremities (sometimes the upper), and of the lower half of body, generally permanent, and ending fatally.

469. *New Sydenham Society's Publications*, 1875, vol. lxx, p. 188.

Reference to Rathery's paper in *L'Union Médicale*, xvii, 326.

Arsenic causes brownish discolorations and pustules, so-called "*Arsenic chancres*."

470. *New Sydenham Society's Publications*, 1875, vol. lxx, p. 450—2.

Malmsten's case quoted; see *Hygiea*, 1873, and *Nord. Med. Arch.*, 1874; also Henry's translation of it from *London Medical Record*, vol. ii, p. 441 (see below).

Dr. T. Stevenson adds in an editorial note that he has seen progressive paralysis of motion and sensation, beginning at feet and extending upwards till the lower respiratory muscles were affected, from the use of *Arsenious acid*. The patient recovered.

Fleck's paper referred to; see *Zeitschrift f. Biologie*, vol. viii, p. 424, and *Vierteljahrschrift f. Gerichtl. Med.* vol. xviii, p. 391. Reference to Frost's cases of poisoning by *Arseniuretted Hydrogen* in *Vierteljahrschrift f. Gerichtl. Med.* vol. xviii, p. 267.

471. *Medical Times and Gazette*, 1859, New Series, vol. xix, p. 526.

By Dr. S. O. Habersham.

In a case of poisoning by *Arsenic* there was only a sense of soreness in stomach and pain from violent vomiting.

472. *Lancet*, 1826, vol. x, p. 276.

Orfila's experiments, briefly quoted from *Journal de Chimie*, April, 1826.

CASE 1.—From fifty to sixty grains of the *Yellow Sulphuret of Arsenic* being applied to the cellular tissue of the internal part of the thighs of dogs, they had all the symptoms of *Arsenical* poisoning, and died between the fortieth and sixtieth hours.

Post-mortem.—The limb to which the poison had been applied was very red; the inflammation extended even a considerable way in the abdominal parietes; stomach presented some dark violet spots, and several small ulcerations having a brown appearance, all the result of destruction of the mucous membrane. The interior of the ventricle of heart in some cases presented several deep red spots, which principally occupied the *carneæ columnæ*, and penetrated at least one and a half lines into the tissue of the heart.

CASE 2.—The same effects were caused when from sixty to

seventy grains of the same were introduced into the stomach, and the œsophagus tied.

CASE 3.—The native *Orpiment*, from the mines of Jojova, in Hungary, when applied to the cellular tissue of dogs, in the dose of one to two drachms, kills them in two days.

Post-mortem.—Stomach inflamed, and covered with numerous black spots; heart and small intestines presented some signs of inflammation. Lungs a little red.

CASE 4.—*Realgar* caused similar effects.

473. *Lancet*, 1829-30, vol. i, p. 808.

Reference to J. R. Coxe's case in 3rd vol. of *Philadelphia Medical Museum*. [I cannot obtain this volume.—E. W. B.]

474. *Lancet*, 1829-30, vol. i, p. 744.

Report of the *Westminster Medical Society*.

A member said that *Arsenic* produced unusual excitement of the system, and the whole frame felt "wound up after the manner of a musical instrument overstrung." Dr. Stewart said that Professor Chapman, of North America, told him that *Arsenic* was a very powerful aphrodisiac, not only in men and women, but also in insects (flies).

475. *Pharmaceutical Journal and Transactions*, 1875, 3rd Series, vol. v, p. 81.

By Dr. N. P. Hamberg.

From exposure to *Arsenical* wall-paper he felt in the morning a heaviness in head and weariness; he also had an attack of rheumatism in the legs during July, 1873, which still lasted during the first months of 1874, but this latter symptom he considers of doubtful origin.

476. *Pharmaceutical Journal and Transactions*, 1875, 3rd Series, vol. v, pp. 460, 734, 962.

Notice of poisoning of more than fifty people near Calstock, Cornwall, by *Arsenic* in tank-water; also of other cases.

477. *Medical Times and Gazette*, 1860, vol. ii, p. 25.

By M. Claude Bernard.

Corvisart, in his work on *Diseases of the Heart*, relates the case of a girl who took a very large dose of *Arsenic*; symptoms of

poisoning followed, but she recovered, and died several months later of consumption. A large pseudo-membranous cyst was found in the stomach, within which cyst was enclosed a solid mass of *Arsenic*.

478. *The Practitioner*, 1869, vol. ii, p. 303.

Reference to Hutchinson's cases: see above.

479. *Association Medical Journal*, 1855, vol. iii, pp. 1020-1, 1062, 1081.

Reference for *Arsenic* eating to papers by Vogt and Wibmer, and Johnston's *Chemistry of Common Life*, chap. xxiii, vol. ii; to *Chambers' Journal*, December 20th, 1851; to *Gazette des Hôpitaux*, May 16th, 1854; to Tschudi's paper in *Wiener Medicinische Wochenschrift*; to the *Monthly Medical Journal*, February, 1852; to Vogt's *Arzneimittellehre*, and *Medic. Jahrb. des öester. Staates*, 1822.

480. *Lancet*, 1866, vol. i, p. 642.

Further account of Dodd's cases reported above, No. 93 of *Pathogenetic Record*.

Dr. Heath said that on January 4th the servant girl had sore throat, with some swelling of tonsils, and was rather feverish. George B— was dying; he was extremely weak, and had a very rapid pulse. There was a loss of power in the lower extremities. There was a faint rash on the upper part of the chest like that of scarlatina. Throat inflamed, and adhering to uvula and left tonsil was an exudation like that of diphtheria. On January 8th John B— was in bed, complaining of pain in lower limbs, as also loss of power and a feeling of numbness. This illness had come on after vomiting. E. R— was unable to leave her bed from paralysis and weakness for more than five weeks after she left the farm.

481. *Chemist and Druggist*, 1869, vol. x, p. 192.

Reference to Tardieu's paper on *Poisonous Dyes*, read before *Académie Impériale de Médecine*, February 23rd.

482. *Medical Times and Gazette*, 1861, vol. ii, p. 180.

Extract from *The Times*.

A medical student says that the use of tobacco-pipes, containing *Arsenic* in the clay, caused in many sore throats, &c.

483. *Medical Times and Gazette*, 1861, vol. ii, p. 276.

Editorial account of Beamish's case; additional particulars to account as given above, No. 586 of *Pathogenetic Record*.

A *post-mortem* of the two fatal cases showed excoriations of the lining membrane of the mouth, and inflammation of stomach. The newspapers report that the woman had burning in throat and excessive thirst.

484. *Medical Times and Gazette*, 1861, vol. ii, p. 541.

Report of *Royal Medical and Chirurgical Society*.

Dr. Harley injected a grain of common *Arsenic* into the jugular vein of a cat. In three minutes convulsions commenced, and in twenty-five minutes it was dead. [A case of chronic poisoning, with coloured plates, was also given at the meeting.—E. W. B.] In acute poisoning by *Arsenic*, the morbid changes are most marked at the cardiac end of the stomach; in chronic cases, towards the pyloric extremity. The more gradual the poisoning the more the *Arsenic* acts on the intestines, and the less on the stomach.

485. *Lancet*, 1857, vol. i, pp. 360, 193 [misprinted in my "Index" under *Cuprum*.—E. W. B.].

Reference to two cases of *Arsenical* poisoning cured by *Tobacco*, reported by Dr. Eastman in *Silliman's American Journal*, May, 1836. In one case large doses of *Tobacco* caused no nausea, though usually the patient perfectly loathed it. Mr. Hinds' cases quoted.

486. *Lancet*, 1857, vol i, p. 415.

By Mr. James Morris Churchill.

I saw a case of poisoning by swallowing *Arsenic* recover under the free use of new milk. Dr. Armstrong told me that two persons having taken *Arsenic* were cured by large doses of *Laudanum*.

Reference made to Dr. Gordon Smith's *Forensic Medicine*.

487. *Chemist and Druggist*, 1873, vol. xiv, p. 239.

Editorial.

A boy at Hereford complained of feeling sick and ill; he became much worse during the night, and all that could be elicited from him was "Its all the fly-paper." He became delirious, and died in great pain. *Arsenic* was found in the body.

488. *Pharmaceutical Journal and Transactions*, 1866, 2nd Series, vol. vii, p. 38.

Case of poisoning of the Millingtons at Wrexham, referred to.

489. *Pharmaceutical Journal and Transactions*, 1866, 2nd Series, vol. vii, p. 243.

From *Glasgow Morning Journal*.

Mrs. K—, æt. 48, and her daughter, æt. 5, took *White Arsenic* about 9 p.m., the former about a quarter of an ounce. In ten or fifteen minutes the child had pains in stomach, and vomited two or three times. Shortly afterwards the mother was seized with violent spasms, and what she termed cramp in the legs, followed by vomiting lasting many hours, during which time she was very prostrate. At 2 a.m. Dr. Docherty saw them. The child was very ill and the mother (who had taken more) much worse. Nothing would lie on her stomach; she was very weak, and continued to vomit a greenish matter streaked with blood; features pinched, eyes sunken, fingers clenched, nearly pulseless, and betokened great suffering.

490. *Chemist and Druggist*, 1870, vol. xi, p. 217.

Reference to poisoning of the Harrison's at Derby by *Arsenical* washes for the walls of the house.

491. *Lancet*, 1854, vol. i, p. 584; 1830-1, vol. ii, p. 580.

Reference to cases by Guy, in *Ranking's Abstract*, vol. vii, p. 247. Case of Cowfield and twenty others at Nottingham, June 7th, 1848, (no symptoms here given), and Christison in *London Journal of Medicine*, vol. i, p. 792; and Kerr in *Edin. Med. and Surg. Journal*, July, 1831.

492. *Lancet*, 1854, vol. i, pp. 164, 224, 289.

Case of poisoning at Croydon.

Editorial remarks.—Atlee, æt. 40 to 50, his wife, æt. 27, and three children of the ages of 8, 6, and 4 years died. On December 14th the children first had sickness and violent vomiting. The medical certificate was that they all died of typhoid fever. Afterwards *Arsenic* was found in the body of the mother. The children died on the 22nd, 23rd, and 24th, and the mother on the 25th of December.

Dr. Alfred Carpenter's report of the post-mortem of one of the

children. Lower part of jejunum somewhat reddened internally, but no decided trace of inflammation till the middle of the ileum was reached. Here were large patches of inflammation around each cluster of Peyer's glands; they were upon the surface of the bowel most distant from the mesentery. Some of the patches presented, when examined under the microscope, beautiful instances of arterial injection. The glands were much more decidedly raised beneath the surface of the mucous membrane than is natural. These inflamed patches were most abundant near the ileo-colic valve; scarcely any change below that part. Heart pale, firmly contracted, containing only a very small clot in right auricle. Large veins of thorax contained a very small quantity of fluid blood. Scarcely any blood flowed from the cut inferior vena cava. Gall-bladder completely distended with bile. Mesenteric glands slightly enlarged.

Dr. A. S. Taylor's report of the post-mortem of Mrs. Atlee.

Mucous membrane lining stomach frequently reddened. Strong patches of redness, looking like that of inflammation caused by irritant poison, at the largest end near the cardiac orifice. Duodenum and other portions of small intestines showed some patches of inflammatory redness. *Arsenic* was found in body.

493. *Chemist and Druggist*, 1868, vol. ix, p. 649; 1861, vol. ii, p. 35; 1862, vol. iii, p. 21.

Case of Mrs. Landers, of Paisley, poisoned by *Arsenical* ointment applied to abscess of breast; quoted from *Lancet*, 1868, October 3rd (see below), and to experiments by Schmidt and Sturtzwage, and Paul's case (see above).

494. *Lancet*, 1852, vol. ii, p. 299.

By Mr. Thomas Bryant.

Mr. W. C—, set. 30, took, when drunk, at least two ounces of *Arsenic* about 9.15 p.m., July 11th. I saw him about 9.30 p.m., and soon gave him an emetic of *Ipecacuanha* and *Tartar emetic*. At 11.30 p.m. I saw him again; the emetic had acted immediately, had partly sobered him, and brought up a quantity of dark-brown flaky fluid containing *Arsenic*. He was very drowsy; skin moist; pain on pressure over pit of stomach; tongue foul, but not injected; bowels purged once of a very fluid fetid stool; pulse 100, full and strong. The stomach-pump was now used, barley-water being injected; the fluid withdrawn was more opaque, containing some

brown curdy material and *Arsenic*. Ordered a scruple of *Sulphate of Zinc* every two hours.

July 12th, 8.30 a.m.—Had taken four doses of the *Zinc*; had vomited considerably after each dose, but not continually; the fluid vomited was clear, with brown curdy flakes suspended in it, and containing *Arsenic*. He was bathed in sweat; had slight pain in abdomen, increased on pressure, but at times very severe; but little dryness of throat; tongue foul and slightly injected; purged three times, stools loose and dark; pulse 100, full, but weak; felt “tolerably well.” Ordered *Castor Oil* and *Hydrated Oxide of Iron*. At 9 p.m. nausea, but no vomiting since 11 a.m.; still slight abdominal pain; tongue foul, but very slightly injected; three stools, with pain, very offensive, dark, and one looked bloody; pulse 100, full, and of more power.

13th.—Noon. Had a good night; still pain over abdomen, worse on pressure; tongue the same; two stools; skin moist; pulse 96, full, and of good power; says he is “nearly well.”

14th.—Altogether better; less pain in abdomen; skin moist; tongue cleaner and less injected; no nausea; two stools, loose, very offensive and dark; pulse the same. Ordered *Nitrous ether* and *Hyo.*

15th.—Better, no tenderness of abdomen; tongue cleaner; no stool; pulse 96, natural. Repeat mixture, and take *Castor oil*.

16th.—Four stools, containing scybala and blood; tongue foul, but not injected; skin cool. Repeat *Oil*.

17th.—Two stools, depositing a white powder and containing blood; otherwise much better.

18th.—Stools natural, but loose.

21st.—Well.

495. *Lancet*, 1830—1, vol. ii, p. 75.

Extract from Orfila's *Traité des Exhumations Juridiques*, 1831.

(1.) The body of Celest. Veillet was exhumed fifteen days after burial. The mucous membrane of the root of tongue, pharynx, upper part of larynx and œsophagus, was dark red, and covered with a great number of phlyctenæ.

(2.) F— was exhumed more than a month after burial. The cardia and pylorus (which were covered with ecchymoses) showed distinct traces of inflammation. Internal lining of heart and large vessels was covered with pink spots.

(3.) F— (daughter) was exhumed three months after burial. The mucous membrane of intestinal canal, from œsophagus to rectum, was covered with bright red spots, apparently the result of acute inflammation. Mucous lining of small intestines and œcum evidently inflamed, and in some parts ulcerated.

(4.) F— (father) was exhumed nine months after burial. In the whole length of intestinal canal, but particularly at the upper portion, the internal surface exhibited numerous red spots, which appeared caused by inflammation.

Arsenic was found in the bodies of all four.

496. *Practitioner*, 1869, vol. iii, p. 70.

By Dr. R. Sisson.

From the number of cases of shingles which I have seen occur during the use of *Arsenic* I conclude that they stand to each other in the relation of cause and effect. I myself suffered from shingles after taking five minims of the solution of *Chloride of Arsenic* thrice a day for a fortnight. By omitting the *Arsenic*, and taking a saline aperient, the disease at once disappeared.

497. *Chemist and Druggist*, 1862, vol. iii, p. 337.

Editorial.

E. A. A—, a girl, æt. 14, died from sucking artificial flowers. She was suddenly seized with pains and cramps in stomach, and died next morning. Mr. Chandler made a post-mortem, and found ulceration of the coating of stomach. The stomach was dark red. *Arsenite of Copper* was found in the flower.

498. *Chemist and Druggist*, 1863, vol. iv, p. 112.

Editorial.

Mary Ann D— died from *Arsenic*, which was found in her body by Dr. Taylor. There was extensive inflammation through the whole of the inner membrane of stomach, every part was inflamed, and the central portion of membrane was entirely destroyed, so that the greater part of it came away in flakes. There were numerous clots of blood on surface of stomach.

499. *London Medical and Surgical Journal*, 1834, New Series, vol. iv, p. 765.

Carles and Biett show that the most common effects of *Arsenic*

are an increase of heat throughout the whole body, slight burning in throat, extending even to stomach, very remarkable increase of appetite, great thirst, and diarrhoea, increased urine, sweats, and shivers; sometimes constipation.

500. *Chemical News*, 1859, vol. i, p. 108; 1863, vol. viii, p. 307.

From *Edinburgh Review*. [No name given.—E. W. B.]

An *Arsenical* wall-paper gave every one who remained long in the rooms a violent cold. The paper-hanger said it always gave him a bad sore throat and running of the eyes. Piony's case quoted, see above.

501. *Chemical Gazette*, 1842-3, vol. i, pp. 35, 341.

Emsmann's case quoted, see above; Errard's cases quoted from *Gazette Méd. de Paris*, November 5th, 1842 [see above, and examine original, as there are differences in the translations.—E. W. B.]

502. *Chemical Gazette*, 1842-3, vol. i, p. 483.

By M. Schindler (from Gräfe and von Walther's *Journ.*, 26).

After inhaling about half a cubic inch of the *Arseniuretted Hydrogen*, in three hours there was giddiness, heaviness in neighbourhood of kidneys, cold over whole body, shooting pains in knee-joints and cold in extremities, deadness of some parts, vomiting of a yellow-greenish, bitter mucus, secretion of dark red, nearly black urine, intense heat in abdomen, dark colouring of skin, bleaching of hair in the dead parts. Recovered in seven weeks.

503. *Chemical Gazette*, 1848, vol. vi, p. 228 36.

By F. Wöhler and F. Frerichs (from Liebig's *Annalen*, March, 1848, p. 385).

1. Two grammes of a dilute solution of pure *Arsenic acid* were introduced into the stomach of a half-grown rabbit. For two hours it was well; next morning it was dead. A great amount of urine and fæces had passed; texture of stomach found unaltered, only in some limited spots there was slight injection of vessels; fæces quite thin in large intestines; mucous membrane a very deep red.

2. Three grammes of the same solution was given to a young dog. At first it kept perfectly quiet, then began to vomit, and threw up some of the acid. It then recovered, and appeared for two hours quite lively, but died in course of night. There was diar-

rhœa. Mucous membrane of stomach slightly reddened only in a few circumscribed places. Small intestines coated with a white mucous stratum, consisting solely of cylindrical epithelium. Large intestine empty, and its mucous membrane deep red.

3. Three grammes of pure *Arsenate of Lime* were given to a full-grown dog. At first it remained quiet, and after two hours showed no distinct symptoms of illness; next morning it was dead. Very liquid fœces had passed off. Stomach contained about twenty grammes of a mucous, faintly-acid liquid, coloured yellow by bile, with numerous strongly-injected spots, and here and there ecchymoses of the size of a lentil. Mucous membrane reddened through the whole intestinal tracts, but nowhere destroyed by inflammation.

504. *Medical Commentaries*, 1791, vol. xv, p. 209.
Sherwen's experiments, quoted.

505. *Memoirs of the Literary and Philosophical Society of Manchester*, 1862, 3rd Series, vol. i, p. 208.

By Dr. H. E. Roscoe.

Reference to Von Tschudi's paper in *Wiener Medicinische Wochenschrift*, October 11th, 1851; Kesteven's papers in *Association Medical Journal*, 1856; Heisch's paper in *Journal of Pharmaceutical Society*, May, 1860; Dr. Schidler's papers in the Grätz newspaper, the *Tages Post*, March 30th, April 8th, 1860; and Dr. Schäfer's paper in *Sitzungs Berichte der Academie d. Wissenschaften*, 1860, band xli, p. 578; and Schallgruber's paper in *Medicinischer Jahrbuch. d. Estr. Staates*, 1822.

Dr. Holler, of Hartberg, ate a piece of Styrian cheese, which is made with *Arsenic*, and had a slight burning in throat, as from food containing much spices, and afterwards a pleasant warmth in stomach and good appetite. Once this cheese caused vomiting and colic.

Mr. Stern, of Kundorf, says a man took a larger dose than usual, which caused violent gastro-enteritis. [This paper conclusively proves the practice of *Arsenic*-eating.—E. W. B.]

506. *Edinburgh Medical and Surgical Journal*, 1817, vol. xiii, p. 507.

Review, with quotations, of *Remarks on Arsenic, &c.*, by John

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

INTESTINAL OBSTRUCTION.*

By JOHN W. HAYWARD M.D.

I USE these words in the singular, as indicating a generic disease; not in the plural, as indicating either the *kinds* or the *causes* of this generic disease. I mean, by them, *Obstruction of the Bowels*.

Intestinal obstruction may be temporary or permanent, partial or complete.

The most familiar example of *temporary* intestinal obstruction is simple constipation, whilst organic stricture affords an example of permanent obstruction. *Permanent* obstruction may result also from impaction by foreign bodies, such as gall-stones, which have escaped from the gall-bladder; or from masses of magnesia or chalk, which has been taken as medicine; it may also result from lead-poisoning; from twisting of the bowel, or from intussusception. *Organic stricture* may arise either from closure of the passage by enteritis or ulcer, or from constricting bands, or from twisting of the bowel, or from internal hernia. And any, and all, of these causes may produce, in some cases partial, and in some cases complete, obstruction.

* Read before the Liverpool Medico-Chirurgical Society.

The diagnosis in intestinal obstruction is not always easy; that is to say, it is not always an easy matter to say whether an obstruction is temporary or permanent, partial or complete. An apparently simple constipation, in fact, may prove to be a permanent stricture; and an obstruction at first apparently complete and permanent may eventually prove only temporary, or at least only partial. Nor is it easy to decide at once whether it is dependent on impaction, twisting, intussusception, or stricture; nor even what is the exact locality of the obstruction. The true nature and locality of the disease, in many instances, are only discernible after some days of watching. Some light may be thrown upon the diagnosis by the manner of onset. Simple constipation comes on gradually, intussusception and twisting suddenly, and obstruction by gall-stones is usually preceded by a painful passage of the calculi from the gall-bladder.

This uncertainty in the diagnosis is a matter of embarrassment to the practitioner and a source of danger to the patient, at least in allopathic practice. The danger to the patient is great in allopathic practice, but only very trifling in homœopathic practice. Happily for the homœopathic patient in this disease it matters but little what the diagnosis be; but to the allopathic patient it may make all the difference between life and death. "If," says Sir Thomas Watson writing on this subject, "we mistake colic for enteritis, the error is of no great moment; but the opposite mistake, which is more common, may be fatal. . . . Some of the remedies for mere colic are highly dangerous when there is inflammation of the bowel. . . . Stimulants are frequently of great service in true colic, but they exasperate the symptoms and increase the mischief when the disease is enteritis; and indeed, treatment of this kind will sometimes urge colic into enteritis." (II, 456.) And on the use of purgatives, he says:—"Purgatives given by the mouth are often rejected by the stomach with great distress to the patient. If they are retained and fail to operate, they must do more harm than good." (II, 460.) "Purgatives, however mild," says Dr. Bristowe, writing on acute intes-

tinal obstruction, "can do no good, may do immense harm, and must be altogether discarded."—*Reynolds's System of Medicine*, III, 102.

From these risks and dangers, homœopathic practitioners and patients are happily free. But in any given case what is to be done? A patient presents himself complaining of obstruction of the bowels, which has supervened gradually; what is usually done? The allopathic practitioner, of course, orders aperients and purgatives. But suppose the case be enteritis or twisting, or intussusception, internal hernia or organic stricture, then the patient is made worse and hastened towards his grave by the treatment. The homœopathic practitioner orders, in such cases, a few doses of *Plumbum*, *Opium*, *Nux vomica*, *Bryonia*, *Lycopodium*, or *Alumina*, or some other drug capable of producing similar symptoms to those present in the patient; and in all probability removes the disease at once; but if he does not—if he does no good, he at least does no harm. It may be said the homœopathic practitioner prescribes only for the symptoms; this may be true; and so much the better for the patient; for who knows what the essence of the disease is? Guessing at the disease, and treating this imaginary disease may be fatal to the patient, as Sir Thomas Watson says.

But suppose the diagnosis be less obscure, from the symptoms having come on more suddenly, and it be supposed to be a case of *acute* intestinal obstruction, depending either upon intussusception, internal hernia, stricture, or enteritis; what will then be the mode of procedure? Why, with the allopathic practitioner, notwithstanding the protests of some of the older and more distinguished teachers, such as Russell Reynolds, it will still be purgatives. Even Sir Thomas Watson himself says:

"Remember therefore, that in every case of obstinate costiveness, with signs of inflammation within the abdomen, it is absolutely necessary for your own credit and subsequent comfort, as well as for your patient's safety, to make diligent and thorough enquiry after such hernia as may be recognised externally.

"But often you find nothing] of the sort, and then you are at liberty to prosecute with more energy and decision the purgative plan of treatment. You prescribe strong doses of jalap and calomel; black draughts. The stomach being irritable you give pills of cathartic extract, and repeat them at short intervals; or large doses of calomel, ten grains or a scruple, three or four times in succession. You inject stimulating clysters. Then you are driven to croton oil; and at last, in some vague hope of relaxing spasm, to opiates. If symptoms of inflammation spring up, you put fairly in force the remedies of inflammation, and especially blood-letting. But all is in vain. The medicines are vomited; or, if retained, they serve but to augment the patient's distress, producing or renewing the pain and the nausea. It is extraordinary how comfortable the patient sometimes becomes upon the intermission of these active attempts. Now and then he suffers tormina, or has fits of retching; but in the intervening periods his sensations and outward condition may be those of perfect health; only there is no alvine discharge.

"Now, under these afflicting circumstances, the question will force itself upon you—how long am I to pursue the purgative system? Common sense, and common humanity, answer—you must stop it the instant you are convinced that there is a mechanical obstacle which cannot be overcome. To persist in the use of drastic purgatives after that conviction is to inflict wanton and needless torture upon the patient. But how are you to know this? That is one difficulty. And how are you, believing that it is so, to satisfy the patient's friends that his disorder is irremediable; and to resist their importunity to try this and that; how persuade them to look passively on while their relative is slowly perhaps, but surely, perishing? These are great and terrible difficulties.

"You will be urged with all imaginable suggestions, even the most absurd. Crude mercury may perhaps be one. Pounds of this metal have been swallowed in such cases, in the hope, I suppose, that it would force a passage by its weight. But the obstacle may be in an ascending coil of intestine. And if not, experience does not teach us to put any faith in this rude mechanical remedy. It has often done mischief, and seldom or never done any good. The metal is apt to become oxidised in the body, and

then to produce very distressing salivation. This is an evil which I have known to occur, and to trouble the patient greatly, some time after the ineffectual exhibition of large doses of calomel.

"Dashing cold water over the abdomen and the lower extremities is another rough expedient which is sometimes successful in producing evacuations. It was adopted, after various other measures had failed, in the case in which the bowel was tied down by the adherent appendix vermiformis; and it caused the emptying of that part of the canal which lay beyond or below the internal hernia. It is plain that this partial success can be of little or no use; certainly of none that can compensate for the shock and annoyance of the cold affusion." Vol. II, 463, 464.

True it is that Dr. Brinton, in his *Croonian Lectures*, and Dr. Russell Reynolds, in his *System of Medicine*, deprecate such practice; and it is to be hoped, for the honour of our profession and the benefit of patients, that the *rising* generation of practitioners, at all events, will fully discard it. That the present generation has not yet done so is positively asserted by Mr. Hugh Owen Thomas, surgeon, of this town, in an elaborate essay on the subject; where he says (pp. 8, 9, 10, 12, 13, 14, 15):

"These two reports may be compared with what is done in our own time. We take for example a case reported in a number of the *London Medical Record*, June, 1877, page 233, when on the first day the treatment commenced with castor oil and enema. Second day—croton oil, two enemata of senna and soda sulph. in the morning and evening; the same day third enema of senna and soda sulph., and belladonna to the skin over abdomen. Third day—calomel, jalap, and belladonna every two hours, and insufflation of air; the intestines being distended by forty strokes of the bellows. Fourth day—enemata and purgative pills and insufflation, this latter was repeated 'with redoubled energy.' Fifth day—thrice action of the bowels. Sixth day—the belly was electrified and an enema of mercury, which produced abundant motion and blood. Seventh day—'a glass of castor oil.' The treatment failed in this case to kill the patient; he recovered.

"Again, in the *Lancet* for the year 1876, a case of intussusception of the large intestine is reported. The treatment adopted was copious warm soap-and-water injections. The case was fatal, the post-mortem examination showing that an advanced degree of recovery had taken place, and that had Dr. Brinton's principles been thoroughly carried out in practice there was a great probability that the patient might have recovered.

"In the same volume, in the column devoted to correspondents, another case is mentioned, the treatment of which was commenced with an enema of castor oil and turpentine, with an 'internal compound to stimulate the intestines,' the enema being repeated while the patient was sinking.

"It may probably be fresh in the memory of the reader, the report given in the *British Medical Association Journal* of the treatment adopted in the case of the late Madame Du Devant (better known as Georges Sand). In her case, evidently one of the élite of the profession was invited from Paris to her Chateau, near Mohant, to assist 'the learned men of the parts around' as to the treatment to be adopted, with the result, it appears to me, of a repetition of that treatment which some of the contributors to the *Medical Physical Journal* of 1824 would have advised. In fact, the patient's chance of recovery would have been better had she had no advice at all, rather than the injurious interference to which she was subjected.

"I will take another example from a recent number of the *Dublin Journal of Medical Science*, in which a case of intestinal obstruction is recorded, which was treated on the first day with enemata of 'various kinds,' 'purgatives of different sorts,' 'including castor oil, scammony, calomel, and croton oil.' This treatment was continued for several days, when a change of plan seems to have been decided upon, and extract of opium was given by the mouth every fourth hour. On the sixth day a return was made to the previous treatment with purgatives; rubbing the bowels with warm oil had been constantly persevered with during intervals of the administration of medicines. Sometimes between the sixth and ninth day the distended abdomen was relieved of gas by puncture, and the opium treatment was again resorted to; then about the tenth day, galvanism was applied. On the fifteenth day castor oil and rhubarb were administered, with the result of producing a return of most of the symptoms which had

begun to abate. This case, wonderful to relate, survived the treatment.

"From the foregoing examples and others which have come under my notice during the last ten years, I am convinced that there are very few in the profession who are acquainted with Brinton's labours, and fewer acquainted with the correct treatment of this disease, and many who are cognisant of his views want the confidence to apply them undeviatingly in practice.

"This can be further shown by a comparison of the paper contained in the *British Medical Association Journal* for 1853, p. 117, where is recorded a series of nine cases. I append a condensed account of each. The first case was treated by opiates and enemata, with metallic mercury, and the patient took 7 lbs. of this metal and yet recovered.

"The second case was treated by calomel, colocynth, black draught, castor oil, enemata, turpentine stupes, and a pint of newly fermented yeast, and recovered.

"The third case was treated by calomel, opium, castor oil, and enemata, and proved fatal, the patient succumbing in twelve hours.

"The fourth case was treated with purgatives, and died on the third day.

"In the fifth case nearly all the list of purgatives was tried, also quicksilver and tobacco enemata, and the patient died on the sixth day.

"The sixth case was treated by purgatives, and proved fatal in thirteen hours after the commencement of the attack.

"The seventh case was treated with purgatives and tobacco enemata, and also proved fatal.

"The eighth case was treated with purgatives and opium, and proved fatal.

"The ninth case was treated with mild aperients, opium, and enemata, and was fatal on the third day.

"In comparing the treatment of these cases with that of one reported and discussed before the Clinical Society of London so late as last October, and reported in the *Lancet* of the 21st of the same month, I am forced to the conclusion that we are not improving upon the treatment practised in times gone by, but rather, retrograding. This case, the details of which were discussed before the Clinical Society, appears to have been diagnosed

as one of intestinal obstruction, and yet the details of treatment were, daily enemata, hot fomentations, castor oil, croton oil, and turpentine; the passage of a long tube up the bowels, inverting the patient and shaking him in the inverted position, trocaring the bowels, kneading and manipulating the abdomen, galvanism (with the intention, it is reported, of exciting peristaltic action), the administration of extract of aloes, and a combination of enemata and kneading; and still more remarkable, it is reported that death occurred suddenly and unexpectedly on the fifty-ninth day, after all this heroic treatment. Surely, death could only be expected, as, to all the remedies so trying to the patient's powers of endurance, was superadded a very serious complaint.

"In confirmation of my assertion as to how imperfectly the principles of treatment are understood in the present time I subjoin a quotation from Dr. J. S. Bristowe's recent volume on the *Theory and Practice of Medicine*, published last year, advising treatment for intussusception, page 728.

"In those cases, however, in which the symptoms of obstruction come on vaguely and without evidence of association with inflammatory mischief, it is generally advisable to commence the treatment with the administration, either by the mouth or rectum, of moderately powerful purgatives, and to persist in this treatment until, by their failure to act, and by their causing vomiting and painful but fruitless peristaltic movements, their inefficacy is distinctly shown. It sometimes happens that, after drastic purgatives have failed, a large dose of some simple laxative, such as castor oil, acts with singular efficacy. In aid of this treatment, hot baths, fomentations, or ice or electricity to the surface of the belly, and voluminous enemata of gruel or of water may severally be employed. If those measures are without avail, it is generally advisable to give the bowels rest, and to relieve pain by the repeated use of adequate doses of opium or of belladonna; the persistence in which treatment will, by relieving spasm, or otherwise promoting the return of some length of bowel to a comparatively healthy condition, not unfrequently result, after a shorter or longer time, in an effectual and sufficient evacuation. If this treatment fail in its turn, it may be necessary again to solicit the action of the bowels by the employment of purgative medicines, enemata, and the like. Such is the routine which must be generally followed in cases of simple obstruction, in

which the cause of obstruction is obscure ; and in many cases also even when the cause is distinctly ascertained.'

"Here we are advised to commence with powerful purgatives, and to persist in their use until we have evidence of their injurious action ; then mild laxatives can be tried, aiding all these by hot fomentations, electricity, and enemata ; failing in all these opium or belladonna is to be given ; after which latter, if they fail, a return to purgative and enemata, &c., is counselled. In fact, it may be noticed that there is, in the treatment recommended, an utter absence of any systematic method based on the etiology of the difficulty under consideration. These lesions are of such serious import to life that it were better to practise an expectant method than to incur any risk by giving remedies not based on successful clinical or experimental observation. Many cases have been reported as having recovered even after the most inefficient treatment, which to my mind is strong evidence that with a more rational treatment the mortality would be decreased."

There are, then, now in the old school four principal kinds of treatment of acute intestinal obstruction, viz. the purgative plan just referred to ; the mild tentative treatment advocated by Russell Reynolds ; the *Opium* and *Belladonna* treatment advocated by Dr. Brinton ; and the mere *Opium* treatment with very small diet advocated by Mr. Thomas.

Reynolds recommends mild enemas, mild aperients, and very small diet. Brinton recommends large doses of *Opium* to keep the bowels quiet, combined with a little *Belladonna* to promote peristaltic action, and the avoidance of all purgatives, aperients, and even enemas. Thomas deprecates all attempts to move the bowels by either purgatives or enemas, and he uses *Morphia*, subcutaneously injected two or three times a day, for the purpose of keeping the bowels in absolute quietude, his object being to prevent any action whatever of the bowels, and this he would do for seven, fourteen, or twenty-one days, or even longer, giving the while only the smallest quantity of nourishment.

The object aimed at in each of the two latter, or at least in the last plan, is not to attempt to cure the disease, but simply to keep the bowels quiet and to prevent their acting at all, whilst Nature herself cures the disease. Now, this

object is certainly best served by the simple *Opium* treatment of Mr. Thomas, which must be described, however, as simply a negative treatment.

I need scarcely here remark that we, of the new school, have all along and always deprecated the use of purgatives and even aperients in such cases, and I may say that we are not alarmed at the proposal to forcibly keep the bowels from acting at all for seven, fourteen, or twenty-one days, or even longer, in cases of enteritis, intussusception, internal hernia, or stricture; and, further, that we quite believe in the necessity of absolutely preventing peristaltic action, for some time at least, in such cases, and *that* forcibly if necessary, but that in practice we do not find this enforcing with *Opium* necessary, our specific medicines being, as a rule, quite capable of doing it.

Mr. Thomas gives some striking instances of recovery under the simple *Opium* treatment, of which I will give the three following (pp. 74, 79, 85) :

"CASE No. 1.—During the early part of this year I was called to assist in the treatment of a case of supposed intussusception. The gentleman in charge of the case informed me that a fortnight previously the patient had, whilst at work, had a sudden action of the bowels followed soon after by a good deal of colic pain, to relieve which the medical attendant was called in; and he, attributing the cause to constipation, administered purgatives, enemas, &c., which, however, had given the patient no relief. When I examined him I found the abdomen very tender on pressure, especially in the right hypogastric region, with moderate distension, and frequent vomiting, which had become slightly stercoraceous. I advised the discontinuance of all purgatives and all interference by the use of enemas, and ordered cold cloths to the bowels, elevation of the pelvis, and morphia administered subcutaneously night and morning. This treatment had the effect of diminishing the pain and partially arresting the vomiting, which now only occurred, with a notable regularity, about once in twelve hours. The distension continuing much as before, the morphia was continued, sometimes twice, and at others three times a day, subcutaneously for the seven days succeeding my first consultation, with the effect of

greatly relieving the patient from pain and the partial arrest of the vomiting; but there was no diminution of the distension, nor was the rapidity of the pulse much diminished. About the eleventh day after my introduction to the case the morphia dose had to be much increased, but did not completely ease the pain, and diminish the rapidity of the pulse, whilst the distension was slightly increased. On the twelfth day of my co-operation in the treatment the patient's condition appeared very precarious, and indicated to my mind that if in the course of a few hours the symptoms did not improve, it would be necessary to practise some operative interference, lest perchance this might not be a case of intussusception or enteritis, but rather one of the various forms not usually judged amenable to therapeutical remedies. This opinion was based on the fact that the morphia appeared not to have sufficient control over the pain or the pulse. However, to my delight, when we met in consultation the next day, I was informed that the patient had passed frequent and copious semi-liquid stools, with great relief to all the symptoms."

"CASE No. 6.—On the 15th of December, 1874, I was called to attend a club patient of mine, Mr. P. M—, 32 years of age, residing at R— Street. I found him suffering from intense pain in the abdomen, attended with constant vomiting, which was stercoraceous in character. He had been sick some days, but judging that it arose from simple constipation he had used purgatives; consequently, I found the symptoms much aggravated when called to attend him. I immediately injected a quarter of a grain of morphia beneath his skin, and continued to do so twice daily for three days, with the effect of diminishing the pain and decreasing the vomiting; but the distension increased. On the fourth day I commenced to inject under the skin a half a grain of morphia four times a day, and on the sixth day, finding the distension still increased, he was tapped with an ordinary bladder trocar with the effect of relieving him of a good deal of gas, which collapsed the abdomen. On the ninth day the trocaring was repeated, the morphia being still continued. The use of the trocar was repeated at intervals of three days, and on four occasions in all. On the twenty-first day a spontaneous action of the bowels took place, the patient being much relieved; yet the opium treatment was continued for some days, and the symptoms gradually resolved, and the patient recovered."

"CASE NO. 8.—On December 16th, last year, at midnight, I was requested to go on board a Swedish vessel in the Salthouse Dock to render professional assistance to one of the crew. On boarding her I found the steward in great pain. His previous history was, that while 'straining at stool,' he felt a sudden pain in the right iliac region, no diarrhoea, thirst, slight acceleration of pulse. The captain, on the occurrence of the pain, had given him a dose of Epsom salts. This he had vomited immediately. My examination of the patient was made in about one hour after the accession of the pain. I at once injected under skin a quarter-grain dose of morphia, advised abstinence from all food, and allowed a limited quantity of drink, frequently repeated if desired by the patient. Next day, at 9 a.m., I sent my assistant to visit him, with instructions that if in pain to inject an eighth of a grain of morphia. This dose was given, and at 4 p.m. visited him myself, and was informed that he had vomited twice (but slight in quantity) during the night. The iliac region was still tender, slight thirst, pulse accelerated. I now again injected a quarter of a grain of morphia under skin, previous details as regards diet and drink to be adhered to. Third day visited and found that he had vomited once only since last visit, all the other symptoms being the same as those present on the second day. I now advised removal to my hospital, but before removal injected a quarter grain of morphia, 2 p.m. In the evening I visited him in the hospital, and found tongue more furred, no increase of distension, tenderness still present on pressure of the iliac region, temperature 100°, pulse as before, had vomited once this evening; repeated half grain of morphia. On the fourth day, at 9 p.m., injected half grain of morphia; symptoms present during this day, pulse no change, no vomit, tongue furred, slight tenderness and distension, less than had hitherto existed, temperature 102°. In the afternoon he passed suddenly a very copious liquid stool. No food was allowed until the fourth day; a little arrowroot and water and beef tea was allowed this day in response to the patient's request, and another half grain of morphia was administered under the skin at 10 p.m. Fifth day, 9 a.m., gave half grain of morphia under the skin; at 12 noon, passed a copious pultaceous motion, pulse 7 in five seconds, temperature 101°, tongue furred, no vomit, slight thirst; half grain of morphia given at 6 p.m., not the slightest

tension of the abdomen, but slight pain in right iliac region on pressure. Sixth day, had during night passed several small pultaceous motions, pulse 7 in five seconds, temperature 99°, tongue less furred, no distension, pain in iliac region diminishing; no morphia given in the morning; patient wanted to return to Sweden, but with the assistance of two other medical friends was persuaded to remain another week: 10 p.m., half grain of morphia under skin, as there was increase of pain. Seventh day, pulse and temperature normal, tongue correct, no thirst, pain only on firm pressure of iliac region, bowels acted three times during the day; half grain of morphia was given at 10 p.m., same diet continued. Eighth day, apparently well, but still slight pain on firm pressure, continued same diet, and half grain of morphia under skin at bed. Ninth day, all abnormal symptoms absent, and the evacuations passed appeared of normal consistence, though small in bulk, indicating that all accumulated liquids had been passed, consequently the conditions permitting the spurious diarrhœa which often follows relief of obstruction existed no longer."

These cases show from what a formidable disease the body can recover when left to itself; nay, what Nature can do even when under the depressing and obstructing influence of *Opium* poisoning! What, then, could she not do with perfect quietude and the assistance of judicious specific treatment? I am quite satisfied that many of the recorded fatal cases would have recovered with the help of homœopathic medication.

But before going into the homœopathic treatment, let us examine the pathology of intestinal obstruction. Passing over the obstruction dependant on mere torpor or inaction, which is easily put to rights with *Opium*, *Plumbum*, *Nux vom.*, *Sulphur*, and excluding specific stricture, as that of syphilis, which must be met by *Mercurius*, *Kali iodidum*, *Acidum nitricum*; and that of cancer, which, when curable, is so by *Conium*, *Arsenicum*, *Hydrastis*, *Hamamelis*, and confining our investigation to sudden, acute, or inflammatory obstruction, we have still a very serious disease to deal with. Whether the cause of the obstruction be impaction of a foreign body, twisting of the gut, intussusception, hernia, or stricture, we have always organic closure of the

passage of the gut, attended with inflammation. In some cases, the closure is absolute and complete, at least for a time; and much faith in the reparative powers of nature is needed to be able to believe that recovery is at all possible.

We shall not have time to review all the varieties of intestinal obstruction; nor is it necessary we should, as much the same treatment is required in all of them. We will then take *INTUSSUSCEPTION*. In this disease the course of matters is something like the following:—A portion of the bowel becomes abnormally distended with flatulence, and whilst thus distended, an unfortunate peristaltic action draws down a few inches of the non-distended bowel above into this enlarged portion; two mucous surfaces and two serous surfaces of the bowel are thus brought into contact; the distending gas is excluded from a portion of the enlarged bowel, and the two approximated mucous surfaces irritate each other, especially if there is any faecal matter between them; peristaltic action occurs; and the *contained* portion of the bowel becomes constricted—strangulated—by the containing portion, the circulation is interrupted, the mucous membranes swell, and congestion and inflammation supervene. The same changes take place in the two approximated serous surfaces, and the result is that a portion of the bowel becomes closed, more or less completely; excessive and inverted peristaltic action is then excited, producing pain, increasing the inflammation, and causing vomiting and fever. That such an accident should occur is not very surprising, it is, indeed, more surprising that it is not of very frequent occurrence. A small and temporary invagination may, indeed, be of frequent occurrence. It is probable, I think, that such an accident will account for many of the temporary attacks of abdominal pain, with vomiting—the so-called “bilious attacks” that are so common—the invaginated portion of the bowel becoming liberated before the occurrence of sufficient inflammation to glue it to the invaginating portion; and it is probable that all such cases would terminate thus favourably by the timely assistance of hot fomentation and a few doses of an appropriate specific medicine such as *plb.*, *nx-v.*, *col.*, *alm.*, *k-bi.*, *bel.*, *opi.*

Opium is a medicine very homœopathic to such cases. It produces all the essential symptoms of the onset of acute intestinal obstruction, viz. the pain, the vomiting, and the obstruction, and, indeed, the diarrhœa also.

I need not go into any proof of the power of *Opium* to produce constipation, we are all perfectly agreed on that; but I may offer a little evidence of its power to produce vomiting, abdominal pain, tympanitis, tenderness, and diarrhœa.

In our collected list of the poisonous effects of *Opium*, as given in *Allen's Encyclopædia*, I find over sixty instances of very characteristic nausea and vomiting; over seventy of abdominal pain; over thirty of flatulent distension, generally painful; and over thirty of diarrhœa.

This power of *Opium* to produce a condition similar to the onset of intestinal obstruction will account for the frequent cure of such attacks by the old-fashioned poppy-head fomentation, or a small dose of *Castor oil* with a few drops of *Laudanum*, and for the still more frequent cure of the apparently initial symptoms by *Opium*, in homœopathic practice; and for some of the cures recorded by Mr. Thomas.

But suppose the supervening inflammation has been sufficient to glue together the surfaces and completely close the bowel; what are the resources of art then? As already shown, the resources of the old school are few; the best of them being that advocated by Mr. Thomas, viz. to forcibly prevent peristaltic action by large doses of *Opium*, leaving Nature herself to do the cure. In the new school, on the contrary, there are quite a number of medicines capable of grappling with this disease in all its manifestations. The principal of these are *Aco.*, *Arn.*, *Bel.*, *Bry.*, *Col.*, *Ctn.*, *Cup.*, *K-bi.*, *Kre.*, *Lyc.*, *Merc.*, *Nx-v.*, *Opi.*, *Plb.*, *Rhs.*, *Sul.*, *Ver.* With these and hot fomentation, most, if not all, of the curable cases can be cured. With them, not only can we assist to rectify the invagination, but we can relieve the pain, check the inflammation, and remove its results, and control the peristaltic action, so as to render *Morphia* injection quite unnecessary.

Should there, however, occur a case in which these and all other homœopathically selected medicines did really

fail to control the disease, and the case appeared to have passed out of the region of medicine into that of surgery, I would not hesitate to resort to the *Morphia* injection, feeling sure, with Mr. Thomas, that peristaltic action must be controlled by some means, and perfect rest of the parts maintained for some time. I would much rather do this than resort to abdominal section in a case of intussusception. For, although I would resort to this operation at once in a well-diagnosed case of impaction, internal hernia, or stricture, I would be very loath to do so in a well-diagnosed case of intussusception; and certainly not after it had existed a few days, for then this would be much more likely to ensure a fatal termination than to prevent it, for the invaginated portion of the intestine could not then be withdrawn without rupture, even if real gangrene had not set in, which, however, it would have done in the great majority of cases. In cases incurable by medicine, I would much prefer to trust to the reparative powers of Nature herself, than resort to surgery; that is, I would much prefer to leave the invaginated portion of the bowel to slough and come away in its own time, and devote all my endeavours to moderate the inflammation, and the blood-poisoning, which would result from absorption of gangrenous matters; and to supporting the patient's strength. It is really wonderful what cures Nature can perform when wisely assisted, and even when left to herself; nay, even when obstructed, and depressed, and thwarted by rough treatment, or large doses of *Opium*. A few instances will be sufficient to indicate this, and to inspire confidence in the ultimate recovery, even in desperate cases. "By far the most interesting and important event," says Dr. Bristowe, "is the sloughing and separation of the included layers of bowel. It has been shown that almost immediately after the occurrence of invagination these become œdematous, intensely congested, and infiltrated with blood; and it might be supposed from the obstruction to which the vessels supplying them are exposed, that their death must necessarily speedily ensue. In many cases, however, the patients live for weeks, and even months, after the occurrence of invagination, with no further changes in the con-

tained tubes than those due to mere congestion and swelling, and die ultimately from the effects of invagination, the bowel never, even to the last showing signs of either ulceration or gangrene." *Reynolds's System of Medicine*, p. 91, vol. iii.

"As an instance of remarkable recovery," says Mr. Thomas, "from intussusception, there is recorded in volume 16 of the *Lancet*, p. 16, a case in which three feet of intestine, with a portion of its mesentery attached, came away. This case is reported by a professor of anatomy, a guarantee that it was intestine that was passed.

"In volume 11, p. 565, Mr. Abernethy reports a case where a portion of the intestine sloughed and came away. The treatment is not given in either of the above cases.

"In the *Transactions of the British Medical Provincial Association*, 7th volume, a case is reported of recovery after five inches of intestine had passed, though treated by the purgation method.

"My friend, Dr. Turnour, of Denbigh, informed me that he had a case where a large portion of intestine sloughed and came away, his treatment being the administration of opium, the use of which he strongly advocates in these lesions. Dr. Bristowe, in his recent volume, reports on the authority of Dr. Peacock, of London, a case in which the sufferer passed twelve feet of gut, and recovered. This extraordinary and unprecedented report induced in me some doubt of its correctness. I communicated with Dr. Peacock, who very readily favoured me with a reprint of his paper, 'A case of invagination of the intestines followed by the passage of a large piece of bowel by the rectum,' originally published in *Transactions of the Pathological Society*, vol. xv. From a perusal of his paper I find that instead of twelve feet the portion passed measured only thirty-five inches. The author gives a short history of twenty cases of invagination with sloughing of portion of intestine. Case 18 is reported, on the authority of Drs. Harley and Bristowe, as having passed the almost incredible length of four feet, with recovery, the period of separation varying from the sixth to the thirtieth day."

If, then, such recoveries can take place without specific treatment what may not be expected to follow judiciously managed treatment with specifics?

Now, in order to indicate the proper homœopathic treatment, let us review the *symptoms* of intussusception.

"The symptoms," says Dr. Bristowe (p. 92, *Reynolds's System of Medicine*, vol. iii), which attend intussusception are made up partly of the symptoms of intestinal obstruction, partly of those of enteritis, but they present much variety, and are often so vague as to render, for a time at least, accurate diagnosis impossible. There are nevertheless certain characteristic symptoms, which, if present, point pretty certainly to the existence of the lesion in question.

"The commencement of intussusception is attended with sudden and more or less severe abdominal pain of a griping or twisting character, which is referred usually to the neighbourhood of the umbilicus. This generally ceases after a short time perhaps a few hours, and then after an interval of comparative or total ease returns temporarily, and thus perhaps continues to recur remittently. There is not necessarily any abdominal tenderness, and, indeed, the patient frequently finds relief, as in colic, by various contortions of the body and by pressure upon the abdominal parietes. Sympathetic vomiting may be an early symptom, but is often in the beginning absent. Constipation generally follows upon the sudden attack of pain, not, however, immediately, for the bowel below the seat of lesion may, and does generally, continue to act upon its contents until they are completely expelled; nor necessarily, because, as has been pointed out, the intussusception does not in all cases entirely prevent the passage of fecal matters from above, and sometimes, indeed, instead of any tendency to constipation, there is actual diarrhoea. There is one peculiarity, however, in connection with the intestinal evacuations which is rarely absent; it is that, very soon after the occurrence of intussusception, the blood which escapes from the deeply congested mucous surface of the invaginated bowel mingles with the contents of the bowel below, and escapes with them by stool in greater or less abundance.

"The symptoms which mark the subsequent progress of the case depend partly on the situation of the intussusception, partly on the degree in which the bowel is strangulated. It has been shown that when the intussusception involves the large intestine actual strangulation occurs somewhat rarely, and the case tends

to become much protracted. In this event the symptoms are apt to be very ill-defined, the paroxysms of pain are often slight, and recur at distant intervals; constipation may exist at the beginning only, or may occur from time to time, and it may never be distinctly present; there is generally more or less vomiting. As the case, however, progresses the pain often increases in severity, the vomiting becomes more and more incessant, and possibly stercoraceous; the alvine evacuations either continue to pass or become re-established, blood and mucus are discharged in variable quantities, and even dysenteric diarrhœa comes on. And then, after a longer or shorter period, sometimes after two, three, or four months, the patient, who has been gradually getting more emaciated and feeble, dies of simple exhaustion. When the invagination occupies the small intestine strangulation is usually of rapid occurrence, and its occurrence adds to the symptoms of mere intussusception those of enteritis. The case, therefore, speedily assumes a very threatening aspect. Febrile symptoms manifest themselves, the abdomen becomes tender, incessant vomiting comes on, and the bowel becomes obstructed, or, at all events, discharges only those matters which the congested and gangrenous tissues pour out. Under such symptoms the patient, as in complicated enteritis or internal strangulation, may speedily succumb; but sometimes, at a moment when the disease appears to be still progressing unfavorably, the constipated bowel begins to act, offensive stools mixed with blood and mucus begin to be discharged with more or less tenesmus, vomiting diminishes or ceases, febrile symptoms abate, and after a longer or shorter period of dysenteric symptoms a sequestrum is passed per anum, in the form of a dark fœtid gangrenous mass.

“The most characteristic features amongst those which have been enumerated in the symptomatology of intussusception are, first, the sudden onset of the malady with pain, and more or less constipation and vomiting, and, secondly, the discharge of blood per anum which is generally present even from the beginning; but there is a third sign, to which no allusion has yet been made, which is perhaps of even greater importance, namely, the presence of a tumour. It can scarcely happen that any length of a threefold tube of intestine, especially when its layers, one or all, are congested and swollen, can be present without forming a

tumour capable of detection by careful palpation through the abdominal walls, provided at least these be not too fat or too rigid, or the bowels generally be not too much distended with gas, or the abdominal tenderness be not too great to admit of satisfactory examination. The presence of a tumour, indeed, especially in the case of ileo-cæcal or cæliac invagination, may often be recognised during life, and that the tumour is an intussusception may also often be recognised, partly by its cylindrical form, partly by its position, but especially by the fact that it may in some cases be detected changing somewhat from day to day in form and direction as the intussusception increases, and may sometimes also be felt to dilate and harden, and then subside, under the influence of its peristaltic movements. Further, in those cases in which the intussusception extends low into the rectum, its lower extremity may be detected with all its characteristic features by the finger inserted into the anus."

By these symptoms the homœopathic treatment of intussusception is pretty clearly pointed out.

According to Bristowe, then, the onset of intussusception is indicated by pain of a violent, griping, twisting, remittent character, generally in the umbilical region, relieved by pressure and by contortion of the body, and accompanied by vomiting and stoppage of the action of the bowels, but unaccompanied by fever or excitement of the heart.

Now, we have drugs that produce these symptoms in a very marked manner, the principal ones of which are *Cup.*, *Plb.*, *Nx-v.*, *Col.*, *Alm.*, *Bry.*, *K-bi.*, *Opi.* Most of the cases will, in all probability, be met by one of these; the proper one to be selected for any given case must of course be determined by the *kind* of the pain, the *condition* of the pain, the *locality* of the pain, and the *concomitants*, such as the vomiting and the obstruction of the bowels, and the mental condition of the patient.

Now, as a rule, the pain is griping, twisting, violent, remittent; its condition, that it is relieved by pressure and contortion; its locality, the umbilical region; and its concomitants, vomiting and obstruction of the bowels. Now, the medicines I have mentioned produce all these symptoms, and under these conditions, and with these concomi-

tants, and so they meet the onset of the disease at all points. But in some cases the *obstruction* will be more, and in others less, complete; in some the *pain* will be more violent, in some more persistent; and in others more remittent, and it will differ somewhat in character in different cases; and so also the mental condition will differ in different cases. In the case of *Cup.* and *Pib.* the PAIN is most violent, and the obstruction most complete, and apparently from paralysis of the bowel; in that of *Nux-v.* the pain is more crampy and remittent, and the obstruction that of constriction or contraction of the bowels; in that of *Col.* the pain is more sharp and neuralgic, and the obstruction apparently from dryness of the bowels; in that of *Alm.* the pain is more pinching, and the obstruction that of inability and dryness of the rectum; and in that of *K-bi.* the pain is more that of tissue irritation, and the obstruction that of enteritis. With *Cup.* and *Pib.* the VOMITING is a very prominent symptom, is very violent, continued, and convulsive, and to the extent of blood and fæces. With *K-bi.* it is also *very* prominent, in rapid successive throes, bilious mucus bloody, the blood bright and clotted; with *Col.* the vomiting is less, and without nausea, serous, yellow bilious; with *Nx-v.* even less, and is sour, mucus bloody; and with *Alm.* still less, and is dry or mucous. With *Pib.* the MENTAL CONDITION is depressed and restless; with *Col.* angry, irritable, and impatient; *K-bi.* listless, indifferent, languid; with *Alm.* low-spirited, weeping, and hopeless; and with *Nx-v.* irritable, passionate, morose, sullen, quarrelsome. One or more of these medicines, given in a small dose—say a drop or grain of the first attenuation—every quarter or half hour, with the assistance of hot fomentation, will generally put a stop to the whole affair within a few hours. There are several other well-indicated medicines that would meet special cases, such as *Chi.*, *Con.*, *Bel.*, *Aco.*, *Kre.*, *Rhs.*, *Sab.*, *Opi.*, some one of which might be indicated by the locality of the pain and obstruction, whether in the small or large intestine, or other peculiarity in the pain, the conditions, or the concomitants.

If the patient be seen during this, the first stage of the

attack, the disease may perhaps be arrested at once, and not allowed to proceed any further; but if this stage be neglected or improperly treated, some of the symptoms become aggravated, others changed, and new ones developed; for instance, the vomiting becomes more constant and painful, and perhaps bloody, even fecal, congestion and inflammation supervenes, producing tenderness and fever, and causing the pain no longer to be relieved by pressure and contortion, but to be aggravated by these; some gaseous distension may supervene, and instead of stoppage of the action of the bowels there may be frequent bloody mucous evacuations, with straining; the pulse becomes rapid and strong, and there are thirst, foul tongue, disgust for food, and perhaps headache. These symptoms are produced in a very distinct manner by many drugs, the principal of which are *Aco.*, *Alm.*, *Arn.*, *Bel.*, *Bry.*, *Cch.*, *Col.*, *Cup.*, *K-bi.*, *Kre.*, *Lyc.*, *Mr-c.*, *Nx-v.*, *Opi.*, *Plb.*, *Rhs.*, *Sec.*, *Sab.*, *Ver.* The selection will have to be made according to the special manifestations or the turn that the disease has taken, and in consideration of what medicines have been already used. The additional symptoms of tenderness to pressure, fever, distension, and slimy bloody evacuations are also markedly produced by each of the medicines named for the onset, viz. *Plb.*, *Nx-v.*, *Col.*, *Alm.*, *K-bi.*, but if each one of these has been tried and failed, resort must be had to one of the following, viz. *Aco.*, *Arn.*, *Bel.*, *Bry.*, *Mr-c.*, *Rhs.*, and if these fail, to one of the remaining medicines, viz. *Cch.*, *Cup.*, *Kre.*, *Lyc.*, *Opi.*, *Sec.*, *Sab.*, *Ver.* One or more of these medicines will require to be given every quarter hour or so, and may be expected within a day or two to remove the whole disease, and render it unnecessary to resort to either *Morphia* injections or abdominal section.

Should, however, the disease still progress, and the inflammation spread more to the peritoneum and along the intestine, there will be still further increase of the tenderness and distension, and of the vomiting and the bloody mucous evacuations and straining; the vomiting will become fecal and perhaps bloody or coffee ground, and the evacuations perhaps blackish and foetid from supervening gangrene.

Here one or other of the previously mentioned medicines must be selected, or, if already being given, must be persevered with if still indicated, especially the *Mr-c.*, *Rhs.*, *Bry.*, *Ver.*, *Sec.*, *Kre.*, *Lyc.*, *Ars.*, *Sul.* For fæcal vomiting *Cch.*, *Plb.*; for fœtid vomiting *Aco.*, *Cub.*, *Plb.*, *Ver.*; for bloody vomiting *Aco.*, *Arn.*, *Ars.*, *Cub.*, *K-bi.*, *Lyc.*, *Mr-c.*, *Nx-v.*, *Opi.*, *Plb.*, *Sab.*; and for black vomiting *Aco.*, *Ka-bi.*, *Mr-c.*, *Plb.*, *Sec.*, *Ver.*, and perhaps ure charcoal should be given in quantity, or pure carbohc acid in gr. $\frac{1}{2}$ or gr. j—gr. ij doses, and perhaps alcohol should be administered.

I apologise, Mr. President, for having occupied so much time, but I wished to do what I could to show the unreasonableness of scepticism of the power of medicine to cope with acute intestinal obstruction, or, at any rate, that depending on intussusception. And I hope I have succeeded in encouraging our undertaking the treatment of such cases with some feeling of confidence that we are not mere "stand-bys," watching nature's struggles, but unable to render her any assistance.

It ought not to be thought chimerical to believe in the possibility of medicine assisting reduction of intussusception and internal hernia. That certain drugs will act on the bowels; that they can excite, increase, pervert, diminish, and even arrest, peristaltic action is admitted on all hands. If, then, drugs can derange *normal* peristaltic action where they have nature against them, why should it be thought chimerical that they should be able to assist in rectifying *abnormal* action where they have nature with them?

The action of *Cup.* and *Plb.* on the bowels is such as to produce symptoms very analogous to those of intussusception and internal hernia, and so is that of *Col.*, *Nx-v.*, *Alm.*, and *K-bi.* It may, therefore, reasonably be presumed that the pathological condition they produce is very analogous to that existing in intussusception and hernia. If, then, they can *produce* a kind of intussusception or hernia, why should they not be capable of *curing* a recent intussusception? That they can cure symptoms very analogous to those of intussusception is a matter of almost daily experi-

ence in homœopathic practice. And we do *know* that homœopathically selected medicines have considerable power over *external* hernia. Why, then, should they not have over internal hernia and intussusception?

What nature shows is possible, let us not say is impossible.

BRUNTON ON PHARMACOLOGY AND THERAPEUTICS.*

By JOHN H. CLARKE, M.D.

UNDER the above title Dr. Brunton has recently published the lectures he delivered in 1877 as Gulstonian Lecturer for that year. The preface contains no note to the effect that any great advance has been made in the science during the last three years, and we may, therefore, fairly conclude that the book embodies the latest views on pharmacology of those who practise medicine on the most approved scientific methods. As such the book is of no small value. The author alike ignores any rule of *contraria contrariis*, or *similia similibus*, as being of comparatively small value, and strikes straight through all at what he conceives to be the root of the whole matter, a precise knowledge of physiology and pathology, and of the physiological and pathological action of drugs. I shall not stay now to examine the strength of the position he takes up, but will proceed to give a sketch of the work.

The author begins with a history of the progress of medical opinion from the earliest times, and a rough sketch of the various theories of disease and drug action that have in turn held sway. He was for a long time at a loss to understand how it came to pass that medical progress had

* *Pharmacology and Therapeutics ; or, Medicina. Past and Present.* By T. Lauder Brunton, M.D., F.R.S., &c. Macmillan & Co., 1880.

been so slow, and it was only when a lucky remembrance of childhood came into his mature mind that it was all made plain to him. One day, when the author was a very small child we should imagine, he was playing with a box, which, for all that is stated, was in perfectly good order, but the future leader of therapeutic science "made believe" that there was something wrong with the lock. That such a child should have proved the "father of such a man" of science excites no small astonishment when we learn that he again "made believe"—the scientific mind is necessarily the opposite of *believing*—that he could remedy this imaginary disorder by driving into the lock a piece of ivory which he picked off the box for the purpose, with the result of ruining the lock and seriously injuring the box.

With the aid of this illustration Dr. Brunton explains how it was that medical science remained so long in a backward state. Medical men did not observe facts, but only invented theories.

At length some movement was made. Disease was no longer attributed to unseen powers, spirits, gods, demons, &c., but came to be attributed to some disturbance in the mechanism of the body. But even then the physician's ideas of the mechanism, and of the curative means, were erroneous, and it was only when experiment came in to correct these ideas that the career of progress really began (p. 22). The medical sciences were like ships tossed about rudderless, compassless, on a unfathomable sea, and when first they did begin to move they had only dead reckoning to go by. Now, at length, supplied with all the latest scientific gear, they have made real headway, and have come within sight of land if they are not already in port. Anatomy was the first to get under way, but minute anatomy waited for Morgagni to give it a start. The practice of physic started with Sydenham, physiology with Harvey, pathology with John Hunter, and as for pharmacology—whilst anatomy has been moving forward these forty-five centuries,—“it is little more than as many years since pharmacology, the youngest of the medical sciences, began to be systematically studied,” or—to continue the

metaphor—worked. That is to say, pharmacology as Dr. Brunton understands it.

Now, however, all is changed; piloted by the sister sciences, and with their assistance, pharmacology is fairly started on her course.

"Slow has been the advance of medicine because she went astray; now the path she follows is right, swift is her progress, and glorious will be her future" (p. 197).

These latter are the words with which our author concludes his lectures. What is it that gives him such high and sanguine hopes? It is this:—The proper methods of working at the subject has been discovered. Magendie laid the foundation stone, and has left a model behind him in his work.

"The plan he pursued was exceedingly simple. It consisted, first, in preventing the drug which he wished to examine from reaching the particular part of the body on which it was supposed to act, and observing whether its action was abolished by this procedure; secondly, in applying the drug to that part of the body only, and noting whether it still exerted the same action as when applied to the whole body. The first poison with which he experimented was the upas, which was afterwards discovered to owe its activity to the action of strychnia. The symptoms produced by this poison led him to think that it acted on the spinal cord. This supposition he tested by allowing the upas to act as far as possible on the rest of the body, but not on the cord. He then found that the symptoms were absent so long as the poison did not reach the cord, but that they appeared as soon as it did so. He next tested his supposition by applying the poison to the cord alone. When this was done the symptoms came on at once, although all other parts of the body were free from the poison. The demonstration was thus complete—that the symptoms produced by the upas were due to its action on the spinal cord, and on it alone" (pp. 74, 75).

It is unnecessary here to trace further the dying agonies of frogs and dogs in this investigation; it will be sufficient to state the results arrived at. They are four.

1. The symptoms produced are due to the action of upas on the spinal cord, and on that alone.

2. The poison is absorbed.
3. The poison acts through the circulation.
4. The convulsions are caused by action on the spinal cord, and not on the brain.

Following accurately Magendie's plan, Claude Bernard demonstrated the physiological action of woorara, or curara; and Dr. Brunton himself, with Dr. Pye, conducted a like investigation into the action of "cassa" or "casca," another ordeal poison of Western Africa.

The chief effects of the latter poison, when administered by the mouth, are vomiting, purging, and loss of muscular power or co-ordination. On injecting the poison under the skin of an animal it was found that vomiting took place just the same, but no purging, showing that the purging was due to local contact, the vomiting to action through the circulation. Division of the vagus nerve caused vomiting to be much less severe, proving the emetic action to be due, not to direct action on the stomach, but on its nervous centres.

Was the purging due to increased peristaltic action or to increased secretion? Introduced into an isolated loop of intestine, the poison caused no increase of secretion. Hence it was inferred that the purging action was due to increased peristalsis.

The loss of muscular power? Neither muscles nor nerves lost irritability by its application, therefore the cause could not be there. Attention is now turned to the spinal cord. A poisoned frog moves sluggishly. Reflex activity is impaired.

Is this due to direct action on the cord, or caused by imperfect circulation?

Two frogs must decide it. One is poisoned and watched until the heart stops. The circulation of a second, unpoisoned frog, is at that instant arrested by a ligature drawn round the large vessels close to the heart. In both animals reflex action (continuing after the circulation had stopped) ceased at almost exactly the same moment. The cause of the loss of muscular power was therefore concluded to be due to alteration in the heart's pulsations.

The action on the heart? The first thing noticed is that the heart beats more slowly. The ventricle contracts irregularly—dilating only in parts in diastole, and giving the heart's surface a pouched appearance—finally stopping in systole, the auricles continuing to pulsate for some time after.

A moderate dose of *casca* injected into the jugular vein, the pulse becomes slow; a further dose renders it quick; another larger dose again renders it slow.

Is the slowing due to action on the medulla, on the vagi, or on the intracardiac ganglia? In a poisoned animal division of the vagi is followed by immediate quickening of the pulse, showing that the chief slowing action was exerted on the medullary or central regulating apparatus. This renders it probable that the further dose, which produces quickening of the pulse after a first has produced slowing, acts by paralyzing the ends of the vagi in the heart. An electric current applied to the *vagus* after *casca* has thus quickened the pulse has none of its usual slowing effect on the heart, showing that the power of the nerve over the heart has been completely abolished.

The further slowing of the heart is inferred to be due to action on the intracardiac ganglia, or on the muscular structure of the heart itself.

These observations have been made with large doses; what will be the effect of small ones?

Before any change is noticed in the pulse there is a rise in the blood pressure, which continues after the pulse has become slow, and does not fall during the cardiac diastole. The arterioles must have become contracted. How has this been brought about? The chief vaso-motor centre is in the medulla. When this is destroyed arterioles dilate and blood pressure falls. On dividing the cord, and injecting *casca*, the blood pressure rises higher than ever. It now lies between the arterioles themselves, or vaso-motor ganglia not contained in the medulla.

Division of the sympathetic in the neck causes the vessels of the ear of that side to dilate. An injection of *casca* in an animal thus treated, causes both ears to turn

equally pale. Therefore, the rise of blood pressure is due to the action of the poison on the muscular fibres or nerves in the arterial wall.

As these experiments suggested many points of comparison with the action of *Digitalis*, it was next determined to compare the action on the kidneys of the drug under examination with that of the drug last named. A canula was placed in the ureter of an anæsthetised dog and the poison administered by subcutaneous injection. The general blood pressure increased, and the secretion of urine increased at the same time. An extra dose, however, as in the case of *Digitalis*, whilst it still further increased the general blood pressure, completely stopped the flow of urine, showing that the drug had caused such extreme contraction of the arteries of the organ as to cut off its supply of blood altogether.

Such is a sketch of the new method of advancing pharmacology. The author next proceeds to show how pathology comes in to link together semeiology and pharmacology. He sketches a case where there is palpitation on the least exertion, dyspnœa, inability to lie down, lividity, and œdema. These symptoms are traced to mitral insufficiency.

"How, then, is this to be remedied? First of all, it would be an advantage to make the heart beat more slowly, for when it pulsates rapidly there is no time for the pulmonary veins to become well emptied between each systole. By lengthening the interval between them, the ventricle has time to become better filled, and sends a fuller current into the wide aorta, and a proportionably small amount back into the pulmonary veins through the narrow chink in the mitral valves.

"But if this were all, why should not a drug like aconite serve our purpose, for it slows the heart? The reason is that it also weakens it, and in the conditions which we have just been considering, one of the most important factors is weakness of the right ventricle, for it is in the pulmonary circulation that the resistance lies, and one of our most important tasks is to strengthen the propulsive power of the right ventricle, as well as to remove obstruction in front.

"This end we gain by employing digitalis or casca, which

increase the strength at the same time that they diminish the rapidity of the cardiac contractions " (p. 112).

Next, the œdema is considered. Mere tying of a vein will not cause œdema of the part from which it receives its blood. Vaso-motor paralysis must be occasioned as well, or the contraction of the arterioles will prevent fluid being poured out at such a rate that the lymphatics cannot take it up as fast. The author suggests that it is in this way—by producing contraction of the arterioles—that *Digitalis* and *casca* act in removing cardiac dropsies or preventing them.

It is somewhat disappointing that Dr. Brunton does not supply his readers with some actual cases in which this elaborate study has borne the expected fruit.

The gain to therapeutics, we are told, through the present mode of pursuing pharmacology are fourfold. We have new remedies. We are taught how to use our old remedies. We learn what to do. We learn what to avoid.

Palpitation of the heart not due to organic lesion can be met by *Atropia*, which *completely paralyses the ends of the vagus in the heart*, and no amount of stimulation to the nerve, direct or reflex, can then stop the pulse. It also *paralyses the sensory nerves of the heart*, and is thus useful in cases where the organ is irritable or hyperæsthetic. Dr. Brunton has used the remedy in cases of the kind with success where the disorder was quite recent, but unsuccessfully where it was of older standing.

Nitrite of amyl is cited as an example of the fruits of scientific pharmacology. Dr. Brunton noticed in a case he had under observation night and day for some time, that in the attack the blood pressure rose, and the pulse *became quick*. The administration of *Nitrite of amyl* cut short the paroxysms, at once lessening the blood pressure and *slowing the pulse*. Ordinarily, *Nitrite of amyl*, like other agents that diminish blood pressure, causes *quickening of the pulse* at the same time. For this remarkable variation no explanation, scientific or otherwise, is advanced.

Bromide of potassium is another example of scientific medication. It lessens reflex action generally. This does

not explain its action in epilepsy, but has made it of service in diarrhœa and other affections caused by reflex influence from the uterus.

The ideas of the author on chorea are sufficiently remarkable to deserve quoting entire.

"Nor is it only on the nerve centres that we are able to act. As Bernard showed, we can influence peripheral nerves also by our drugs. It is impossible to look at the jerking limbs and irregular movements of chorea without wishing that we could load every muscle with lead, and still its useless and disturbing movements."

(The writer of this article confesses that such a use of *Plumbum* never entered his unimaginative mind.)

"Sleep will do this, and opium will produce sleep, but we cannot keep the patient constantly in a state of insensibility; we wish to leave the activity to the mental powers, and only to quiet the muscles.

"This we might do by curare, but we have another remedy which seems still more suitable; for conia acts on the motor nerves in the same way as curare, and methyl conia lessens the functions of the spinal cord.

"Ordinary hemlock contains both, and thus the succus conii, by deadening the motor nerves and enfeebling the cord, should render movement more difficult and wearisome, the very result we desire to produce (!). We should thus be able to ameliorate the symptoms, even though we may not touch the real source of the disease" (p. 146).

In the respiratory sphere pharmacology has not much to boast of. It can tell us that *Carbonate of ammonia* is good in cough of old persons because it stimulates the respiratory centre and increases expulsive expiratory effort; that *Atropia* stimulates the respiratory centre, and at the same time lessens the irritability of the pulmonary sensitive nerves, and is therefore useful in the cough of debility; that *Hyoscyamus* acts almost in the same way as *Atropia*.

But here the question of dose comes in, and "we may not get the result we desire from drugs when we administer them in disease, either from *ignorance, timidity, or from the*

action of the drug upon other organs of the body preventing its being pushed to a sufficient extent." The italics are mine.

Of the action of drugs on the bronchial secretion experimental science knows nothing. "Experience shows that *Tartar emetic*, *Ipecacuanha*, and *Iodide of potassium* will diminish the tenacity of mucus and aid expectoration, while balsams will lessen the profuse secretion in bronchorrhœa. But how these drugs act we do not know, and it is a comfort to turn to the action of remedies in digestion."

We can see digestion going on under our eyes, both within the body and without. We can see the mucous membrane of the stomach exude its gastric juice when we irritate it with a glass rod, or when a dilute alkaline solution is swallowed.

What the cause of hunger is cannot be definitely stated. The stomach has little power to discriminate sensations. The bitterness of *Quassia* or *Quinine* in the mouth, and the heat of mustard or cayenne, are felt in the stomach as appetite; "and so," but this will not be received without a question, "and so is the slight irritation caused by small doses of *Tartar Emetic* or *Arsenic*, which on this account are said to act as gastric tonics." The places of *Quassia*, *Bismuth*, and *Strychnia* are defined on scientific grounds, and the use of *Pepsin* and other digestive substances discussed.

The last chapter of the books deals with ferments or enzymes. These are supposed to be the agents which build up as well as disintegrate the tissues. Certain alkaloids have the power of increasing or diminishing their action, e.g. *Morphia* or *Veratria*, according to dose. Heat increases the action of the ferments causing tissue change, cold diminishes it—hence the action of cold affusion in high temperature. *Salicylic Acid* and *Quinine* also have that power, reducing temperature, and lessening decomposition of albuminous tissues, as evidenced by excess of urea.

Whatever may have led to high temperature, it is itself a cause of mischief, and is to be removed. *Quinine*, *Eucalyptus*, *Salicylic Acid*, are given to lessen the inward

fire, and *Aconite* to slow the feverish pulse. When these fail, cold water will succeed.

"But collapse still sometimes occurs after a cold bath, and salicylic acid does not always prevent the temperature from rising.

"Will this always be so? I think we may confidently answer, No. We will yet discover remedies to prevent the collapse, and to keep the temperature within its proper limits. Every day is enriching medical science with some new discovery, diseases are being traced more precisely to their origin, the action of remedies is being more exactly defined and localised. Order is beginning to appear amongst the crowd of new acquisitions to our knowledge, and isolated facts begin to range themselves under general laws. Pharmacology is allying itself to chemistry, and the rigid laws of the latter are beginning to extend to the former" (p. 194).

Such is, I believe, a fair sketch of this picture of modern therapeutics from the standpoint of the foremost man in what is termed the "rational school of medicine." It cannot be called a very comprehensive view. It is probable that few will share Dr. Brunton's sanguine expectations, which are high in proportion to the narrowness of his vision.

At the same time, it is not to be denied that the medical world is much indebted to the patient labourers in this field. They are keen-sighted if not far-sighted. Perhaps if they had had any idea how much richer a harvest was to be reaped elsewhere this valuable little crop would never have been gathered. We cannot afford to despise the help that recent discoveries in pathology give us in clearing our ideas as to the processes that really go on within the body, and we accept with thankfulness a knowledge of the tissues on which the coarse actions of drugs are exerted. The difficulty of separating primary from secondary symptoms in disease and drug action is one of no little magnitude, and if we knew of all like-acting drugs as we know of *casca* whether the purgation and the vomiting are local actions or dynamic, and if dynamic, whether the influence is exerted on the tissues themselves, or on distant nerve-

centres, it would be an immense gain in clearing our ideas of the actions of the remedies we use.

But if these were the only means of advancing therapeutics, the results which seem to Dr. Brunton so cheering would, I think, cause the hearts of some of us to sink within us on contemplating the future of medicine. To my mind they are unsatisfactory in the extreme. What do they amount to? Simply to this, that the seat of action of some drugs has been ascertained with varying degrees of accuracy, that a name has been given to their action—'exciting,' 'depressing,' and the like—but what that action is in its essence we are as far from knowing as ever. In former days we understood that the world rested on the back of an elephant. Now, we have got a stage or two farther on, and have discovered that the elephant stands on the back of a tortoise, and the tortoise stands on a rock. But the rock?—what that stands on we have yet to learn. When Dr. Brunton informs us that *Bromide of Potassium* lessens reflex action generally, we understand perfectly well the *phenomena* to which he refers, but he must not delude himself with the idea that that is the same thing as exhibiting the *noumenon* at the root of them all. When he tells us that *Casca* strengthens the heart as well as slows it, (p. 110) we are inclined to ask him to explain. He has shown that the heart acts irregularly, does not dilate equally all over, and at last stops beating in a spasm; but if this is a true strengthening of the heart's action, then it may be said that *Strychnia* is a great strengthener of the systemic muscles, as witness its power to cause tetanus. He fails to show any difference between the action of this drug and that of *Digitals*, and in what cases the one would be preferred to the other. He professes to aim at a direct method of treatment, and yet in nearly every case his chief object seems to be to turn the flank. Is it a diarrhoea dependent on a uterine affection? Do not trouble about the uterus, but depress the reflex centres by *Bromide of Potassium*. Is the heart irritated by disorder of the stomach? We should have thought the stomach the first thing to be attended to; but no, make a flank movement,

paralyse the sensory nerves of the heart. In angina pectoris we find the blood-pressure increased, and he is content to give a drug that lessens blood-pressure. It never seems to strike him that it would be much better if we could discover on what the increase of the blood-pressure depends, and strike thereat with his remedy—at the cause rather than at an effect. When Dr. Brunton can give a local habitation and a name to a medicinal action, he seems to be completely happy, and wonders what any one can want to know more about it.

But even the advantages just named are not always to be depended on, as we have seen above, for ignorance may come in, or timidity, or inability to push a drug from effects it produces other than those you wish to obtain.

Dr. Brunton has three or four ruling ideas, three or four favourite theories, which blind his eyes to as many facts, as the theories of the ancients, he so serenely dismisses to limbo, prevented them from seeing. Forgetting that man is a theory-making, theory-using animal, who cannot make any progress without a theory—something to *see* by (*θεωρεῖν*)—be it true or be it false, his account of the past of medicine is necessarily inadequate. His child-and-box explanation, which seems to give him more pleasure now than even in his younger days, and to which he recurs again and again, seems to me as insufficient as it is childish. The patients that the physicians of old had to treat were, at any rate, diseased, and not sound like the box. That they formed wrong theories of disease there is no doubt, but, at any rate, these explained the facts they had to deal with better than any others they could find, and considering the difficulty of demonstrating the falseness of any theory in this region there is no wonder that false theories reigned so long. That they should have attributed properties to medicinal agents which really did not belong to them, is no marvel to those who note the fashions of physic in this nineteenth century, and see the various kinds of drugging that go on, and who know the difficulty that often exists in deciding what is *post* merely, and what is likewise *propter*.

Men must have theories. These men of science who

profess to disregard them, and care only for facts, are really deluding themselves. What science teaches us is not to throw away theories, but to keep them in their proper place. To adhere to them so long as they throw light on facts, but not to let them take the place of facts. To let them go when facts clearly point the other way. Fact and theory are distinct things, related to one another, but each having its own place, which the other cannot fill.

I have said that Dr. Brunton has three or four ruling ideas. One of them is an exceedingly materialistic conception of life and its functions. This has already been hinted at, and is apparent from quotations already made. To make my meaning plainer, I will extract a few more passages.

"Why should the law which governs the falling of a stone be better known to science than the laws which govern us in dealing with life and growth, sickness and health? It is in endeavouring to answer this question that we may hope to bring medical science into as advanced a position as other sciences. An ounce of sulphate of magnesia dissolved in half a pint of water will precipitate a solution of baryta, and will give us a definite quantity of the sulphate of baryta. This result we can count on with infallible certainty. Given as a purgative and we cannot be sure of its action, although its power should be as certain and definite in the human frame as in a test-tube. The reason that we cannot be sure of its action as a remedy is because of *differences in the conditions under which it is acting.*" [The italics are mine. It is generally supposed that the two actions are *different in kind.*] "It is our business to find out these conditions, so that, when we meet them again, we may know how to meet them. For there is an invariable relation between cause and effect, as invariable as the relation between an unchecked falling stone and the earth" (p. 53).

"Before therapeutics can become a science the physician must know the action of his drugs, just as the locksmith does that of his keys, and since pharmacology is still so young, it is little wonder that medicine is as yet only an art" (p. 66).

"Hope rises in our breasts when we compare the wild fancies of our predecessors with our own certain knowledge, and we look forward to a bright future for medicine" (p. 158).

"Pharmacology is allying itself to chemistry, and the rigid laws of the latter are beginning to extend to the former. We no longer attribute the power of drugs to an inherent energy, and say, with Molière, that opium causes sleep because it possesses a *vis dormitiva*. We are beginning to look upon sleep as only one link in a chain, the beginning of which is a chemical affinity between opium and certain molecules in the nervous system" (p. 194).

It never seems to strike Dr. Brunton that there is any reason why pharmacology should be a more difficult science than chemistry. Ordinary writers on medical subjects are accustomed to pay some attention to what, in their ignorance, is termed vital force. This is the force that constitutes the difference between a living jelly-fish, and one that is just dead. It is the force that renders it impossible for the gastric juice to digest a living stomach, and the absence of which renders that possible after death. It is that force, in short, that underlies all the phenomena of life. True, it has not been weighed and measured by science, and therefore Dr. Brunton seems to think himself entitled to ignore it altogether. Nevertheless, acknowledged or unacknowledged, there it is, an unmeasured, unknown fact in every case, raising up difficulties without number, and explaining why the sciences of life are in such a backward state compared with those into which this factor does not enter.

It would be really amusing (if one could dismiss from one's mind the sufferings of the unfortunate frogs for the time) to read the methods by which this new evangel of therapeutics is being advanced. They are as clear as syllogisms. The results come out as naturally as the "Q. E. D." of a problem in Euclid. If it were not for the fact that it is not pure but applied logic, and that the region of its application is not so well defined as that of geometry, we should be inclined to accept the results as final and all-sufficient. Dr. Brunton's apparent failure to see this; his conviction that when he has found out *where* drugs act, he *understands their action*; the serious way in which he even now proclaims the good news of the coming era; all appeal

to one's sense of humour—a sense in which he himself appear to be somewhat lacking.

What but a most materialistic conception of life could have suggested to the author such views as those on chorea quoted above? Will Dr. Brunton kindly discover for us where the seat of this disease is? He cannot say it is in the motor nerves, or in the spinal cord; probably he may find it in that undiscovered region of the body where the union between mind and matter takes place. His proposed remedy, “deadening the motor nerves and enfeebling cord,” is not likely to attract many sufferers to him.

It will be seen that his idea of life leaves out of count the question of idiosyncrasy—the different actions of the same medicines on different individuals—and a host of other questions complicating the sciences which treat of living things.

The second ruling idea to which I would direct attention is the notion that medicine is at last on the right track. After a protracted childhood, it has at length come to years of maturity, and, travelling on the path of experiment, it may speedily expect a glorious prime. This has probably been a ruling idea in the minds of the foremost thinkers on medical matters for the last two or three thousand years. Without it they would have lacked a most useful incentive to work. I should be sorry to deprive our author of this incentive. I will merely suggest the possibility of the existence of other and better tracks than that he affects, some known already, others to be discovered in the future, and pass on to the third ruling idea with which it is closely allied.

Dr. Brunton has a profound conviction that there is only one way of advancing therapeutics, and that is by advancing pathology and physiology.

“It is only by knowing as a truth, by patient study and investigation, the exact causes of disease, that we can avoid it. It is only by knowing these causes, the value of the remedies that will affect them, and the conditions of the human frame, under which these remedies can have their full influence, that we can effect a cure” (p. 57).

One is inclined to ask, Was the administration of a drug by Hippocrates or Dioscorides ever followed by the result he desired to obtain? If so, was it by this exact knowledge that is here spoken of? I think not. Physiology and pathology have done much to correct theories of drug action, but the remedies they have suggested may be counted on one's fingers. All we know of disease is the sum of the symptoms, signs, and morbid anatomy the morbid agent produces when it finds entrance into the human body. Just so much can we know of drug action. It is the glory of Hahnemann that he was the first to conceive the systematic studying of drugs in this way on his own body and on others; and to have discovered that there is a fairly constant relation between drug disease, and disease produced in other ways.

Dr. Brunton knows nothing of Hahnemann, but his "vagaries" (p. 31), which he couples with those of Mesmer, deriving the theories of both from Van Helmont. He also takes care to mention that Hahnemann was not the originator of the idea of "*similia similibus*," but Hippocrates, and I suppose imagines that to the father of medicine is due the credit of the working out of the idea as well. The ignorance herein displayed is not creditable to the editor of the leading journal of therapeutics of the old school in the kingdom, and the lecturer on *materia medica* in one of the principal schools. It would be just as creditable to a historian of science to know that Bacon took a bribe, and to be ignorant of the fact that he laid the foundation of modern science; or for a statesman to know that Oliver Cromwell had a wart on his nose, and not to know that he converted the Kingdom of England into a Commonwealth. That Hahnemann had his vagaries, and made mistakes, there is very little doubt, but that he founded the best method of studying pharmacology that is as yet known is a fact in magnitude far overshadowing every other fact about him. It may not be too venturesome to predict that in the course of the next five centuries the name of Hahnemann will have taken its rightful place in the Temple of Fame, equal to the greatest among the great names of medicine, and

that the name of Brunton will have assumed a very humble place therein, if by that time his vagaries and his deeds of worth are not alike forgotten.

A fourth idea that one gathers from the book to be a leading one in the mind of the author, is that drugs have the same action in diseased bodies that they have in healthy ones. After discovering the action of a remedy on the body of a healthy frog, he thinks he ought at once to be able to get the same action, if desired, on a diseased human body. That he does not always succeed is apparent. We have only to refer to the example of the action of *Nitrite of amyl* quickening the pulse in health and slowing it when it is quick in angina pectoris. But facts like these do not disturb his serenity. He is like the ancients. He has his theories, which carry him over them blindfold, merely remarking that the road is a little rough.

Dr Brunton is doing good work, but not so fruitful as he imagines. He is working better in his field than he otherwise would, because his horizon is a narrow one shut in by theories which prevent him from beholding facts that lie crowding around. We take what he gives us with thankfulness, and can well afford to pardon the vagaries into which his theories lead him at times. Dr. Brunton is eminently a man of science, but we cannot concede to him the rank of philosopher.

GALL-STONES.

By C. B. KER, M.D.

THE following case I describe as one of gall-stones, and yet the proof positive that biliary calculi caused the symptoms I cannot give. I mean that no such calculi were found in the stools, though often looked for. Perhaps "Hepatic Colic" would have been a better and more correct description of the disease, but that designation would

have indicated only that colic was one of the symptoms, and that the liver was considered to be the offending cause. If gall-stones did not cause the symptoms about to be described it is difficult to say what caused them. I shall, therefore, allow the present heading of this paper to stand.

On February 12th of this year I was sent for by C. M. E—, a man of about thirty-five years of age. He told me that he had been suffering from attacks of severe pain at frequent intervals for about eight months, those intervals being from twenty-four hours to three weeks. He told me, also, that he had suffered about a year ago, when in Canada, from an attack of inflammation of the liver. Since the attacks began he has lost about fifty pounds in weight. He is a spare, bilious-looking man, and depressed in his spirits and hopeless about himself.

The attack commences with a drawing-in sensation at the ensiform cartilage or a little below it. The chief pain is at that spot and three or four inches to the right. It is unbearable while it lasts, and he generally has recourse to narcotics for his relief, administered by the mouth or subcutaneously. He describes the pain as tearing and bursting, and coming on and going off gradually, and culminating in about four or five hours. The whole attack lasts from ten to twelve hours. There is absolute anorexia and much nausea, but rarely vomiting. The tongue is slightly furred only. The urine becomes like porter and the stools like putty during the attacks, but quickly resume their normal colour when they are over. The skin of the whole body becomes jaundiced also, but not for more than a day or two. Flatulence is a prominent and troublesome symptom. The pulse is slow, full, and soft at all times, and is scarcely at all influenced by the attacks. There is no great tenderness in the epigastric or hepatic regions during these attacks, and none at all during the intervals. Nor is there any swelling.

His general health was good till the attack of hepatitis in Canada, but he has never been quite well since, suffering at intervals from symptoms of dyspepsia. During the last six or eight months, while these attacks have been going on,

he has lost, as I have said, fifty pounds in weight. The bowels are habitually costive; there is slight deafness; the skin is dry and hard, and itches intolerably after his attacks.

The medicines which appeared to me, after a full examination of his case, to be suitable to the symptoms, were *Podophyllin*, *Terebinthina*, *Sulphur*, and *Nitric acid*, and I decided on commencing the treatment with the last named, *Nitric acid*. I prescribed the third decimal dilution, and asked him to take two drops in a table-spoonful of water three times a day. But, as may be supposed, I did not content myself with prescribing a medicine. In all cases of organic or functional disease of any part of the chylipoietic system there is little prospect of relief, to say nothing of cure, unless close attention is paid to the diet of the patient; and, in most cases, a complete revolution in the food regimen is necessary.

I found that he was in the habit of eating and drinking like other people, and that animal food, in the shape of butcher's meat, he partook of largely. I deprived him of butcher's meat absolutely, and of soups and broths, and of all animal food but milk. Cooked fruit was allowed to him, and some vegetables, spinach and onions, for instance, and any article of farinaceous diet, and plenty of oranges. Oranges and finely-strained barley-water were granted to him *ad libitum* to quench his thirst, of which he sometimes had more than enough. Barley-water, I take this opportunity of saying, and especially when flavoured with lemon juice or (when it can be borne) lemon peel, is one of the safest and most grateful drinks that can be taken by the sufferer from chronic disease either of the liver or kidney. It is food as well as drink. The sustenance it conveys may alone support a patient for many weeks; and it is the most time-honoured of all invalid recipes, Hippocrates himself having frequently prescribed it and given elaborate formulas for its preparation.

I deprived my patient also of all stimulating beverages, even of coffee and tea; and I asked him to sponge his whole body over daily with water as hot as he could bear. I pre-

scribed also for him the drinking of cold water between meals in such quantity as he could reconcile himself to without incommoding his stomach or exciting repugnance ; and, finally, I advised him to wear a cold-water compress over the pit of the stomach, so as to include a considerable portion of the hepatic region, and to renew it three times in the twenty-four hours.

He was directed to be a great deal in the open air, on horseback if possible, without, however, tiring himself ; to clothe himself warmly but not heavily ; to remove from a street and house where he lived, which he described to me as dark and overshadowed, damp and ill drained ; and to free himself for a time from the worries of business, by which he had been for some time greatly harassed.

The result of following out rigidly these instructions was most satisfactory. In five days my patient gained three pounds in weight ; there had been neither pain nor vomiting, the yellowness and dryness and itching of the skin had disappeared, and he had gained in strength as well as in flesh.

When he called again, nine days later, he had gained still more ground. He had added twelve pounds more to his weight, and his strength had increased in proportion. The appetite, as is so often the case in liver disorders, was rather too good, and the state of the bowels and urine was more normal. He was sleeping well, the stomach digestion was good, and there was no pain nor tenderness anywhere ; there had been no threatening of one of the old attacks. He called himself, indeed, perfectly well.

On April 9th, about two months from the commencement of his treatment, he called to tell me that he had remained wholly free from his attacks ; and, again, he reported himself on June 8rd as being still free from them. The conclusion, therefore, must be come to that the treatment he had been subjected to had succeeded in its object. Such conclusion appears to be obvious and natural. A certain treatment is prescribed and followed in a certain disease with the result that its attacks, which had been in the habit of showing themselves at frequent intervals, some-

times every day, ceased to exist or to recur. We cannot help saying that the treatment has succeeded.

But what was that treatment? It was not a simple but a compound one. There were many elements in it. Did all those elements work the cure or only one or two? Would one agent only have answered the purpose, or was it necessary that there should be several? Several there were, as I have indicated, *Nitric acid*, an exclusive diet, hot-water ablutions, and cold-water compresses, removal from an ill-drained house and locality to one higher and drier, and one besides, which I have neglected to mention in its proper place, the kneading and shampooing at frequent intervals of the hepatic region.

To say that *Nitric acid* was the chief agent of cure, would be saying more than I feel disposed to do. To say that the cure would have been accomplished without it would also, I believe, be too much to assert. Nevertheless, my experience in disorders of the chylo-poietic viscera leads me to say that had that medicine not been supported by the other agents mentioned the result would not have been so satisfactory. Of those other agents, diet must rank as the most important. Had I been reduced to the necessity of selecting one only of the means of treatment I made use of in this case, I should not have selected *Nitric acid* but the exclusive diet. Happily, I was not fettered by any such limitation, and I believe that not one of the agents I prescribed but contributed, in a greater or less degree, to the recovery.

A difference of opinion will probably be entertained by the readers of the facts of this case as I have given them. It will be said, I have no doubt, by many that there is no proof that the case was one of gall-stones. There is certainly no such proof. At the same time the argument of exclusion is sometimes allowed to be a strong one, and in this case it is so. If it was not a case of gall-stones what was it? All the symptoms of that disease were present except the calculi themselves—the pain and the cessation of the pain, the nausea and vomiting, the absence of tenderness, the jaundice, the slow pulse, the complete recovery.

A very careful examination of the stools is necessary to be made before it can be said that no calculi are present in them. This examination I should have made myself, whereas I entrusted it to others who were satisfied that none were passed. But calculi formed of inspissated bile and mucus are probably broken up and dissolved in their passage through the intestines. And those formed of cholesterine and pigment-matter, the composition of the great majority, are sometimes very small—as small as mustard-seeds. When so small, however, they are passed generally in large numbers and cause as much pain as solitary and large ones, but their presence is not very readily detected in the stools, their colour not being very different from that of the stools themselves.

I can find nothing in our literature which throws much light on the pathology or treatment of gall-stones. In a paper contributed to the *Brit. Journ. of Homæopathy*, in 1867, by Dr. O. Buchmann, of Alvensleben, there are reported some cases cured by *Chelidonium majus*. Dr. Drury has recommended *Calcarea carb.* as a remedy for the attack. Dr. Hartmann suggests *Chamomilla* and *Colocynth* as the two best remedies, and, failing these, *Digitalis*. In Baehr's *Science of Therapeutics* the medicines recommended are *Arsenic*, *Veratrum*, *Cocculus*, and *Belladonna*, but especially *Arsenic*. As preventive medicines he gives *Nuxvomica* and *Sulphur*, and mineral waters, especially those of Karlsbad, Marienbad, and Kissingen.

The Greek and Roman and Arabian writers knew little, if anything, of this disease. In the Books of Paulus Ægineta there are only two allusions to it. One is to be met with in the first volume (*Translation of the Sydenham Society*), at p. 566, and is to this effect:—"In cases of obstruction of the liver," says Alexander, "when deobstruents are given before the swelling is softened, the juices being over-heated become like stones, and cannot be discussed." The other is not so certain a reference to gall-stones. It is to be found at p. 586 of the same volume. Jaundice is being described, and "Avenzoar says that the ducts are obstructed *aut verruca aut pustula*." But on the

same page Haly Abbas is made to say:—"Some relate that calculi are formed in the liver, cæcum, and colon." These allusions may or may not prove that the disease in question was known to the ancients. If known there is nothing to prove it beyond the passages I have just quoted.

But in 1565 Johann Kentman, of Dresden, was the first to describe gall-stones; and since that date medical literature has a good deal to show upon it. Whether Sydenham knew the disease it is not easy to say. In his chapter on the bilious colic of the years 1670, 1671, and 1672, there is much to lead us to believe that the symptoms described are those of gall-stones, but no mention is made of them.

There is more consensus of opinion on the question of the treatment than on that of the pathology of gall-stones. As to treatment, it is immediate and prophylactic. The indications for the immediate treatment, that for the attack, are the relief of pain and the facilitating the passage of the calculus or calculi along the ducts and into the duodenum.

It is not probable that the pain caused by the passage of a calculus along the ductus communis choledocus can be relieved by any drug that is not a narcotic one. At the same time it is not wise to have recourse to such a drug as soon as the pain becomes severe. Many measures should be first adopted, and many there are that have been recommended. Drinking hot water is one of them. This remedy is especially useful when there are nausea and vomiting as well as pain. It generally stops the vomiting in a short time and, if it does not stop the pain, it lessens it. And the probability of its lessening the pain is all the greater if heat is applied outside as well as inside. This may be done in the shape of hot stupes or hot poultices, frequently renewed. The relaxing effect of this moist external and internal heat may cause the distension of the duct through which the stone is making its way, and its quicker and easier discharge into the intestine. However we may explain it, the fact is that this measure often relieves the attack greatly.

A hot bath sometimes gives great relief, especially if the

patient can remain in it a long time, till he is obliged to leave it, indeed, by faintness. Frequent changes of position are also of service, as are massage and shampooing. Iced water inside and an ice poultice outside have occasionally done more good than the opposite measure just recommended. I am afraid that we have no absolute guide to our choice as to which of these measures is most suitable to the case in hand. We must, therefore, try first one and then the other if the first fails. Warm-water injections are amongst the means had recourse to which are often successful. Venesection and emetics are now scarcely ever made use of. In the Sydenham Society's *Year Book* for 1862, at page 150, we are told that a M. Abeille "found the continuous current of use in one case in promoting the discharge of a gall-stone as large as a pigeon's egg, which had got impacted in the duct, and had occasioned several attacks of hepatic colic."

Some one or other or many of the means to relieve pain just enumerated having been applied, and the pain, nevertheless, becoming more and more unbearable, not an unfrequent occurrence, it becomes a question whether we must not now have recourse to a narcotic. That question ought generally to be answered in the affirmative. If a whiff or two of *Chloroform* suffices to relieve the pain, perhaps that drug is the best for our purpose. The eighth or sixth of a grain of the *Acetate of morphia* will sometimes arrest pain in less than an hour, as will twenty drops of *Laudanum*. A few drops of the mother-tincture of *Belladonna* have been given in the height of a paroxysm, and with equally good effect. But, as I have said, as in a large proportion of cases relief is gained during an attack by safer means than narcotics, those means should be tried in the first place, and not till they have failed to do good should narcotics be prescribed.

But prevention is better than cure. What means have we to dissolve calculi already formed or to prevent their formation? Many means have been recommended for both those purposes with greater or less confidence. The mineral waters of Karlsbad, Vichy, Ems, Marienbad, Eger,

and Purton, are said to be capable, not only of dissolving calculi, but of preventing their formation. It is certainly the case that sufferers resorting to those waters derive frequently great benefit from them. But, independently of the good they gain by the change of air and scene, and occupation and habit, the explanation of that benefit is probably the flow of bile in larger quantities which drinking the waters causes, a flow, by the way, which drinking largely of cold water is said by many to bring about quite as copiously as any mineral water. The increased flow of bile corrects the disposition to its sluggish flow or stagnation, and so one cause of the formation of calculi is removed. No satisfactory proof has been given of calculi formed having been dissolved by such waters.

Mercury, alkalies, Chloroform, Turpentine, and Sulphuric ether are among the remedies for which it is claimed that they dissolve calculi. The last two are the ingredients of Durande's celebrated nostrum, which for a long time was considered to be almost an infallible remedy, in France especially, where it is still much employed. But it is denied that *Turpentine* is a solvent, and that it has any specific influence upon the disease or its effects, and *Phosphate of soda* is declared to be, by Dr. Thudichum, a more serviceable medicine in every way. It is not claimed, however, for it that it is a solvent. Indeed, the opinion gains ground that no solvent for calculi has yet been found.

But though we cannot dissolve calculi it is not so clear that we may not prevent their formation. The case given above proves that something may be done by treatment to relieve if not to cure. It is not claimed for it that it is a cure. Too short a time has elapsed for that question to be determined. But it is claimed for it that much good was derived by the means employed, and that the good done is still maintained. Whether attacks will return remains to be seen, but in the meantime the nearly constant suffering of eight months has ceased. Something may, therefore, be done by following a strict regimen. This has always been granted, and writers accordingly have, nearly all of them,

laid down strict rules for the observance of sufferers from gall-stones. Some, however, have only insisted on the importance of attention to diet, but said nothing as to what that careful diet should be.

There is a very general agreement on the subject of fats and oils and butter. They are forbidden by nearly all authorities. But butcher's meat, as a rule, is not excluded from the dietary, nor other descriptions of animal food, though some say that the lighter forms only should be taken. Trousseau, for instance, recommends a vegetable diet, but not to the exclusion altogether of animal food. As to alcohol, curiously enough it is not thought necessary to mention it, unless the recommendation of a "cooling diet" refers to its exclusion. Sydenham puts in a claim on behalf of small beer as an allowable article in this disease, if I may be allowed to construe his "bilious colic" as meaning gall-stones. And he gives the following singular prescription:—Let the stomach be "washed out" with milk and beer if indigestion is the cause of the colic! Few in these days would have the courage to prescribe that mixture for a patient suffering from a paroxysm of hepatic colic except for the purpose of emptying an overloaded stomach, but even in such case he would probably come to the conclusion that a safer and more effectual emetic could be used. But Sydenham rarely lets slip an opportunity of prescribing his pet, London small beer, which he says, neither sinks to the weakness of water nor rises to the generosity of wine.

There is a general agreement also with regard to other elements of the prophylaxis as far as food is concerned. Very digestible articles only are recommended, and each authority has his own idea of what digestible food means. But the food chiefly prescribed is fruit, cooked or uncooked, "laxative herbs," well-boiled vegetables, milk, whey, fish, boiled rather than fried, farinaceous articles, poultry, gruel, plenty of liquids, such as cold water, barley-water, rice-water, lemonade, and soda- or other alkaline waters.

It has been suggested that, as gall-stones affect stall-fed cattle in winter, and the disease is got rid of as soon as they

are turned out into the field, grass would be a good remedy for human cattle ! There is certainly no reason why this remedy should not be tried ; it is in the experience of us all that there are worse things to eat than grass.

It is scarcely necessary to say that all agree as to the importance of exercise on foot and on horseback, and on the following out strictly what are generally recognised to be the rules of hygiene. A course of water treatment is also often recommended, with or without the Turkish bath, or bathing in the sea if it can be borne. Change of locality also, if, as is often the case, the residence of the patient is surrounded by unsanitary conditions. But such general rules are equally to be impressed upon all sufferers from chronic disorders.

There is not very much to be said that is positive or absolute on the pathology of gall-stones, and the opinions expressed upon it are sufficiently conflicting. For instance, some say, and Fletcher is of them, that inflammation is invariably the moving agent in the production of the calculi. The majority of writers, however, assert that inflammation has nothing whatever to do with their production. Their opinion is that from local or constitutional conditions a chemical change takes place in the bile, which, accordingly, coagulates and forms itself into calculi. The change involves the transformation to an acid fluid of what had formerly been an alkaline one. A putrid fermentation takes place, it is said by some, Dr. Goodeve and others, which causes the decomposition of the bile and the formation of gall-stones.

It is maintained by the late Dr. Budd that their formation is owing to mechanical causes, and in something like the way scybala are formed in the colon. That is to say, the bile, obstructed in its onward flow by some cause, stagnates in its ducts or in the gall-bladder ; the watery part of the bile is absorbed, and the treacly residuum condenses into small masses which harden into calculi. But even Budd is not satisfied with this mechanical explanation, for in another place he says that the presence of calculi always argues an unnatural state of the bile ; not, however, a structural disease of the liver. He mentions its

frequent connection with organic disease elsewhere, however, especially cancer, and this connection Frerichs also notices. The latter authority gives more than one case in which cancer of the head of the pancreas was the evident cause of gall-stones and jaundice. It is a question whether the cancer virus or the mechanical pressure caused by the tumour produced the jaundice and the gall-stones. It is most probable that vital as well as mechanical causes were at work. Fatty degeneration of the liver is sometimes found in connection with this disease, but whether as a cause or a consequence has not been determined. Thudichum's opinion is that the cause of biliary calculi is an acid state of the blood resulting from a process of putrefaction, but the primary link in the chain of causes is, he thinks, a ferment absorbed from the intestinal canal. He believes, too, that obstructed ducts lead to changes in the chemical character of the secretions of those ducts, to vitiated bile, therefore, and to a diseased condition of their epithelial lining, which is thrown off in the shape of casts which serve as nuclei of gall-stones.

Biliary calculi have often been analysed, and their composition is proved to be a very complex one. The chief ingredient is cholesterine, a fatty substance of a pearl-like appearance, and next comes bile pigment. These two are found in nearly all calculi. Frerichs gives a list of other substances that go to their formation—cholepyrrhin, cholechlorin, cholate of lime, biliary acids, calcareous salts, mucus, epithelium, uric acid, metallic oxides, earths, alkaline salts, and fatty acids and soaps.

They are rarely found single. Most frequently they are found in large, sometimes in very large numbers, as many as 3000 having been found in one person. Their size varies greatly, being found as small as a mustard seed and as large as a walnut, or even a hen's egg. Their shape also varies, dependent on the surroundings, but they are generally globular, and their colour is brownish or greenish-yellow. Their specific gravity is nearly that of water. They sink when moist, and float when dry. They have generally a nucleus, the composition and character of which is not

always the same. It is of lime or mucus or cholepyrrhin (the chief colouring matter of bile), or it is sometimes a foreign body, a small gall-stone, for instance, or a globule of mercury or a worm. They are generally saponaceous to the touch, white and shining, lamellar in structure, easily fusible and inflammable, and soluble in hot alcohol, ether, and turpentine ; and they are found wherever bile is found, even deep in the parenchyma of the liver.

It may appear at first sight strange that such small, soft, and soapy masses should, in their passage through the ducts, cause such intolerable pain, pain that often reduces the sufferer to a state bordering on collapse. But it is probable that that pain is as much indirect as direct. An angular, rather hard calculus (for some are harder than others) may cause great mechanical irritation in passing through a narrow duct, the diameter of which is less than its own, and great pain may be caused in consequence. But the involuntary efforts to expel the foreign body may be a source of as much pain as that due to the mechanical cause. But, however the pain may be explained, it is one of the greatest the human body is subject to. It sometimes comes suddenly and sometimes goes off as suddenly. When it continues for a day or two we are forced to suspect that there is impaction of the calculus. This state of things may continue for many months or even longer, and end in the expulsion of the stone. A lady-friend of mine passed one that had resisted every attempt to get rid of it for nearly two years. Her case was considered hopeless. The liver enlarged to such a degree that it filled more than half of the abdomen, and she was reduced to a state of extreme emaciation. It was recommended to her to try a remedy given in an American publication, small, frequently repeated doses of chloroform. On the third day after taking the medicine she passed from the bowel a calculus of about the size of a walnut. That was about three months ago. She is now free from pain and jaundice, gaining flesh and strength, and the liver has shrunk into almost its natural dimensions.

But the termination of such cases is not usually so happy.

After some time, longer or shorter, according to circumstances, the impacted stone excites inflammation and ulceration, and sloughing, and perforation. The result is death or recovery. Death, if the stone is thrown into the cavity of the abdomen, and peritonitis consequently excited. Recovery, if adhesions of adjoining parts allow the stone to pass into the intestines, or out from the abdominal walls.

The rule in the ordinary cases is, after much pain, continuing from two or three to twelve or fourteen hours, passage of the calculus into the duodenum with rapid cessation of the pain, and of the nausea and vomiting which so frequently accompany the attacks. The jaundice too, when it is present, which is not always, yields in a short time, the urine becomes normal in colour again and the stools show bile. The patient continues well till the next attack, for it is rarely the case that he gets off on the terms of one only.

As many cases which must be designated as gall-stones do not show them in the stools, and as the only proof positive of the existence of that disease is a gall-stone, it will naturally be asked what the symptoms are which, in the absence of a calculus, give us a right, in Trousseau's opinion, to diagnose the disease to be one of gall-stones. They may be said to be these: acute pain, frequently accompanied by rigors, coming suddenly on in the epigastrium and in the region of the gall-bladder, and radiating sometimes to all parts of the trunk; no tenderness on pressure, on the contrary, relief from pressure; no fever, nausea, vomiting, generally of glairy acid matter, slow pulse, and, after an interval of varying duration, rapid cessation of the pain. The case is all the more clear if, besides these symptoms, there are jaundiced skin, bile in the urine and none in the stools.

There are several reasons why gall-stones are not more frequently seen in the stools in cases of this disease. In the first place, when they are looked for, which is not always, it is not very elaborately. Few can get over the natural repugnance to undertake such an examination. A very thorough sifting of the *fæces* by means of water and a

sieve is necessary if we wish to make sure of the presence or absence of a calculus. But calculi of inspissated bile and those of very soft consistence may be dissolved by the intestinal secretions, as many writers allow, and accordingly never reach the anus at all. And again, biliary gravel may escape detection if of the same colour as the *feces*, the size of each particle being scarcely, in some cases, larger than those of sand.

The prognosis, when the patient is not old nor affected with organic disease of the liver, or stomach, or pancreas, may be said, in the majority of cases, to be favourable. But it is necessary to make a thorough examination of a case before pronouncing that nothing but a favourable issue need be anticipated.

REVIEWS.

Una deliberazione del Consiglio Superiore della Pubblica Istruzione del Regno d'Italia della Medicina Omeopatica nelle Università dello Stato al Tribunale della Pubblica Opinione. Memoria Del Dott. Comm. G. E. MENGOSZI, Professore onorario nella Reale Università de Roma. Roma : Astero e Comp. 1879.

THE author being convinced of the advantages of homœopathy and of the futility of allopathy, addressed a petition to the Minister of Public Instruction, praying that he might be allowed to give free instruction in homœopathy in the Royal University of Rome.

The minister, to Dr. Mengozzi's great disgust, referred his petition to the Superior Council of Public Instruction, whose members, as our author observes, knowing nothing about homœopathy, were an incompetent tribunal. The Council refused the request of the petition on the ground that "homœopathy is the negation of all the positive sciences."

This insolent rejection of his prayer by an "incompetent tribunal" was naturally displeasing to Dr. Mengozzi, whose estimation of homœopathy was very decidedly different from that of the Council. Dr. Mengozzi, who, as he tells us, had "deserted the standard of allopathy, after long meditations and great love for suffering humanity, in order to fight under the banner of homœopathy," being concerned at the deplorable ignorance of Minister and Council with respect to Hahnemann's doctrines, sent them one of his works, published in 1873, in order to enlighten them on the superexcellence of homœopathy and the irrationality of allopathy.

Having done this he tranquilly awaited the result, which he imagined could not fail to be advantageous to humanity and science, in America, where he was engaged in studying yellow fever in order to discover a prophylactic for it.

Of course, the result did not answer his expectations, and he was forced to put up with the verdict of the Superior Council, viz., that "homœopathy is the negation of the positive sciences."

On this he resolved to appeal from the judgment of the Superior Council to that of the public, hence this book.

He begins by claiming for Italian philosophy and science a character as high as, if not higher than, that of those of other countries, and he rates his countrymen for preferring the science and philosophy of France or of Germany to their own, and for adopting eagerly the bad points of these and rejecting the good ones.

Dr. Mengozzi gives a sketch of the history of homœopathy in Italy—at least, he gives a number of facts associated with homœopathy in his own country, some of which may be new to our readers. Ferdinand I, of Naples, he tells us, was a patron of homœopathy. The Allopathic Royal Academy of Medicine of Naples hastened to offer to scientists "an exposition of the *Materia Medica* and *Organon* of Hahnemann," whatever that may mean, "which greatly contributed to the spread of homœopathy." Francis I did still more for homœopathy in 1828 and 1829. He ordered it to be introduced into the Military Hospital of the Trinity. Ferdinand II did more for homœopathy than his two predecessors. On the occasion of cholera in Sicily he caused instruction in relation to its homœopathic treatment to be circulated. He likewise gave permission for the foundation of a dispensary and academy of homœopathy in Palermo. The Duke of Lucca called to his court the homœopathic physicians, Drs. Necker and Schmidt. King Charles Albert, in 1839, issued a decree for the foundation of a homœopathic dispensary at Turin. "The great soldier of our country's battles, Victor Emanuel II, King of Italy, laid the undisplaceable corner stone of the Royal Homœopathic Establishment or Institute in Naples." An im-

posing ceremony, with music and firing of cannons, silver gilt trowels, and attendant freemasons with their embroidered aprons and mystic signs and wonders; addresses from civic dignitaries and gracious royal answers, with probably a gala representation at the opera and a general illumination, flitted through our mind when we read the words, but, alas! like much of Dr. Mengozzi's writing, it is, we fear, only to be taken in a figurative sense, for we find that the "Establishment or Institute"—it is curious that Dr. Mengozzi should not be quite sure of the name, though he says he was the president—had its corner stone laid by a decree issued from Turin, and that since then the edifice with an uncertain name and an undisplaceable corner stone has been removed from Naples to Rome. A copy of the decree is added, whereby it appears that the "laying of the undisplaceable corner stone" means that the royal permission was given to the National Homœopathic Society to adorn the sign-board (*insegna*) of its own homœopathic establishment (*del proprio stabilimento omeopatico*) with the royal arms. When Humbert succeeded his father he graciously continued the royal protection to the institute.

Nor was homœopathy in Italy without the protection of infallibility. Popes Leo XII and Pius VIII were always favourable to homœopathy. Gregory XVI permitted Dr. Wahle to settle in Rome, and decorated Dr. Centamori for his services in curing intermittents with *Nux vomica*. Pius IX, by his Council of Ministers, reproved the Medical College of Rome for their refusal to tax the accounts of practitioners using homœopathic medicines. Of course we don't know what advantages there are in having our accounts taxed (in this country when applied to lawyers' bills we know that it generally means cutting them down often to a very small figure), but Dr. Mengozzi seems to think that it was something grand for homœopathy, for he says: "Pius IX thus broke the arms with which the allopaths imagined they were going to destroy the greatest of scientific discoveries," viz. the therapeutic law *sim. sim. cur.*

The Academy and Dispensary at Palermo were pushed on by the enthusiastic and erratic Dr. Mure; indeed, in his

book Mure says they were established by himself. After Mure's departure to convert a misbelieving world, Morello took his place. One of his dicta was, "without homœopathy there is no salvation." We don't know so much about Morello as we do about Mure, who was really an extraordinary person, but Dr. Mengozzi tells us he was "illustrious," "of sovereign intelligence," "the most worthy commentator of Hahnemann," "a lofty reasserter of the discoveries of Italian philosophy," and so on. But we cannot help observing that throughout his book Dr. Mengozzi never mentions the name of any one who was favourable to homœopathy without coupling it with epithets indicative of the most sublime qualities of mind and heart, whereas the opponents of homœopathy are just exactly the opposite.

"The magnanimous and sapient Duke of Lucca" wished Dr. Altomy (is this our old friend Attomyr translated into Italian?), who was persecuted by the Faculty of Medicine of Vienna, to enter his service, although he had already Necker and Schmidt at his court. Homœopathy prospered in Tuscany under the intelligent protection of the Duke thereof.

In 1847 "the illustrious Morello," indignant at the refusal of the Medical Congress at Milan to allow a discussion about homœopathy and allopathy, and still more at their offer of a prize for the best memoir on the merits and objects of homœopathy, watched his opportunity, and when a certain Dr. Lanciano, who seems to have been the only candidate for the prize, published a *Critical Examination of the Homœopathic System*, Morello was down on him, and demonstrated that the author was ignorant, not only of homœopathy, but of allopathy too. This withering criticism of their champion caused the members of the Congress to blush with shame at having chosen Lanciano as the recipient of their prize. Morello also wrote a great work, *The Philosophical History of Medicine in Italy*, which Dr. Mengozzi says was pronounced by "Puccinotti the glory of allopathy," himself the author of a history of medicine, to be unique, and as filling up a lacuna in medical literature, but the only quotation of the glorious Puccinotti he gives

hardly amounts to that. It runs: "Nature does not limit herself solely to the law of contraries in the cure of diseases, but sometimes she follows the law of similars."

Another hero of the Palermo Academy is Dr. Tripi, who published a *Course of Homœopathic Studies*, which is much praised by Dr. Mengozzi. Dr. Cataldo Cavallaro, another of the Palermo school, is known to us by his *Corso teorico pratico*, reviewed by us last autumn; our estimate of its value differs considerably from that of Dr. Mengozzi.

A work was published against homœopathy by a Milanese doctor, whom Mengozzi, in his ever superlative style, calls "il miserabilissimo Raiberti," but his mode of treating the subject was sternly rebuked by "il grandissimo medico Rocco Rucco" in a work entitled *L'Esprit de la Médecine ancienne et nouvelle, comparées*, which was saluted by all Europe as "dottissima."

In Romagna a homœopathic journal was established, of which Dr. Placci was the "distintissimo" editor. We are not told the name of this journal, but those of the *Rivista Omiopatica* (why do some Italians write *omeopatica* and others *omiopatica*?), published at Rome by Dr. Pompili, and the *Clinica Omiopatica* at Padua by Dr. Cogo, which are known to us, are given, and another not known to us, entitled *Annale di Medicina Omeopatica per la Sicilia*; the Neapolitan homœopathic journal, *Il Dinamico*, is not mentioned by him. In the Sicilian periodical Dr. Morello discourses theoretically in such a way that allopathy is not only killed but buried—"trova la sua tomba"—and his practical essays keep the flame of Hahnemann's doctrine burning "vivissimo."

In Piedmont (what part not stated) homœopathy found an asylum in the Hospital of Providence (it is to be hoped not as a patient), and in Nice it obtained great renown by the happy cures it made. Genoa has an institute (of what kind not stated) directed by the "esimio medico," Dr. P. Gatti. In Turin a hospital, founded by Father Cottolengo, was placed under the homœopathic system, and another was opened at the expense of the Marchesa di Barolo, for the purpose of curing cases pronounced incurable by allopathy.

In Rome Ladelci published a work on pathology and therapeutics, and Salaghi one entitled *Patologia Nuova*. Dr. Mengozzi himself published a book entitled *Philosophical Introduction to the Study of Medicine*, for which the University of Naples sent him a decree of "benemerito delle scienze mediche."

This is nearly all the information respecting the history of homœopathy in Italy we can elicit from Dr. Mengozzi's work. He gives a brief account of the state of homœopathy in Europe, from which we learn the following respecting our own country. "Two public courses of Homœopathy in the London Homœopathic Hospital, Professors Dr. Dudgeon and Dr. Hughes." "Directing Committee of the Faculty of Homœopathic Medicine of London." "Society of Homœopathic Publications of London." "London Homœopathic Hospital." "Homœopathic Veterinary Clinic of the British Cavalry." "Hahnemann Convalescent Hospital, London." "Public Homœopathic Dispensary at Liverpool." "Homœopathic Hospital at Edinburgh." "Hahnemannian Society of Worcester." Of homœopathic publications he mentions the *Monthly Homœopathic Review*, directed by Drs. Pope, Dyce, Brocén, and the *Homœopathic World*, directed by Dr. Shulldham; but, alas! makes no allusion to our venerable selves. It is to be hoped that Dr. Mengozzi's information respecting homœopathy in Italy and other countries is somewhat more correct than his knowledge of homœopathy in Britain.

The second chapter contains extracts from the writings of celebrated old-school doctors unfavourable to allopathy and favourable to homœopathy, many of which have been often quoted, but some of which are new to us.

The third chapter is "On positive Sciences in General," in which he tries to show that homœopathy is a positive science, and not, as the Superior Council of Education declared, the negation of all the positive sciences, and, moreover, that it is in accord with them all.

The fourth chapter is "Logic in relation to Homœopathy," in which he endeavours to prove the law of similars to be a fundamental law of nature and of all the sciences,

and that the law of contraries is error baptized by law—that it is, in fact, the negation of logic. The next chapters, on speculative philosophy in relation to homœopathy, physiology in relation to homœopathy, the physio-chemical sciences in relation to homœopathy, mathematics in relation to homœopathy, contain a great many quotations from writers on all the subjects which the author's ingenuity enables him to turn to the support of his view, that the homœopathic principle pervades all the sciences. We have seen this sort of thing attempted more or less successfully before, and, indeed, the first impulse was given to searching after more or less far-fetched analogies in other departments of science by Hahnemann himself; but we think it is rather remarkable for its ingenuity than its utility, though doubtless other minds might be more impressed with it than we are.

In the ninth chapter he tells us that the University of Naples, having been applied to to establish a Chair of Homœopathy, gave this answer:—"The University of Naples is not a fit place for giving instruction in homœopathy, because rational medicine, which is taught there on the basis of the natural sciences, excludes allopathy and homœopathy and every other absolute system." This was not unlike the answer given by Dr. Sharpey to the question if the University of London would recognise lectures on homœopathy. "Certainly not," was the answer, "neither would it recognise lectures on allopathy or any other exclusive system."

We now come to the occasion—the exciting cause, as it were—of Dr. Mengozzi's work. We find it, we think, in a note at the end, which tells us that the medical section of the National Academy, the Italian School (of which Dr. Mengozzi is President and Founder), in view of the declaration of the Superior Council of Education, that *Homœopathy is the negation of all the positive sciences*, propose to award a gold medal to the author of the best treatise on the following subject:

"To determine which of the dominant medical doctrines constitutes the science of medicine relatively to its object; which of them reveals the relation betwixt the disease and medicine in order that we may effect a cure by human

means ; which possesses the fundamental law of medicine, and consequently, which has followed the straight road to a logical reconstruction of medicine ; in other words, which possesses the type of science ? which has discovered the reasons and the fundamental laws of *Materia Medica* and Therapeutics ? allopathy or homœopathy—which of the two is true ?”

The prize to be awarded to the most meritorious work by the Allopathic Medical Faculty of Berlin, and the Homœopathic Medical Faculty of London.

The work before us is the competing essay for the prize of the gold medal offered by Dr. Mengozzi's Italian School, the competitor being the President and Founder of the school, and the judges being the Medical Faculty of Berlin, which would certainly turn up its allopathic nose at the whole affair, and the phantom Homœopathic Medical Faculty of London. Would it not have been more in conformity with the usual practice of rational beings and men of the world if Dr. Mengozzi had first of all ascertained whether it was the right thing for the president and founder of a so-called school to compete for a prize offered by his school, and, that settled, to have inquired if the Medical Faculty of Berlin would accept the position of judge offered it, and, that arranged, to have asked some English friend if there was such a thing as a Homœopathic Medical Faculty in London ?

The matter of Dr. Mengozzi's book is not all bad—many parts of it are really good and interesting, but the manner of it, with respect both to its apparent *raison d'être* and the very “high falutin” style in which it is mostly written, appears to us altogether objectionable.

Pathogenetic Outlines of Homœopathic Drugs. By Dr. CARL HEINIGKE, of Leipzig. Translated by Dr. EMIL TIETZE, of Philadelphia. Boericke and Tafel. 1880.

WE have already seen the German work of which this is a translation, but intend to delay our review of it

until it is completed by the promised Repertory that is to be compiled by Dr. Pahlmann. We think that Dr. Tietze might have waited to incorporate the Repertory with his translation, which is imperfect without it. The translation is very well done.

Hay Fever : its causes, treatment, and effective prevention.

By CHARLES HARRISON BLACKLEY, M.D., 2nd Edit.
London : Baillière, Tindall, and Cox, 1880.

DR. BLACKLEY'S book is acknowledged by the general consensus of the profession to be the standard work on Hay Fever. The value of this new edition has been much increased by two additional chapters, one on the quantity of pollen necessary to produce hay fever, an exceedingly interesting inquiry, conducted with admirable patience and skill. The conclusion from it is that $\frac{1}{40000}$ th of a grain of pollen, inhaled each twenty-four hours, suffices to bring on a mild attack, and a severe attack may be caused by $\frac{1}{4000}$ th of a grain.

The chapter on the prophylaxis and treatment of hay fever will be the most interesting to sufferers. The main idea in the prophylaxis is to prevent the entrance of pollen particles into the nostrils or eyes, and Dr. Blackley has constructed some instruments that seem to perform this very effectually. In addition to this he mentions several precautions those liable to hay fever should adopt, which he, a sufferer himself, has found of value. He also mentions several remedies for the hay fever and asthma when they are present. We must refer our readers to the work itself for very valuable information on this point.

Licensed Feticide. By N. F. COOKE, M.D, LL.D., of Chicago. Detroit, 1880.

THIS is a vigorous protest against the production of abortion, which would seem to be called for if, as the

author alleges, "one half of the annual increase of humanity in our glorious republic" is destroyed artificially before its birth. The author pronounces foeticide to be murder. The laws of the United States make it criminal, but if it be true that it is impossible to get a jury in America to convict for the offence, there seems but little prospect of putting a stop to the practice. Probably the awful consequences of abortion to the fair sex the author describes may act as a more powerful deterrent than the fear of a criminal prosecution or the denunciations of moralists. If ladies are well assured that it will make them "wan, weird, weazen, and scrawny," they will hesitate about having recourse to getting rid prematurely of their offspring, unless they should think that there are evils attending gestation and getting *viable* children greater than their own *wanness, weirdness, weazenness, and scrawniness*. It is curious, if true, that foeticide should be so much more common in America, where there is plenty of room for almost any increase of the population, than in this over-populated country.

Boston University Year Book, 1879.

WE have received from Professor Talbot, Dean of the Medical Department of this University (which, as our readers know, is officered by homœopathists), a copy of its Year Book for 1879. It is introduced by an essay from the pen of the President, William J. Warren, S.T.D., LL.D., entitled "Hopeful Symptoms in Medical Education," which has our warm concurrence; and which will, we hope, be widely circulated throughout the States. All the existing schools and colleges of the University seem to be in active and successful working; but our chief interest is of course in the School of Medicine, whose progress we have noted from time to time in this Journal. We find it counting a list of 127 students, male and female, in attendance on the classes of the last *Annus Medicus*, and a

large and strong faculty of teachers. The homœopathic proclivities of the latter are not disguised, but they are not obtruded. We should only know of them, were we otherwise ignorant, by the list of text-books recommended to the students (among which, by the way, we note with some surprise "Hahnemann's Acute and Chronic Diseases"—we suppose Hartmann's books are meant); and by the programme of the lectures on materia medica delivered by Dr. Heber Smith. These comprise, we are told, "the toxicological, pathogenetic, and therapeutic relationship of drugs; the application of homœopathic provings; the past and present uses of drugs by other than homœopathic practitioners." The last clause bears, it is evident, upon one of the questions raised with reference to our own School.

The Boston University, and especially its School of Medicine, has our best wishes; and long may the latter retain the services of Professor Talbot as its guiding head and inspiring soul.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—In our January number we commenced the task of bringing down our survey of the homœopathic journals of America to the end of 1879. We were only able at that time to deal with the *North American*: the remainder now await our notice.

Hahnemannian Monthly. Jan.—Dec., 1879.—When we last dealt with this journal (April, 1879) we mentioned that, after a suspension of its existence for the six months ranging from July to December, 1878, it had begun with 1879 a new life under the editorship of Dr. W. H. Winslow, of Pittsburg. This physician, though a comparatively new convert to homœopathy, has conducted his journal like a veteran; and in his hands it has been even a better expositor of our system than it was before. From the

twelve numbers before us we gather a few gleanings for our readers.

Jan.—Dr. J. P. Dake gives here (p. 3) the following valuable definition of the sphere of the law of similars:—“Human affections similar to those producible by medicines and other agencies, existing in organisms having the integrity of tissue and reactive power necessary for recovery, the efficient causes of the affections having ceased to operate.” Dr. Farrington relates (p. 8) a case of suppressed lochia accompanied by agonising headache, with a sense as though the face was being drawn towards the root of the nose, and then *backwards towards the occiput as if by a string*. The italicised symptom being found* in the pathogenesis of *Paris quadrifolia*, this remedy was administered in the 30th dilution. After the first dose the discharge returned, and after the third (four hours later) the headache ceased. The reporter of the proceedings of the Paris Congress of 1878 gives the following curious rendering of “the four words of our eminent co-labourer and friend, Imbert Goubeyre: ‘*similiter, elective, omni dosæ.*’” The preliminary examination of medical students in America is verily needed. A case of bee-stinging is quoted from the *Wiener Medicinische Presse* which is worth reproducing:—

“A servant girl, æt. 25, suddenly fell ill without any known cause, with the following symptoms: face puffed up, cyanotic; respiration slow, heavy; œdema of the lungs developing; general sensation diminished; pulse small, frequent; extremities cool. The whole right arm was swollen; axillary and cervical glands were enlarged. The offer of water, which was much desired, caused convulsions, with an expression of fear in the face, as in hydrophobia. In the same way convulsions set in as the physician accidentally touched the index finger of the patient's right hand. In this finger a bee-sting was found embedded, and surrounded by a reddish circle. Upon its removal the convulsions ceased, and the dread of water disappeared. The patient fully recovered, and was able to work the next day, though still quite

* So Dr. Farrington says; but we read it thus, “it seemed as though a thread were tightly drawn through the eye to the middle of the head.”

feeble. She stated that immediately after feeling the sting, and crushing the bee between her fingers, the symptoms came on."

March.—Dr. W. J. Martin relates a case in which that obscure and ominous symptom, pain in the stomach following diphtheria, disappeared rapidly under *Bryonia* 30. Dr. Seip recommends very highly the use of powdered bicarbonate of soda in frost-bite. He sprinkles it directly upon the part, and covers with cotton or a bandage. The pain is immediately relieved, and improvement follows rapidly. Similar treatment has lately been advocated as specific in burns and scalds.*

May.—Dr. Fletcher relates another case in which *Pulsatilla* has seemed to induce spontaneous version in false presentation. Here it is:—

"On February 12th, 1879, I was called to an obstetrical case. Patient was of a sanguine temperament, æt. 35, and this was the seventh time she had become a mother. On my arrival, I found the patient in the first stage of labour. She had been partaking freely of black-pepper tea, and she was bordering on the convulsive state; two doses of *Ver. vir.* 1x relieved her, and on examination I found the child lying transversely in the uterus (first position, shoulder presentation). There had been no movements of the child (fœtus) perceptible to the mother. As soon as possible I administered a dose of *Pulsatilla* 12x, and in fifteen minutes the fœtus commenced to change position, and in thirty minutes from time of first dose of *Puls.*, it was presenting in first position of the vertex. Did *Puls.* 12x, two doses, effect this, or was it a coincidence?"

August.—A paper by Dr. Campbell, of St. Louis, entitled "Hints to Provers regarding the Eye and Ear," is one of the many signs which make us hopeful of having a scientific *Materia Medica* one day. His strictures on the superficial and confused character of most of the ocular and aural symptomatology we possess are very just, and his suggestions for better observations are full of wisdom. Will he not make some himself? Dr. Mohr recalls atten-

* See *United States Med. Investigator*, Feb. 15th, 1879, p. 150,

tion to the old doctrine of the incompatibility of certain medicines, not of course in combination, but in succession. He relates some cases which he thinks illustrative of such antagonisms, but to our mind they only present the oscillations common to all chronic affections.

September.—*Iodide of sulphur* is a remedy about which we know very little; and we are, therefore, grateful for a communication of some experience with it made by Dr. Bradford, of Philadelphia, to this number. He finds it very useful in chronic catarrh of the bladder, with prostatic involvement. "The symptoms calling for its use," he writes, "are pains in the prostate gland, constant insufficient urination, feeling of weakness in bladder, incontinence, mucous deposit in urine. I have used it for a year, and have yet to see a case having the above symptoms that it has not relieved." "I think," he also says, "*Sulph. iod.* to be adapted to impending stricture after gonorrhœa, especially when chordee is present. My first use of it was in such a case, with chordee, very painful urination, twisted stream, yellow discharge. I had tried all the remedies I knew of without success, and was led to give the *Iodide of sulphur*, which promptly cured the whole trouble, stricture and all." He gives the 3x trituration.

There is in this number a short proving of the *Hypophosphite of lime*, and in that for November a similar one of the *Arsenate of soda*.

Besides these gleanings, we find in the *Hahnemannian* a number of papers on the two subjects which have lately been exercising the homœopathic world in America,—the examination of triturations under the microscope, and the testing of high potencies. Both these subjects, however, demand a paper to themselves; and this we hope shortly to give them.

New England Medical Gazette. Nov., 1878—Dec., 1879.—The last two numbers of this journal for 1878 present nothing calling for notice; but in January, 1879, we find it beginning a new series, under a new editorship—that of Dr. Herbert C. Clapp, whose excellent *Handbook of Auscultation and Percussion* we lately noticed in these

pages. It is somewhat reduced in size, but has certainly not deteriorated in quality, as a glance through its twelve numbers for last year will show. We will go through them as we have done with the *Hahnemannian*.

Feb.—Dr. Cate, of Salem, states that he has found a gargle made of one drachm of *Cubeba* tincture to two thirds of a tumbler of cold water an excellent dissolvent of the diphtheritic membrane.

March.—Dr. M. V. B. Morse reports several cases in which threatened miscarriage has been arrested by *Viburnum prunifolium*, in the 1x dilution. Dr. L. A. Phillips gives an account of an epidemic of diphtheria occurring in a children's home. Ten of the forty-seven cases were croupous. The first three died, under the ordinary remedies, including *Kali bichromicum* 3x. When, however, the latter drug was used in as strong a solution as could be taken without causing vomiting, it proved so effectual that the remaining seven cases all recovered.

April.—Dr. Irving S. Hall relates some cases which show that *Morphia*, in the homœopathic attenuations, has great power in checking vomiting, as we know it has in causing it.

June.—In our number of April, 1876, we quoted from a report of Dr. Heber Smith's what seemed to be a case of poisoning from the bite of the tarantula. This gentleman now comes forward to state that the view he took of the case was erroneous; that the spider had come by mail, and decomposition had undoubtedly commenced in it at the time the virus was introduced into the system; so that the symptoms were such as might come from dissecting wound or similar animal poisoning, and cannot be relied upon as effects of the tarantula.

September.—This number has a communication from Dr. Claude, of Paris, relating a rapid cure of a trigeminal neuralgia by an unusual remedy, *Cantharis* (3rd dil.). The symptoms were, sudden access and subsidence of the attacks of pain, which lasted about half an hour at a time, contraction and twitchings of the muscles on the affected side (the right), and great dilatation of the pupils during

the paroxysms. The pain was compared to that of a red-hot iron being thrust in.

The October issue contains a letter from another distant quarter, viz. Adapazar, in Asia Minor, where a Dr. Kavalgian is upholding the good cause of homœopathy.

The December number gives us, from the pen of Dr. A. H. Tompkins, two more cases of membranous dysmenorrhœa cured by *Borax*. Five-grain doses of the crude drug were given in one, and the same proportions of the 2nd decimal trituration in the other.

The *New England Gazette* continues, as is fit, to report fully the doings of the Boston University and of the Massachusetts Homœopathic Society, both of which institutions seem to be active and flourishing.

American Observer. Jan.—Dec., 1879.—Since the beginning of last year this journal has reached us much more regularly than heretofore, and the number for July is the only missing one. We should prefer, however, to have even its place filled.

February.—Dr. Hiller, of San Francisco, whom we were pleased to see over here last spring, reports in this number a case of ozæna (so he calls it, but it seems to have been nothing but chronic nasal catarrh) of eighteen months' standing, cured in nine days by *Glanderine* 6. He had previously given *Merc. biniod.* and *Aurum* without much effect.

March.—A case of paralysis of the oculo-motorius of syphilitic origin, apparently cured by *Mercurius iodatus* 30, after the failure of substantial doses of *Iodide of potassium*, is reported here by Dr. George Norton.

April.—Dr. E. C. Price strongly recommends a glycerole of *Arnica*, one part to eight, as an application to sore nipples. It should be used as soon as the nipples begin to feel tender.

August.—Dr. Norton again appears in this number with a case of hæmorrhage between the retina and choroid, in which *Lachesis* 30 seemed to hasten the absorption of the blood, and *Gelsemium* 80 to favour the reattachment of the retina.

December.—Affections of the diaphragm are so rarely diagnosed and treated that we are glad to extract the following, especially as it confirms the remarkable experience of Dr. Madden in his own case reported in vol. xxv of our own journal.

Cimicifuga in Myalgia of the Diaphragm.

By CLARK DE MUTH, M.D., Plymouth, Mich.

CASE 1.—Mr. B. S. W., æt. 26, student. Has for years been troubled with a pain which is most severe just back of the ensiform cartilage. From this point it extends to either side and sometimes to back. Pain is always in the same places—which I found to be the attachments of the diaphragm. The pain, usually dull and continuous, when aggravated by deep inspirations or violent exercise, would be severe, aching, and when he did not get his meals at the accustomed hour it would be very severe, making him extremely irritable; eating always relieved him.

He had been treated by an allopath for "neuralgia of the stomach," and by an homœopath for "dyspepsia." The only relief he got was temporary palliation.

I diagnosed myalgia of the diaphragm, and, relying on the testimony of Profs. Hughes and Jones of the efficacy of *Cimicifuga* in such cases, gave *Cimicifuga* ʒ 3 gtt. four times per diem.

He took it for a week and was free from all pains. In two weeks he felt some symptoms of it which were quickly dispelled by a few doses. When I last saw him there had been no return of the complaint.

CASE 2.—Miss. R. S., æt. about 23, seamstress. Had a headache for several weeks, usually commencing in morning and lasting all day; would sometimes wake with it. Usually commenced in back of head or neck, passing over head to forehead; throbbing in vertex; very weak and easily prostrated by exertion; in the afternoon she would have some fever, when the languor and prostration would be more marked. Gave her *Gels.* 3x, 2 gtt. three times per diem. In ten days she returned no better, but for the first two or three days after commencing to take the medicine she had felt somewhat relieved, and thought if I would give her larger doses the medicine would help her.

Concluding I had overlooked something in my former examination, a more minute investigation was instituted, when the fact

was disclosed that she had been under allopathic treatment for more than a year, but, unlike most persons who have been under treatment for any length of time, she was so reticent in regard to her troubles that it was only by the most persistent questioning that I learned the history of her case. "Scientific" diagnosis had located the trouble in liver and spleen, for which she had received "regular" treatment at the hands of four allopaths without receiving any benefit. Having learned by experience that a "scientific diagnosis" was as likely to be wrong as any other I insisted on a thorough examination, which resulted in locating the trouble almost exclusively in the diaphragm. The pain was present almost all the time, usually dull aching; at times sharp, shooting, or cramp-like pains, aggravated by deep inspiration, coughing and when lying down. Her sleep was disturbed by horrible dreams of burglars, &c. The feverish condition was attributed to a possible slight diaphragmitis. Remembering my former good result from the use of *Cim.*, and the headache somewhat resembling the effect of that drug, I prescribed

R. *Cimicifuga*, 3j;

Alcohol, 3j;

M. Three gtt. every four hours.

In a week she returned free from all her troubles and consequently very happy. There has been no return of the disease.

CASE 3.—Miss A. B., æt. about 20, had been under allopathic treatment for "a stomach difficulty of a nervous character" for more than a month. Being advised by Case 2 she came to me. On getting the exact location of the pain I found it plainly outlined the diaphragm. She described the pain as "a terrible dull aching." On deep inspiration, sharp stitches, and sometimes the sharp pains would occur from no apparent aggravating cause. She was restless at night, starting up in her sleep. For several days previous to calling on me she had almost continuous palpitation of the heart and headache, with throbbing in the vertex. Prescribed *Cim.*, same as in Case 2. In a week she reported that "the medicine relieved her immediately, and after the third day she had been free from every symptom of the difficulty." She has remained free from it ever since, now more than three months.

In two of these cases the dull pain was most marked in the

muscular attachments of the central leaflet of the diaphragm, and the trouble was supposed to be in the stomach. In the second case it was most marked in the attachments of the lateral leaflets, when the mistake was made of locating the difficulty in liver and spleen. In some cases the pain is most severe in the fleshy bellies of the crura, when it is likely to be mistaken for kidney trouble.

The sharp pains generally follow the direction of the muscular fibres toward the central tendon, while the cramp-like pains appear to be in the vicinity of the central tendon, the dull pain being confined mostly to the attachments of the diaphragm. Whether the treatment of these cases would be termed "*homœopathic treatment, pure and simple*," by "the mighty men of the east," or not, I do not know. But I do know that it was decidedly efficacious.

In the same number Dr. E. C. Price reports a case of uterine fibroid, "apparently more than an inch in diameter," which disappeared under the use of *Bufo* 33x.

We would also call attention to the three cases of excision of the rectum related by Dr. Helmuth in the numbers for March, May, and June; to the lectures on *Cantharis*, by Dr. S. A. Jones, in those for June, September, and October; and to the excellent reports of the progress of surgery, from Dr. Bushrod James, which adorn every number. Dr. Hart's treatise on the Practice of Medicine is continued throughout, but as we suppose we shall have the opportunity of noticing it in a separate form, we pass it by for the present.

Homœopathic Times. Dec., 1878—Dec., 1879.—This journal continues to be as instructive in matter and as unpleasing in form as ever, or rather it has even excelled itself in the latter respect by adopting a smaller type. Its "Annual Retrospect of Homœopathic Literature," which appears as an appendix to each number, is, with its copious index, a positive boon, and should make all homœopaths subscribers to the *Times*. May we, as among those who value it, mention that the numbers for May, 1879, and for February, 1880, have failed to reach us?

January.—The following bit of practical experience

seems worth extracting. It is from the pen of Dr. H. C. Guernsey. "In a practice of thirty-five years, during which I have treated fully 4000 cases of childbed sickness, I have, *truthfully and honestly*, never lost a case by uterine hæmorrhage, and I have *never* used an adjuvant of any sort or kind. I have been repeatedly called in consultation with other physicians in these cases, and have always seen a happy issue. Also, I have succeeded allopathic physicians when, by their manner, if not by their words, they have shown the interested parties that they had no hope of saving life—and *these* cases I have *invariably* saved. I have found women almost insensible, pulseless, and bathed in a cold clammy perspiration; "she is flooding to death," the attendants would say. Calling at once for a tumbler of water and a teaspoon, I drop a few little pellets of *China* between the lips of the dying patient, and a few more into the tumbler of water, and I give her a teaspoonful of the solution every half minute or minute, and so continue to do till I can distinguish a return of the pulse, then I give it at longer intervals, and a perfect recovery is the final result. *China* is worth infinitely more than tens of thousands of transfusions or any quantity of brandy-and-water, or *any other* possible means of saving life, in these exceedingly dangerous cases."

In the same number, Dr. Piersons adds another differential indication between *Lachesis* and *Lycopodium* in throat cases to commencement on the left and right sides respectively; it is that in all *Lachesis* cases hot drinks aggravate and cold relieve, while in those calling for *Lycopodium* exactly the opposite effect is produced.

March.—The following important communication from Dr. Navarro, of Cuba, we quote entire:—

Tarantula Cubensis (Araña peluda, Hairy spider.)

By JOSE J. NAVARRO, M.D., Santiago de Cuba.

The *Tarantula Cubensis* (Araña peluda, hairy spider) belongs to the same family, genus, and species, as the *Tarantula Hispana*. As this one is already so well known to the profession, I omit the description of the one under consideration. Besides, in 1876,

I sent a specimen of the hairy spider to our loved and lamented Carroll Dunham ; and those who feel interested sufficiently in the matter, may probably gratify their scientific curiosity through the kindness of Dr. Dunham's family.

Although apparently alike, these spiders differ widely in their pathogenetical and therapeutical effects. The *Tarantula Hispana*, native of South America, and introduced in our *Materia Medica* by the well known Dr. Nunez of Madrid, (Spain) is a nervous remedy, acting deeply and powerfully on the cerebro-spinal system ; and many cases of chorea, hysteria, &c., have been cured by this precious agent.

The *Tarantula Cubensis*, on the other hand, seems to be a toxæmic remedy acting directly on the blood and being in this way an analogue of *Crotalus*, *Apis*, *Arsenicum*, &c.

The bite of this spider, if instantly attended to, is easily deprived of its malignant effects by the local application of a lotion made with water and the tincture of *Ledum palustre*. But if the virus is already absorbed and carried into the circulation, it develops the following symptoms :—The bite itself is painless, so much so that persons bitten in the night are not sensible of it until the next day, when they discover an inflamed pimple surrounded by a scarlet areola ; from the pimple towards some other point in the body, a red erysipelatous line is seen, marking the course followed by the spider over the skin after biting—so corrosive is the nature of this virus. The pimple swells, gradually increasing in size, the erysipelatous inflamed areola spreads wider and wider, chills, followed by intense burning fever, generally supervene on the second or third day, accompanied by great thirst, anxiety, restlessness, headache, delirium, copious perspiration and retention of urine. The pimple in the mean time grows larger and becomes a hard, large and exceedingly painful abscess, ending by mortification of the integuments over it, and having several small openings discharging a thick sanious matter containing pieces of mortified cellular tissue, fasciæ and tendons ; the openings, by growing, run into each other, forming large cavities. At this period, the fever takes the intermittent type, with evening paroxysms, accompanied by diarrhoea and great prostration.

This does not take place in every case of the spider's bite, for much depends on the constitution of the patient and the treat-

ment adopted ; but still, I have known of two cases in delicate children where the bite proved fatal. The majority of cases recover after a period of from three to six weeks. I once attended a black man of about thirty years of age bitten by this spider ; I was called during the second stage ; he then had diarrhoea, intermittent fever, and prostration ; the opening left by the emptying of the abscess in the left gluteal region was large enough to admit my fist. He recovered in two weeks under *Arsenicum*.

With these facts before me, or rather, in view of these *proofs*, I decided to try the remedy in my practice. By introducing into a glass jar full of pure alcohol one of these spiders alive, I prepared the mother tincture according to Dr. Hering's method. As by the effects of anger the spider threw off the poison, the alcohol changed from a colourless liquid to light yellow. From this tincture I prepared the 6th decimal dilution, and this is the preparation I have used where indicated. From the cases in my experience I will cite the following in proof of the never failing law, *Similia similibus curantur*.

Don M. B—, æt. 72, good constitution, called me to treat him for an abscess in the back of his neck, whose burning, excruciating pain had completely banished sleep for the last six or seven nights.

There was fever with great thirst and prostration ; on examination I found it to be a regular *anthrax*, with all the accompanying train of symptoms. Rpe. *Tarantula cub.*, one dose every two hours ; after the second dose the pain was greatly relieved, and that very night the patient was able to sleep through the whole night. Under the use of this remedy the patient recovered without using any other, except *Silicea* to aid cicatrization.

Donna A. B—, æt. 51, past the climacteric, thin spare body, delicate constitution, had an anthrax in the interscapular region, with severe burning pain ; unable to sleep from the excessive pain, *Tarant. cub.* in a few days made a complete cure.

I. L—, coloured man, æt. 26, had a large hard abscess in the right thigh, exceedingly painful and inflamed, no fever, the glands in the groin swollen, indurated and painful. R. *Tarant. cub.* every three hours. After the second dose the pain was completely relieved, and six days after the abscess and swollen glands had disappeared by resolution.

M. C—, a little girl of nine years, was taken ill with tonsillitis. Besides several local applications and domestic remedies, had taken *Mercur. bin.*, *Bell.*, *Acon.*, and other homœopathic remedies prescribed by an amateur. When called to see her, I found high fever, delirium, red face, and both tonsils so swollen that suffocation was feared. A few doses of *Tarant. cub.* dispersed the swelling and accompanying symptoms in a few hours.

Donna F. L. de B—, æt. 84, delicate constitution, had a large anthrax in the back of the neck; had been treated for two weeks by three physicians of the old school, with local applications, first emollient and then caustic. At last the knife was resorted to, with stimulants internally, and *Hydrate of chloral* and *Morphine* to relieve the burning agonising pain—all to no effect, for the patient grew worse daily. Upon examination, I discovered that the whole of the muscular and cellular tissues were destroyed from the neck to the waist and from shoulder to shoulder, leaving a cavity about six inches long and four wide, at the bottom of which several of the dorsal vertebræ were plainly visible; there was also infiltration of the surrounding tissues, and the patient had quotidian fever and diarrhœa. After the fourth dose of *Tarant. cub.* the pain was completely relieved. On the third day the line of demarcation was formed, and two days afterwards the surrounding mortified tissues came off. With the continuance of this remedy and an occasional dose of *Silicea*, the patient was entirely cured in seven weeks from my first call.

These are only a few of the many cases in which *Tarant. cub.* has given complete satisfaction in my practice. I have used it with success in syphilitic buboes, painful boils, and all kinds of abscesses where pain or inflammation predominates. Its power to relieve pain in these cases is wonderful, acting we might say as an anodyne. The observations of one man, however, cannot establish the reputation of a remedy; and for this reason I bring these facts and confirmatory clinical cases before the profession for investigation. Perhaps by instituting regular provings with this substance, new symptoms might be developed, and the real value of the remedy definitely ascertained. With this object in view, I send, together with this communication, some of the mother-tincture of *Tarantula cubensis*, which I place at your disposal. And I shall be happy to afford any further information if desired, and to supply with the tincture any member of the

profession who is desirous to investigate the virtue of this remedy. (Dr. Alfred K. Hills will furnish the tincture to those who desire it.)

(Read before the Hom. Med. Soc. of N. Y. County.)

We must do the same with the paper which commences the April number, as it contains some of the long-looked-for results of the homœopathic treatment of the insane as carried out at the New York State Asylum.

On the Treatment of Mental and Nervous Diseases.

By SELDEN H. TALCOTT, A.M., M.D., Medical Superintendent,
New York State Homœopathic Asylum for the Insane,
Middletown, N. Y.

This paper is designed to embody, in brief, the clinical experiences gained at the asylum under our charge during the year 1878. In it we shall seek to "mirror the vitality of our thought," not alone by recording a series of successful experiments in medicating the insane, but also by presenting negative or non-curative results of treatment in certain varieties of cases.

The knowledge that there are forms of mental disease unlikely to recover under the most favourable circumstances, and in which all known methods of treatment have been faithfully tried, with only failures for results, is next in importance, to the honest physician, to those facts which demonstrate our ability to cope successfully with some, at least, of the formidable phases of insanity.

We shall proceed at first with the more pleasant part of our work, that of presenting the favourable effects of medication, and leave the dregs of disappointment and defeat for the closing draught.

In a general way it may be stated that the treatment of the insane with remedies applied according to the homœopathic law of cure has been, thus far, a most interesting and fruitful experiment. It has been demonstrated, beyond a doubt, by results gained in the asylum, that the most violent cases of maniacal excitement may be safely cared for, treated, and restored to health, without resorting to massive doses of somniferous drugs. Indeed, the pathological conditions induced by the latter often form complications, or combinations, with the original disease against

which the recuperative forces of nature are powerless. Homœopathic treatment conserves the life forces of the patient, and seeks to avoid the aggravation of primary symptoms. Thus, in a long-continued and tedious affection like insanity the curative methods of the homœopath tend, we believe, to the piloting of a patient through the imminent perils of his disease with the greatest possible safety and certainty. Brief and imperfect as our experiments have been they have yet been followed by some very interesting développments, and from these a few deductions may now be drawn.

The remedies most used at the asylum are those whose effects upon the healthy were "proved" many years ago, and the "verification" of whose symptoms, in a curative sphere, has been demonstrated at the bedside of the sick repeatedly and satisfactorily. In other words "old remedies," like "old friends," have been our main reliances. A few of the new remedies have been used, and in occasional instances with gratifying results. Drugs whose primary effects are largely manifested by their action upon the circulatory apparatus, the heart and its conduits, have most frequently proven themselves effectual in modifying the symptoms and promoting the recovery of those suffering with mania. Hence we find *Aconite* and *Veratrum viride* playing an important part in the early stages of this disease, which are marked by such an unnatural and exalted excitement.

The distinguishing differences between *Aconite* and *Verat. vir.* are these :—In *Aconite* there is great mental anxiety; in *Verat. vir.* excessive physical unrest. The *Aconite* patient is fearful of the future, and terribly apprehensive of approaching death; the *Verat. vir.* patient is depressed, but comparatively careless of the future. The *Aconite* face is flushed bright red, or is pale, with moderate congestion; *Verat. vir.* has intense cerebral congestion, with a face flushed to a purple hue and hot, or it is cold, with a pale bluish cast. The *Aconite* case has great thirst, and gulps water eagerly; the *Verat.* case has a dry, hot mouth, which feels scalded, but the thirst is moderate. The muscles of the *Aconite* patient are tense, and the whole mental and physical conditions are like those of an instrument strung to the highest pitch; the *Verat.* patient is relaxed and restless, has nausea, retches and vomits profusely, has muscular twitchings, and constantly changes his position. In short, the *Aconite* patient has mental anxiety

with physical tension ; while the *Verat. vir.* patient has a lower grade of mental unrest with physical relaxation.

Treading closely upon the heels of *Aconite* and *Verat. vir.*, and, in fact, contesting strongly for the palm of supremacy, are *Belladonna* and *Hyoscyamus*. Probably no remedy in the *Materia Medica* possesses a wider range of action, or greater powers for removing abnormal conditions of the brain, than *Bell.* Its symptoms are clear, well-defined, unmistakable ; its action sharp, vigorous, and profound. It is the powerful supplementary ally of *Aconite* in removing the last vestiges of cerebral congestion, and beyond this it subdues, like magic, the subtle processes of inflammation. Its symptoms are so familiar to every student of *Materia Medica* that it would be unprofitable to repeat them here ; so we will only state that a marked and happy effect follows the use of *Bell.* in cases where, in addition to the flushed face, dilated pupils and throbbing arteries, we have a mental condition which manifests itself by the most positive ebullitions of rage and fury ; and where the patient tosses in vague, spasmodic restlessness ; attempts to bite, strike, tear clothes, strip herself naked, and make outrageous exhibitions of her person. While in this state *Bell.* patients are exceedingly fickle and constantly changing ; now dancing, singing, laughing, and now violent with intolerable rage. The speedy disappearance of such a grave and serious train of symptoms after *Bell.* is administered proclaims its unmistakable power in a manner that needs no eulogy. The magic workings of this protean drug are also manifest in the relief of symptoms directly antipodal to those mentioned above. When you have a patient whose face is flushed to an intense reddish purple hue, pupils widely dilated, eyes having a fixed stony glare and utterly insensible to light ; heavy, almost stertorous breathing ; stupid, dazed condition of the mind, so that he cannot be roused to speak ; inclined to remain quiet, but with occasional muttering, incoherent delirium, marked rigidity or steady tension of all the muscles—then you may give *Bell.* in the confident expectation of reaping an early harvest of good results.

The excitable *Bell.* patient requires a minimum dose of the drug, while the stupid one is affected most readily and favourably by oft-repeated doses of the 1st centesimal or even the 1st decimal dilution.

The *Hyoscyamus* patient is very excitable, but less frenzied than

the *Bell.* patient; is very talkative, mostly good-natured and jolly, but occasionally has savage outbursts; is inclined to be destructive of clothing, obscene, with a tendency to expose the person. *Hyoscyamus* is, perhaps, more often indicated as a remedy for female patients than *Bell.*, the latter being frequently called for among the male insane.

Following the remedies already mentioned in the treatment of mania come *Cantharis*, *Lachesis*, *Nux vomica*, *Rhus tox.*, *Sulphur*, *Thuja*, and *Veratrum album*. *Cantharis* very notably fills a niche apparently unoccupied by either *Bell.*, *Hyos.*, or *Verat. alb.* The *Cantharis* patient has mental exhibitions somewhat similar to *Bell.* and *Hyos.*, i.e. frenzied paroxysms of an exalted type; bites, screams, tears, and howls like a dog. As an invariable accompaniment there is always great excitement of the sexual organs. In the latter respect *Cantharis* resembles *Hyos.* and *Verat. alb.*, but these latter drugs comingle the psychical with the physical—the *Hyos.* patient displaying lively fancies in connection with erotic desires, and the *Veratrum* patient uniting religious sentiment with lustful tendencies; but the *Cantharis* case is strictly and solely the victim of lechery for its own sake, a result of intense erethism of the sexual organs, impelling him to seek immediate physical gratification. Such patients are inordinate masturbators of an acute type. Proper restraint and the administration of *Canth.* often afford prompt and happy relief, both from the sexual excitement and from the paroxysm of mania. Very scanty urine, and frequent micturition are characteristic of the *Cantharis* patient.

For loquacity *Lach.* has been repeatedly verified as a valuable remedy; *Nux vom.* is useful in cases that are irritable, cross, ugly, obstinate: *Rhus tox.* and *Hyos.* relieve suspicions of having been poisoned, the former remedy being particularly adapted to low, typhoid conditions. *Sulphur* is useful as an intercurrent; and also for *fantastic mania*, where the patient is inclined to deck himself with gaudy colours, or puts on old rags of bright hues and fancies them the most elegant decorations. *Sulphur* seldom achieves a cure by itself, but sometimes seconds with vigour the efforts of other drugs.

Veratrum album is a remedy whose sphere of usefulness comprehends both profound prostration of the physical forces and a most shattered condition of the intellectual faculties. The fame

of this drug extends over a period of more than three thousand years. It is related that, "about the year 1500 before our era, a certain Melampus, son of Amithaon, a most celebrated augur and physician, first at Pylos, then among the Argives, is said to have cured the daughters of Proetus, king of the Argives, who, in consequence of remaining unmarried, were seized with an amorous furor, and affected by a wandering mania. They were cured chiefly by means of *Veratrum album*, given in milk of goats fed upon *Veratrum*, which Melampus had observed to produce purgative effects upon these animals." In the State Homœopathic Asylum for the Insane, in this nineteenth century, A. D. we have verified the homœopathicity of *Veratrum* in "amorous furor" and "wandering mania," particularly where these symptoms of peculiar excitement are followed by great mental depression and tendency to physical collapse. In ancient days the drug was given until cathartic effects were produced. In these later times we have found a more acceptable method of use, and, with small doses, secure favourable results without aggravating purgation. The *Veratrum* patient combines the wildest vagaries of the religious enthusiast, the amorous frenzies of the nymphomaniac, and the execrative passions of the infuriated demon, each of these manifestations struggling for the ascendancy, and causing the unfortunate victim to writhe and struggle with his mental and physical agonies, like the dying Laocoön wrestling with the serpents of Minerva. This anguish is short-lived. The patient soon passes from this exalted and frenzied condition into one of deepest melancholia, abject despair of salvation, imbecile taciturnity, and complete prostration both of body and mind. The extremities become cold and blue, the heart's action weak and irregular, the respiration hurried, and all the objective symptoms are those of utter collapse. At the same time the mind passes into a Stygian gloom, from which it very slowly emerges.

With such a picture before us we can scarcely hesitate in the choice of a remedy, and *Veratrum* is the one selected. To be sure some of these cases are past the grace of medicine, yet the earnest use of this long-tried drug has frequently repaid us by marked improvement following its administration, and in several cases complete recovery has resulted.

We have written somewhat hurriedly of a few remedies most frequently used in recovering cases from mania. We come now

to speak of those successfully applied in the treatment of melancholia. Mania and melancholia, alternating as they frequently do in some patients, often require the same or similar remedies. It is not the name of the disease, but the array of symptoms that indicates the choice of a drug. Still, for purposes of convenience we sometimes group, under the name of a disease, certain drugs most often applicable in the cure of that disease.

Digitalis rises to prominence in this connection, not so much by reason of the fame it has acquired in "the books," but on account of the excellent effects following its use where homœopathically indicated, and thus administered to the patients in our wards. We use it mostly when the patient is in a dull and lethargic condition; the pupils are dilated to their widest, yet all sensibility to light or touch seems lost; the pulse is full, regular, or but slightly intermittent, and *very slow*. The slow pulse is the grand characteristic, and upon this indication *Digitalis* may be given with much assurance that relief will follow speedily, if relief be possible. We notice that the *Digitalis* patient, when rallying from his melancholic stupor, often moans a good deal, and his eyes are all afloat in tears. Relief, however, speedily follows this bursting of the lachrymal fountains.

It has long been supposed and advocated that *Aurum* was the princely remedy for suicidal melancholia. Our experience at the asylum has not sustained this theory. *Aurum* has often been prescribed in such cases, but usually without good results. Another remedy, which we have tried repeatedly, has generally "hit the case" most happily; and that remedy is *Arsenicum*. My mind has been exercised in solving the mystery of *Arsenicum's* happy effect in cases of suicidal tendencies, while the much-vaunted *Aurum* has repeatedly failed to sustain its whilom reputation. Our conclusion is this. The patients which *Arsenicum* has relieved have been those whose physical condition would warrant the administration of that drug. They have been much emaciated; with wretched appetites; a dry, red tongue, shrivelled skin; haggard and anxious in appearance; and evidently great bodily sufferers. It would seem as if the mental unrest of these patients were due, in the main, to physical disease and consequent exhaustion, and their desire to commit suicide is evidently for the purpose of putting an end to their temporal distresses. On the other hand, the *Aurum* suicidal patients (that is, the few

patients *Aurum* has seemed to benefit), are usually in fair physical health, but have experienced some unfortunate disaster of the affections, have had trouble with friends, fancy they have been slighted, persecuted, or wronged, and out of revenge or disgust for the irksome trials of life seek an untimely end by their own hands. Such cases are, with us, more rare than the bodily sufferers whose ills are relieved by *Arsenicum*. Hence, perhaps, the repeated triumphs of the latter drug, and the failure of *Aurum*. Each drug has its own individual sphere of action, beyond which it becomes a comparatively inert and useless agent.

When we have a patient suffering with melancholia, who is constantly moaning and muttering to herself, walks all the time, looking down, is disinclined to talk and angry if any one speaks to her, tries to get away from her friends if they seek to comfort her, sleepless at night and uneasy during the day, then we have given *Chamomilla* with most decided and salutary effect. *Natrum muriaticum* also affords relief to patients given to much crying, their continual weeping being of the open-and-above-board variety; while the grief of the *Ignatia* patient is more passive and concealed. The *Pulsatilla* case weeps easily, but smiles through her tears, and is readily pacified for the time being, but quickly relapses into the depths of sorrow when the words of comfort cease. The *Cactus* patient is sad and hypochondriacal, and has frequent palpitations of the heart, with a corresponding palpitation, so to speak, in the top of the head. We have found *Thuja* to benefit patients who have tenacious fixedness of ideas, are always harping on one string, and indulge in the strangest and most unnatural fancies. Such cases are quarrelsome and talkative, or very reticent, won't speak to or look at a person, and manifest great disgust if spoken to by others.

Lilium tigrinum and *Sepia* find important place in the treatment of depressed and irritable females. The troubles of such cases originate largely in the mal-performance of duty on the part of the generative organs. Both *Lilium* and *Sepia* cases are full of apprehensions, and manifest much anxiety for their own welfare. In the *Sepia* case, however, there is likely to be found more striking and serious organic changes of the uterine organs; while the *Lilium* case presents either functional disturbance or very recent and comparatively superficial organic lesions. *Lilium* is more applicable to acute cases of melancholia, where the

uterus or ovaries are involved in moderate or subacute inflammation, and where the patient apprehends the presence of a fatal disease which does not in reality exist. The *Lilium* patient is sensitive, hyperæsthetical, tending often to hysteria. She quite readily and speedily recovers, much to her own surprise, as well as that of her friends, who have been made to feel by the patient that her case was hopeless. The *Sepia* patient is sad, despairing, sometimes suicidal, and greatly averse to work or exercise. There is, however, oftentimes a good reason for such a patient's depression, for too frequently she is the victim of profound organic lesions which can, at best, be cured only by long, patient, and persistent endeavour.

We have spoken thus far of remedies which are applicable to those forms of insanity which are in a measure curable. We now approach the more discouraging portion of our essay, that of recording the vanity of our attempts in treating cases of epileptic and masturbatic insanity, of dementia and general paresis.

It has often been our good fortune to relieve the immediate and distressing symptoms of the epileptic with sensible doses of the *Actea racemosa*. Under its action the fits have been lessened in frequency, and sometimes removed altogether for several months. But we are impelled to state that neither this, nor in fact any remedy we have yet tried (and we have tried many), has so far removed the symptoms as to enable us to claim a positive, perfect, and permanent cure. The *Actea rac.* develops the best results among those patients who have remarkable heat in the back of the head, and extending down the back, during the convulsions, and who complain of great soreness in the muscles of the neck and shoulders after the convulsions have subsided. Time and experience may yet solve the problem how to cure the epileptic insane; but thus far it remains a riddle deep as the unfathomed mysteries of nature. For masturbation we have given *Agnus castus*, *Damiana*, *Picric acid*, *Phos.*, *Phos. acid*, *Nux vomica*, but in scarcely an instance could the relief obtained be considered fully curative. The *Biniiodide of mercury* is a remedy said to be efficacious in such cases, and we are now using it in some apparently suitable cases.

There is this to be considered in our treatment of masturbatic insanity, that cases of this sort which reach an asylum are usually so far gone in their terrible ways as to be non-amenable

to any treatment. If others, with more recent cases to deal with, have had happier experiences we shall be glad to learn of them their methods and the remedies used.

Our dementia cases have been treated with *Calcareo carb.*, *Phosphorus*, *Anacardium*, and a few other drugs. An improvement in their general condition has often followed the use of the above remedies; and we look upon such cases as affording a somewhat hopeful field for future experiment and research. Still we are unable to record complete recovery from dementia through medication, except in a very few instances.

In general paresis we have observed relief from immediate and threatening symptoms through the administration of alcohol. *Veratrum viride*, *Bell.*, *Nux vom.*, and *Phos.*, have also, temporarily, held the disease in check, but in this grave and singular disease we have wrought no cures, earnest though our endeavours have been.

In thus recording our failures we have this for consolation that the forms of disease in which homœopathic drugs have thus far proved unsuccessful, are those already declared incurable by physicians of long and vast experience. We shall never rest, however, nor pause in our labours, until the fountain that holds healing waters for these unfortunates is discovered. Those who live in the darkness of incurability to-day, may bask in the brilliant sunlight of health a single decade hence. A brief defeat does not discourage us; but we engage in the work of exploring and excavating, and in the application of new discoveries, dug out from the yet but partially explored mine of medicine, with undaunted hearts, and with unwavering expectations. The fruits of medical enterprise, like the fruits of the orange tree, do not all ripen at once. The flavour of those already matured is both pleasing and grateful. We believe that more will ripen on the very branches whence blasted ones have fallen. In conclusion, we feel impelled to state that the more earnestly we study its tenets, and the more fully we are brought to understand the delicate intricacies of the homœopathic law of cure, and the more fully we apply the precepts of that law in our treatment of the sick, the more firmly are we convinced of its comprehensive and far-reaching efficacy.

In the same number Dr. Morgan, of Ithaca, relates a case of cardiac dropsy, with mitral regurgitation, in which

Cactus 20 (after ϕ and 8x had been given without effect) caused complete disappearance of the effusion, as well as great relief of the heart symptoms.

September.—Dr. Talcott here gives us another excerpt from his Middletown experience.

Natrum muriaticum in Melancholia—a Case.

Mrs. P— was admitted to the asylum April 3rd, 1879. She had been gradually failing in health and spirits for nearly a year. When received she had the appearance of an old woman, although but about thirty-five. Her features were pale, thin, drawn, sallow, and haggard. The patient was very restless, anæmic, and feeble, having had a poor appetite and slept but little for several weeks. She complained of headache, mostly in the occiput; was incoherent in speech, constantly repeating short expressions, such as: "tell me the story;" "give me the papers;" "they know;" and other disconnected remarks. Her breathing was laboured, inspiration lengthened, expiration very brief. She was much given to frequent and profuse ebullitions of tears. Was quite thirsty and chilly at intervals. Patient had taken *Ohloral hydrate* for sleeplessness, with indifferent results. *Natrum muriaticum* was at once prescribed and steadily continued. The first night, under this and no other remedy, she slept one and a half hours; the second night she slept four hours, and within five days she slept sufficiently, and continued to do so until discharged.

The improvement in this case was steady and continuous. The symptoms and conditions successfully combated with *Natrum mur.* were:—a general and persistent anæmia; a previously long-continued headache; an appearance of premature old age; and profuse, uncontrollable weeping. It may also be proper to remark that the patient had a history of intermittent fever quenched with quinine.

In less than two months the patient had rallied from profound physical prostration, and equally profound mental depression; and in less than three months from date of admission she was discharged, a fat, rosy, healthy and happy young woman. Who can say that the fountain of eternal youth is not a *salt spring*?

October.—The valuable communication regarding *Berberis aquifolium*, made by Dr. Winterburn to this number, we have already extracted in our April issue.

December.—A case of repeated passage of gall-stones, going on for six years, is here given by Dr. Buckingham Smith. Dr. Thayer's treatment with *China* (3rd dil.) was adopted, with immediate relief and gradual postponement of the attacks, so that after six months they ceased, and had not returned for two years when the report was made. Dr. Freeman criticises, in this number, Dr. Allen's translations of Hahnemann's German in his *Encyclopaedia*, and shows that some rather grave inaccuracies have crept in. We are informed by Dr. Allen that the haste with which his work was prepared, amid the pressure of other duties, undoubtedly led to a failure at times of the careful supervision he would have wished to give it, but that he is going over all his translations with a German professor, and will publish a complete list of emendations.

United States Medical Investigator. Nov., 1878—Dec., 1879.—The *Investigator* continues its fortnightly appearance, and is as practical as ever, though its orthography continues to make us sigh. We must run rapidly through the twenty-eight numbers which lie before us.

Nov. 1.—Dr. Vose, of Portland, reports a case of empyema, in which—after paracentesis—*Calcareo sulphurica* (13x) was given instead of the usual *Hepar sulphuris*, as recommended by Schüssler. Complete recovery ensued, with restoration of the normal shape of the chest. Dr. Fahnestock relates two cases of convulsions and coma in pregnancy, with anasarca and scanty urine loaded with albumen, in which the subcutaneous injection of a strong extract of *Apocynum cannabinum* caused free diuresis, with disappearance, first of the nervous symptoms and then of the dropsy.

Nov. 15.—Dr. Mitchell, of Chicago, communicates a case of acute Bright's disease, following pneumonia, in which, after *Belladonna*, *Apis* and *Arsenicum* had done but little, *Asclepias syriaca* proved rapidly and completely curative.

Dec. 15.—Dr. Woodward, of the same city, gives here an interesting study of *Borax*, in which—among other things—he mentions a case in which the 1x trituration, given freely for catarrhal fever, seemed to cause "an

engorgement of the uterus, with bearing-down pains and prolapsus; this condition was attended by increased heat in the vagina, and was finally relieved spontaneously by a profuse discharge of albuminous leucorrhœa that appeared clear and glutinous." His colleague at the Chicago Homœopathic College, Dr. Foster, lays down from experience the following rules as to the pulse in childbed:

"A pulse rising much above 100 right after delivery warns us of impending hæmorrhage; place now the hand upon the uterus, and it is already distended big with coagula. It has other meanings also, but it never means that all is well.

"A pulse of 60 or less at the same period means shock or injury, and it will be followed sooner or later by a proportionately high pulse, and a slow recovery.

"A pulse of 96, scarcely varying from day to day, means that the pelvic organs are wounded, and must struggle hard to accomplish their metamorphosis.

"A pulse of 75 when your patient lies down, which rises to 85 or more when she rises up, and flitters between 80 and 100 four times a minute while she is up, means that said patient will get better every day if we keep her down, and worse every day if we let her up.

"But a pulse of from 75 to 78, which is the same whether the patient lies down, or walks about, or sits up, is a pulse that I never yet detected in any but a thoroughly recovered patient."

Jan. 1.—A case of traumatic tetanus is reported, signed "A. R. Hicks," in which five drops of *Nux vomica* ϕ were given every fifteen minutes till a drachm had been taken, when the spasmodic condition relaxed, and the patient fell into a quiet sleep; after which he made a rapid recovery.

Jan. 15.—We have often mentioned the excellent clinical lectures given by Dr. Hawkes. Here is a good case from one of them:

CASE 2891.—This patient came first to this clinic a little over a year ago, Nov. 8th, 1876. He was forty years of age. He had had rheumatism for about six years. The cause of the rheu-

matism was his getting very wet in a snow-storm, the immediate result of which was pain and stiffness of the neck, which condition passed down into the right shoulder and arm. He was confined to bed three weeks. The arm had been powerless up to the time of his first appearance here. At that time the arm from the shoulder to elbow was atrophied and shrivelled to such an extent that it was not one fourth as large as the other arm. It could not be raised except by the help of the other hand, and was continually becoming smaller and weaker. His whole body was more or less affected by the disease; but the severest effects were felt in this arm. The pain was excruciating at night; especially before a storm, which he could foretell twenty-four or thirty-six hours. He was always most miserable in damp cloudy weather, especially before a storm; the severity of the pains being in a measure ameliorated after the storm had fairly set in.

He was usually worse at night, especially between 12 and 2 o'clock, when he would be compelled to get up and walk around his room for relief, which moderate motion in a measure brought. From suffering, loss of sleep, &c., he had been reduced almost to a skeleton, his weight being only about one hundred pounds, although of large frame and tall. He had, as is the case with the majority of patients presenting here, been everywhere and tried everything within his power, with the painfully monotonous results of a steady loss of strength on his part, and a no less steady increase of the disease.

The case, I assure you, looked very unpromising. Was it possible to restore form, strength, and ease to that shrivelled, powerless, and aching member? The report from week to week, and from month to month, gives the answer.

The remedy prescribed was *Rhus tox.* 200. The characteristic symptoms indicating the remedy were: first, the cause—getting wet in a storm—the cause of a given case of disease may often be an indication for the remedy. Second, the pains were always worse before a rain storm, from rest, and after midnight, better after the storm had broken, in dry weather, and from gentle motion.

I had forgotten to mention that the patient was not strictly temperate, and was in the habit of taking *Morphine* to allay the pain. These facts added greatly to the gravity of the case.

November 17th, one week later, he reported general improvement. This report was repeated from week to week for a few months, and later he would report every month, but gradually improving all the while. For instance, December 20th he reports, "Much better, arm getting stronger, sleep pretty well first three or four hours of the night."

January 10th. Gaining slowly; can cut kindling-wood with right arm now; right arm is warm, and feels quite natural (it had been cold and clammy at first); very little pain.

24th. Wheeled in a ton of coal to day. Getting on nicely.

Feb. 28th. Improving steadily.

April 4th. Still improving, walked ten miles; Friday and so on up to the present time (Dec. 15th). You all hear what he now has to say for himself. His right arm is large and strong and *well*. He tells us that he now weighs one hundred and fifty-five pounds—a gain of fifty-five pounds in little over a year. Those of you who saw him then will hardly recognise him now.

He has had no remedy but *Rhus tox.* in potencies varying from 3rd to the 2000 during the whole time, excepting one week of *Nitric acid*. Oftentimes, as the record shows, he received only placebo for months at a time, with a steady improvement through all.

This case will illustrate two points of value; viz.: the power of homœopathic medicine in chronic cases commonly regarded as hopeless; and the advantages of adhering to the indicated remedy, instead of flying from one to another at every new symptom which may arise during the progress of the case under treatment.

In one year this patient has been changed from a useless, suffering wreck to a comparatively comfortable, useful member of society, able to support himself and family. You have seen it done, and how it was done; and it should encourage you to hold out hope to the no matter how badly afflicted.

Feb. 1.—The following communication, from the same Dr. Foster as we have quoted above, is worth extracting from this number.

Nitric acid for Chronic Enlargement of the liver.

In reply to V. Hayes' inquiry on this subject in The *United States Medical Investigator* of Jan. 15th, I would like to suggest the trial of *Nitric acid* low. I use the second decimal dilution,

and order about six drops of the same to be taken in an ounce of water immediately after each meal—the medicine to be continued for a month if necessary; that is to say, unless the symptoms disappear in less time. To illustrate I herewith report a case.

Willie L—, aged twelve, was brought to my office by his mother two months ago. The lady informed me that the boy had had ague when living in New York State three years ago, and that since then his abdomen had been very large, and was becoming more so from month to month, until now she was ashamed to see him on the street. The boy was weak, his muscles flabby, his appetite abnormally voracious, and his colour sickly. I prescribed *Nitric acid* as above, and asked to see him again in about a month. At the end of that period he was wonderfully improved. His mother affirmed that his abdomen was already reduced almost to its proper size, and a glance was sufficient to confirm her statement. At the same time the morbid appetite and the entire train of associated morbid symptoms had disappeared proportionally. Ordered a continuance of the medicine twice daily for a fortnight, at the end of which period I expect to find him cured. I may add that the boy had been under Old School treatment when in the east, and that his physician there, a gentleman of undoubted skill, had diagnosticated his case as one of enlarged liver—the result of malarial fever.

This case may serve to illustrate the specific relation of *Nitric acid* to the liver in other forms of hepatic disturbance. Thus, strong smelling urine, for which we prescribe this drug, orange-coloured urine, and urine containing a small amount of bile, are products probably of hepatic disorder, and are concomitants of a generally morbid condition, which *Nitric acid* will most frequently relieve. Hence, its importance in mild but continuous “biliousness,” in “dumb ague,” or latent malarial poisoning.

It will also promptly modify the offensive coffee-ground discharge that sometimes takes place from the uterus several days after labour, and which is often found taking the place of the normal flow at the climacteric. Of course, the mere fact that *Nitric acid* will thus modify certain excretions is of little moment, were it not that it does so by more profound modifications wrought in the organism. These excreta are but prominent signs of a morbid state of the blood, and thus of the blood-making organs, and this morbid state *Nitric acid* cures.

In gleet and tertiary syphilis it is not to be lightly esteemed. Syphilitic ulcers and syphilitic disease of the bones, indicated by "bone-pain," often yield readily to *Nitric acid*. So likewise do ozæna and suppurative otitis. In the pathogenesis of *Nitric acid* all of these points will be found succinctly and clearly set forth—except that relating to enlarged liver, which I do not find. But this as well as the others named I have seen abundantly verified in a few years' practice. In tertiary syphilis I have obtained the best results from the higher attenuations.

Feb. 15.—Dr. J. D. Johnston relates three cases of cure of constipation with *Silica* 30, given upon Dr. Guernsey's indication of the stool, after having been partially expelled with much effort and straining, receding into the rectum. Dr. Bernreuter mentions two cases of night terrors, referred to stoppage and dryness of the nose, removed by *Gelseminum*. "J. W. M." relates two cases of dysuria, of some standing, rapidly cured by *Apis* 3 and 6.

March 15.—Dr. Stout communicates some favourable experiences with *Melilotus officinalis* in prosopalgia and gastralgia. Dr. R. F. C. Browne finds *Kali permanganium*, hypodermically injected and sprayed into the throat in a 1x solution, almost specific in diphtheria. The value of *Equisetum hyemale* in enuresis is growing so manifest that we think it well to extract this latest report illustrating it.

(To be continued in our next.)

CLINICAL RECORD.

Albuminuria. By T. ENGALL, M.R.C.S.

IN the year 1864 Theodore F—, aged 3 years, came under my care for porrigo of the scalp, pustules in the nose, gummy eyelids, and excoriations behind the ears. Under the action of *Bioiodide of mercury*, of *Hepar sulph.*, and of *Sulphur*, he got well.

In March, 1866, he was brought to me suffering from a swelling of the face. As he now dwelt some considerable distance from me, and there was a homœopathic physician residing within a few miles of his home, I advised his parents to avail themselves of his services. This they did, and I heard no more of the case until August, when, the medical attendant having declined the further treatment of it, the parents applied again to me to undertake it, which, at considerable inconvenience, I undertook to do. On August 6th, 1866, I paid him my first visit.

The account I received from his friends was that Theodore, now five years of age, had been under treatment four months. At the commencement of his illness he had vomited green-yellow frothy fluid, and this had persisted for six weeks; he now vomits on and off it he takes any liquid food. He has had great pain in various parts of his body; has it about the navel now. Sometimes the bowels act three or four times a day, with green slimy motions, other days they are quite right. Sometimes passes undigested food. If he takes milk diarrhœa ensues. Urine is sometimes profuse, at others scanty; until three years old was profuse, and he used to wet about. Sleep restless at night at times, at others sleeps better; can lie to do so.

Has a red eruption on the skin, which is dry, and which itches very much after taking a bath. Has general anasarca. The

body measures 35 inches round ; the thighs and legs are proportionally swollen.

Albumen was shown to exist in the urine, both by boiling, and by nitric acid. *Arsenicum* 3rd.

August 8th, reported to me ; more urine has been passed, which is clearer. Motions healthy ; the legs enormously swollen. *Arsen.*

10th. (Visit.) Urine acid ; no deposit with nitric acid and very little by heat. Microscope showed mucous corpuscles and a small quantity of urate of soda. *Arsenic* 3rd.

17th. Vomits at times a yellow fluid, yet eats directly after. Slimy mucus, with which he passed a worm-like piece of mucus. Urine more profuse. *Arsen* 3rd.

August (Visit). The abdomen is less ; is now twenty-five inches. The left leg is also less. Sleeps better. Ate eggs for breakfast and roast mutton for dinner to-day. Pain at the navel. Itching of the skin. Gets a cough when the wind is easterly. Perspires in the upper part of the body at night. Urine is clear ; it soon became ammoniacal and fetid, and showed crystals of triple phosphates. *Merc. viv.* and *Arsenicum*.

25th. (Report.) Morning urine acid ; highly albuminous by boiling and by nitric acid ; it soon became alkaline and showed crystals of triple phosphates. Urine scanty, a few drops of blood had passed with it. Size of belly the same, twenty-five inches, but the leg, which was smaller, is now much swollen again. Picks his nose.

31st. (Visit.) Pulse 84. Legs and body much less. Does not perspire. Tongue clean. Rode out in his perambulator for two hours. *Arsenic* 1st trit.

September 7th. (Visit.) Both legs are less and body much less. Is very restless, and gets faint in his sleep and grinds his teeth. Urine profuse. *Arsen.* 1st trituration.

14th. (Visit.) Mucus in the urine. Albumen less. Body and legs less. *Arsen.*

31st. Body and feet smaller ; right leg swells more than the left. Scrotum gets sore. Several times a day he has symptoms of coryza, which cannot be accounted for. (Is this the effect of the *Arsenic*? Probably not, as the symptom is not mentioned again, although the medicine was continued.) Feels sinking in the morning. No diarrhoea. Had formerly on his legs an erysipelatous redness ; now a covering of thick dandriff. *Arsen.*

28th. (Report.) Lips and eyelids are swollen in the night. Body and feet are less swollen. *Arsen.*

October 6th. (Visit.) The skin is not so rough. He, in his sleep, constantly moves his legs up and down and starts. He has been walking about to-day. The urine is very thick. Eyes, face, and upper lip are swollen. Pulse small, 96. Perspires in the head and face. Is very thirsty. Bowels not acted for two days. *Arsen.* 3.

12th. (Visit.) He has swollen more the past week, especially at night; can walk a little. Urine sp. gr. 10·18; it was passed after tea, and is probably mixed with much water; is flocculent when treated with nitric acid and heat. *Arsen.* 1st., 3 grains daily.

15th. (Report.) Diarrhœa of undigested food, preceded by green motions. *Phosp. acid.*

19th. Diarrhœa with evacuations of undigested food. Has vomited a little greenish fluid. *Merc. sulph.*

26th. (Visit.) Every day since last report he has passed greenish undigested motions; vomited last night a greenish fluid.

27th. The urine I brought away last night had not much deposit; that passed yesterday morning had none (Was this owing to the greenish vomit and greenish diarrhœa?) Albumen much less. *Merc. sulph.*

November 3rd. (Visit.)—Urate of ammonia in the urine, as shown by inspection. Face is swollen at times; now the peculiar feeling of hardness in the legs is less. Bowels are relaxed; has not been sick. When he was out he got out of his perambulator and ran away from his nurse. *Mer. sulph.*

5th. A good quantity of albumen, earthy phosphates, and urate of ammonia, in the urine. Go back to *Arsen.* 1st trit.

15th. Bowels are regular. Passes great quantity of clear urine; it is clear after standing all night. Much less of urates and of albumen. Acid reaction. *Arsen.* 1st, in solution.

27th. Temper very violent. Sleeps well. Bowels not relaxed, but copiously relieved. Runs about all day. The eyelids and upper lip swell very much. Nose is red, and when cold is blue. The skin round the neck has a bluish and coppery colour. The veins of the left groin are very large, and look very blue. Feet are puffy at times, but are less so since they have been rubbed.

Bowels twenty-five inches round. In the urine voided in the evening a great quantity of urates and of albumen; probably these are derived from the food. *Mer. viv.* 1 grain daily.

December 5th. (Visit.) He cannot sleep the early part of the night. Temper is very violent. Less albumen; that in the morning urine greatest. *Bell.* 2x, 3 drops daily.

10th. Urine no worse. The scrotum itches a great deal. The swelling is entirely gone. No urates. *Arsen.* 1st trit.

20th. Better; no urates, and less albumen, in both morning and evening urine. *Arsen.* 1st. trit.

28th. The other children have had the mumps, and he has them now. *Mer. viv.*

1867, January 7th. With the mumps he had a profuse perspiration, which reduced the swelling considerably. The eyelids are very puffy and white in the morning; the skin of the legs at the ankle bag a good deal; he can walk a mile. Urine is better in colour, and has less deposit. *Arsen* 2x.

21st. He is, on the whole, better, but the legs and hands swell if the urine is not profuse; on one occasion the abdominal swelling was followed by two quarts of urine being passed, and now, if the urine is not plentiful, the swelling comes. *Arsen.* 2, 1 grain daily.

February 12th. Urine albuminous, with great deposit of urates. *Mer. viv* 1st trit.

25th. (Visit.) When the feet perspire the swelling of the lower extremities is less, or does not take place. The neck and the eyelids swell at times. The superficial inguinal veins are much enlarged; that side of the abdomen is larger than the opposite. The swelling is too diffused to be caused by the colon. By boiling no deposit in either morning or evening urine. *Mer. viv.* 1st trit., every morning.

March 9th. Morning urine loaded with urates; that of the evening, free; no albumen by Nitric acid. *Mer. viv.* 1, $\frac{1}{2}$ grain daily.

20th. The swelling has returned; some nights not any, and then it reappears. Bowels were confined, but now are better; no sweats, but cold clammy feeling on the body. The feet are now dry; formerly perspired a good deal. Has had a bath once a week. Urine varies; on and off clear and thick; urates in it;

. no albumen when treated with Nitric acid and heat. The liver is probably the cause. *Mer. viv.*

April 5th. No dropsy since last visit. Skin becomes yellowish at times. Deposit less in quantity, consisting of mucus with crystals of uric acid; no albumen or urates.

May 2nd. Superficial inguinal veins look enlarged and blue. Is very sleepy in the morning. Bowels act once in two days. Motions very dark. Restless and fretful some days. Upper lip swells always in the morning. Urine clear; no albumen; no deposit. Breath smelt badly. *Mer. viv.*, 1 grain three times a week.

21st. Has had some premonitory symptoms of the former attack. The eyes were swollen. No sickness, nor nausea. The blue inguinal and abdominal veins, which had nearly disappeared, have again appeared. Perspires little except in the head. Urine is thick and less in quantity. Complexion becomes white and unhealthy-looking at times. *Mer. viv.*, 1 grain daily.

June. The swelling of the body is less. Complains of pain at the extremity of the penis on lying down and on moving about; not worse after passing urine. No albumen. *Arsen.* 1, 3 grains daily.

July 10th. (Report.) Last year, in an east wind, the face, lips, and eyelids swelled, and they did so yesterday; have decreased to day. No swelling in the legs now. Pain at the glans or prepuce. Whilst under the care of the physician, when better he would get worse if the wind changed to the east. No albumen, but earthy phosphates. *Arsen.*

August 9th. Very little swelling. The eyelids are a little swollen. The inguinal and hypogastric veins are not so large; they increase at night. No albumen. *Arsen.*, 1 drop of 3rd daily.

All subsequent accounts reported the boy as quite well, in which state he has continued until the present time (1880).

Observations.—What was the case here narrated? That it was one of albuminuria there can be no question, as far as tests will establish that point; but was it a case of desquamative nephritis? At an early stage of the disease I thought that once I saw some uriniferous casts, but the result of the treatment leads me to the belief that they were probably only urates which assumed that shape. It is probable, therefore, that it was a case of severe

inflammation of the kidney, although the extensive dropsy accompanying it (according to some pathological views) would indicate that it was a clear case of Bright's disease. Whether it were so or not, happy shall I be if the treatment adopted will aid any one in the management of this terrible malady.

The increase of symptoms when the wind was in the east seems also to indicate that it was a case of renal congestion, from the effect which this wind produces upon the skin, which view gets further confirmation from the dry condition of the skin of the invalid and the presence of urates in the urine, both of which improved before the albumen disappeared.

Had the eruption on the scalp any influence in producing the disease? This began two years, and was well for fifteen months, before the general dropsy appeared, yet in this interval the boy had attacks of sickness, with occasional swelling of the face, which precludes the idea that it was a case of suppressed scarlatina.

As regards the dose, little *permanent* benefit was produced with the medicine attenuated to the third degree, but permanent benefit resulted from the use of the same medicine in a more material form, and the cure appeared to be due more to the lowness of the dilution employed than to the quantity administered.

MISCELLANEOUS.

Alcock's Porous Plasters. By C. B. KER, M.D.

It is as well to know that these plasters are capable of doing a great deal of harm as well as good. That they may act like irritant poisons on the system the following case proves.

A patient of mine, between fifty and sixty years of age, about six weeks ago put a porous plaster on his right arm, just below the elbow, having been recommended to do so for rheumatism which had harassed him for three or four months. He kept it on only twenty-four hours, being forced, at the end of that time, to tear it off, in consequence of the itching and burning it occasioned. The surface which had been covered by the plaster already showed a bright red surface and a crop of vesicles so crowded together that a pin's head could scarcely have found a place between them. There was a good deal of swelling also. In less than twelve hours afterwards discharge from the vesicles began, and continued for three days. This discharge, which was of a serous, gummy character, was very profuse, and saturated the dressings placed upon the arm, and the shirt and coat as well. The swelling extended to the whole arm, from shoulder to fingers, till it became nearly twice its normal size. The axillary glands became enlarged and painful, and the use of the hand also was fettered and painful. This swelling and glandular induration and tenderness lasted about a fortnight.

But the poison of the plaster did not expend itself locally only. At all the orifices of the body symptoms showed themselves which were sufficiently distressing. Both eyelids became baggy and cedematous. Considerable swelling of the upper lip showed itself. The ears also got red and swollen. The anus swelled as if infiltrated largely with serum, and itched unbearably. The prepuce also swelled so as to threaten phimosis and, when the

glans was exposed, paraphimosis. The scrotum became hard and corrugated and shrunk in size to half its natural dimensions, and thrust both testicles up into the abdomen. The itching on the scrotum was described as being simply intolerable. For about three weeks sleep could be had only in short snatches, and my patient was reduced to a most lamentable state of exhaustion and depression. He told me that he never before had experienced so great a prostration of physical and mental energies. There was one singular exception to injury done to the whole system by the plaster. The appetite never failed, nor did the digestive power. Indeed, the latter, which is generally bad, rather improved than otherwise. The urine, however, was scanty and high-coloured for three weeks. The bowels continued in their usual condition of costiveness.

The present is the state of things six weeks after the application of the plaster. There is an urticarious-like eruption on the wrists and backs of the hands, the itching of which, at different periods of the day, nearly drives him crazy. He tells me that he never before understood the expression "voluptuous itching." Now he perfectly realises it. If he begins to scratch, a feeling of not only relief but of bliss almost overcomes him and makes him dread the taking his fingers off the skin. He feels like the drunkard in the presence of a glass of brandy. He knows he will do himself harm, but harm he prefers to do himself rather than refrain from that which gives him such exquisite gratification. I say harm advisedly, for he allows that the intervals of ease from the itching are longer when he does not scratch. The skin is harsh and dry over the whole body, his sleep is still bad, his energies are still at a low ebb, and he still feels poisoned.

That Alcock's plasters are useful agents in many cases there can be no doubt. But such an experience of its action as I have given, and I have no reason to believe that it is a solitary one, should make us think twice before recommending them. They should be placed in the same category as *Arnica*, an agent which is now universally recognised as a most valuable and yet dangerous one. In the case of both it will be as well to make some inquiry as to the constitution of the patient before prescribing them.

Temperature of the Breath. By Dr. DUDGEON.

IN the *Louisville Medical Herald* for May last there is a letter from Dr. E. S. Clark, describing how he accidentally found that on breathing on a clinical thermometer through his coat-sleeve for about five minutes, the thermometer registered a temperature of 108° . On other occasions he could not make the mercury rise higher than 103° , 105° , or 106° . A friend, by wrapping the bulb in woollen cloth and breathing on it for the same length of time, brought the mercury up to $109\frac{1}{4}^{\circ}$. Dr. Clark is quite unable to account for the high temperature thus produced, and does not even suggest any explanation of it.

I have made a number of experiments on myself and others suggested by Dr. Clark's letter. I find that by rolling up a thermometer, not very tightly, in several folds, from ten to twenty, of a silk handkerchief, and breathing out through the silk, just over the bulb—inspiration being performed by the nose—the thermometer, after about five minutes, will always exhibit a considerable rise of temperature. Sometimes it will not rise higher than 100° , more often to 102° or 103° , but occasionally much higher temperatures are obtained, 104° , 105° , 106° , 107° ; and even 108° having been occasionally indicated. I have never sent the mercury up above 108° , but this temperature has been observed on several occasions. I cannot state what are the precise conditions under which higher or lower temperatures are produced, but I can mention a few circumstances apparently influencing their development.

It makes but little difference what the material is in which the thermometer is wrapped. Similar rises of temperature may be obtained whether the enveloping substance be a silk, cotton, linen, or woollen fabric. A higher temperature is developed if the enveloping fabric is closely, than if it is loosely, wrapped round the thermometer. The highest temperature, 108° , occurred on the 26th May, when the weather was warm, after pretty hard exercise, and when sitting quietly after dinner. Under apparently precisely similar conditions, the temperature at other times did not rise higher than 104° or 105° . In the cooling room of a Turkish bath after having been subjected to a temperature of 170° my breath raised the temperature to 104° .

I met two friends in the bath, one raised the thermometer to 103° , the other not beyond 102° . The lowest temperatures obtained by breathing seem to occur when the weather is cold, causing the body to feel chilly. I should observe that the temperature taken under the arm was always normal in these experiments, *i. e.* it ranged between 98° and 99° .

The cause of the high temperatures obtained in this way is not quite clear. Either the temperature produced is the actual temperature of the breath, which varies in the way above described at different times and under different, as yet unascertained, conditions, or the heat indicated in the thermometer is produced by the passage of the breath through the fabric, the heat being caused either by the friction of the air on the fibres of the material or by the condensation of the moisture of the breath, it being a well-known physical fact that a vapour passing into the liquid form evolves heat.

To the assumption of the latter as the source of the heat observed there is this objection: that supposing the breath which keeps the moisture suspended as vapour, on issuing from the lungs has the temperature of the interior of the body, *viz.* 98.5° (in the physiological works it is stated to be 95° or 97°) it can only be for a very short time that the silk fabric will condense this moisture; only as long, namely, as its temperature is below that of the breath, but in a very few seconds the temperature of the enveloping medium becomes higher than the supposed temperature of the breath, so in place of condensing the moisture of the latter it would tend to dissipate it still more.

Whether the friction of the breath upon the fibres of the material through which it passes be the cause of the rise of temperature is difficult to ascertain. I am not aware of any experiments to show that air passing through such a material raises the temperature of the latter. In my experiments I find that it does not make much if any difference whether the exposed air be propelled strongly through the material or whether the breathing be performed gently and without effort. If the friction theory be correct the harder we blow the higher the temperature should be, that is to say, within certain limits, for if the air was much compressed its expansion would tend to lower the temperature. I tried to settle this point by isolating the bulb of the thermometer from any enveloping material and ex-

posing it only to the breath. To do this I placed the thermometer in a glass tube open at both ends, packing it round with cotton wool in such a way that the bulb stood out free in a space about half an inch in height at the top of the tube. I wrapped round the tube a silk handkerchief, and applying my lips to the top of the tube where the thermometer bulb was, breathed in it for five minutes. The temperature did not rise above 95°. On breathing into the end of the tube where the bulb was through a good many folds of silk, not in contact with the bulb, the temperature rose in five minutes to 102°. But this proves little one way or another. In the first experiment, where the lips were applied immediately to the tube, a higher temperature, that might have been communicated to the bulb by the breath, would be lost by radiation to the cooler lips, and in the second experiment, the folds of silk on the mouth of the tube might merely have served to retain the heat in the tube, and consequently on the bulb, which was before lost by radiation to the lips.

Is it, then, possible that the high temperatures observed really do correctly show the heat of the breath at the time? Several circumstances seem to point to this as the real solution of the enigma. The great differences that are observed in the temperature at different times would seem to show that the temperature of the breath varies according to some unascertained conditions. This, I think, I have made out, viz. that, *ceteris paribus*, higher temperatures are obtained when the surrounding atmosphere is warm than when it is cold.

Now, if the breath has these high temperatures on leaving the lungs—which we presume are themselves of the average temperature of the interior of the body, *i.e.* not above 99° or 100°—whence comes all this heat, and what does it imply? We know that the process of respiration is attended by an interchange of oxygen (from the air) and carbonic acid (from the blood)—the volume of carbonic acid evolved being rather less than that of the oxygen absorbed. In addition a considerable quantity of moisture is exhaled from the blood. Now, the conversion of the oxygen gas into a liquid in the blood is attended by an evolution of heat, and the conversion of carbonic acid from the fluid to the gaseous state is attended by an evolution of cold—so to speak—so that these two will about neutralise one another, but the conversion of the fluid water in the blood to the gaseous state must be attended by a

still further loss of caloric, so that it is difficult to see how the process of respiration could be attended by an increase, it ought rather to be attended by a diminution of caloric; hence some physiologists have regarded respiration as a means of cooling the body. If then the breath issuing from the lungs have really the high temperature shown in the above experiments, how is this great elevation of temperature produced? In physiological works we find it stated that the expired air has a temperature of only 95° or 97°, but breathing on the thermometer in the manner described raises its temperature as high as 108° occasionally, so if this is not merely an effect of the friction of the expired air among the fibres of the material enveloping the thermometer, the production of such a great amount of heat remains a mystery.

My experiments seem to show that the temperature of the breath is greater when the loss of heat by the skin is less, as when the surrounding air is warm, and less when the surface of the body parts with more heat, in consequence of a diminished temperature of the air; in other words, the breath is hotter when the heat of the body cannot escape by other ways.

That the act of respiration does not heat the blood is shown by the experiments of various physiologists, which prove that the arterialised blood in the left ventricle is actually cooler than the venous blood in the right ventricle, though this is denied by other observers.

The above experiments would seem to show that by the act of respiration a quantity of caloric is got rid of, and further, that the quantity thrown off by respiration is greater the less the heat exhaled or radiated by the skin. That the facts are as I have stated, any one may easily convince himself by repeating the experiments. What their explanation is, is a problem, the solution of which will no doubt be easy to professional physiologists.

Prize for an Essay on Hygiene.

We are requested to announce that the Société Française d'Hygiène offers prizes for essays on the following subjects:

1. Hygiene of the second period of infancy to the age of education (*age scolaire*), that is to say, from two to six years,

including everything relating to hygiene properly so-called, comprising the normal development of the organs of the senses, but without touching on infantile pedagogy.

2. Hygiene and pedagogy of model *salles d'asile*. The hygienic part will refer exclusively to the special locality of the *salles d'asile*. The pedagogic part will have for its exclusive object the harmonious development of the body and the intelligence.

For each of these subjects are offered a gold medal (the gift of a member of the British Homœopathic Society), a silver medal, and three bronze medals.

The essays in French, English, Italian, or German, should be sent to the Society, Rue du Dragon, 80, Paris, before the 1st of January, 1881. The author's name to be contained in a sealed envelope with a motto corresponding to that on the essay. The essays not to exceed thirty pages of 12mo. The prize essays to be the property of the Society, which will publish them with the authors' names.

The Arnica Eruption.

DR. PIFFARD, of New York, believes that the erysipelatoid eruption often following the application of the *Tincture of arnica* is owing to the flowers from which the tincture was made containing the larvæ of the *Atherix maculatus*, an insect of acrid and irritating properties.* He says that a tincture prepared from the flowers free from the insect will not cause the erysipelatoid rash, nor yet a tincture prepared from the root. If this is correct, the moral would be to prepare our tincture as Hahnemann directs, from the whole plant before its flowering time, or alternatively from the root of the plant, or, as the *British Pharmacopœia* directs, from the root of the plant only, but not as the *Homœopathic Pharmacopœia* directs, from the entire fresh plant (period of growth not stated), or alternatively from the dried flowers only. But is it true that the *Tincture of arnica* uncontaminated by the insect alluded to is incapable of producing the arnica rash? In Hahnemann's proving, which was probably

* Mercier in 1811 called attention to this fact. It was mentioned by Dr. C. Hering at the World's Convention in 1876.

made with a tincture prepared according to his own directions, we find that one of the symptoms is, "After touching the skin with the tincture there arises an itching miliary rash." Some years ago the writer was called to see a lady for whom an allopathic practitioner had prescribed a lotion containing *Arnica tincture*, which was made up at an ordinary chemist's (and so presumably of the tincture made from the root). This lady had a severe outbreak of the characteristic arnica erysipelas, and she sent for the writer, because, as she said, she knew that *Arnica* was a homœopathic remedy, and so she thought he would best be able to cure it. While it remains a doubtful point whether the *Arnica tincture* owes its frequently observed acridity to an insect in the flowers, it would be well to act on Hahnemann's directions, and not prepare our tincture from the flowers, but from the green plant before flowering time, or from the root only.

Genoveva Water.

THIS is another candidate for popularity as a dinner water. Like Selters (commonly called Seltzer), Apollinaris, and Wilhelm's Quelle, it contains a very small amount of inorganic constituents, and a very large amount of free carbonic acid. The chief salt is magnesia, which communicates a hardly perceptible bitterness to the water, and doubtless imparts to it some medicinal virtues. It is a very pleasant dinner water, and mixes well with wine or spirits. We have no doubt it will become a general favourite when it comes to be known.

A New Sphygmograph. By Dr. DUDGEON.

THE application of the finger to the pulse is far from being able to reveal to us all the pulse has to teach us. With the finger we can tell little more than the number of beats per minute, the strength, and the regularity or irregularity of their beats. But the sphygmograph tells us a great deal more about the pulse. It shows us the various elements of which each pulse beat consists, and the relative proportion these different elements

bear to one another, and whether one or other of them is deficient or in excess. It shows us every irregularity in duration and in strength in a considerable number of beats, and it preserves for us the exact condition of the pulse at the time of taking it for comparison with its state at another time. In short, the value of the sphygmograph has been testified to by all who have used it. Why, then, is it not more generally employed?

The answer to this question is, I believe, because the sphygmographs, hitherto offered to the profession are so cumbrous and so difficult to use, besides being so expensive, that their use in ordinary general practice is impossible. The objections to its constant employment would be removed by the invention of an instrument which should have none of the disadvantages, while it offered all the excellences of the instruments hitherto known to the profession, the use of which has almost been confined to hospital practice.

The instrument I have the pleasure of introducing to my colleagues fulfils, as I think, all the requirements of a sphygmograph for daily and constant use. It is small, and therefore portable, light, simple in construction, not liable to get out of order, easily repaired, if broken, by the nearest watchmaker, easily applied to the wrist, it requires no wrist rest, and can be used with equal facility whether the patient is standing, sitting, or lying. With it the pulse may be taken almost as quickly as it can be felt with the finger. In sensitiveness it is certainly not inferior to any of those hitherto used, and the markings it produces on the smoked paper are as distinct as could be desired. There is a simple contrivance for regulating the pressure of the spring, so that it can be increased or diminished with the greatest facility, and the force of the arterial beat seen at a glance.

To the ingenuity and skill of Mr. John Ganter, of 19, Crawford Street, Montagu Square, I am indebted for carrying out all the details of this instrument, and I cannot speak too highly of his inventive powers and the thorough manner in which he interested himself in perfecting an instrument apparently so foreign to his own special art. But in reality it is his complete knowledge of all the details of watch-making that has enabled him to suggest and carry out modes of overcoming all the difficulties in the construction of a sphygmograph adapted to the

daily use of the busy practitioner. Mr. Ganter will be prepared to supply the profession with this instrument in a few days.

Smoked papers are required for taking the drawings of the pulse. A good stout glazed note paper, cut into appropriate lengths, which any stationer or bookbinder will do, is smoked by being held over burning camphor. The tracing made by the needle is permanently preserved by pouring over it some quickly-drying varnish. I have found the best to be that which photographers call "crystal varnish," which may be obtained at any shop where photographic requisites are sold.

International Homœopathic Convention, 1881.

The committee appointed at the Liverpool Congress in 1877, have drawn up the following circular for transmission to representative homœopaths in various parts of the world.

"DEAR COLLEAGUE,—At the close of the 'World's Homœopathic Convention' which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in some principal city of Europe or America; and a general wish was expressed that the seat of the next gathering might be in London.

"On this determination and desire being communicated to the Congress of British Homœopathic Practitioners meeting in Bristol, in September, 1876, it was unanimously resolved that such a Convention should be held in London in 1881, and that the Congress would undertake the arrangements necessary for the purpose. A Committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding; and its report, which is herein enclosed, was accepted at the Congress of 1877, and the Committee re-appointed, with instructions to obtain adhesions and contributions.

"The latter, viz. reports of progress and papers to be discussed at the meetings, we are soliciting from individual physicians practising homœopathically throughout the world. But we now request your good offices towards interesting the
in our proposed gathering, by bringing the subject before

, and also towards making it known to the Homœopaths of your in such way as you may think best.

"The exact time and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in Sep-

tember, 1880 ; and information thereof will be duly forwarded to you, and published in all British Homœopathic Journals.

" Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain very faithfully yours, B. E. DUDGEON (*Chairman*), W. BAYES, A. CLIFTON, A. C. POPE, R. HUGHES (*Secretary*).

" All Communications to be addressed to the Secretary, Dr. Hughes, Brighton, England."

Report of the Committee (referred to in letter) appointed to make arrangements for holding a " World's Homœopathic Convention " in London, in 1881, presented to and adopted by the British Homœopathic Congress Meeting in Liverpool, September, 1877.

Your Committee beg to report that they have had several meetings ; and after much consideration, and in conference with the lamented President of the last Convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present Congress :

" SCHEME FOR THE WORLD'S HOMŒOPATHIC CONVENTION, 1881.

" 1. That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined.

" 2. That this meeting take the place of the Annual British Homœopathic Congress, and that its officers be elected at the Congress of the preceding year ; the Convention itself being at liberty to elect honorary Vice-Presidents from those foreign guests and others whom it desires to honour.

" 3. That the expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain ; the approximate amount to be expected from each to be named as the time draws near.

" 4. That the expenses of printing the Transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

" 5. That the Convention shall be open to all medical men qualified to practise in their own country.

" 6. That all who attend shall present to the Secretary their names and addresses, and a statement of their qualifications ; and, if unknown to the officers of the Convention, shall be introduced by some one known to them, or shall bring letters credential

from some Homœopathic Society, or other recognised representative of the system.

“(a) That members of the Convention, as above characterised, shall be at liberty to introduce visitors to the meetings at their discretion.

“7. That the Committee be authorised to enter into communication with physicians at home and abroad to obtain—

“(a) A report from each country supplementary to those presented at the Convention of 1876, recounting everything of interest in connection with homœopathy which has occurred within its sphere since the last reports were drawn up.

“(b) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings, and publication in the Transactions; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

“8. That all essays must be sent in by January 1st, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

“9. That the approved essays shall be printed beforehand, and distributed to the members of the Convention, instead of being read at the meetings.

“10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

“11. That a member of the Convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

“12. That the order of the essays be determined by the importance and interest of their subject-matter, so that, should the time of the meeting expire before all are discussed, less loss will have been sustained.

“13. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

“14. That the authors of the essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

"15. That, as at the first Convention, the subjects of the essays and discussions shall be—

"(a.) The Institutes of Homœopathy.

"(b.) *Materia Medica*.

"(c.) Practical Medicine.

"(d.) Surgical Therapeutics, including diseases of the Eye and Ear.

"(e.) Gynecology."

At a subsequent meeting of the Committee, it was determined that the gathering shall be known as the "*International Homœopathic Convention*."

BOOKS RECEIVED.

Hay Fever, its Causes, Treatment, and Effective Prevention. By CHAS. HARRISON BLACKLEY, M.D. 2nd edit. London: Baillière, Tindall, and Cox. 1880.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Sessions 1874-78. Vol. ii. Philadelphia. 1880.

Licensed Feticide. By Dr. N. F. COOKE. Detroit. 1880.

Sea-sickness; its Symptoms, Nature, and Treatment. By G. M. BEARD, A.M., M.D. Trent, New York. 1880.

Il Dinamico, Giornale medico-omiopatico. Napoli.

The Homœopathic Expositor, January, 1880.

The Medical Counsellor.

The Homœopathic News.

St. Louis Clinical Record.

The American Homœopath.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

• *The United States Medical Investigator.*

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Médico.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

The Medical Herald.

The Medical Record.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HOMŒOPATHY IN RUSSIA.

THE publication in German of the Essay sent by Dr. Bojanus, of Moscow, to the World's Convention at Philadelphia—when it will be published by our American colleagues this deponent saith not—enables us to lay before our readers a short history of the introduction and propagation of homœopathy in Russia, which may prove of interest to those not afflicted with Russophobia.

Homœopathy was introduced into Russia by non-medical converts in the year 1823. Dr. Adam, who had made the acquaintance of Hahnemann, and whose name is familiar to us in connexion with the proving of *Carbo animalis*, about that time settled in St. Petersburg, where homœopathy was quite unknown. Adam was, however, more devoted to agricultural than to medical pursuits, and contributed little or nothing to the spread of the new doctrine. It appears, from a letter of Dr. Stegemann's, dated 2nd February, 1825, and published in the *Archiv*, that he was then practising homœopathy with zeal and success in Dorpat (Livonia). Stegemann, who seems to have been the pioneer of homœopathy in the Baltic provinces, was a Prussian, studied under Vogt, Hehn and Trechart in Jena, was summoned to St. Petersburg to attend to some Grand Duke, was created State Councillor, married and settled down in Dorpat, was sent for to Riga in 1823, where he cured a lady of epilepsy who had been subjected to all

kinds of treatment without effect, whereby he converted her husband, Mr. C. Kaule, who there and then set himself to study medicine, and became a successful practitioner of homœopathy, but was persecuted by the old-school authorities in 1831.

Stegemann, who had left Riga, returned to that town in 1833, then transferred himself to Dorpat, where he practised homœopathy for some time. Not long, however, for he died in Switzerland in 1835.

Professor Lahmen, of Dorpat, published, in 1825, a very temperate pamphlet on the position of homœopathy in relation to traditional medicine.

In 1827 an equally temperate article on homœopathy was published by Dr. Marcus, of Moscow, in a medical periodical published in the Russian language. Inconsistently enough, though Marcus wrote so moderately about homœopathy, even admitting that medicine was under considerable obligations to it, he afterwards took a decided part against the system.

In 1824 Dr. Bigel, of Strasburg, was appointed physician to the Grand Duke Constantine Paulovitch, and accompanying him to Dresden he there became acquainted with homœopathy and published a work on its dogmas the following year. In 1829 he was entrusted by the Grand Duke Constantine with the care of a hospital for the children of soldiers in Warsaw, and he treated them homœopathically. In 1836 he published a domestic homœopathic guide.

In the summer of 1825 Dr. Seidlitz, the superior physician of the St. Petersburg Marine Hospital, became acquainted with Dr. Adam, and was so struck by some cases he witnessed, that he took up the new system with much zeal. But finding that his syphilitic patients did not escape secondary symptoms when homœopathically treated, he gave up homœopathy.

The success of Dr. Schering in the homœopathic treatment of Egyptian ophthalmia, that broke out in the Cadet School of St. Petersburg in 1825, was so striking in comparison with the results obtained by allopathy, that the

Czar Nicholas resolved to introduce the homœopathic treatment into the army. But previous to doing so he resolved to have more extensive trials made with it.

Dr. Herrmann, of Dresden, came with the Countess Ostermann Polstog, in 1827, to St. Petersburg. Here he had very brilliant success in an epidemic of dysentery, and, at the request of the Grand Duke Michael, he went to Tultschin in order to treat in the hospital of the Imperial Guards patients suffering from fevers of various sorts, dysentery, and other acute disorders. For this he received a salary of 12,000 roubles. The salary apparently excited the envy and jealousy of the other military doctors, who received but 700 roubles for their services. So they contrived that a number of cases of incurable diseases should be sent into the homœopathic department, though this was contrary to the intention of the Grand Duke. During the three months of Dr. Herrmann's service, he treated 164 patients, of these 123 were cured, 18 convalescent at the end of the trial, 18 remained ill, and 6 died. Of these 6 deaths, 2 were from phthisis, 1 from typhus, 1 from diarrhœa, 1 from gangrene, and 1 from hypertrophy of spleen and liver. Under these untoward circumstances the trial of homœopathy was unfair, and the experiment was considered to have shown that homœopathy possessed no superiority over the old system.

When Herrmann returned to St. Petersburg, by command of the Emperor, he made another trial of homœopathy in the military hospital,—Dr. Giegler conducting at the same time experiments on expectant treatment in a similar number of beds. The experiment was carried on for a year, but long before the expiry of that time, Giegler was converted to homœopathy, and another doctor had to be appointed to carry on the expectant treatment. The official report of the result of this trial is given by Dr. Seidlitz, already mentioned as having coquetted with homœopathy, but now its bitterest opponent, in a work written by him, in which he employs the strongest language he can think of to show his abhorrence of the system that once nearly seduced him from his allegiance to orthodox physic.

This report shows that in five months 395 patients were treated, of whom 341 recovered, and 23 died, showing a mortality of 1 in 15. At the same time in the other departments of the general hospital, 8188 patients were treated, of whom 4203 recovered, and 435 died, showing a mortality of 1 in 10. The comparison is not quite just, as phthisical and dropsical patients were excluded from the homœopathic wards, among whom the mortality is very great. But, on the other hand, from these wards venereal diseases, eye affections, and many external maladies were also excluded, among whom the mortality is little or none. In short the medical authorities reported unfavourably of the homœopathic trial, which a judicious cooking or annotating of the figures made it easy for them to do, and nothing came of this trial, which was intended to be of a comparative character, but in which the conditions necessary for a fair comparison could not be maintained. The report sums up with a recommendation that the practice of homœopathy should be forbidden in all land-, sea-, and civil-hospitals.

What else could we expect when a body of avowed opponents to homœopathy was set to report on the comparative merits of the allopathic and homœopathic treatment? He must be a bungler who would not be able to make the worse appear the better cause, if that worse was his own. As Dr. Bojanus says, "The only judgment in our power upon this report is to express our wonder at the irony of fate that men who had no idea of what homœopathy is, and who refused to inquire into it, should sit in judgment on it with the predetermination to condemn it, and thus become the catchpoles of one who is, and ever will be, a benefactor of humanity."

Falsified by this condemnatory report, an attempt was made by the allopaths to pursue their victory and inflict a fresh blow on homœopathy. For this purpose a proposal was made in the Council of State to suppress the dispensing of medicines by practitioners; but this was counteracted by a decree of the Minister of Culture, Prince L. N. Galitzin, who appointed a committee of three homœopathic practi-

tioners to report on the proposal, which, of course, they advised should be rejected, and the issue was that the central homœopathic laboratory was founded in St. Petersburg.

This saved homœopathy from the destruction with which it was threatened, but the recommendation of the medical authorities not to allow the practice of homœopathy in any public hospital was carried out, and is still the law in Russia.

In 1831, Dr. Tscherwinzky treated in Schitomir four hundred cases of cholera, of whom only twelve died—at least, so he says.

Nothwithstanding the success of homœopathy, not only in cholera, but in other severe diseases, the medical authorities of the old school prevailed upon the Czar Nicholas to issue a ukase in which all medical boards were required in case of a death under homœopathic treatment to make a chemical analysis of the medicine given. In order that they might be able to do this, each practitioner of homœopathy was required to give his remedies in double, that the analysis might be performed. The stupidity of the whole thing seems not to have struck any one, and so this wonderful ukase became part of the civil code.

Dr. Bojanus gives us whole pages of the regulations and articles adopted into the civil code referring to the practice of homœopathy. It is a wonder the system was not regulated out of existence in Russia. With so many pains and penalties threatened to those who committed the slightest infraction of these laws, physicians and patients must have felt, when giving or taking homœopathic remedies, possibilities of Siberia, or at least the knout looming at them in the future. But doubtless the laws were but seldom acted on, and gradually fell into contempt. They reveal the benevolent intentions of the dominant sect towards the new candidates for patients' favours.

One effect, however, the machinations of the enemy had, that for thirty years it was impossible to have a homœopathic society, or to establish a homœopathic periodical, and the greatest difficulty was encountered in publishing any work on homœopathy in the Russian language. The will of an autocrat like Nicholas, who wished homœopathy to

be introduced into the army, and to establish a Chair of Homœopathy in the medical school, was powerless against the dogged opposition of the partizans of old physic.

When the cholera invaded Russia in 1830, there was already a considerable number of practitioners of homœopathy in the Empire; St. Petersburg, Moscow, Kaluga, Koursk, Tver, Nischni Novgorod, Orenburg, Kasan, Saratow, Tambow, Riga, Tiflis, Warsaw, and many other towns, had their homœopathic practitioners. Dr. Bojanus gives us the names of these practitioners, but, with the exception of Brutzer of Riga, and Bigel of Warsaw, we confess we never heard of any of them. A better known name in connection with homœopathy is that of a layman, Count Seemen Nikoljewitsch Korsakoff, to whose perverted ingenuity we owe the introduction into homœopathic practice of the *high-potencies*, which have taken such a surprising development of late, and which have done so much to render our system ridiculous in the eyes of adversaries. He was not the only Russian layman who took an active part in the spread of homœopathy. Admiral Count Mordwinoff showed his homœopathic zeal and knowledge by contributing in 1831 an article on homœopathy to the *Archiv*. It is in French, and bears on the subject of small doses.

Korsakoff we know stood very high in Hahnemann's esteem. The following letter from Hahnemann, found among his papers, seems to show that besides being the actual author of the high-potency mania, he gave Hahnemann the hint for administering remedies by olfaction, which at one time was in great favour with the master.

"I admire the zeal with which you devote yourself to the beneficent homœopathic art, not only in order to give your aid to your own family and to your neighbours, but also in order to penetrate into the secrets of nature, which your valuable notes show you are doing. I am pleased with the happy idea, contained in one of those given to my nephew, to fix on the suitable medicine by olfaction. I have seen a corroboration of this. With all my powers I seek to discover above all what will benefit my neighbour and do good to mankind. I consider this to be the best thing for

a mortal to do in this short life, and believe that you think so too. Continue the activity that is gratifying to the sensitive heart, and I beg you to think well of yours truly, S. Hahnemann."

The number of Korsakoff's contributions to homœopathic literature is considerable. The *Archiv* contains a good many.

Alexander Peterson was another unqualified person (he was an apothecary, which corresponds to our chemist and druggist, not to a L.S.A.), who did a good deal in the way of propagating homœopathy in Russia. He treated many patients and contributed several papers to Stapf's *Archiv*.

A good deal of desultory homœopathic treatment seems to have prevailed in Russia at the period of the invasion of cholera in 1830-1; some of it a little queer, such as that of Dr. Seuber, of Wischni Wolotschok, who says that he treated 209 cholera cases, 93 of these would not have homœopathic treatment, so he had to treat them allopathically, of these 69 died, whereas of the 116 whom he treated homœopathically, he only lost 23.

Admiral Mordwinoff collected all the statistics he was enabled to procure of the homœopathic treatment of cholera in Russia, and gives them in a table. The grand total is 1273 cases, 1162 recoveries, and 111 deaths, a mortality of under 8 per cent. Of course these statistics make no pretension to exactitude, and most likely included many slight cases that the practitioner imagined might have become severe had he not interfered promptly with his remedies.

About 1831, M. Wratzky, a nobleman, completed a translation of the *Organon* into Russian.

The results of the homœopathic treatment of cholera being widely published, gave a fresh impulse to the spread of the new system in Russia.

From 1841 to 1844, Dr. Goldenberg was accorded a division of the Catherine Hospital in Moscow, during which period he treated homœopathically 1274 patients, with an average mortality of 6 per cent.

In Babai (Charkow), General Schtscherbinin founded a homœopathic hospital, of which Dr. Gurtfocund was the

physician in 1842-3, during which time he treated 1048 patients with a mortality of less than 6 per cent. The further history of this hospital is not known.

Prince Leonidas Galitzin instituted a hospital for homœopathic treatment, which remained till 1860 under the care of Dr. Schweikert, and was then shut up owing to the death of its patron. No information has been published respecting the results of the treatment beyond a notice in the *Hygea* from Dr. Johannsen that both allopathic and homœopathic treatment was pursued in it, which was denied by Dr. Schweikert.

A homœopathic hospital for the labouring classes was founded in St. Petersburg in 1848, but nothing is known about it.

Dr. Dahl, an army surgeon, was converted to homœopathy by witnessing the good effects of homœopathic treatment in the cure of a relative. He became a zealous convert. When he retired from the army, being appointed chief of the Chancellery of the Home Minister, he persuaded the minister to devote a portion of the large hospital for working women to a comparative trial of the old and new systems. One hundred beds were accordingly put under the care of the homœopathic practitioner, Dr. Steuder, and an equal number under that of an allopathic practitioner, patients being sent to one or other division alternately without selection. The trial lasted eight years, from 1847 to 1855, and the following were the grand results obtained :

Homœopathic Division.

Patients admitted, 5900.

„ recovered, 5144.

„ died, 756.

Mortality = 12·81%.

Average period in hospital, 24½ days.

Cost of medicines for the 8 years, 960 roubles. The shorter duration of the treatment makes a saving of 18,225 meals, or 1298 roubles at the prices of the period.

Allopathic Division.

Patients admitted, 2782.

„ recovered, 2386.

„ died, 413.

Mortality = 14·80%.

Average period in hospital, 27½ days.

Cost of medicines for 8 years, 5600 roubles.

Though the number of beds was alike, it will be observed that more than twice the number of patients were treated in the homœopathic than in the allopathic wards. After Dahl's resignation of his office on the death of his chief, the homœopathic department was cold-shouldered out of existence, things being made so disagreeable for Dr. Steuder that he resigned, the beds that had given such good results were quietly relegated to the old treatment. It would seem that the most brilliant contrast offered to the view of all by the homœopathic treatment is powerless to move the tradition-trammelled mind to regard the new system with aught but loathing.

A sort of excrescence or degeneration of homœopathy created in Russia a certain amount of interest about this period. This was the so-called atomistic method of treatment invented by Dr. Mandt. Mandt was not exactly a quack, though his proceedings cannot be altogether approved of. He was physician to the Emperor Nicholas, and filled that post from 1836 until the death of the Czar in 1853. He was also a professor of clinical medicine, a diagnostician of reputation, and a man of considerable intellectual powers and scientific attainments. He contended that the mucous membranes were the chief source of all diseases, and he classified all medicines according to their action on these membranes, without, of course, indicating the source whence he derived his knowledge of their action—for he dared not, of course, mention the word homœopathy without imminent risk of losing his exalted position.

I. Drugs that act on the vegetative life. To these belong :

a. Those that act peculiarly on the mucous membranes : *Nux vom.*, *Carduus mariæ*, *Natr. nitr.*, *Bell.*

b. Those that have a destructive action on the processes of assimilation : *Ars.*, *Iod.*, *Sulph.*, *Calc. mur.*, *Carbo*, *Ferr.*

c. Those corresponding to the circulation : *Camph.*, *Mosch.*, *Acon.*, *China*, *Dig.*, *Arn.*

II. Drugs that act on the animal life.

a. Those corresponding to a state of exaltation of the nervous system : *Cupr.*, *Zinc.*, *Rhus.*

b. Those corresponding to a state of depression of the nervous system : *Hyos.*, *Opium*.

III. Specific remedies : on the mucous membrane of the duodenum, *Phos.*; on that of the colon, *Bry.*; on the ulcerative process of the bowels, *Arg. nit.*; on the degenerative process, *Merc. corr.* He gives a list of the several medicines with their indications, and describes his mode of prescribing. He generally gives two medicines in combination, and one of them is always *Nux vomica*, which seems to be his panacea. Thus, he gives *Nux vom.* in combination with *Acon.*, *Bell.*, *Bry.*, *Dig.*, *Cup.*, *Con.*, or some other drug. In some cases he advises the application of one or two leeches, and does not exclude ointments, especially zinc ointment.

Of course the source of Mandt's so-called atomistic method is easily recognised, and so enamoured was the Czar of it that he caused Mandt's book—written in German—to be translated into Russian, and a copy sent to all medical officers of hospitals with a recommendation to employ Mandt's method; which shows how much this powerful Czar miscalculated his own power.

With the death of Nicholas Mandt's star set. He was even accused of having killed his golden goose without the pretence of justification which Æsop's goose-slayer would allege. He had to make tracks out of St. Petersburg as fast as he could. He went to Berlin, and there published a vindication of his treatment of the Czar.

An incident, rich in the elements of comedy, occurred in connexion with homœopathy in Russia in 1836. In the German *St. Petersburger Zeitung*, No. 32, there appeared an article signed by our old friend Seidlitz and a Dr. Weisse, announcing that the St. Petersburg Society of Corresponding Physicians—whose secretary Seidlitz was—proposed to give a prize of fifty Dutch ducats for an essay. The announcement was as follows :

“ The St. Petersburg Society of Corresponding Physicians, starting from the conviction that all cases of disease treated homœopathically are only examples of the natural course of morbid conditions in the organism, such as rational physi-

cians can rarely see, and that only when they purposely abstain from treatment, wishes :

"That the histories of cases of disease contained in the whole homœopathic literature should be reviewed, critically elucidated, and arranged, so that the course of development of whole classes and genera of diseases, as also of particular diseases, should be exhibited in the clearest possible way ; the result of these researches must be compared with the normal development of disease in the Hippocratic sense. At the same time the phenomena which usually precede the favourable as well as the unfavourable termination of diseases treated homœopathically, as also the metaschematisms of morbid affections are to be prominently exhibited."

At the same time all polemics against homœopathy as a system, and against homœopathic practitioners, were to be avoided, and the prize was to be awarded to the essay which should *most fulfil the expectations of the Society.*

The unconscious humour of this offer does not seem to have struck its authors. It reminds us of one of our old Edinburgh professors who, at his monthly examination of his class, asked one of his auditors "What is the treatment of organic disease of the heart?" To which the student replying "I consider all treatment in organic disease of the heart equally futile;" the enraged professor replied, "I don't want you to tell me what you think, sir, but what I think."

Though the allopaths did not see the comical absurdity of this offer, it was immediately detected by their homœopathic colleagues, and a good deal of ridicule was thrown upon it. Even some allopathic writers, especially the editor of *Schmidt's Jahrbücher* (vol. xxix, p. 264), observed that it was so palpably unscientific that it was undeserving of notice. Dr. Brutzer, of Riga, well known in homœopathic literature, soon afterwards offered a prize of 100 Dutch ducats for an essay that should give a fair and scientific statement and elucidation of the cases of disease published in homœopathic works, and draw logical inferences from them, *even should these, far from fulfilling the expectations of the society, go directly counter to them.*

Brutzer appointed a committee of five foremost members of the medical faculty to award the prize, and he named two years as the time within which competing essays might be sent in—the time of the allopathic society being only one year. He advertised his offer in numerous Russian and other papers.

Only one essay was sent in to compete for the allopathic prize. It was decided as having *best* come up to the society's expectations, which it could hardly have failed to do, as it had no rivals. The author, Dr. Simson, of Breslau, on receiving the fifty ducats handed them over as a donation for some poor Russian people who had suffered by a conflagration, remarking that homœopathy would thus prove useful, though indirectly, to some people. Though Dr. Simson's essay was deemed worthy of the prize, the Allopathic Society did not publish it in order to allow others to judge of its merits. *Omne ignotum pro magifico*, they doubtless thought.

An essay was sent in for Dr. Brutzer's prize with the motto "*Est modus in rebus, &c.,*" but which the committee considered had not completely fulfilled the conditions laid down by the prize giver, and consequently the prize was not awarded to the essayist. But eight months after the last day for sending in competing essays had elapsed, another essay was sent in for Dr. Brutzer's prize, with the very appropriate motto "*Justice for Ireland,*" and this was considered, though not quite fulfilling Dr. Brutzer's conditions, as deserving a prize, and the judges awarded it half of the prize offered. The author proved to be Dr. Heubel, of Wulk (Lithuania). Dr. Brutzer pledged himself to publish the essay as soon as possible, but this was never done, at the author's request, it would appear. The author of the unsuccessful essay, who proved to be Dr. Goullon, Senior, of Weimar, was not quite pleased with this arrangement, and wrote that Brutzer, when he sent back his essay to him, remarked that he wondered any one could take his offer in earnest, as it was only intended as a demonstration against the offer of the Allopathic Society. On this Dr. Heubel, the author of the essay with the "*Justice for Ireland*" motto,

wrote that he had actually got the fifty ducats paid him, so that Brutzer's offer of prize was a reality and no joke at all.

Brutzer is the author of a learned work, published at Riga, in 1838, entitled *Attempt at a scientific foundation of the Homœopathic principle*, which is a very sensible and well-written production, and was intended to be the introductory chapter of a complete *Manual of Homœopathy*, which, however, has never, as far as we know, been published. Things seem only to get half done in Russia; hospitals commenced with enthusiasm are shut up after a year or two; homœopathy develops in the hands of a Mandt into a sort of half-breed between the two systems; books are begun but never finished, and the chimæra of high potencies which haunts us in more western countries originates in the half-cracked brain of a Russian nobleman.

Seidlitz was assailed with letters from old friends and colleagues showing the advantages of homœopathic treatment, and trying to convert him. He published the letters with his replies, thinking the latter probably much better than the former. His correspondents might have spared themselves the trouble of trying to convert the secretary of the Allopathic Society, his very name, suggestive of a hydragogue cathartic, might have convinced them that the task was hopeless.

A very pretentious work in three volumes, professing to be a thorough examination of the homœopathic doctrines, was published about this time, the author being one Wolsky. His ideas of what homœopathy is may be learned from one or two extracts.

"When a patient vomits from thirty to forty times in an hour, and is thereby in great danger, according to the principle of homœopathy a remedy must be given him which causes a similar disease, *i.e.* vomiting thirty or forty times in an hour, in order that he should be cured homœopathically *cito, tuto et jucunde*. He dies of course during the action of the remedy."

"In order to cure a patient suffering from a mania for infanticide, who has already killed two of his five children, a remedy must be given which produces in him a similar

disease, so that in order to recover *cito, tuto et jucunde*, according to homœopathic rules, he must murder two more, or still better, all three of his remaining children."

This stuff would hardly be worth mentioning were it not that the allopathic journals of Russia were unanimous in their laudations of it, and professed to consider it as a fine statement and a complete refutation of homœopathy.

Dr. Bojanus gives a long list of works on homœopathy published in Russia, extending from 1834 to 1875, which shows that the laudators of Wolsky's tract might have easily acquired a knowledge of what homœopathy is had they so wished. Almost all these works, it should be observed, are translations or reprints of works that have appeared in other parts of the world; the original literary activity of the Russian homœopaths does not seem to have been very great. Another thing remarkable in this list is the number of works that are published at the residences of the editors or translators, as if the difficulties of getting recognised publishers to publish the works had been insuperable, as no doubt in many instances they were.

Another outbreak of cholera occurred in 1848-9, in which the homœopathic treatment showed superior results.

A homœopathic hospital containing twenty-two beds for the peasants of the imperial estates was established in Nishni Novgorod, at first under the direction of an English layman, a certain Edward Strubing, later under that of Dr. Schruber, who retained the post from 1853 to 1863, during which period the number of the beds was increased from twenty-two to forty. After Schruber's departure to Moscow the hospital was discontinued from want of a homœopathic practitioner.

In 1856 an attempt was made by Dr. Deriker to obtain permission to found a homœopathic society, but the permission was not granted by the authorities. As a preliminary condition the homœopaths were required to prove the efficacy and advantage of homœopathy to a committee of allopathic doctors of the stamp of Seidlitz, Wolsky, and Co., with what result might be easily foretold.

Though unable to get leave to form a society, permission

was obtained to publish a periodical in the German language, which, under the title of *Journal der Homöopathischen Heilkunde* was issued regularly for three years (1861-63), but then died for lack of subscribers.

Though the formation of a homœopathic society was prevented by the impossible conditions imposed by the authorities, the publication of a homœopathic periodical seems to have suggested to the allopaths to publish the conditions under which they proposed to allow a society to be instituted.

These consisted of a great number of questions, which, unless they were answered to the satisfaction of the dominant medical authorities, the latter could not allow the formation of a homœopathic society. A few specimens will suffice.

“How does homœopathy produce dilatation of the pupil with a view to operation or inspection of the eye?”

“What sure solvent of biliary and urinary calculi does homœopathy possess?”

“How does homœopathy expel intestinal worms?” &c.

These questions were purposely framed, as is evident, in order that the answers should be unsatisfactory to the hostile judges.

Replies of the most complete character were made by the homœopaths to this absurd demand. Deriker himself gave a most complete answer in the newly-established homœopathic periodical, in which he showed the animus of the whole business, and exposed the ignorance that marked their definition of homœopathy, and the insincerity of the whole proceeding. In this answer, Dr. Deriker completely turns the tables on his opponents, convicting them not only of ignorance respecting homœopathy, but of wilful mistatements and false assumptions respecting their own allopathic system. On the whole, the publication of their elaborate *Programme* did more harm than good to the cause of old-school physic.

The progress made by homœopathy in Russia from the period of the second outbreak of cholera until now has been very steady, and the number of its practitioners has greatly

increased in all parts of the empire. In Poland particularly the increase has been very considerable, and in Warsaw, unlike many other places, the practitioners of the two schools are generally on very friendly terms. In 1867 a ward was granted to Dr. Wenjawsky in the clinical hospital of the Faculty, where the patients were treated homœopathically, and the results were so favourable that the hospital administration were disposed to increase the number of the beds in the homœopathic department. But several cases that were dismissed incurable from the allopathic wards having been cured in the homœopathic department, and the results being published, the authorities suddenly discovered that the ward hitherto devoted to homœopathic treatment was required for vivisection purposes, and Dr. Wenjawsky was ejected, and the friendly feeling of the old school towards the new was abruptly terminated.

In 1869 permission was at length accorded for the formation of a homœopathic society, which immediately set about the establishment of a dispensary by subscription. In 1870 the number of members amounted to 128. Since then the number of members has greatly increased. It has now 218.

In 1872 Dr. Von Grauvogl was invited by the Governor of Finland to give lectures on homœopathy at Helsingfors, which he did, and had a good audience, among them two military doctors of high rank, and the chief of the medical Faculty of the University. By command of the Emperor two wards in the military hospital were confided to him with an honorarium of 4000 roubles. The hospital work was carried on for seven months, but during all that period not a single acute case was sent in, they were all serious chronic diseases, many incurable. The results obtained under such conditions were of course not very brilliant. Dr. Von Grauvogl did not find his sojourn in Finland very agreeable, for all the time he was there the most violent personal attacks were made on him in the public papers. The intrigues of the allopathic physicians at length procured his departure from Helsingfors, but the Czar accorded him a decoration.

St. Petersburg has at present seventeen homœopathic practitioners, and three veterinary surgeons. Moscow has seven homœopathic practitioners. Riga has 4, and in addition the very pugnacious lay homœopath V. Von Gruczewsky. Many other towns less known to the English have each their homœopathic practitioner, and no doubt if medical practice were freer, Russia would soon have many more partisans of Hahnemann's doctrine.

CASE OF ASCITES AND ANASARCA.

By Dr. DRYSDALE.

A MAN of 32 was seen first on the 28th December, 1879. He reported that for some months his habits had been irregular and intemperate, and that in October he had consulted a doctor for "wind and indigestion," with constipation, bad appetite, and fulness after meals, especially after soups. In November his abdomen began to swell, and a fortnight afterwards the feet and legs also. The swelling increased, and in the beginning of December a cough and difficult breathing came on. He had been treated with *Spiritus Mindereri*, *Cardamoms* and *Gentian*; *Castor oil*, *Oil of Ruta* and *Terebinth*; *Bromide of Potassium* and *Chloral hydrate*; *Pills of Elaterium*, *Jalapin*, *Aloin*, and *Podophyllum*, all combined; *Bromhydric acid* and *Syrup of Tolu*. Notwithstanding, the disease continued to increase, and on the 24th December he weighed at the Turkish bath 15 stone 7 pounds, and his girth round the waist on the 28th was forty-three inches. The chief symptoms on the 28th were: œdematous swelling of the feet and legs, and at times of the thighs and scrotum; distension and fluctuation in the abdomen; the physical signs of the liver cannot be made out, owing to the distension; no appetite, much thirst; tongue flabby and furred; urine scanty and turbid, not albuminous; pulse rapid and small, no organic disease

of the heart ; two or three loose stools daily ; great general debility. In addition to these symptoms there was frequent cough, dry and choking in paroxysms, on slight changes of temperature ; dyspnœa in walking, especially on the least ascent ; can only lie on the right side ; serous effusion in the right pleura, up to one inch above the nipple, in the sitting posture. Considering the want of appetite, the thirst, and the probable state of the mucous membrane of the stomach and of the liver, induced by irregular living and excess of alcohol, in which the skim-milk diet is often so beneficial, I put him at once on that plan of diet, giving no food at all except skim milk, beginning with three and gradually increasing to six pints in the twenty-four hours. At the same time, as the cough and pleuritic exudation were the more immediate indications for medicine, *Bryonia* and *Cantharis* were given in alternation every three hours in the dose of one drop of the first decimal dilution. On the 2nd of January, 1880, he complained, in addition, of pain in the right hypochondrium and diarrhœa of dark loose stools. One dose of *Leptandrin* in the first decimal trituration was interposed daily, and *Bryonia* and *Cantharis* and the pure skim-milk diet continued till the 10th of January, when he had gradually improved as regards the cough and dyspnœa ; the cough was nearly gone, and the effusion in the chest for the most part absorbed, but the girth round the waist had increased to forty-four inches ; the urine was rather copious and the stools were loose, but now pale coloured. He now got two drops of the pure *Tincture of Chelidonium* four times, and one dose of the first trituration of *Aurum muriaticum* twice, each day of twenty-four hours. This was continued till the 24th January, when he felt better, but with much hunger and sinking and craving for solid food, so he was allowed to have one solid meal a day, and the rest of his diet skim-milk, in proportionate quantity. The general feelings were improved and the bowels were moved twice a day, soft, but of natural colour ; the urine was copious, but the girth of the abdomen had increased to forty-five inches. The *Aurum* was continued twice a day, and instead of *Chelidonium*, *Apocynum cannabinum*, in the

dose of one drop of the pure tincture, was given four times a day.

On the 7th of February an improvement had taken place in all respects; the urine exceeded the milk drunk by half a pint, and the abdomen measured one inch and a half less than last time, and perspirations had come on at night. The swelling of the legs and feet had varied all the time, and was now decidedly less. He feels altogether better and walks out a little in the open air. Continue *Aurum* and *Apocynum* as before.

On the 14th of February, girth forty-one inches; urine very copious, much more than milk drunk. Legs and feet natural in size, and health and strength improved; has taken a glass of beer with his one solid meal. Continue medicine.

On the 21st of February, girth thirty-eight and a half inches; urine two or three quarts; gaining strength, though still can only walk a short distance. Two rather loose but otherwise natural stools. Continue one solid meal with one glass of beer, and the rest of his diet skim milk, as before, also the same medicines. The same system was continued until the 6th of March, when the girth was thirty-four and a half inches, though fluctuation still perceptible. He can walk three miles, and lie flat and sleep in any position; no remains of anasarca anywhere. Weight 10 stone 10 pounds. Is getting tired of the skim milk, so to have two solid meals a day, and three doses of *Apocynum* and one dose of *Aurum* daily.

On the 13th of March the girth was thirty-three inches, and no fluctuation to be detected. He feels in all respects quite well, and was ordered common diet and no more medicine. He has been seen several times since and remains quite well.

Remarks.—It is in general difficult to apportion the due share of benefit to different therapeutic expedients which we may have to use simultaneously or in succession. But in this case it would appear that the skim-milk diet can hardly have been the all-sufficient cause of the removal of the dropsy, for, however beneficial it may have been as an

auxiliary in improving the state of the stomach and liver, there was no diminution, but, on the contrary, an actual increase of the ascites during the four weeks that the diet consisted solely of skim milk. The diminution of the ascites did not begin till a daily solid meal had been taken some time and certain medicines given. The action of the *Apocynum* here may be fairly claimed as homœopathic, acting directly on the disordered capillaries and lymphatics, and not indirectly as a primary diuretic, for the dose, viz. four drops of the tincture *per diem*, was too small for a diuretic. The other medicines also no doubt acted purely homœopathically on the pleuritic effusion and on the different states of the liver, which were successively manifested. It is to be noticed that two doses of *Aurum* were given daily from the 10th of January till the 6th of March, alternated first with *Chelidonium* and then with *Apocynum*, but although the hepatic and general symptoms improved, the ascites did not begin to yield until the *Apocynum* was given. It may be asked—Would it not have been better to give the *Aurum* alone and stop it before beginning the *Apocynum*? This is to my mind doubtful, for the *Aurum* is a slow long-working medicine and required to be continued a long time. During that time, whatever it did, it certainly did not interfere with the action of the *Apocynum*, for what case could have done better? Rather must we say by its action it supplemented that of the *Apocynum*, and this speaks in favour of the alternation of medicines as well as the succession of them, which has never been disputed.

TRITURATIONS.

THE trituration is one of the most distinctive features of Homœopathic Pharmacy. It is our mode of presenting substances insoluble in water or alcohol, so that they shall be taken up by the economy. It is carried out, as we

all know, by rubbing up in a mortar a portion of the drug employed with a certain number of parts of sugar of milk. After this process has been continued for a certain time, a similar quantity of the resulting trituration is mixed with a corresponding proportion of vehicle, and rubbed up for a like time. These steps are repeated until the milk-sugar used is to the drug as 999,999 to 1, at which point solution takes the place of trituration for preparing the subsequent attenuations.

The theory of such a proceeding obviously is that by prolonged rubbing up there is secured so complete an admixture of drug with vehicle, that (to take Hahnemann's proportions) every grain of the first trituration shall contain a hundredth of a grain of the medicine, every grain of the second a ten-thousandth, and every grain of the third a millionth. It is assumed that the various substances so treated are thus divisible, and that such uniform division is effected in them by the mechanical means employed. The theory further hypothecates, that when the million-fold degree of attenuation is reached, insolubles have become soluble, and can be so uniformly diffused through water or alcohol that every drop of the fourth attenuation shall contain a hundred millionth of a grain of the drug, every drop of the fifth a ten thousand millionth, and so on *ad infinitum*.

These are large assumptions ; but they have been tacitly admitted for many years in the school of Hahnemann. The solubility of insolubles has sometimes, indeed, found questioners ; but the only result of their doubts has been to lead to the recommendation that the potencies above the third should also be prepared by trituration. They have felt no uncertainty, therefore, as to progressive comminution being effected by this process ; and the only measure adopted for better securing this end has been a lessening of Hahnemann's proportion of vehicle, so as to give a more graduated admixture. We refer, of course, to the substitution of a decimal for a centesimal scale, which has been pretty generally made throughout the homœopathic world in regard to preparing triturations. With or without this

modification, however, the effect of trituration has always been assumed to be equivalent to that of solution; and we have all written and acted accordingly. Dr. Joslin, indeed, in his *Principles of Homœopathy*, pursues an ingenious argument as to the merits of the process, regarding the milk-sugar as playing a double part in conducting the force of the pestle upon the drug-particles, and keeping them separate when once divided.

To such assumptions something like a shock must have been administered by the paper of Dr. Conrad Wesselhæft's which we extracted from the *New England Medical Gazette* of June, 1878, in the number of this Journal for April, 1879. It treated of *Silica* only; but of it the following were the results of microscopical observation.

1st. Pure unground *Silica* was found with a power of 40 diameters to contain a number of very small as well as coarser particles. Nothing minuter than the former appeared as higher powers—up to 660—were employed; and, measured with the micrometer, they had a length and breadth not exceeding $\frac{1}{1800}$ th of a millimètre.

2nd. Triturated *Silica* presented much the same appearance. The larger particles were indeed fewer, but the smaller ones were not reduced in size, and even the former result was less perfectly attained the more the sugar of milk employed. It was only when the flint was ground by itself that nothing greater than $\frac{3}{100}$ ths of a millimètre appeared; and still there was nothing less than $\frac{1}{1800}$ th in the field of vision.

It is quite clear that if these observations are valid, the whole theory of trituration, at least as applied to *Silica*, falls to the ground. We must affirm, with Dr. Wesselhæft, that "its particles do not increase in number a hundredfold in trituration with *saccharum lactis*. They cannot be smaller in the second or third trituration, as they are not reduced in the first." The question first arises—Are similar results obtained when other insoluble substances are examined? and then, Is the method of examination, and is its conductor, trustworthy?

To the earlier of these two inquiries Dr. Wesselhæft has

himself devoted his attention ; and the results of his investigations are to be found in the report presented by him to the American Institute of Homœopathy in 1878, and printed in its *Transactions* for that year (p. 135).

He begins by resuming the work of former investigators in the same field. Segin, in 1838, examined the first seven triturations (he does not say whether decimal or centesimal, of *Cuprum metallicum* under a power of 75 diameters. He found the particles of the metal uniformly distributed throughout the sugar of milk up to the sixth attenuation ; but in the seventh no more was visible.* Mayerhofer, in 1844, published † the results of far more extensive observations. He examined triturations made in the proportion of 2 to 98, and used powers of 120 diameters for them, and from 200 to 300 for dilutions prepared from them. He found gold and silver leaf, and tin and copper foil, to yield very imperfect triturations. The particles of gold-leaf become less and less numerous until, in the fifth dilution, they have quite disappeared ; and, when last seen, the smallest yet measure $\frac{1}{300}$ th of a line (i.e. $\frac{1}{4320}$ th of an inch) in diameter. Leaf silver behaves much in the same way, though it is rather more easily taken up. Copper foil is much more divisible than the powder obtained by rubbing the metal under water, recommended by Hahneman ; but its triturations are full of the coarse particles seen in those of silver and gold. Tin foil is no better. All these metals are best prepared in the form of precipitates from their solution in acids. Here they already exist in fine division ; and, when tritured, these particles are seen distributed evenly through the sugar of milk. They appear to diminish somewhat in size as the process goes on—the smallest particles of gold in the third trituration measuring $\frac{1}{1000}$ th of a line, and in the fourth $\frac{1}{1800}$ th. Precipitated tin admits of finer comminution than the others, and its smallest particles measure the $\frac{1}{3000}$ th of a line. Though ever growing fewer and fewer, they could be traced as far as the fourteenth dilution ; those of gold and platinum to the tenth and eleventh ;

* *Hygea*, vii, 1.

† *Österr. Zeitschr. für Hom.*, 1844 ; see also vol. iii of this Journal, p. 14.

of silver and copper to the twelfth. Of the other metals examined, zinc behaved as badly as gold-leaf; while mercury, iron, and lead seemed to become oxidised, but could be traced, the first to the tenth, the second to the eighth dilution. Mayerhofer does not think that a true solution, but only a suspension, of the metals takes place when the fluid attenuations are employed.

Of Dr. Wesselhoft's own investigations, which follow, we will first speak of those which occupy the same ground as Mayerhofer's.

1. Leaf-gold was found, as the latter had said, very difficult to triturate. Only after searching most carefully many samples of the third trituration, it was at length possible to discover here and there a particle of gold, measuring no less than $\frac{1}{30}$ th of a millimètre.* On the ground, therefore, of the positive hindrance to comminution exerted (according to his former experience) by a large quantity of vehicle, he had a series of six triturations prepared in the proportion of 1 to 4. On examining these preparations, all presented precisely the same appearances, the largest particles measuring $\frac{1}{15}$ th mm., the smallest $\frac{1}{300}$ th. It will be seen that these last are three times as small as the minutest particles reached by Mayerhofer in the 2—98 proportion, while yet they were obtained at the first step. Precisely the same results followed the examination of precipitated gold. Mayerhofer is confirmed in his estimate of its superior capacity for division. The first trituration exhibiting innumerable minute particles ranging from $\frac{1}{800}$ th to $\frac{1}{1000}$ th mm. in size, the last again being some four times minuter than the smallest measurement of the older observer. But the second and third triturations exhibited precisely the same range of dimension in their gold particles, which moreover became fewer and fewer, so that while in the second 100—180 appeared in the field at a time, in the third there were only 3—5. Finally, on examining the pure precipitate itself, the particles were found, of identical

* As a millimètre is about $\frac{1}{25}$ ths of an inch, $\frac{1}{30}$ th of a millimètre will be about $\frac{1}{750}$ th of an inch.

measurement, showing that the trituration had not reduced them at all.

2. Copper was examined in the form of filings and of a precipitate. The former could be reduced by trituration to such a degree that its particles measured from $\frac{1}{100}$ th to $\frac{1}{1300}$ th mm. The latter showed the same dimensions at once, and the first three decimal triturations effected no further reduction.

3. Lead, triturated in the centesimal proportions, is not reduced below $\frac{1}{3}$ th mm. at the outset, and such particles simply become fewer subsequently. When, however, fifteen grains of lead are rubbed up with five of sugar of milk, it undergoes very fine division, its minutest portions ranging from $\frac{1}{3400}$ th to $\frac{1}{3000}$ th mm.* No change was effected by further admixture and trituration with milk sugar.

4. Metallic mercury could not be satisfactorily examined, owing to the great tendency of its globules to run together; but trituration with sugar of milk did not seem to reduce it much. On the other hand, rubbing up by means of a blunt glass rod a minute globule of quicksilver with a large drop of Canada balsam effected, in five or six minutes, such thorough division that its particles were found to measure from $\frac{1}{3000}$ th mm. to $\frac{1}{4000}$ th or less, which is the utmost minuteness hitherto reached.

5. Iron (we suppose in filings) was found by Dr. Wesselhœft to behave much like leaf-gold. It did not appear to him to be oxidised.

Of Mayerhofer's other metals, platinum, silver, tin and zinc do not appear to have been examined. On the other side, charcoal and flint have undergone the process for the first time. Of the results as regards *Silica* we have already spoken. *Carbo vegetabilis* agreed with the other substances selected in showing no diminution in size of particles after the first trituration had been performed, the smallest here being $\frac{1}{1300}$ th mm.; but the notable fact appeared that when

* It is printed $\frac{1}{3000}$ th; but Dr. Wesselhœft speaks further on of $\frac{1}{4000}$ th, attained with mercury, as being "more minute than the lead particles;" and in his subsequent communication (of which I shall speak presently) gives the figures as above.

pure charcoal was triturated by itself for three quarters of an hour, it was found under the microscope reduced to portions many of which reached the minuteness of $\frac{1}{1500}$ th to $\frac{1}{2000}$ th of a millimètre, i.e. smaller by nearly one half than those seen in the trituration with *saccharum lactis*.

Dr. Wesselhœft's conclusion accordingly is, *that trituration with sugar of milk does not reduce the particles of hard substances beyond a certain not very distant point, and that it does not reduce them at all if they are very minute in their original state.* He entirely rejects, as may be supposed, the solubility of such substances at the furthest degree of comminution they have been proved to attain. He considers, moreover, that the third trituration is the practical limit to which they can be carried by the process, and that at any rate "their presence in the dilutions above the fifth is entirely accidental." What, then, was it that Mayerhofer saw in the twelfth and fourteenth attenuations? It was, he thinks, "certain glistening impurities" belonging to the sugar of milk, which can now be distinguished from the true metallic particles by being transparent, and by remaining undissolved if a drop of nitric acid is added, which causes the latter to disappear. This argument must be borne in mind, as it bears upon Dr. Buchmann's observations now to be examined.

It may well be supposed that Dr. Wesselhœft's experiments, when published, made no little stir in homœopathic circles. Many outcries were raised against the conclusions drawn by him from them; but few attempted to repeat his observations. Of those who did so, Haupt, in Germany,* and Drs. Deschere† and Edwards Smith,‡ in America, came to much the same conclusions,—the first and third that, by means of the ordinary method of trituration, $\frac{1}{1500}$ th to $\frac{1}{2000}$ th mm. is about the limit of comminution; the second, that after the second decimal trituration the particles became fewer but not smaller. Drs. Buchmann, of Alvensleben, and S. A. Jones, of Michigan University, report somewhat

* *Allg. Hom. Zeitung*, vol. 98, Nos. 19 and 20.

† *North Amer. Journ. of Hom.*, May, 1879, p. 485.

‡ *Transactions of Amer. Institute for* 1879.

different experiences, and we will inquire at length into what they have to say.

Dr. Buchmann has gone very thoroughly into the subject, and gives us his results in the ninety-ninth volume of the *Allgemeine Hom. Zeitung*, from which they have been translated in the *North American Journal of Homæopathy* for May in the present year. He has examined *Aurum*, *Carbo vegetabilis*, *Cuprum*, *Plumbum*, *Mercurius*, *Ferrum*, and *Silica*; so that we can put his work side by side with that of Dr. Wesselhœft, and compare the two. We defer for the present his criticisms upon the mode of proceeding adopted by his predecessor, wishing first to ascertain how far his actual results differ from or accord with those of the American observer. As the latter has himself commented on Dr. Buchmann's views, and re-stated his own with some modification, in the *New England Medical Gazette* for the present year, we will combine his remarks there given in our present survey.

1. As regards *Aurum foliatum*, the two microscopists differ little about what is visible with low powers; when higher powers, however (up to 1200), are used, Dr. Buchmann finds the spaces described by Dr. Wesselhœft as empty full of minute particles measuring (in the 3x trituration) from $\frac{1}{1300}$ th to $\frac{1}{5000}$ th mm. These are, probably, the "glistening impurities" mentioned by the American physician, and ascribed by him to the sugar of milk. He argues that they cannot be metallic particles on account of their transparency, but Dr. Buchmann strongly maintains the opposite position. "It was only necessary," he says, "that he should have turned the microscope screw a little to transform them forthwith into opaque points." "If the mirror be turned quite slowly, those luminous transparent granules will be seen gradually to take on the lustre of gold, until, finally, when the transmitted light is completely shut off, they appear on the dark background as pearls, with the most beautiful lustre of gold, while the occasional particles of sugar of milk retain their white, glassy glitter." Moreover, a precipitate of gold examined by him consisted entirely of such granules, and similar par-

ticles only were found in the gray stain left on paper upon which a gold coin had been rubbed.

Dr. Buchmann does not appear to have tried the acid test advised by Dr. Wesselhœft, but relies on the above considerations, which the latter has not attempted to meet. Dr. Buchmann, moreover, seeks to account for these minute particles by supposing them to be, as it were, rubbed-off corners of the larger fragments, which last certainly become more rounded and then less distinctly outlined as trituration proceeds. Of this he aptly says in illustration, "What quantities of the finest sand have been rubbed off from quartz rocks, which we now find comminuted to rounded pebbles!" He thinks that they are actually soluble, and adduces their lively molecular motion both in water and in glycerine as evidence thereof. He also found in making (by three hours' rubbing) a first centesimal trituration of *Aurum precipitatum*, that most of the particles had become perceptibly reduced in size, so that their average size was only $\frac{1}{3000}$ th mm., while that of the untrituated ones was $\frac{1}{1500}$ th.

Dr. Wesselhœft has repeated this last experiment, but with negative results. On the other hand, in his later remarks he admits (1) that triturations made by machines, and upon the decimal scale, give much better results than his hand-made centesimals; (2) that even the latter show particles up to the sixth degree, "after long and patient searching;" and (3) that the utmost minuteness attainable by leaf-gold in the first centesimal trituration is not $\frac{1}{400}$ th mm., as previously stated by him, but $\frac{1}{3000}$ th. "Such particles," he adds, "are less frequent in the first than in the third trituration," showing that some reduction is effected by the process, "and more numerous in decimal than in centesimal triturations."

2. In respect of *Cuprum*, the two observers are more agreed,—Dr. Buchmann saying that "Wesselhœft is perfectly correct in asserting that by tritulating copper-filings with milk sugar, smaller particles than are found in the precipitate cannot be obtained," though he thinks that the American has not recognised such smallest particles owing to his rejection of such as seems transparent. Dr. Wesselhœft so

far accedes to this that he now admits minuteness of $\frac{1}{1800}$ th mm., instead of $\frac{1}{1200}$ th, to be obtained in the first trituration. Otherwise, he holds his ground as to the present metal. Dr. Buchmann states that "grains of copper measuring from $\frac{1}{500}$ th to $\frac{1}{1000}$ th mm., which have sharply-defined outlines in the precipitate, lose this appearance in the trituration; and, therefore, that invisible atoms must have been rubbed off."

3. Dr. Buchmann found particles of *Plumbum metallicum* in the 2x trituration of the size Dr. Wesselhœft could only reach by using three parts of the metal to one of milk sugar. The latter now recognises the existence of these in the centesimal triturations. He cannot agree, however, that prolonged trituration still further diminishes their size.

4. As regards quicksilver, Dr. Buchmann cannot allow that none but coarse particles can be obtained by trituration with milk sugar. He admits that it is not comminuted by attrition, but by subdivision, yet states the extent of smallness reached in the 3x as less than $\frac{1}{3000}$ th mm. Dr. Wesselshaft hereupon re-examined his first centesimal, and found, indeed, in the midst of the comparatively large globules a few of the smallest, measuring from $\frac{1}{500}$ th to $\frac{1}{3500}$ th mm. Further attenuation and prolonged trituration took him no further.

5. About iron there is no difference of opinion worth noting.

6. As to charcoal, too, Dr. Buchmann concurs in finding triturations of the pure substance effect as complete a comminution as can be obtained when sugar of milk is used. Dr. Wesselhaft, as we have seen, says "more complete," but the $\frac{1}{1800}$ th to $\frac{1}{3000}$ th mm. which he observed only in the former case has been found by Haupt in the first three decimal triturations. Dr. Buchmann found them in the 1x, and says that in the 2x they were at least ten times more numerous. In the third centesimal there were very few to be seen.

7. Last, Dr. Buchmann examined *Silica*. He found, like Dr. Wesselhœft, that the untrituated substance already contained particles as small as $\frac{1}{1500}$ th mm., and they do not seem to have been any smaller in the 1x trituration

submitted to his microscope. He considers, however, that he has made a fresh discovery as to the solubility of this mineral. On adding a small drop of alcohol to the aqueous solution of *Silica* placed between two slides, a rapid clearing up the field of vision took place. Moreover, a mixture of a decigramme of the pure substance with one hundred drops each of alcohol and water became perfectly clear on filtering, and showed nothing on microscopical inspection, whereas, on evaporation, it left an opaque spot on the glass, displaying the same appearances as those of the *Silica* in its original state.* Hence, he thinks, Hahnemann's directions to dissolve the third trituration in equal parts of alcohol and water were fully warranted. He made a similar experiment, and obtained similar results, with precipitated copper and comminuted charcoal; and in the former case, as also with *Ferrum metallicum*, found the filtered solution to undergo no change in colour when treated with caustic ammonia or tincture of nut-galls.

Dr. Wesselhœft, in reply, maintains that everything which can be seen in *Silica* with the highest powers can be resolved into distinct particles, not more than from $\frac{1}{3500}$ th to $\frac{1}{10000}$ th mm. in diameter. He objects to the inference drawn from the effect of adding a drop of alcohol to the solution between slides, on the ground that an additional drop of water produces the same effect. He has repeated Dr. Buchmann's experiments to solution, with very different results,—the triturations still remaining milky after filtering, and displaying distinctly the siliceous particles under the microscope. The apparent recrystallization only proves, he argues, that particles of extreme fineness pass through the texture of filtering paper; or what is deposited may be the

* That solution cannot be inferred from these data appears from the facts about Faraday's "amethystine fluid." This is gold dissolved in aqua regia, and reduced therefrom with an ethereal solution of phosphorus. There results a fluid in which gold is present, in the proportion of 1 part of the metal to 760,000 parts of liquid. In this the highest power of the microscope fails to find any particles of gold: but if it be illuminated by a cone of condensed sunlight the golden gleam in the path of light shows that the gold is present in suspension, not in solution; and a film of it is left after evaporation.

impurities which are found after the evaporation of distilled water or the finest obtainable alcohol.

Dr. Wesselhœft, in this latest contribution to this subject, relates experiments made by him with *glass*. This, on being triturated by itself for four minutes, became a fine powder, which the microscope showed to consist of innumerable particles measuring from $\frac{1}{1000}$ th to $\frac{1}{3000}$ th mm.; and no addition of water or more prolonged trituration caused any alteration in these appearances.

He concludes with a few general remarks. His object was to test the results of the ordinary Hahnemannian mode of trituration; and he feels that a step has been gained in its being convicted of inefficiency. But he points out that even the machine-made decimals do not reduce the visible particles below $\frac{1}{3000}$ th mm., or show them beyond (at the utmost) the 12x (Hahnemann's 6th). This is as it should be, were the utmost limit of comminution attained at the first trituration, as he maintains that it is. A grain by weight of quicksilver would contain 182,250,000,000 particles of the size of $\frac{1}{3000}$ th mm.; but it is easy to calculate that, growing a hundred times fewer at each stage of centesimal attenuation, the sixth would have but eighteen to the grain. Charcoal is lighter, and would contain 392,000,000,000 particles of $\frac{1}{3000}$ th mm. in a grain; but the same remorseless process would reduce these at the sixth degree to thirty-nine. He further argues that $\frac{1}{3000}$ th mm. is still on the wrong side of solubility, as matter therein is far from being in a liquid or gaseous state. That it is the limit of subdivision by grinding in a mortar, he substantiates by pointing out that that of microscopic vision lies far beyond; so that if particles ranging from $\frac{1}{3000}$ th to $\frac{1}{4000}$ th mm. are produced, they ought to be visible. With a magnifying power of 1100 diameters they could be, he says, "distinguished as easily as we can distinguish small shot from cannon-balls." Rejecting Dr. Buchmann's transparent particles from the category, he maintains that we have no evidence of the existence of any smaller than those mentioned.

So much for the controversy as between Wesselhœft and Buchmann. Another combatant in the field is, as we have

said, Dr. Samuel Jones. In the various papers he has written on this subject* he has collected a number of very interesting facts as to the divisibility and visibility of gold; but none of these carry us beyond the sixth or (at the utmost) the seventh centesimal trituration. They do not touch, moreover, the practical question raised by Wesselhœft, which was the behaviour of the metal under the homœopathic triturations. He fairly suggests, however, that the optical qualities of particles are changed at a certain degree of division, adopting Dr. Edwards Smith's statement that extreme tenuity involves such a change. Another objection he makes to Dr. Wesselhœft's conclusions seems to me hardly warranted by the facts. Dr. Smith found that a slide of plain glass will sometimes glitter with a delusive appearance of gold, and pointed this out to Dr. Jones. The latter says that ever since he has guarded himself against mistakes by "using the nitro-hydrochloric acid test." By this we suppose he means testing the glittering points with this acid, to see if they disappear under it. But it does not follow that he should write, "as no illuminator is safe without the nitro-hydrochloric acid test, the value of Prof. Wesselhœft's observations may be easily determined." Its non-use might suggest his having seen gold where it was not, but it could not prevent his seeing it where it was; and his failure to do this is the point urged against him.

With his usual wit, Dr. Jones makes a good point of the connection between Dr. Wesselhœft's microscopic examinations and his re-proving of *Carbo vegetabilis*. One of the symptoms of the latter is, "He became short-sighted after using the eyes some time."

Dr. Edwards Smith, who is a practical microscopist, at first† severely criticised Dr. Wesselhœft's examinations. His remarks, however, were based on an incorrect report of the latter, as the author showed; ‡ and, since their appearance

* *Hahn. Monthly*, April, June, 1879; *Amer. Observer*, Aug., Oct., Nov., 1879, Feb., 1880; *North Amer. Journ. of Hom.*, Feb., 1880; *Trans. of Amer. Inst.*, 1879.

† *Hahn. Monthly*, May, 1879.

‡ *Ibid.*, June, 1879.

in the *Transactions* of the Institute, he has not said a word against them, unless anything of the kind is contained in his report to that body at its meeting in 1879, of which year the *Transactions* are not yet published. In a paper in the *American Observer* for February of the present year, he questions the visibility of minutely divided gold, as stated by the authorities cited by Dr. Jones, and so far seems on the side of those who believe in the possibly invisible presence of the metal. At this year's meeting of the Institute, moreover, he is cited * as saying, "I do not believe that the microscope will enable us to discern the ultimate divisibility of matter." His conclusions from recent examinations of triturated gold are given as follows:

"1st. A certain so-called trituration, sold for *Aurum 3x*, contained no gold at all. 2nd. Mr. Witte's triturations of *Aurum foliatum* have been demonstrated to be almost equal in fineness of particles to the average triturations from the precipitate. 3rd. Four-hour decimal triturations are not very far superior to the two-hour. 4th. Triturations of *Aurum met.* up to the 6x from various makers vary considerably, no two being identical in the fineness of the contained particles. 5th. The popular idea that particles of gold are ten times smaller in the 2nd than in the 1st, and ten times smaller in the 3rd than in the 2nd, is very far from being correct. 6th. In all the triturations of gold from the 1st to the 6th decimal examined by me, fully 33 per cent. of the metal escapes subdivision by the pestle, i.e. does not become subdivided to anything like the extent previously accepted."

He concludes by recommending, as a new method, the trituration of gold recovered from Faraday's "amethystine fluid." By this, the third and sixth potencies can be made to yield particles from $\frac{1}{95000}$ th to $\frac{1}{115000}$ th of an inch, equal to $\frac{1}{3850}$ th to $\frac{1}{3150}$ th of a millimètre.

We have now laid before our readers the facts relative to trituration, and to the divisibility and solubility of hard substances, which have lately been brought to light. It

* *Hahn. Monthly*, July, 1880.

remains for us to make some remarks of our own on the whole subject.

1. It is clear that trituration, to approach anywhere near its ideal, must be conducted upon a better method than that laid down by Hahnemann, and with a rigid scrutiny of its results as it proceeds. With this view the instructions of our own *Pharmacopœia* may be cited as of much value. It directs not only that the decimal scale shall be followed instead of the centesimal, but that the first step of this shall be the rubbing up of the medicinal substance with *equal parts* of sugar of milk; and it adds—"as the reducing of the medicines to the finest possible powder is a most essential point in this method of preparation, and as it is very difficult to effect this after a large proportion of sugar of milk has been added, a small portion of the trituration should be carefully examined under the microscope at this stage, and if the particles are found to be very unequal in size, the trituration should be continued until the reduction of the particles to a uniform degree of fineness is complete." The remaining nine parts of *saccharum lactis* are then gradually added and incorporated, the whole process lasting an hour. The subsequent attenuations are effected in two stages, taking forty minutes in all. Triturations thus prepared bid fair to be all that can be expected from them.

2. This "all," however, is not so much as their theory requires, or as we have hitherto supposed it to be. The concurrence of all observers shows (*a*) that a large proportion—about one third—of the drug undergoes nothing but coarse comminution; (*b*) that much of the finest subdivision is already reached in the first step of the process; and (*c*) that at the succeeding stages there is a progressive diminution in the number of particles present. We cannot, therefore, say with any precision that a grain of the third centesimal trituration represents a millionth of a grain of the original substance. All we can affirm is that it contains an indefinite number of more or less minute particles thereof; and those hardly smaller while certainly fewer than would be furnished by a similar proportion of

the second potency. It begins to look as if Hahnemann was wisest in his earliest practice with triturations, in which the first was used for provings and the second for medicinal purposes. We hardly seem to gain anything by going beyond this point.

3. Whatever trituration may do, however, it is important that it should be given the best possible chance of efficiency, and that to this end it should be supplied with the most suitable materials. It has again been abundantly shown that precipitates are far superior to foil or filings as the form in which metals shall be used. Our *Pharmacopœia* continues to direct the employment of the latter: we hope that in its forthcoming edition the former will be given, at any rate as an alternative.

4. The question of the solubility of insolubles can hardly be said to have been decided by these investigations. They certainly do not make anything in favour of substituting trituration for dilution after the third, as was once recommended; for they show that on this plan few particles of the drug would survive at the sixth. If we must raise the drug farther, it must be by means of a liquid medium; and here again our *Pharmacopœia* seems to speak most wisely. "At this point"—the third—"experience has shown that even the most insoluble substances have become soluble both in water and alcohol; or, if not actually soluble, they are reduced to such minute particles that they are capable of permanent suspension through the fluid, so that it retains their medicinal virtues, and answers all the purposes of a perfect solution." The "amethystine fluid," of which mention has more than once been made, illustrates this suggestion, and Dr. Wesselhoft found a similar result when he diffused through water his finely powdered glass.

5. So far, all is clear enough. But what are we to say to Hahnemann's later practice, and that of so many in his school, where liquid attenuations (generally in the form of globules saturated with them), prepared from these suspensions, and carried up to potencies from the 12th to the 200th, are freely employed and highly esteemed? Dr.

Wesselhœft would reject all such experience, and explain otherwise the cures thus wrought. We must say that we think so serious a change of base hardly warranted by the facts now brought to light. Dr. Buchmann's attrition-particles, transparent specks and immeasurable points of metallic lustre, dubious as they might be by themselves, acquire a good deal of solidity when amalgamated with the clinical results obtained from the higher attenuations. We feel inclined to take the benefit of the doubt about them, and use them to substantiate the apparent testimony of practice. Dr. Wesselhœft compares the appearance of triturated leaf-gold, when examined under the microscope, to that of the starry sky. May there not be nebulæ here also—some indeed resolvable into stars under higher powers, but some remaining nebulæ under the utmost range of our glasses? May not still finer star-dust fill the vacant intervals, and become diffused through almost an infinity of space? Did not Tyndall tell us that the whole mass of particles which give the blue to the sky could be packed together in a lady's toilet box?

It is, of course, quite another question whether such semi-ethereal matter is capable—still more, is best capable—of inducing the medicinal effects of the substance of which it is composed. This, however, clinical experience alone can decide. The therapeutical, like the physiological, test is—when properly applied—conclusive *per se*. It needs not the aid of the physical evidence, for which it is confessedly the substitute, to show that active matter is present; and from it only we can learn how active. Its fallacies are acknowledged by all; but the recognition of fallacies in a test does not necessitate its rejection.

REVIEWS.

Diseases of Infants and Children, with their Homœopathic Treatment. Edited by T. C. DUNCAN, M.D., assisted by several Physicians and Surgeons. Vol. II. Chicago : Duncan Brothers.

WE noticed in our *Journal* for July, 1878, and April, 1879, the first three "parts" of this work, and the three remaining ones are now to hand in the shape of a single bound volume. It is marked by the same industry of compilation, and the same literary defects and lack of personal practical observation, which we previously noted. From these faults, we cannot place Dr. Duncan's work among the classics of our school; but it is an undoubtedly useful compilation of what Vogel and others have written on the pathology, and Hartmann and others on the homœopathic therapeutics, of infantile diseases. Dr. F. H. Foster has contributed a chapter on the affections of the eye and ear incident to childhood, of which we can speak with all commendation.

Surgical Diseases and their Homœopathic Therapeutics. By J. C. GILCHRIST, M.D. Third edition; revised; re-written. Chicago : Duncan Brothers.

THE previous editions of this work have not reached us; but we gather from the preface to the first, here reprinted, that it was but an outline of the subject which he has now filled in from further experience and study. Dr. Gilchrist's aim is to tell us what can be done, and how, in the maladies commonly known as "surgical," by drug-medication on the principles of homœopathy. "All mention of surgical operations, or accidents that can only demand instrumental

treatment, or malformations that are manifestly beyond the reach of medicine, have been omitted." The slipshod English of this sentence too often characterises our author's style, and his Latin is even worse—as the "per viam naturalis" of p. 363 may testify. His matter, however, is far better than his manner. He confines himself mostly to a few well-tryed medicines for each morbid state, and gives their indications briefly and distinctly. His own experience has supplied his pages with some welcome observations and corroborations, of which we may instance the value of *Lachesis* in traumatic, and of *Secale* in senile gangrene (p. 91); of *Iris*, in tincture or substance, as an abortive application to whitlows (p. 98); of *Cuprum aceticum* 6 in commencing tetanus after an operation (p. 192); of *Gallic acid* in aneurism (p. 229); of *Pinus sylvestris* and *Brucea antidysenterica* in talipes valgus and varus respectively; of *Calcarea* and *Silica* in ganglions; and of *Erigeron* by inhalation of the tincture in epistaxis. He supports Dr. Helmuth as to the efficacy of *Allium Cepa* in traumatic nouritis (p. 171); but follows him into error as to the disease stated by Boileau to have been cured so largely by *Hydrocotyle*, which was not lupus but elephantiasis (p. 319). He is rather rash, too, in saying that Dr. Cooper reports "a number of cases" of cure of cancer of the tongue by *Muriatic acid*; only one or two of Dr. Cooper's cases treated with the *acid* belonged to this dire disease.

Dr. Gilchrist is an ardent "Hahnemannian." For *Arsenicum* to have been alternated with *Apis* in a case of ovarian tumour makes the case "of no value," though it recovered (p. 156); and he lays it down that the owner of a hypodermic syringe should forfeit his claims to consideration as a homœopathist (p. 168)! In spite of these narrownesses, the book is a good one, and may often repay consultation.

Transaction of the American Institute of Homœopathy, 1877 and 1878.

THIS association seems to have awakened, under its new

Secretary (Dr. Burgher), out of the apathy in respect of its publications in which it has long slumbered. The *Transactions* for 1877 and 1878 have at last reached us ; and we are promised those of 1879 and 1880, with the sadly-delayed papers of the World's Convention of 1876, before the end of the present year. May the promise be fulfilled !

The volumes before us contain a good deal of valuable wheat, though mixed with no inconsiderable proportion of chaff in the shape of mere compilation from authors. In the former category stand the re-proving of *Carbo vegetabilis* by Dr. Conrad Wesselhœft, which adorns the Transactions for 1877 and the microscopic examinations of our triturations from the pen of the same writer in 1878. Of the last we have spoken elsewhere in our present number, but the former needs some notice here. Dr. Wesselhœft, being entrusted with the re-proving of *Carbo vegetabilis*, as the work of the Bureau of Materia Medica for the year, thought it well, before giving the triturations to his experimenters, to distribute a quantity of pure sugar of milk among them, leaving them under the impression that it contained the medicinal substance they were to test. The result was a goodly array of 919 symptoms, obtained by sixteen persons, eleven of whom were women and five men. The object of such a preliminary step was to find what symptoms were peculiar to the provers, so that, when the drug itself was taken by them, it would be possible to distinguish between symptoms which were its real effects and those which were not. Only six persons, however, went on to the further experiment ; and the results obtained by these " corresponded so closely with previous non-pathogenetic symptoms that but few real ones remained to be recorded." Six persons, moreover, proved the first three triturations on themselves, and others without any result whatever. By the nineteen provers in whom symptoms did appear, 325 only were furnished ; and of these 135 had already appeared in them without any medicine at all, so that 190 only remain, *i.e.* an average of ten to each. The bearing of these facts upon Hahnemann's provings of this drug and its congeners is as obvious as it is important ; and Dr.

Wesselhoëft merits our best thanks for his contribution to the subject.

The Report of the Bureau of Materia Medica for 1878, besides the valuable microscopic researches by the same physician to which we have already referred, comprises three papers of interest by Drs. Sherman, Hale, and Owens respectively. The first suggests and supports the theory that "the specific effects of the insoluble substances depend in a great measure upon their insolubility." The second discusses "idiosyncrasy in relation to medicines," and raises the question whether those who are insusceptible to a drug in health will not also fail to get good from it in sickness. The third records a proving of the *Nitrate of Sanguinarine*, which seems a potent irritant of the upper portion of the respiratory mucous membrane, and a valuable remedy in its disorders.

In the *Transactions* for 1878, Dr. Walter G. Cowl gives the statistics of the Ward's Island Homœopathic Hospital of New York, as compared with those of the neighbouring "Charity Hospital," which are largely in favour of the former. To both volumes Dr. Ludlam contributes extensive observations on the temperature in the puerperal state, which would be a mine of wealth for all practical obstetricians. Dr. Woodyatt, of Chicago, whose premature decease is a sad loss to homœopathic ophthalmology and otiatrics, contributes a valuable paper on auditory nerve vertigo, for which in his hands *Petroleum* seems to have proved the chief medicine.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Vol. II, 1874—1878.

THIS second volume of *Pennsylvania Transactions* contains (as will be perceived) the work done at five annual sessions. The proceedings and papers are mostly of local interest; and the proving of the *Arseniate of Soda*, which would otherwise have made the volume indispensable to all students of Materia Medica, has already appeared as an appendix to the *Hahnemannian Monthly*.

The Guiding Symptoms of our Materia Medica. By C. HERING, M.D. Vol. II, *Arnica—Bromium*. Philadelphia: J. M. Stoddart and Co.

IN our July number of last year we noticed the first volume of this undertaking, and endeavoured to speak kindly of work with which we confess to having little sympathy, for the sake of its venerable author. He has now, as our obituary relates, been taken to his rest; and nothing we can say has power to give him pain or pleasure. Even had he been living, however, we could but have echoed the judgment we passed upon his first volume. It is a vast *olla podrida* of fact and fancy, of wheat and chaff, with an obvious preference on the part of the compiler for the second member of each pair. Thus Langhammer—the least trustworthy of Hahnemann's provers—is singled out for special commendation. *Arsenicum* is said to cause disappointment more frequently than any other drug, the cause being that its symptoms from poisonings are more numerous than those from provings with the higher dilutions; and its similarity to Asiatic cholera is declared "too great!" All "symptoms, provings, poisonings, and cures" made with *Atropine* are to be regarded as "very uncertain;" whereas the "proving" of *Asclepias tuberosa* by Savery, who took two drops of the tincture, and then recorded all his symptoms for forty days thereafter, is given at full length, though very few of his observations have either been "confirmed" by others or "verified" by cures.

Nevertheless, we must repeat our expression of opinion that this work is of much practical value,* and we are pleased to hear that it has been left by its author in a complete state, only needing to be seen through the press. The historical introductions to the medicines continue to win our appreciation, and they sometimes contain pharmaceutical remarks of worth, as when reasons are given for using the root only of *Arnica* and the precipitate of *Aurum*.

* A very fair presentation of its merits is made in the July number of *The Organon* for this year.

Materia Medica and Therapeutics, arranged upon a physiological and pathological basis. By CHARLES J. HEMPEL, M.D. Third edition, revised by the author, and greatly enlarged by the addition of many new and valuable remedies, personal observations, and numerous clinical contributions from public and private sources, by H. R. ARNDT, M.D. Vol. I. Chicago : W. H. Chatterton. London : Homœopathic Publishing Company.

THIS is another posthumous work, Dr. Hempel having preceded Dr. Hering into "the land of the great departed." We can but acknowledge at the present time the receipt of its first volume; for, until the work is complete, we cannot tell how far the strictures we had to make (fifteen years ago) upon its second edition have now been rendered unnecessary. This, however, we may say, that the work has evidently lost nothing of that which has hitherto given it its distinctive value, while the co-operation of Dr. Arndt has supplied much that was previously deficient.

A Manual of Pharmacodynamics. Fourth edition, revised and enlarged; being the Course of Materia Medica and Therapeutics delivered at the London School of Homœopathy, 1877—80. By RICHARD HUGHES, L.R.C.P. Ed. London : Leath and Ross.

OUR only notice of this book can be an extract from its preface. After citing what he said in introducing his third edition, the author writes :

"In 1877 the London School of Homœopathy was founded, and I was appointed to fill the Chair of Materia Medica and Therapeutics therein. My manual naturally became the text-book of my course, and the groundwork of the lectures I delivered. Such fresh matter as from time to time I have brought before my class, and such improvements in presentation as have occurred to me while going on, I have incorporated into the substance of the book which is now offered to the profession in its fourth edition.

"I have described this as 'revised and augmented.' It is not,

as was the third edition, 'mainly re-written;' the framework on which that was constructed will be found here substantially unaltered. But it has been filled in with a liberal hand, so as to make the volume more than one fourth larger than its predecessor, and—I hope—proportionately more satisfying to the student. There is hardly an article which has not received some fresh touch; and those on most of the polychrests, and on *Chamomilla*, *Gelsemium*, *Iris*, *Plumbum*, and others have been much enlarged. Supplementary lectures on some minor and recently-introduced medicines are appended; while several of those which occupied such rank in the former edition find place in the main series, in which also will be found new sections on the *Picric* and *Salicylic acids*, on *Chlorine* and its derivatives, and on *Eranthe crocata*.

"Following upon the introductory lecture will be found six new ones. The two on the sources of the Homœopathic *Materia Medica* contain the substance of the little book I have published under that title. Those on the general principles of drug-action bear the same relation to the lectures I delivered at the London Homœopathic Hospital in 1877, and which appeared in the earlier numbers of the *Monthly Homœopathic Review* of that year. That entitled 'Homœopathy—what it is' is a similar reproduction of the paper on 'The two Homœopathies,' which I had the honour of reading at the British Homœopathic Congress held at Liverpool in 1877; and that on 'Homœopathic Posology' has already appeared in the *British Journal of Homœopathy* for July, 1878. By including these materials in my present volume, I have made it contain all work I have hitherto been able to do in the field to which it belongs; and I hope that it may continue to be useful to the class which I am no longer able to conduct in person."

Manuel de Thérapeutique selon la méthode de Hahnemann.

Par RICHARD HUGHES, L.R.C.P.Ed. Traduit de l'Anglais sur la seconde édition et annoté par le Dr. Guérin-Méneville. Paris: J. B. Baillière et fils.

Of this work also we can only note the appearance.

Handbuch der Homöopathischen Arzneiwirkungslehre. Von

Dr. MED. CARL HEINIGKE. Leipzig: Schwabe, 1880.

Pathogenetic Outlines of Homœopathic Drugs. By Dr.

MED. CARL HEINIGKE. Translated by EMIL TIETZE, M.D. New York : Boericke and Tafel, 1880.

DR. HEINIGKE in his preface gives as the *raison d'être* of his work that the manuals of Noack and Trinks and of Jahr, requiring such large repertories, are necessarily expensive, and have not obtained the anticipated sale among the public. If by "public" he means *medical* public, we think his assertion is scarcely borne out by facts, as every medical man we have met with possesses one or other of these bulky manuals, and many have both. But if he means the *non-medical* public, we think it very probable that but few lay adherents of homœopathy would invest their money in these large and expensive works, which would not possess half the value to them that the ordinary domestic manuals do. If Dr. Heinigke imagines that because he has boiled the whole *materia medica* down into an octavo volume of 600 pages he will thereby secure for his work a sale among the public denied to the other handbooks mentioned, we fear he will be disappointed, for his matter is scarcely arranged in the way that would prove attractive to the non-medical persons who buy up the domestic homœopathies in such numbers.

Dr. Heinigke's plan in the work is to give a condensation or summary of the pathogeneses of the various drugs, arranged, not according to the ordinary Hahnemannian schema, but in what he calls an "anatomico-physiological schema" of his own. This is preceded by a few lines mentioning the active principles of the drug, its preparation, its duration of action, and its antidotes. Then, under the head of "generalities," he gives a short account of the presumed general action of the drug, how it affects the nervous system and circulation, what are its predominant characteristic conditions of aggravation and amelioration of symptoms, the general character of the mental and emotional symptoms it evokes, and so forth. Under this heading there are usually separate paragraphs referring to organs or structures more especially affected by the drug. The next heading is "nervous system," subdivided into "brain and cerebral nerves," "organs of sight," "organs of hearing," "organs

of smell," "spinal nerves." Next "organs of circulation," then "organs of respiration," then "organs of digestion," subdivided into "buccal cavity," "stomach," "intestinal canal." Then "urinary organs," "male genitals," and "female genitals." The whole concludes with a paragraph on "employment among the sick," or, as we should say, "therapeutic uses."

We are at a loss to discover on what principle Dr. Heinigke has constructed his summaries of the actions of the drug. They are partly taken from the pathogenetic records and are partly derived from clinical experience, but there is no indication by sign or type from which of these sources they are taken. That no sound criticism has been exercised with respect to the admission or rejection of pathogenetic symptoms is evident from the very first medicine treated of, "*Aconite*," where Störck's extremely impure symptom, "copious viscid, yellowish leucorrhœa," is reproduced in the transmuted form of "catarrh of the mucous membrane [of the female genitals], with discharge of yellowish secretion."

We confess ourselves unable to see the use of such works as this of Dr. Heinigke's, and though Germany has hitherto been exempt from them they are numerous enough in America. It does not give us a fair or anything like an adequate account of the pathogenetic action of the drugs. In the process of boiling down all the fine traits and characteristics of the symptoms, whereby the choice of the practitioner is so often determined, are lost. The symptoms of many important organs and structures are altogether omitted, owing to the exigencies of the "anatomico-physiological schema." There is no distinction between effects of the drug ascertained by provings or poisonings and the surmises deduced from clinical use. Dr. Heinigke's work neither gives us an accurate idea of the physiological affinities of the drugs, nor does it afford us the proper data for treating our patients symptomatologically; it is neither fish nor flesh nor good red-herring. The boiling-down process has produced, not a concentrated extract, but a *caput mortuum*.

The work is accompanied by a so-called *Repertory*, but

such a repertory as we are not accustomed to. It is not a systematic arrangement of symptoms, but merely a clinical index, after the manner of the Clinical Remarks forming Sect. I of the chapters in *Jahr's Manual*.

Why Dr. Tietze should have thought it worth while to translate this work, and why he should have been in such hot haste to do it that he had not patience to wait for the appearance of the *Repertory*, nor yet to get some one to smooth down the asperities of his very Teutonic English, are mysteries beyond our power to solve.

The Nature and Treatment of Syphilis, and the other so-called "Contagious Diseases." By CHARLES ROBERT DRYSDALE, M.D., &c. 4th Edition. London: Baillière, Tindall, and Cox. 1880.

IN vol. xxxi, p. 537, we gave an elaborate review of the first edition of this work. Dr. Drysdale was then a decided anti-mercurialist. In that review we expressed the hope that Dr. Drysdale would himself see "how weak and insufficient his evidence and arguments are" against the specific properties of *Mercury* in syphilis, and that he would ere long "return to the very small doses of *Mercury* in true syphilis."

In the present edition Dr. Drysdale has abandoned his uncompromising anti-mercurial attitude, and for the last three years he has employed *Mercury* in the dose of one sixth of a grain of the iodide twice a day with satisfactory results. Tertiary syphilis he treats with *Iodide of Potassium*.

Dr. Drysdale's work is not commendable for its therapeutics of syphilis, but we must accord to it great praise as a complete summary of all the views of former and recent times respecting the history, pathology, and treatment of syphilis. It is amazing what a quantity of information he has contrived to impart in such a small space.

OUR FOREIGN CONTEMPORARIES.

(Continued from page 285.)

UNTIL within the last three months I would have agreed exactly with J. W. M. of the February 1st number, where he says,

"If there is any more unsatisfactory disease of children to treat than enuresis, with its train of wet beds, &c., I do not know it." But I must now differ from him widely, as from my experience in the last three months with *Equisetum hyemale* in this disease I am led to believe that in this remedy we have an almost unfailing cure. In looking over my day book I find I have had seventeen cases under treatment during the last twelve months; of the seventeen, fourteen I had treated previous to the first of December, and was unsuccessful with the exception of five cases; two of these I cured with *Gelsemium* and the other three with *Benzoic acid*, but every one of the other cases stopped treatment, having lost hopes of ever being cured, or went to other doctors. It is not necessary for me to say that I was as completely disgusted as my patients. I will say, however, that several of these cases were relieved for a short time under the above-named remedies, with the addition of *Apis*, *Canth.*, *Cannabis*, and a few others, but they were soon as bad as ever. About the last of November I received Sherman's *Bulletin of New Remedies* and there found a short description of *Equisetum*, with the statement that many almost incredible cures of bed wetting in children had been reported as the effects of this remedy suggested in the treatment of this disease in Hale's *Therapeutics of New Remedies*, so I determined to try an experiment with this remedy on the very next case that came under my treatment. About the first of December I had another case. Mrs. H— came to my office saying that her little boy, four years old, had never failed to wet the bed a single night for two years, that there was hardly a night but what she took him up and always took him out just before going to bed, thinking it might help him. She had punished him for it, and worse than that, had been to several allopathic doctors, but all of no avail. I told her that she had come to a poor saviour, but if she would consent that I would try a new remedy that was highly recommended and was perfectly harmless, &c., and further if I did not cure the boy I would not charge her anything. She consented, and I gave her a two-drachm vial of tincture *Equisetum* with directions to give six drops each night at bedtime, telling her not to allow him to drink much in the latter part of the day and especially nothing warm, to take him out just before going to bed, and report to me in a week. She did so, and to my surprise said that the boy had had no trouble whatever, and that he had slept better and was feeling

better than he has for two years. I told her to continue same treatment another week, and then I dismissed the boy cured and he still remains well. She told me that she would have no other but a homœopathic doctor if she had to send a hundred miles, and that she would send me some other cases she knew of. And in less than a week she sent me a case.

A girl several years of age, that had been troubled with incontinence of urine for nearly four years, ever since she had the diphtheria, I put her on the same remedy and dose, and in two weeks reported cured, sound, and well. While treating this case Mrs. H— brought me another, a girl five years of age, that had been troubled for nearly two years, which I treated in the same way, with the same happy result as with the other two. So confident was I that I had found a specific that I could not wait for new cases, but spoke to several of the parents of children I had treated unsuccessfully during the year, telling them that I had found a sure cure, and if I did not cure them in two weeks that I would not charge them a cent. So during January two of them came back to me, both of which I cured with the same treatment. I have another child taking the medicine at present, but have not heard from him as yet. Some may doubt these statements, but I will furnish the names and addresses of the parents of each case for reference if any one wishes them. We cannot say of these cases that they just happened to get well, for they were all chronic and otherwise obstinate cases. The remedy acted alike in all of them. I intend to make a thorough proving of the remedy and will report again. I think that *Benzoic acid* is the next best remedy, but I failed with it in several cases. I may not have prepared it right. I dissolved the crystals in strong alcohol; a drachm of alcohol dissolves about thirty grains. I, with "Medicus," of February 15th number, would like to hear from "J. W. M." as to how he prepares his drops, and suggest to "Medicus" if he fails with *Benzoic acid* to try *Equisetum*. I would also like to hear from G. R. Mitchell again. I see that he reports a bad case cured with *Equisetum* in the January 15th number.—M. L. REED.

May 10.—In a report of a meeting of the New York Central Homœopathic Medical Society we find the following useful item :

"Dr. Wells said that, some twenty-five years ago, he and

his student, Dr. F. Bigelow, made a proving of *Apis*. Both had the same symptom developed—a feeling as if they could not breathe again. In a case of hydrothorax with orthopnoea there was the same suffocative sensation as in the *Apis* proving. The urinary symptoms corresponded with *Apis*. This remedy was given. The patient could soon breathe more easily, and in two or three weeks a complete cure was made. In two cases of epidemic cerebro-spinal meningitis, he observed the same feeling of suffocation; *Apis* relieved in half an hour and soon cured.”

We are pleased to hear that in Sacramento, California, the County Hospital, City and County Dispensary, and the jails have a homœopathist as their physician and superintendent; and that, a similar appointment having been made to the City Board of Health, and the remaining (allopathic) members resigning, homœopathists were appointed to fill all the vacant places.

“E. E. W.” reports a case of great nervous cardiac disturbance, in which *Arnica* 3, given upon the presence of the symptom, “hot head and cold body,” brought about rapid relief and cure.

July 15.—In this number is contained some interesting information regarding the history and literature of homœopathy in Spain.

Aug. 15.—Dr. Hoyne contributes here a useful collection of observations as to the curative action of *Sarsaparilla*. Among them we note the following:

“Dr. W. H. Holcombe says:—During the very hot summer months a great many children and some grown persons present themselves with cutaneous affections—their name is legion. Last spring I gave to all such cases small doses of *Sarsa.*, 3rd trit., three doses per day, and never before have I practised among skin diseases with such satisfaction and such triumph.”

Sept. 1.—We have here some provings of the *Nitrate of Sanguinarina*, an alkaloid of *Sanguinaria*, with clinical verifications. It seems to possess the broncho-pulmonary action of the mother-plant in a heightened degree.

Oct. 1.—Dr. Hale states that Carroll Dunham wrote to
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him, thanking him for introducing *Ceanothus* into his "New Remedies," because it had enabled him to cure two very bad cases of enlarged spleen with it. Dr. Kershaw relates a case of cerebro-spinal meningitis, where the teeth were so firmly set that it was impossible to give medicine by the mouth, but where *Veratrum viride* ϕ , two drops injected *per rectum* every half hour, proved remedial.

Nov. 1.—Dr. W. H. Hunt speaks warmly of *Camphor* in after-pains. He drops a few minims (3—5) on a lump of sugar, and dissolves this in a tumbler half full of water, giving teaspoonful doses every half hour till easy. "It seldom requires more than four or five doses to ensure complete relief."

St. Louis Clinical Review. Jan.—Dec., 1879.—This journal visits us but irregularly. Our last notice brought it down to November, 1878, and since that time the numbers for December, 1878, February, March, May, July, August and November, 1879, have failed to reach us. We shall be glad to have their vacant places supplied, and may perhaps find more in them to note or extract than we do in the five numbers before us. From these we can only mention two cases in which *Secale*, taken in largish doses to produce abortion when pregnancy did not exist, caused gradually increasing uterine hæmorrhage, with disorganisation of the right ovary in one (found *post mortem*), and hypogastric tenderness on pressure with dull pain in the other. These are in the issue of Sept.—October. In the same number we are rather amused to see the review of Dr. Burnett's "Gold," which appeared in the *Homœopathic World*, appropriated bodily, without acknowledgment, as if it were a production of the editorial mind of the *Clinical Review*. We must also note a proving of *Arctium lappa* in the December number.

American Homœopath. Jan.—Nov., 1879.—This is one of the twins brought forth by the "American Homœopathist" when departing this life. The publishers of the parent journal continue to cherish this offspring, but have transferred it to New York, with Drs. Charles Blumenthal and Arthur Hills as its editors. Our series of it for 1879

lacks the numbers for June, July, August and December, and we shall be glad to have them supplied.

January.—Dr. Hale records a case of cardiac disturbance alternating with aphonia, in which, after the failure of other remedies, *Oxalic acid* 6 proved curative. Dr. H. N. Guernsey records a case in which stenotic dysmenorrhœa was associated with severe pain in the right shoulder and arm, and sick headache. *Lycopodium*, in rare doses of a high potency, removed the whole trouble, including the symptoms of stenosis.

The following case is worth extracting :

Gelsemium in Infantile Paralysis.

By W. M. HAINES, M.D., Ellsworth, Me.

CASE 2.—Willie H—, aged eleven months, when perspiring, was carried into a cold room, and shortly after was taken with severe chill, and immediately went into convulsions, which lasted about six hours. After coming out of the convulsions, found that the whole left side of the body was completely paralysed, face being drawn round, and complete loss of motion and sensation in whole left half of body. No more convulsions, but the arm and leg of affected side commenced to shrink in size and temperature to lower in spite of treatment. Used *Sulphur*, *Caust.*, *Lachesia*, *Rhus tox.*, and applied friction and electricity. Continued this treatment several weeks without the least benefit, the affected limbs becoming more shrivelled and colder, and fingers and toes being tightly clenched. Child being *drowsy at times, alternating with very nervous excitable spells, which were followed by a profuse flow of clear urine*, led me to prescribe *Gelsem.* 30, which, with continued friction of the paralysed parts, caused a marked improvement in a week, and entirely cured the paralysis in less than a month.

October.—Dr. H. C. Allen supplies several more cases illustrating the value of that "key-note" for *Colchicum*—"He has appetite for several things, but as soon as he sees them, or still more, smells them, he shudders from nausea, and is unable to eat anything." Dr. W. Wright finds *Allium Cepa* 3 specific for that kind of fluent coryza which is apt to end in a severe and deep-seated cough.

November.—Dr. Curtis, of Chattanooga, records a case

of poisoning by the bite of the snake known as the "copperhead," and being at that time in the midst of the recent yellow fever epidemic in the South, was struck with the resemblance of his patient's symptoms to those of the disease.

The Medical Counselor. April, October, November, December, 1879.—This is the other twin; but though contemporaneous in appearance with its brother, the numbers mentioned above are all that have found their way to us. Dr. Mills, the former editor of the *Homœopathist*, fulfils this function for the *Counselor*.

April.—Dr. Woodyatt relates several cases of corneal opacity, in which very great improvement in vision followed the use of *Calcareo carbonica* 30. Dr. Holcombe communicates an instance of epileptiform hysteria cured by *Tarantula* 200; and Dr. Woodward one of pneumonia where a remedy rarely used in our practice, *Kali nitricum*, was given (1x trit.). The indication for it, in his eyes, was the great dyspnoea, so disproportionate to the small amount of lung tissue involved.

October.—Dr. H. C. Allen has found great benefit from *Arum triphyllum* in hay-fever. Dr. Arndt presents a series of throat cases which, as he truly says, "seem to show that in ulcerated sore throats *Mercurius cyanatus* acts far more promptly when the ulcer is large and well-defined, and when there is little glandular enlargement, while the biniodide surpasses the former in usefulness when the glandular enlargement is a prominent feature of the case, and the appearance of the throat itself is less angry."

November.—Dr. Pearson, who passes as an undeviating follower of Hahnemann, tells us that he has never in his life cured but one case of intermittent fever with *China*. How different from his master, who says of endemic intermittent fever, attacking a person on his first arrival in the district, "One or two small doses of a highly-potentised solution of *Cinchona bark* will, conjointly with a well-regulated mode of living, speedily free him from the disease." If such result do not follow the patient must be treated with antipsoric remedies; there is latent disease in him, which is only accidentally (so to speak) taking an aguish form.

December.—Dr. Hawley, who is very sensitive to *Rhus*, relates how a rheumatism of his, which had involved his left ankle for two months, disappeared in a few hours after handling (through silk gloves) two sticks of the *Rhus venenata*.

Homœopathic News.—We mentioned this little journal in our number for last October, as then reaching us for the first time. It has since arrived pretty regularly, and continues fairly to discharge its useful office of summarising the contents of the other homœopathic journals.

MISCELLANEOUS.

An Irish Medical Bull.

MISS EDGORTH, we believe, wrote an elaborate essay on 'Irish Bulls,' which, by a bull equivalent to any bred in Ireland, was included by a French author in a list of works upon cattle breeding. Not having seen the essay in question, we are unable to say if the authoress alludes to the Irish bull medical, but had she lived to the present day she would have rejoiced to meet with such a fine specimen of it as that which has just been engendered by the Royal College of Surgeons in Ireland, and triumphantly trotted out by the unconscious Editor of the *Medical Press and Circular*. The Irish are, as a rule, quick-witted and brimming full of fun, but with all that they are, it must be confessed, greatly addicted to making bulls. Now, a bull is something grotesquely stupid, said or done, the absurd stupidity of which is patent to every one but the sayer and doer; and it is seldom possible to convince the bull maker that he has said or done something flagrantly silly. The manufacture of bulls in Ireland is not confined to individuals, a grave and learned corporation can make them equally well.

Shortly after the passing of the Medical Act of 1859, which expressly prohibits all licensing bodies from imposing any obligation on candidates for their diploma to adopt, or refrain from adopting, the practice of any particular theory of medicine or sur-

gery, the Royal College of Surgeons in Ireland issued a decree expressly prohibiting its fellows and licentiates from practising homœopathy. We pointed out at the time the exquisite illegality and impotence of this decree, which has never been acted on and has not had the slightest effect upon the relations of practitioners who reject or accept the doctrines of Hahnemann. We beg pardon, we know of one solitary instance in which it did influence the conduct of a practitioner. One of our colleagues had a patient who wished to try the effects of mesmerism on his malady. Our colleague, willing to humour him, requested the late Dr. Elliotson, who was at that time the great authority on mesmerism, to meet him in consultation. Dr. Elliotson refused, alleging his inability to do so in consequence of the decree of the Royal College of Surgeons in Ireland against the practice of homœopathy. The humour of his refusal on this ground was intensified by the fact that the said decree coupled mesmerism along with homœopathy in its denunciations.

The absurdity of the Irish College's ukase against homœopathy was aggravated by the fact that it is a college of surgeons. Now, colleges of surgeons are generally supposed to interest themselves in surgery, and to supply the world with pure surgeons. "A pure surgeon," old Dr. Mackintosh, of Edinburgh, used to assert, "is a person who prides himself on his knowledge of cutting and his ignorance of everything else." Whether this is the exact truth or not we are unable to decide, but at all events our colleges of surgeons have hitherto never felt it incumbent on them to attend much to therapeutics, and the chief of them, the Royal College of Surgeons of England, has steadily refused, in spite of much urging, to express any opinion with regard to the therapeutic doctrines of the day. But the Royal College of Surgeons in Ireland seems to entertain a different view of its functions, and, having gone out of its way to give us its opinion on therapeutics, it may, perhaps, if success should attend this innovation on the practice of colleges of surgeons, by-and-bye favour us with its views on religion, social science, political economy, poetry, Shakspeare, and the musical glasses, on which subjects its ideas are sure to be quite as valuable as those it has expressed on therapeutics.

The ordinance or decree of 1861 has, we are informed by the Editor of the *Medical Press and Circular*, "remained in full force for nearly twenty years," and effected a wonderful amount of good, not, indeed, visible to the naked eye, but probably discoverable by

means of an oxy-hydrogen microscope of 40,000 horse-power. It is curious that though the ordinance is still in full force, and has done all that was anticipated from it, it should now be thought necessary to issue another decree like, but still different from, the decree of 1861. This stamps it indelibly with the characteristics of an Irish bull. It is in "full force," but yet, it seems, it has not the slightest effect in restraining the practices it professes to prohibit. It resembles "bulls" of another sort, namely, Papal bulls. It denounces from an infallible elevation doctrines it dislikes, but while still remaining in "full force" requires to be supplemented by other bulls, differently worded, perhaps, but condemnatory of the same heresy. As the prototypal Papal bulls are distinguished by the first word or two of the language in which they are couched, as "Unigenitus," "Pater Omnipotens," "Spiritus Sanctus," &c., so the bull of the Irish College of 1861 will, perhaps, be known hereafter by the title of "No Fellow," whilst that of 1880 will bear the designation "That the ordinance."

It is curious, and in this respect savouring more of the Irish than the Papal bull, that the first thing the Council of the Royal College of Surgeons did at its meeting on the 23rd of May, 1880, was to rescind its ordinance of 1861, an ordinance which, we are told by the Editor of the *Medical Press and Circular*, is still in "full force," and had proved so perfectly successful; so successful, indeed, that no member of the College seems to have paid the slightest attention to it, and disobedience to it was quietly ignored by its authors. This, indeed, was decidedly the best course to pursue, for had the Council attempted to enforce obedience to their decree, so utterly illegal was it, that they would have soon found themselves in disagreeable conflict with the law of the land. So, like Don Quixote, with his helmet all patched together with paper and paste, the Council of the Royal College of Surgeons in Ireland resolved to take it for granted that its decree was sound and efficacious, but took precious good care not to subject it to the only test whereby its soundness could be ascertained. Did the members of the Council of the Royal College of Surgeons in Ireland know when they passed their ordinance of 1861 that they were committing an illegality, or, at all events, that they would have subjected themselves to sundry pains and penalties had they attempted to make a practical application of it? We have a shrewd suspicion that they knew all the time that they were committing an illegal act, and probably this knowledge added a zest to their proceedings,

for we are told by Irish writers, who profess to know their countrymen, that the opportunity of breaking a law with impunity is irresistible to an Irishman, and that he will even put himself to considerable inconvenience to do so. But at all events, as we learn from the *Medical Press and Circular*, the Council were made aware of the illegality of their ordinance of 1861 by the representative of the College in the General Medical Council, so that they must have congratulated themselves on never having attempted to act upon it, and as their original intention was to reaffirm in 1880 their illegal ordinance of 1861, they found themselves precluded from doing so after its illegality was formally pointed out to them.

But now we come to consider the reasons for the reaffirmation in 1880 of the ordinance of 1861, which, our editorial informant tells us, was still in "full force." We, on this side of St. George's Channel, are, of course, unable to see how an ordinance could be in "full force for nearly twenty years," which, during all that time, was never acted on, and which, being illegal, could not be acted on. This may be all clear to the Hibernian intellect of the Editor of the *Medical Press and Circular*, but to us it bears the impress of the "bull" character of the whole proceedings. The only reason assigned by the Editor of the *Medical Press and Circular* for the proposed reaffirmation of the ordinance of 1861 is conveyed in the following mysterious words:—"Recently the subject" (to wit, the open association of Irish surgeons with homœopaths) "was revived, and became the focus for much controversy" (a "focus for controversy" is a novel and ingenious figure of speech), "and, in view of a particular case in point" (it would be interesting to know the particulars of this particular case, but no information is vouchsafed to us thereanent), "was brought under the notice of the Irish College of Surgeons at its annual general meeting on the last Monday in May." We should have thought that "the particular case in point" would have afforded an excellent opportunity for putting the ordinance of 1861 in execution, but no such idea seems to have occurred to the sages of the College. Their law having been broken they do not enforce the penalties incurred by its breach, but they propose to adopt the mild and imbecile measure of re-enacting the law which, we are told, was still in "full force." And this they would have done had not their representative in the General Medical Council informed them that their law was illegal, and therefore had no force at all. Such being the case, the next idea that occurred to the College was to frame another ordinance

prohibiting the association of their members with homœopaths in such a way that it should not contravene the laws of the land. This task was performed—as they imagine—by the Council at their meeting on the 23rd of June, and at the same time they took the opportunity of rescinding the illegal ordinance of 1861, which had been in “full force for nearly twenty years.” This new and wonderful work of art runs as follows :

“That the ordinance of Council of the 22nd of August, 1861, be and it is hereby rescinded, and instead thereof it be now moved, that it be an ordinance of the Council that no Fellow or Licentiate of the College shall seek for business through the medium of advertisements, or any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with any person who professes to cure disease by the deception called homœopathy, or by the practice called mesmerism, or by any other form of quackery, or who follows any system of practice considered derogatory or dishonourable to physicians and surgeons. And be it further resolved that, in the opinion of this Council, it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College to engage in the practice of homœopathy or mesmerism, or any of the forms of quackery as hereinbefore set forth.”

This last clause seems to be a rhetorical flourish, put in to round off the otherwise slipshod English in an elegant manner, for it is obvious to the most careless reader that no “forms of quackery” whatever are “hereinbefore set forth.”

The only cause for all this hubbub and flutter in the bosom of the Royal College of Surgeons in Ireland is apparently the “particular case in point” above alluded to, for we are assured by the Editor of the *Medical Press and Circular* that the profession in Ireland have nothing to fear from homœopathy, “homœopathy being hopelessly at a discount, and having made no progress at all during the present generation.” This being so, and we have the word of the Editor of the *Medical Press and Circular* for it—who ought to know—we are all the more anxious to know what this “particular case in point” was that produced such a violent agitation in the tranquil precincts of the Royal College of Surgeons in Ireland. “Homœopathy being hopelessly at a discount” in Ireland, it might surely have been suffered to slide unnoticed into bankruptcy and extinction. It was hardly worthy of the “reputation, honour, and dignity” of the Royal College of Surgeons in Ireland to imitate the long-eared animal in *Æsop’s* fable and make

such a gigantic effort to administer a final kick to the poor dying lion. The "particular case in point" must have been very particular indeed to rouse the ire of the Royal College, and we trust that the Editor of the *Medical Press and Circular*, who has hitherto been so very communicative with respect to the action of the College, will give us full details respecting this "particular case."

The new ordinance of the College finds in the Editor of the *Medical Press and Circular* such a warm eulogist, and he expresses himself so "gratified and even proud" at the proceedings of the College, that we feel more than half inclined to believe him to be the chief promoter of those proceedings, if not the actual author of the new ordinance, just as Dugald Dalgetty guessed his visitor in prison to be the Maccallum More himself, as no one else could possess so much good of that chieftain.

The Editor of the *Medical Press and Circular* makes believe to think that the homœopathic body are awfully enraged at the proceedings of the Royal College of Surgeons in Ireland and their worthy Council, but we hasten to assure him that this is a complete misapprehension on his part. The only feeling that homœopathists have in the matter is one of amazed amusement at the sight of a Royal College of Surgeons perpetrating such an enormous bull, and being so ludicrously unconscious of the pitiful figure they cut before the world, prating about their honour, dignity, and reputation, while disgracing themselves by an impotent attempt to suppress liberty of opinion on a subject of which they have no knowledge and which does not in the least concern them as a College of Surgeons. Our enjoyment of the ridiculous freaks of the College is intensified by the enthusiastic encomiums bestowed on them by the Editor of the *Medical Press and Circular*, and our earnest desire and hope is that this Royal College and this able editor may soon favour us with another equally amusing performance, to diversify the dull monotony of medical practice, and enliven the more serious pursuits of scientific research; for homœopathy, as has been over and over again proved, theoretically and practically, is scientific medicine based on rational principles and constant in its practice, whilst the method or methods the Editor of the *Medical Press and Circular* specially patronises are unscientific, irrational, based on no principle whatever, and changing as frequently and as capriciously as the fashions in ladies' dress.

The Royal College of Surgeons in Ireland seem to have no doubt

that their new ordinance is perfectly legal, and does not contravene any of the sections of the Medical Act. As we are of an exactly contrary opinion, and think that the new ordinance is as utterly opposed to the letter and spirit of the Medical Act, as the earlier ordinance of the College confessedly is, we resolved to give the College an immediate opportunity of acting on their new ordinance if they dared. For this purpose one of us addressed to the Council of the College the following letter :

"To the President and Council of the Royal College of Surgeons in Ireland.

"GENTLEMEN,

"I observe in the *Medical Press and Circular* of the 30th of June, that at a meeting of the Council of the Royal College of Surgeons in Ireland, when all the Council were present save one, a resolution, or motion, or ordinance, was unanimously adopted, of which the following is a portion—apparently the principal portion to judge from the comments of the Editor of the *Medical Press and Circular*.

"That it be an ordinance of the Council that no Fellow or Licentiate of the College shall . . . consult with, advise, direct, or assist, or have any professional communication with, any person who professes to cure disease by the deception called homœopathy. . . . And be it furthermore resolved that, in the opinion of this Council, it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College, to engage in the practice of homœopathy.'

"Now, though you do not mention what steps you intend to take against fellows and licentiates who may infringe this ordinance, no doubt you have resolved to visit disobedience to your ordinance by some pains and penalties, for it is impossible to suppose that the Council of the Royal College of Surgeons in Ireland would issue such a stringent and solemn ordinance as a mere *brutum fulmen*. Being desirous to assist the Council in its laudable endeavour to suppress a practice which the Council in its wisdom has declared to be a 'deception,' and 'inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College,' I beg to draw the attention of the Council to the fact that your ordinance is habitually disregarded and disobeyed by the following licentiates of your College, viz. William Bell, R. Tuthill Massy, H. W. Robinson, John Roche, C. C. Tuckey, and C. G. Watson, who are in the habit of consulting with, advising, directing, assisting, and having professional communication with, persons who profess to cure diseases by homœopathy, which you are pleased to term a 'deception,' though that is a slight mistake on your part, as there is no deception nor any concealment whatever in the practice of homœopathy, the principles of which must be well known to you, or if not may be easily learned from scores of

treatises published upon it; and furthermore the aforesaid licentiates are themselves engaged in the practice of homœopathy, which in your opinion—*valeat quantum*—‘is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of your College’—and worst of all, their names are openly paraded in the *Homœopathic Directory*, published by Thompson and Capper, price one shilling.

“It is grievous to think that the ordinance of a similar purport you enacted so long ago as 1861 has hitherto remained a dead letter, and that, as far as I know, no action has been taken by you to enforce obedience to it. The reason for this may be that you found that your ordinance of 1861 was contrary to the spirit and letter of Sections XXIII and XXVIII of the Medical Act of 1859, or perhaps because you were not made acquainted with the fact that certain of your licentiates—among them the gentlemen whose names I have given above—were habitually disobeying your ordinance. However that may be, you have now, as you suppose, so worded your recent ordinance that it does not contravene the above sections of the Medical Act, and as you, of course, have no wish to pose before the world in the undignified and ridiculous attitude of promulgating ordinances that are never acted on, by calling your attention to the above disobeyers of your ordinance I afford you an excellent opportunity for displaying your zeal in the noble cause of the suppression of liberty of opinion in therapeutics, and I assure you that it will afford to myself and my colleagues, ‘who profess to cure disease by homœopathy,’ the greatest pleasure to see you attempt to enforce your ordinance, in which, of course, you reckon on being warmly seconded by public opinion.

“In the above ordinance you likewise denounce those ‘who follow any system of practice considered derogatory or dishonourable to physicians and surgeons.’ As this is rather vague and indefinite, perhaps at your next meeting you would be so obliging as to draw up a list of the ‘systems of practice’ that are ‘considered derogatory or dishonourable to physicians and surgeons,’ and at the same time be a little more precise in intimating by whom they are considered derogatory and dishonourable to physicians and surgeons, for to a person endowed with only common, and not collegiate, sense it would seem that the sentence as it at present stands has a vagueness and indefiniteness about it unworthy of a learned council. In the ordinance of 1861 the parallel words were ‘any system or practice considered derogatory or dishonourable by physicians and surgeons,’ but that was evidently nonsense, for a ‘system or practice’—like homœopathy for example—that was pursued by many physicians and surgeons was evidently not ‘considered derogatory or dishonourable by physicians and surgeons.’

“I would draw your attention to the circumstance that as Section XXVIII of the Medical Act disallows the removal of the name of any practitioner from the Register on account of his having

'adopted the practice of any theory of medicine,' any action you might take against any of your fellows or licentiates for disobedience to your ordinance would have no effect on their legal status, and I would point out to you that as Section XXIII of the same Medical Act threatens with a very serious punishment—no less than deprivation of its power of granting qualifications—any body entitled to grant qualifications, should it attempt 'to impose on candidates for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine,' that would imply *a fortiori* that the Medical Act is in spirit opposed to such attempts after examination.

"Finally, I would submit to your consideration if a college of surgeons does not cut a most ridiculous, not to say contemptible, figure by issuing edicts or ukases against the practice of a particular system of therapeutics to which it is unable to give any practical effect, and if it will not appear to an impartial public that by applying such an epithet as 'deception,' and ranking as 'quackery' a method of treatment which is followed by hundreds of properly qualified fellows and licentiates of colleges and graduates of universities in this country, and which has been defended in numerous published works, and is practised both privately and in hospitals with results which will compare favourably with any obtained by any other system of practice, the Royal College of Surgeons in Ireland does not thereby display a wish to combat by the unworthy weapons of insult and calumny a mode of practice it is unable to combat by the fair weapons of scientific controversy.

"Perhaps the Council of the Royal College of Surgeons in Ireland will condescend to explain on what grounds it calls a 'deception' a system of practice pursued by many highly respectable and intelligent members of its own and other colleges and graduates of universities, and respecting which treatises in abundance are published, and periodicals, monthly and quarterly, edited by gentlemen having the highest professional qualifications, and devoted to the propagation and development of the system, are regularly issued. Perhaps, too, it will at the same time offer some proof that the practice of a method of treatment founded on the following principles:—1. Testing on the healthy the effects of drugs; 2. Administering these drugs in natural morbid states resembling those morbid conditions they produce in the healthy; 3. Giving but one medicine at a time; 4. Giving the remedy in a dose not strong enough to produce its physiological, while sufficiently strong to produce its therapeutical, effects—'is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College.' Unless the Council of the Royal College of Surgeons in Ireland should offer some evidence or proof in support of its allegations, it is greatly to be feared that the outside world may think that a learned college in calling certain licentiates of its own and other colleges and graduates of universities bad names is resorting to a line of argument more

congenial to the illiterate Hall of Billingsgate Market than consistent with the 'reputation, honour, and dignity' of a learned college. That the 'reputation, honour, and dignity' of the Royal College of Surgeons in Ireland should suffer from such a trifling cause as its omission to assign a reason for denouncing and calling by opprobrious epithets a system of medicine that is practised by hundreds of qualified gentlemen, and has been so practised in this country for upwards of half a century, would be a matter of infinite regret to

"Your obedient servant,

"(Name of no importance).

"17th July, 1880.

"*Post scriptum*.—As no doubt the Council of the Royal College of Surgeons in Ireland are desirous of the utmost publicity for their spirited effort to suppress liberty of opinion in medical matters I will do my best to forward their supposed views. I have accordingly called the attention of the General Council of Medical Education and Registration to the recent ordinance of the Council of the Royal College of Surgeons in Ireland, and I have no doubt the General Council will give the particular Council of the College their warmest approval. I shall likewise use my humble endeavours to spread the knowledge of the recent ordinance among both the profession and the public."

To this the writer received the following reply :

"ROYAL COLLEGE OF SURGEONS IN IRELAND,
"DUBLIN; August 10th, 1880.

"SIR,

"I beg leave to inform you that your communication to the President and Council of this College has been laid before them in due course by me at their first general meeting since its receipt.

"I have the honour to be,

"Sir,

"Your obedient servant,

"J. STANNUS HUGHES.

"*Secretary of Council.*"

The letter to the General Council alluded to in the letter to the Council of the Royal College of Surgeons in Ireland is subjoined.

"*To the President of the General Council of Medical Education and Registration.*

"SIR,

"The Council of the Royal College of Surgeons in Ireland, as we learn from a report in the *Medical Press and Circular* of June 30th, at a meeting of the Council held on the 23rd of June passed the following resolutions :

"That it be an ordinance of the Council that no fellow or licen-

tiate of the College shall seek for business through the medium of advertisements or any other disreputable method, *or shall consult with, advise, direct, or assist, or have any professional communication with, any person who professes to cure disease by the deception called homœopathy*, or by the practice called mesmerism, or by any other form of quackery, or who follows any system of practice considered derogatory and dishonourable to physicians and surgeons.

“And be it furthermore resolved that, in the opinion of this Council, *it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College to engage in the practice of homœopathy*, or mesmerism, or any of the forms of quackery as hereinbefore set forth.’

“I humbly submit that the words underlined in the above ordinance are a distinct contravention of the spirit, and also of the letter, of Sections XXIII and XXVIII of the Medical Act, for though the College does not here directly ‘attempt to impose upon a candidate offering himself for examination an obligation to adopt, or refrain from adopting, the practice of any particular theory of medicine,’ it does so indirectly; for, in requiring its fellows and licentiates to promise to obey its ordinances, and this ordinance prohibiting its fellows and licentiates from having any professional communication with any person practising homœopathy, it thereby imposes on its fellows and licentiates an obligation not to practise homœopathy, which is equivalent to imposing on a candidate for examination an obligation not to practise homœopathy, for a candidate for the diploma of the college who was convinced of the truth of homœopathy must be debarred from offering himself for examination if he has to promise to have no professional communication with those practitioners who entertain similar therapeutic views before he can obtain the licence of the College.

“I would further submit that it is a contravention of the spirit of the Medical Act for the Council of the Royal College of Surgeons in Ireland to apply opprobrious and insulting epithets, such as ‘deception’ and ‘quackery,’ to a ‘particular theory of medicine,’ which the Medical Act says (Section XXIII) no candidate for examination is to be required to refrain from adopting, and further (Section XXVIII), for adopting which the name of no person shall be erased from the Register.

“I hereby appeal to the General Council of Medical Education and Registration to cause the Council of the Royal College of Surgeons in Ireland to desist from infringing the above sections of the Medical Act and from insulting and outraging those fellows and licentiates of its own and other colleges, and those graduates of the universities, who have adopted the practice of a particular theory of medicine which has not yet received the approval of the majority of the members of the Council of the Royal College of Surgeons in Ireland, but which the Medical Act declares shall not be a disqualification for admission to examination by any licensing

body, or for being enrolled on the Register of the General Council of Medical Education and Registration.

" I am,

" Sir,

" Your obedient servant,

" (Name of no consequence).

" 18th July, 1880."

No answer has as yet been received to this appeal to the General Council, nor is it likely that it will meet with any greater success than a similar appeal addressed by one of us to the General Council on the subject of an anti-homœopathic declaration required by the King's and Queen's College of Physicians in Ireland to be made by candidates for its licence, just then come to light. The excuse made by the General Council on that occasion for taking no action in the matter, viz. that the declaration was old and obsolete, will not avail the General Council now, as the ordinance of the College of Surgeons is brand new, and apparently meant to be acted on.

The utter inadequacy of the alleged reason for the late monstrous commotion among the members of the Royal College of Surgeons in Ireland on the subject of homœopathy gives us reason to credit the authenticity of the following report of the proceedings of the College, for which we are indebted to Sir Boyle Roche's celebrated little bird, which possessed the faculty of being in two places at the same time. We have here a plausible explanation of the mystery, which the editorial champion of the College fails to give us.

Royal College of Surgeons in Ireland. Annual General Meeting, 31st May, 1880.

The Chair was taken by the President, the venerable Mr. Dennis O'Flaherty, at 2 o'clock precisely.

The President was commencing to speak, when he was interrupted by Surgeon Finnikin, of Belfast, who inquired if it was not the proper thing to begin the proceedings by prayer.

The President.—That has not hitherto been the custom, but if the honourable member would favour the company he was sure they would be delighted.

Surgeon O'Donoghue objected that Surgeon Finnikin, being a Presbyterian, his prayer would not be acceptable to the majority of the members, who professed allegiance to his Holiness the Pope. If the President would allow him, as there was no priest present, he would read an appropriate prayer in Latin from the breviary he always carried in his pocket.

Surgeon Murphy protested against any Popish dog-Latin being used at their meeting. As the College had been founded whilst

the Anglican was the Established Church of Ireland, he thought the only prayers that could be used in that assembly were those contained in the Book of Common Prayer. He would accordingly, with the President's leave, proceed to read the Collect of the day.

Surgeon O'Badiah said, as one of the ancient Jewish race who had not forsaken the religion of his fathers, he could not consent to any Christian prayer, but if they would kindly listen he would read to them the CXIXth Psalm in the original Hebrew, which seemed to him most appropriate for opening such a meeting as this.

Surgeon O'Badlaw, as a thorough believer in agnosticism, for which he was ready to undergo martyrdom, utterly and from his soul (if he had one) repudiated any religious ceremony whatever, whereby the solemnity of their proceedings would be destroyed and their ancient hall would be desecrated. Now if gentlemen would listen to a chapter from the Fruits of Phil— (Oh! oh! order! order!)

The President.—Gentlemen, I perceive it is hopeless to expect anything like unanimity on this subject, and with my best thanks to those gentlemen who have so kindly offered to open the meeting by a prayer—or its equivalent in their creed (looking at the last speaker), I think, as the chief business before us is of rather an opposite character, it would be more appropriate if I read from the chair either the Commination of the Book of Common Prayer, or the Curse of Ernulphus, provided Surgeon O'Badlaw does not object.

Surgeon O'Badlaw said he could not of course conscientiously swear, but he had no objection to curse, and he thought the stronger the language the curse was pronounced in the more it would please himself and colleagues, as no words of reprobation could be too strong for the odious practices they were that day about to consider. He would therefore move that the President should read aloud the Curse of Ernulphus.

This was seconded by Surgeon Kelly, who though himself a Protestant, thought that, whilst he and his fellow-believers would object with all their might to borrow a prayer from the Romish Church, they might, without doing violence to their consciences, borrow a curse for the occasion.

The motion was agreed to *nom. con.*, and the President read the curse, first in the original Latin, then in English, and finally in Irish, so that its beauties might be appreciated by all.

The President then said:—Fellows and licentiates of the Irish College of Surgeons! Cead mille fealthe! It is with mingled feelings of pleasure and pain that I look around me and see this vast assembly of those who derive their honourable title from this noble College. It is no common cause that has led you to hurry up from all parts of old Ireland, at the imminent risk of letting thousands of patients die for lack of your skilful services, or, what is worse, of allowing them to find out that they can recover without your aid. (Hear, hear). The pleasure your presence gives me is more than neutralised by the cause that brings you here to-day. The cause, the melancholy cause, is, as you are aware, the notorious fact that

some of those who hold the diploma of this illustrious College have so far forgotten what is due to the honour and dignity of their noble profession, and what is due to the reputation of their *alma mater*, as to pretend or profess to cure diseases by the monstrous deception called homœopathy. I care not to inquire what amount of scientific truth there may be in the therapeutic rule of homœopathy. I stop not to ascertain if medicines prescribed according to that rule cure diseases more quickly and certainly than do medicines given on our own time-honoured and traditional principles. Such inquiries are altogether foreign to our subject. I take my stand on the ordinance passed by the College nineteen years ago, which expressly forbids its members to "profess or pretend to cure diseases by the deception called homœopathy." This ordinance has been deliberately disobeyed by these degenerate members, and I ask you, gentlemen, to suggest some means of putting a stop to such practices by these unworthy members of our College. But besides these rebellious members who practise this tabooed system in defiance of the ordinance of our College, there are other members who, without professing to practise homœopathy, lend their surgical aid, and actually perform operations on the patients of physicians and practitioners who openly practise homœopathy, in direct contravention of the same ordinance which expressly forbids any fellow or licentiate of the College to "consult with, meet, advise, direct, or assist, any person engaged in such deception or practice." We are met here to-day, gentlemen, to devise some means for putting a stop to this scandal, and purging our College of these offences against the honour and dignity of the profession. (Cheers).

Surgeon McGillicuddy said it was evident the ordinance passed in 1861 was not severe enough, so he would propose to add to the prohibition about meeting, assisting, and so forth, the words "or directly or indirectly have any professional communication with such person." That would, he thought, cover every sort of professional meeting with those disreputable homœopaths—even at a funeral. (Hear, hear.)

Surgeon Wyseman thought that the passing of ordinances against those members who chose to practise a system of therapeutics different to what the majority practised was an anachronism, and unworthy of a scientific body such as they professed to be. Medicine was not a religion, and its adherents were not bound by a creed, or thirty-nine articles, or Westminster Confession of Faith, so he felt he must vote against any proposal for excommunicating members who thought differently on therapeutic matters from the majority. As he was an old President of the College, he was, if they would forgive him the pun, in favour of precedents for everything they did, and he would ask if there was any precedent for a college of surgeons to bind their members to practise always according to one system, and never on any account to resort to any other?

Surgeon Bannagher.—Is it precedents the honourable member wants? There is a precedent that exactly suits this case. I hold

in my hand the form of oath administered by an eminent French Faculty of Medicine to candidates for their diploma, and with the leave of our present President I will read this former precedent. It is given in the form of question and answer between the president of the college or faculty and the candidate for the licence to practise, and runs as follows. It is in Latin, but that is a language we are all familiar with, so I shall not translate it.

Præses.—*Juras gardare statuta,*
Per facultatem præscripta,
Cum sensu et jureamento ?

Bachelierus.—*Juro.*

Præses.—*Essere in omnibus,*
Consultationibus,
Ancieni aviso,
Aut bono,
Aut mauvaiso ?

Bachelierus.—*Juro.*

Præses.—*De non jamais te servir,*
De remediis aucunis,
Quam de ceux seulement doctæ facultatis,
Maladus dû-t-il crevare
Et mori de suo malo ?

Bachelierus.—*Juro.*

There, sir, if that is not a precedent of the most elegant sort, I hope I may never more touch potheen. (Sensation.)

Surgeon Wyseman granted that the obligation enforced on candidates never to alter—not even to improve—their practice was stringent enough in the oath just quoted, but the college or faculty by which it was imposed was, as he understood, one of medicine. He wanted to know if there was a precedent for a college of surgeons having imposed any such oath, or promulgated any such edict as the one passed by their own College in 1861.

Surgeon Brady objected entirely to the search for precedents. Was not Ireland the first flower of the ocean, the first gem of the earth, and was it becoming in them to look for precedents? Should they not set the precedent for other colleges to follow? (Loud cheers.)

Surgeon Wyseman allowed that the argument of the last speaker was unanswerable. But he would take the liberty to inquire what were the grounds on which the College had pronounced homœopathy to be a “deception.” They all knew the principles on which homœopathy was founded, and the partisans of the system, so far from making any concealment about it, had published lots of treatises addressed to the public and the profession explaining it in the clearest and most concise manner. Under these circumstances he did not see how it could fairly and justly be termed a “deception.”

Surgeon Brady rose to order. He conceived that his friend Surgeon Wyseman was completely out of order in disputing the dictum of the College that homœopathy was a deception. He submitted that it was not for them to criticise the solemn judgment of the College. If the College had pronounced homœopathy to be

a deception, a deception it was and must be, and its partisans base deceivers.

The President ruled that Surgeon Wyseman was out of order in impugning the verdict of the College, and as it had pronounced homœopathy to be a deception they must bow to the decision of the College.

Surgeon Wyseman would withdraw his opposition, as he perceived the sense—or nonsense—of the meeting was against him. (Groans.) He would only, before sitting down, make one other remark. The President in his opening address had spoken about our time-honoured and traditional principles, and he had also denounced the principles of homœopathy. Now they all knew what the principles of homœopathy were, but he should like very much to know, and he thought the College was bound to inform an expectant world, what were the time-honoured and traditional principles on which they practised medicine?

The President replied that he was astonished to hear Surgeon Wyseman ask such a question. He ought to know that the great principle of orthodox medicine was to oppose all attempts to introduce a principle into therapeutics. This the homœopaths had pretended to do, and they professed to be guided by a principle in the selection of their remedies. Such conduct the exponents of rational medicine held to be most unprincipled, and hence deserving of reprobation.

Surgeon O'Trigger asked the President how many fellows or licentiates of the College were actually engaged in the practice of the deception called homœopathy?

The President believed the number to be about half a dozen.

Surgeon O'Trigger said if that was all, the easiest way of settling the matter would be to act according to the principles of his illustrious ancestor, Sir Lucius, and for half a dozen of them to call out and shoot these unworthy members. (Hear, hear.)

The President, while doing full justice to the courage of his valiant friend, begged to remind him that the days of duelling were past.

Surgeon O'Trigger.—More's the pity.

The President.—Possibly. But the destruction of the enemy being impossible in the way proposed by his distinguished friend, they must have recourse to less sanguinary measures for getting rid of their heretical members.

Surgeon O'Grady said why could they not just re-enact the ordinance of 1861, intimating at the same time that it would be acted on this time, and members disobeying would be expelled. He would ask why all these years the ordinance had never been enforced?

Surgeon Wyseman.—I will tell the honourable member why the ordinance of 1861 has not been acted on. It is in fact illegal. (Sensation.) It is directly contrary to certain clauses of the Medical Act that became law in 1859, and was passed in defiance of this Act, and to show the contempt the College felt for it and

its authors, but if the College had attempted to act upon its ordinance it would have run the risk of being punished by losing its right to make legally qualified surgeons.

Surgeon O'Grady did not think that was any reason at all for not enforcing the ordinance. Let them boldly do it, and dare an alien Government to persecute them. He thought it would enlist the sympathy of all true lovers of liberty on their side if a tyrannical Government were to make martyrs of them.

Surgeon Wyseman doubted if their legal punishment for an illegal attempt to suppress liberty of opinion among their members would meet with the sympathy of the lovers of liberty—unless it were those lovers of liberty who claimed the liberty to “wallop their own nigger.”

Several members having expressed an opinion that it would be injudicious to move further in the matter,

Surgeon O'Connell rose and said:—Gentlemen, I had no intention to speak, but I cannot remain silent when I see the meeting giving signs of a disposition to drop the matter entirely, at the instigation of Surgeon Wyseman, who I should be sorry to insinuate is a hired agent of a base and bloody Government, whose constant aim it is to oppress and tyrannize over this beautiful and unfortunate country. No, gentlemen, there have been traitors among Irishmen, but I cannot believe that so base, so mean a traitor could be found in our midst. No, gentlemen, Surgeon Wyseman is no traitor, but he exhibits a timidity—I will not say cowardice—unworthy of an Irishman, and has apparently even infected some of our colleagues with his own pusillanimity. What is it we are met together to-day to protest against? Homœopathy! What is homœopathy? A system of therapeutics. What has a college of surgeons to do with a system of therapeutics? Nothing—that is a subject for a college of physicians. Ah, then, you will say, let us say nothing about it. If that was all then I would myself be of that opinion, and say we have made a mistake, let us retire with dignity. But is that all? Far from it. Who was the inventor of homœopathy? Samuel Hahnemann. And who was Samuel Hahnemann? A Saxon! (Sensation.) Yes, gentlemen, a Saxon of the Saxons. Born at Meissen in the very heart of Saxony. (Groans.) Need I say more, gentlemen? Is the black fact that the author of homœopathy is a Saxon not reason enough why an Irish college, whether of surgeons, or physicians, or theologians, or mathematicians, or engineers, or cheesemongers, should denounce him and all his works? (Hear, hear.) The system of therapeutics has nothing at all to do with our opposition. It is the man who is the author of the system, a thoroughbred of the detested race that we strike at when we denounce homœopathy. (Hear, hear.) Of course we cannot proclaim this to the world, as we are bound by chains to a race of Saxons on the other side of the Channel, so we must allege another reason for our opposition. It is certainly an unusual thing for a college of surgeons to be so particular about

a system of therapeutics, and may to outsiders appear ridiculous. But, gentlemen, we know what we mean. The system, or practice, or deception, or whatever you choose to call it, is only a blind—an excuse. All the time it is the Saxon we attack, it is the Saxon we denounce, it is the hated Saxon we condemn under pretence of attacking, and denouncing, and condemning his ridiculous system, for which no member, I venture to say, cares twopence. So, gentlemen, always remember when you are pretending to assail homœopathy it is the perfidious Saxon you are really aiming at. The ordinance of 1861 is perhaps contrary to Act of Parliament, but my illustrious relative, Daniel O'Connell (tremendous applause, the whole meeting rising to their feet, and waving their hats and handkerchiefs, the clamour only being allayed by the ingenious device of the President proposing they should drink a glass of potheen all round to the memory of Daniel O'Connell "in solemn silence"), the great liberator of Ireland from Saxon thralldom (great cheering), taught us how to drive a coach and six through any Act of Parliament whatever. Now, gentlemen, I will show you how to evade the Act of Parliament while retaining the ordinance, by reminding you of the story of old Biddy Malone. One day Biddy on her rambles met Lord and Lady Castleblarney out walking arm in arm. "Good marning, me Lard, and God save ye, me Lady," says Biddy with a low curtsey, "sure I dramed last noight that yer Lardship guv me a pound o' snuff, and yer Ladyship a pound o' tay." "Ah! but Biddy, you know," says my Lord, "that dreams always go by contraries." "Faith an' that is so, me Lard, so its yer Lardship 'll be after givin' me the tay, and her Ladyship the snuff." Now, gentlemen, all we've to do is to imitate Biddy and reverse the order and slightly alter the wording of the denunciations in the ordinance. The original ordinance first forbade fellows and licentiates to pretend to cure diseases by the deception called homœopathy, and then it ordered that no fellow or licentiate should consult with, meet, advise, direct, or assist, any one engaged in such deception or practice. Now, I propose, first, to forbid any fellow or licentiate to "consult with, advise, direct, or assist, or (as Surgeon Mr. Gillicuddy suggests) have any professional communication with any person who professes to cure disease by the deception called homœopathy," and then to denounce the practice of homœopathy as "inconsistent with professional propriety, and derogatory to the reputation, honour, and dignity of the College." In this way the letter of the Act of Parliament will not be contravened, though its spirit will, but that's just what we want, and in this way we show our detestation of the "base, bloody, and brutal Saxon." (Thunders of applause.)

Surgeon Wyseman said, in his opinion it was "derogatory to the reputation, honour, and dignity of the College" to seek to evade an Act of Parliament in the manner proposed, and that the course the College was counselled to pursue, if not a "deception," was, at all events, a mode of proceeding that would be "considered derogatory and dishonourable" by all gentlemen, and, he suspected, by

all "physicians and surgeons" too, except, perhaps, those belonging to the Irish College. (Uproar.)

Surgeon O'Trigger rose to order. The last speaker had grossly insulted the College and every member of it, so he proposed that, as the President had ruled it would not do to call him out, they should put him out.

Which was done, and the ordinance, as modified by Surgeon O'Connell, was passed unanimously, amid the most exuberant demonstrations of enthusiasm.

American Institute of Homœopathy.

THIS Association held its thirty-second Annual Session in June last, at Milwaukee, and seems to have had an enjoyable meeting. Full accounts of it are given in the *Hahnemannian Monthly*, for July, and the *Homœopathic Times*, for July and August. Our contributor, Dr. Berridge (who was present), has requested us to publish the following, which grew out of a somewhat emphatic repudiation of an attempt on his part to lecture the Institute on its neglect of true homœopathy.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

At an adjourned meeting of friends of Hahnemann Homœopathy, the following resolutions were adopted :

"Whereas, We believe the *Organon of the Healing Art* as promulgated by Samuel Hahnemann to be the only reliable guide in therapeutics, and

"Whereas, This clearly teaches that Homœopathy consists in the law of similars, the single remedy, the minimum dose of the dynamised drug, and these not singly but collectively ; and

"Whereas, Numbers of professed Homœopathists not only violate these tenets, but largely repudiate them ; and

"Whereas, An effort has been made on the part of such physicians to unite the Homœopathic with the Allopathic school ; therefore

"Resolved, That the time has fully come when legitimate Hahnemannian Homœopathists should publicly disavow all such innovations ;

"Resolved, That the mixing or alternating of two or more medicines is regarded as non-homœopathic ;

"Resolved, That in non-surgical cases we disapprove of medicated topical applications and mechanical appliances as being also non-homœopathic ;

"Resolved, That 'as the best dose of medicine is ever the smallest,' we cannot recognise as being Homœopathic such treatment as suppresses symptoms by the toxic action of the drug;

"Resolved, That we have no sympathy in common with those physicians who would engraft on to Homœopathy the crude ideas and doses of Allopathy and Eclecticism, and we do not hold ourselves responsible for their 'fatal errors,' and failures in theory and practice;

"Resolved, That as some self-styled Homœopathists have taken occasion to traduce Hahnemann as a 'fanatic,' 'dishonest,' and a 'visionary,' and his teaching as 'not being the standard of Homœopathy of to-day,' that we regard all such as being recreant to the best interests of Homœopathy;

"Resolved, That for the purpose of promoting these sentiments, and for our own mutual improvement, we organise ourselves into an International Hahnemannian Association, and adopt a constitution and bye-laws."

A society was organised by the adoption of a constitution and bye-laws, and electing the following officers:—P. P. Wells, Brooklyn, president; T. F. Pomeroy, Detroit, vice-president; J. P. Mills, Chicago, secretary and treasurer; E. W. Berridge, London, England, corresponding secretary. Bureaus: Ad. Lippe, *Materia Medica*; C. Pearson, *Clinical Medicine*; E. A. Ballard, *Therapeutic Surgery*; T. F. Pomeroy, *Obstetrics and Diseases of Women and Children*.

Noiseless Crockery.

A PATENT has been taken out by Mr. Vernon, of Newton-Stewart, for rendering crockery absolutely noiseless. It is applied to cups and saucers, plates, basins, ewers, jugs, and, in short, all domestic articles of china and stoneware, and consists in the insertion of a vulcanised india-rubber ring in the bottom of the article. This invention is likely to be of especial use in the sick-room, where the clatter of crockery is often very disagreeable to a patient. There is another advantage attending the invention, and that is that a vessel fitted with it will not slip about. Thus, a cup will bear to be inclined in the saucer at a very considerable angle without sliding. Services of porcelain and stoneware fitted with these rings are well adapted for an unsteady table, such as we find in sea-going ships, and we believe they

have already been supplied to yachts and several lines of ocean steamers.

Pathogenetic Record.

WE beg to call attention to the completion of the first volume of this work which has been published with varying regularity, as an appendix to the *Journal*. The labour bestowed on it by its industrious author Dr. Berridge, has been enormous, and the result is a cyclopædia of the morbid symptoms and artificial diseases developed by the medicines named in the volume which will be of vast importance to the *Materia Medica*. The whole homœopathic world is deeply indebted to Dr. Berridge for his labour of love in their service, and we are glad to know that his work is highly appreciated by our colleagues on the other side of the Atlantic. The further publication of Dr. Berridge's work, of which, of course, this first volume is only the commencement, must be postponed for a while as it is our intention to devote the appendix for some time to come to a critical commentary by Dr. Hughes on Allen's *Encyclopædia*. We trust by and by to resume the publication of Dr. Berridge's *Pathogenetic Record*, if he will allow us to do so.

Dr. Dudgeon's Pocket Sphygmograph.

As, contrary to expectation, the whole stock in hand was almost immediately sold, gentlemen who have ordered the instrument will have to wait a week or two until another supply can be manufactured. This is being done with all due rapidity, but as great care is required to make the various adjustments, some little time will elapse before the instruments are ready for delivery. Mr. Ganter will then forward them to those who have applied to him for them, in the order of their application.

International College of Hygiene.

THE Congress was held this year at Turin. Our colleague, Dr. M. Roth, read there papers on the following subjects:—
1. On Obligatory Inspection of Schools. 2. On the Ladies' Sanitary Association of London and its Work. 3. On the Introduction of the Elements of Hygiene and Physical Education into all Primary and Secondary Schools. 4. On the Means of Preventing Blindness. 5. The Anti-hygienic Conditions in which the Workmen in Scotch Ship-building Yards are placed.

OBITUARY.

CONSTANTINE HERING.

SINCE the death of Hahnemann no one has occupied such a prominent place in the homœopathic world as the illustrious man whose death we now deplore. A man of thoroughly original genius, he would have made a figure in any sphere in which he elected to move. It was fortunate for homœopathy that he early became a devoted adherent, for his career has been one long succession of brilliant and important services, to the method of Hahnemann. Born at a small town in Saxony, on the first day of the closing year of the eighteenth century, he had just completed his fourscore years when he died in the very height of his never-ceasing activity, never having known what it was to take rest from his self-imposed labours. His first appearance in homœopathic literature, as far as we can ascertain, is a communication addressed to the *Archiv* in 1827, in which he gives an account of his sea-sickness during his voyage to Surinam, and mentions the remedies that cured him, namely, *Cocculus* for the actual sickness, and *Staphisagria* for a spongy state of the gums that remained or occurred after the cessation of the sickness. In this article he also describes some of the diseases he met with among the inhabitants, Europeans and natives, and the remedies he had found useful. Among others, a case of tetanus in a black, which was cured, to the great astonishment of the people, by *Angustura*. He mentions that he was about to take a journey into the interior under the guidance of an Indian, to a lake never yet visited by white men, where wonderful animals and plants abounded. On his return he would devote himself to the study of yaws, elephantiasis, leprosy, or boassio, which is considered incurable. Later, he mentions that he remained for fourteen days in the region set apart for persons afflicted with this disease, which is much dreaded, and all the subjects of it are kept confined on a particular plantation, and not allowed to leave it for fear of spreading the disease by infection.

As his career commenced in this industrious and active manner so it went on. He left Surinam in 1833, and came to Philadelphia, where he settled down in practice after a short sojourn in Allentown to assist in the establishment of a homœopathic academy. During the whole course of his long medical life, he was incessantly occupied in adding new medicines to the homœopathic materia medica, proving them on himself and others, and publishing the results of his labours from time to time. In

the number of medicines he made available for homœopathic treatment by provings more or less complete, he is second to Hahnemann alone—some of whose medicines he assisted to prove, notably, *Arsenic*, *Phosphorus*, *Phosphoric acid* and *Silica*. *Lachesis*, *Apis*, *Oxalic acid*, *Glonoïn*, are some of the most valuable of Dr. Hering's additions to the *materia medica*. Besides provings, Dr. Hering was a diligent maker of manuals designed to assist the practitioner. He published *Gross's Comparative Materia Medica*; commenced a gigantic work called *Analytical Therapeutics* which, however, never got beyond the first volume; gave us a few years ago his *Condensed Materia Medica*, which has reached a second edition, and, at the time of his decease, was busy with the proof sheets of the third volume of his *Guiding Symptoms*.

But his literary activity was not limited to these serious works. He was a great master of sarcasm and had an abundance of Attic salt to spare. This he bestowed chiefly on his German friends, and he published in German some excessively witty and sarcastic pamphlets with the title of *Neue Hauhechel* under the pseudonym of "Dr. Wisent." These pamphlets are brimming over with wit and wisdom; he even ushers in a list of *Errata* in the following humorous manner.

"O modesty! O thou lovely human virtue, who art only to be found in rage, and then only until they become paper; when books are formed thereof, then indeed, there is no more thought of thee! O let thy violet perfume spread over this last page, which probably will not appear *quite* free from faults. The author cannot allege as his excuse for these his remoteness from the printing place, nor yet lay the slightest blame on his compositor, he therefore takes upon himself alone the whole blame, and would beg his courteous readers, especially those who are afflicted with defective education, not to read the book a second time without carefully making the following corrections."

In a short intercourse with the illustrious departed some thirty-four years since, we had an opportunity of enjoying and admiring a mixture of learning, simplicity, earnestness, and "paukiness," such as combined to make one of the most remarkable men it has been our fortune to meet. Since then we have occasionally had letters from him, and we shall feel his loss as that of an old and valued friend.

This is not the place in which to examine critically the work done for homœopathy by Dr. Hering. His influence has been immense, and if we have found it necessary sometimes to differ from his views in minor points, we have always felt that Hering was the worthiest representative of homœopathy since Hahnemann's death.

At the British Homœopathic Congress held last month at Leeds, a resolution expressive of the regret of the congress and their sympathy with his widow was passed with unanimity.

BOOKS RECEIVED.

"*Scratches*" of a Surgeon. By W. T. HELMUTH, M.D. Chicago. 1879.

Special Indications for twenty-five Remedies in Intermittent Fever. By T. P. WILSON, M.D. Philadelphia. 1880.

The Effects of Trituration. By C. WESSELHOFT, M.D. Boston.

Skin Diseases treated Homœopathically. By WASHINGTON EPPS. Second edition. London.

Estudos Geracs sobre Homœopathia pelo medico homœopatha AUGUSTO CEZARIO D'ABREU.

Encyclopædie des Impfens und seiner Folgen. Am dem Englischen. Hannover: Kahn. 1880.

Sick Nursing at Home. By S. F. A. CAULFIELD. London: Bazaar Office.

Gastein; its Springs and Climate. By GUSTAVUS PRELL, M.D. Fourth edition. Vienna. 1880.

The Homœopathic Therapeutics of Intermittent Fever. By H. C. ALLEN, M.D. Detroit. 1880.

Radical Mechanics of Animal Locomotion. By W. P. WAINWRIGHT. New York. 1880.

Revista Portuguesa de Therapeutica Homœopathica pelos medicos homœopathas Dr. P. JOUSSET e A. C. D'ABREU.

Archivos de Medicina Homœopatica.

The American Journal of Microscopy and Popular Science. New York. Vol. V. No. 7.

Il Dinamico, Giornale medico-omiopatico. Napoli.

The Homœopathic Expositor, January, 1880.

The Medical Counsellor.

The Homœopathic News.

St. Louis Clinical Record.

The American Homœopath.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Médico.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

The Medical Herald.

The Medical Record.

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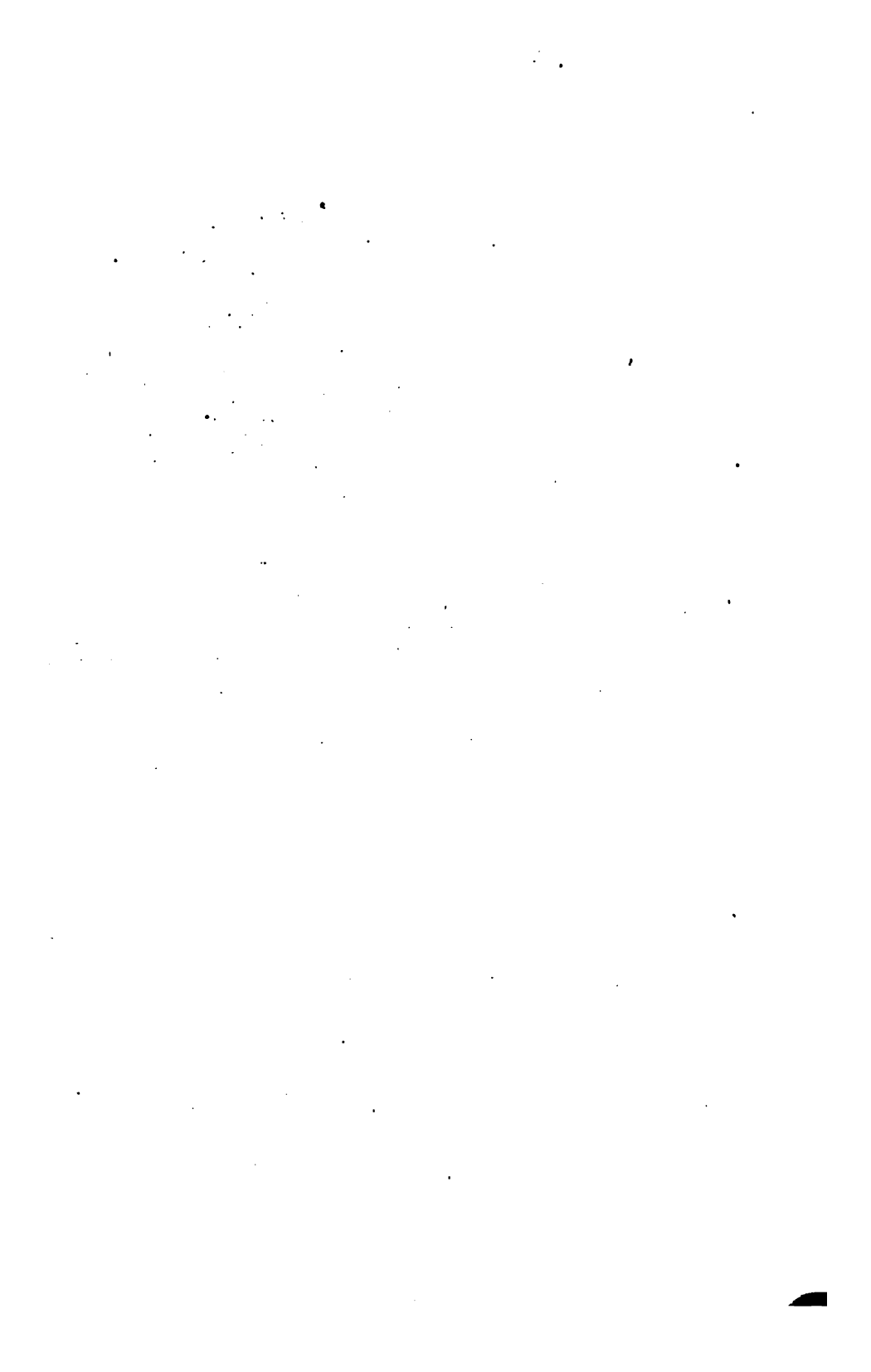
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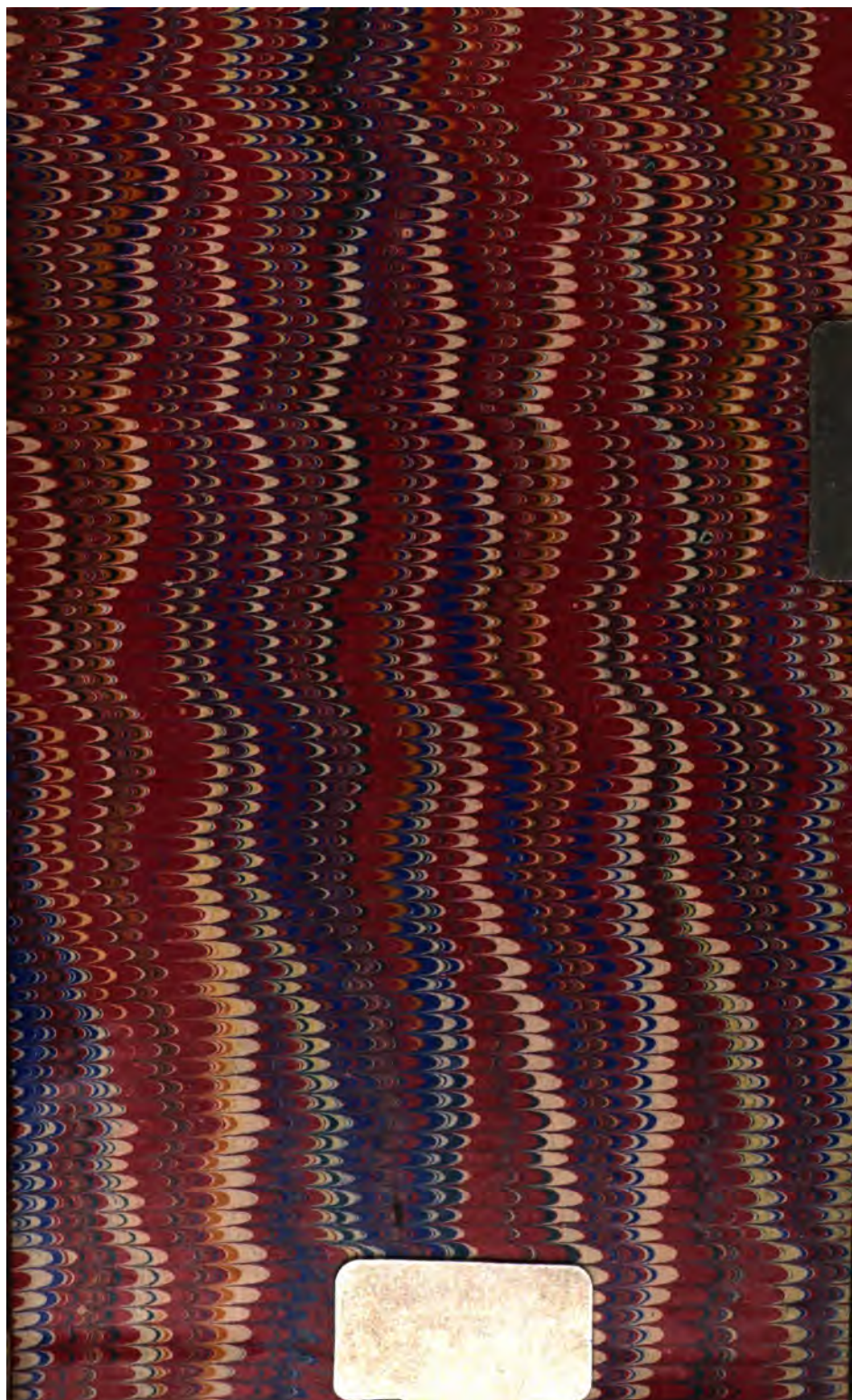
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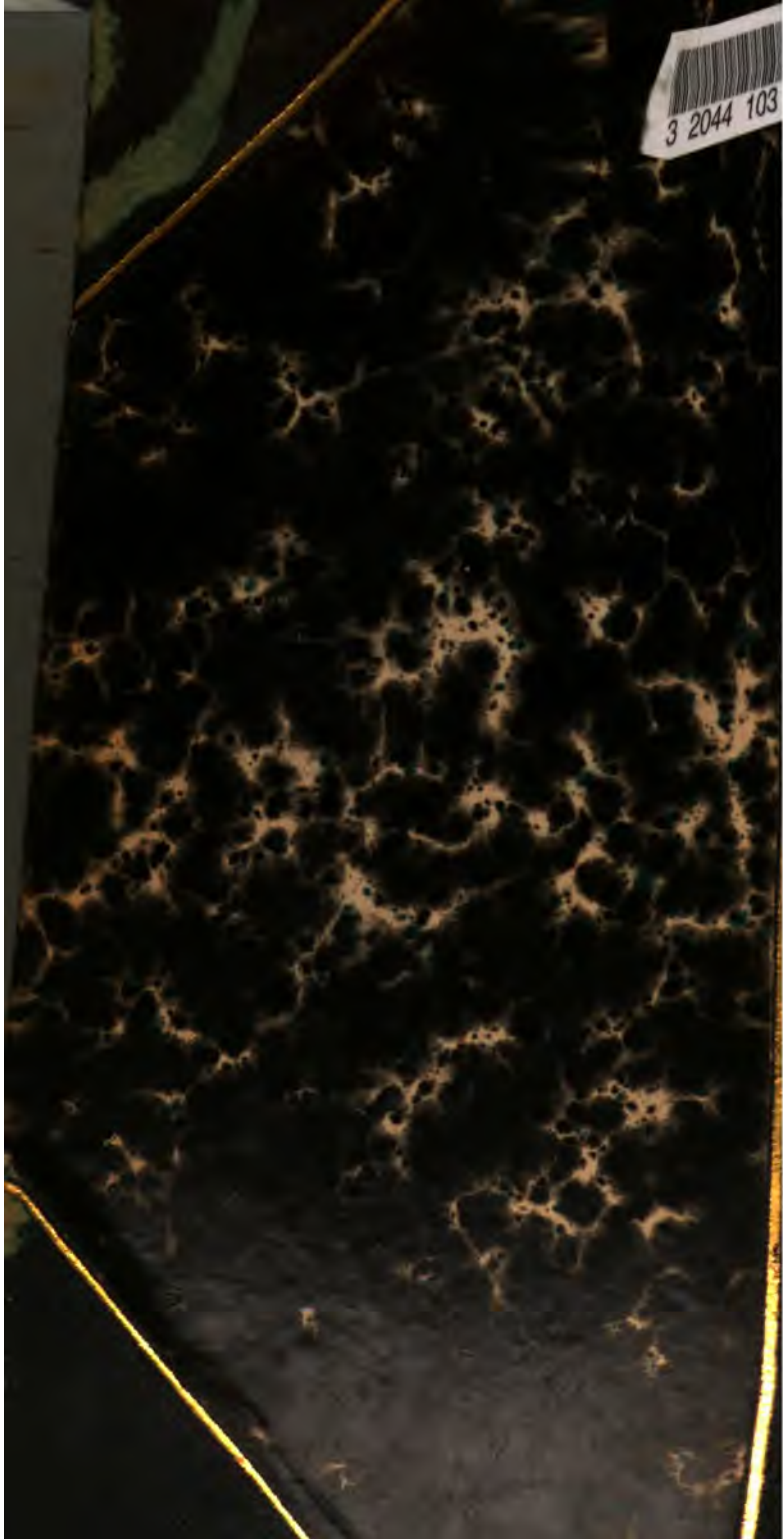








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