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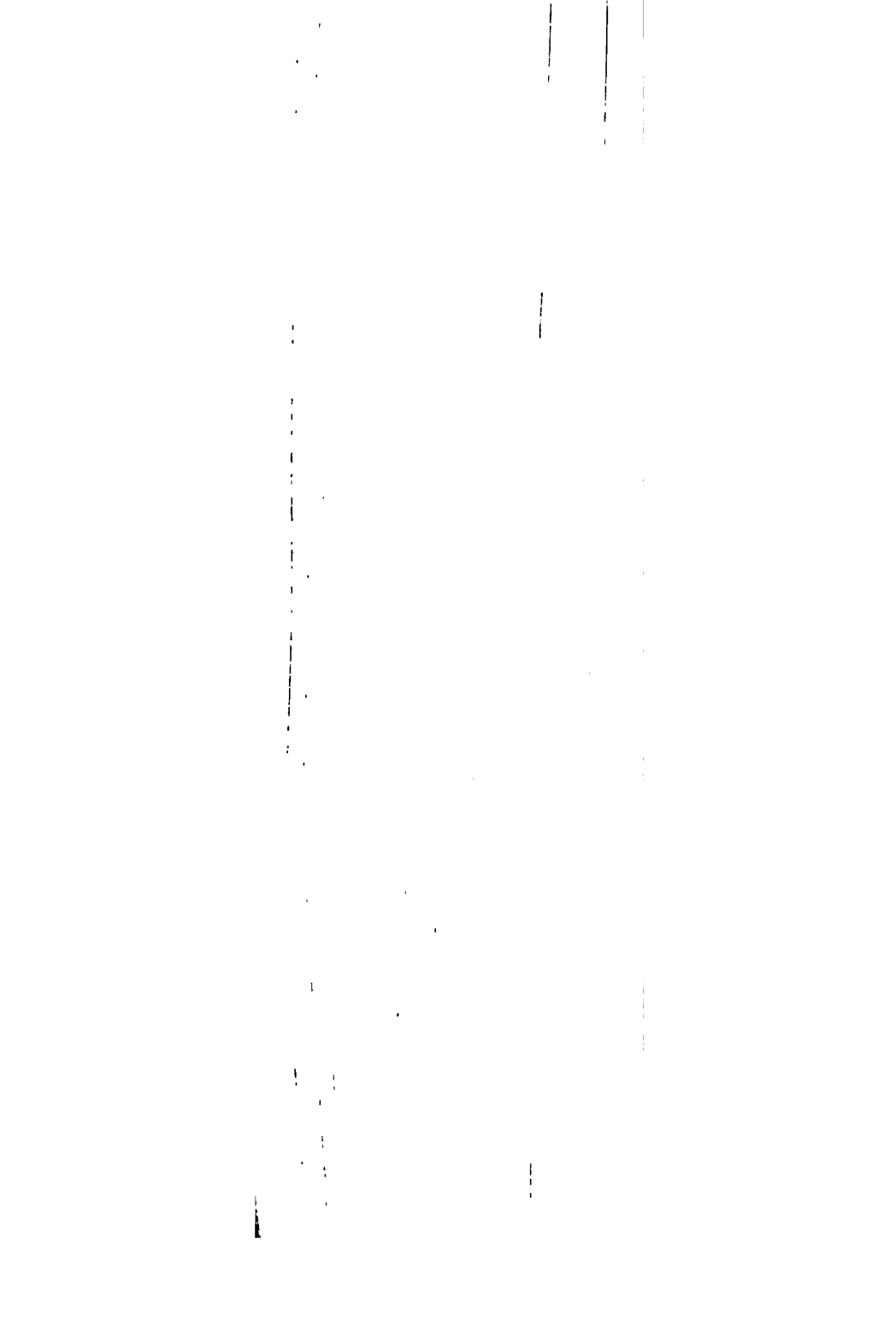
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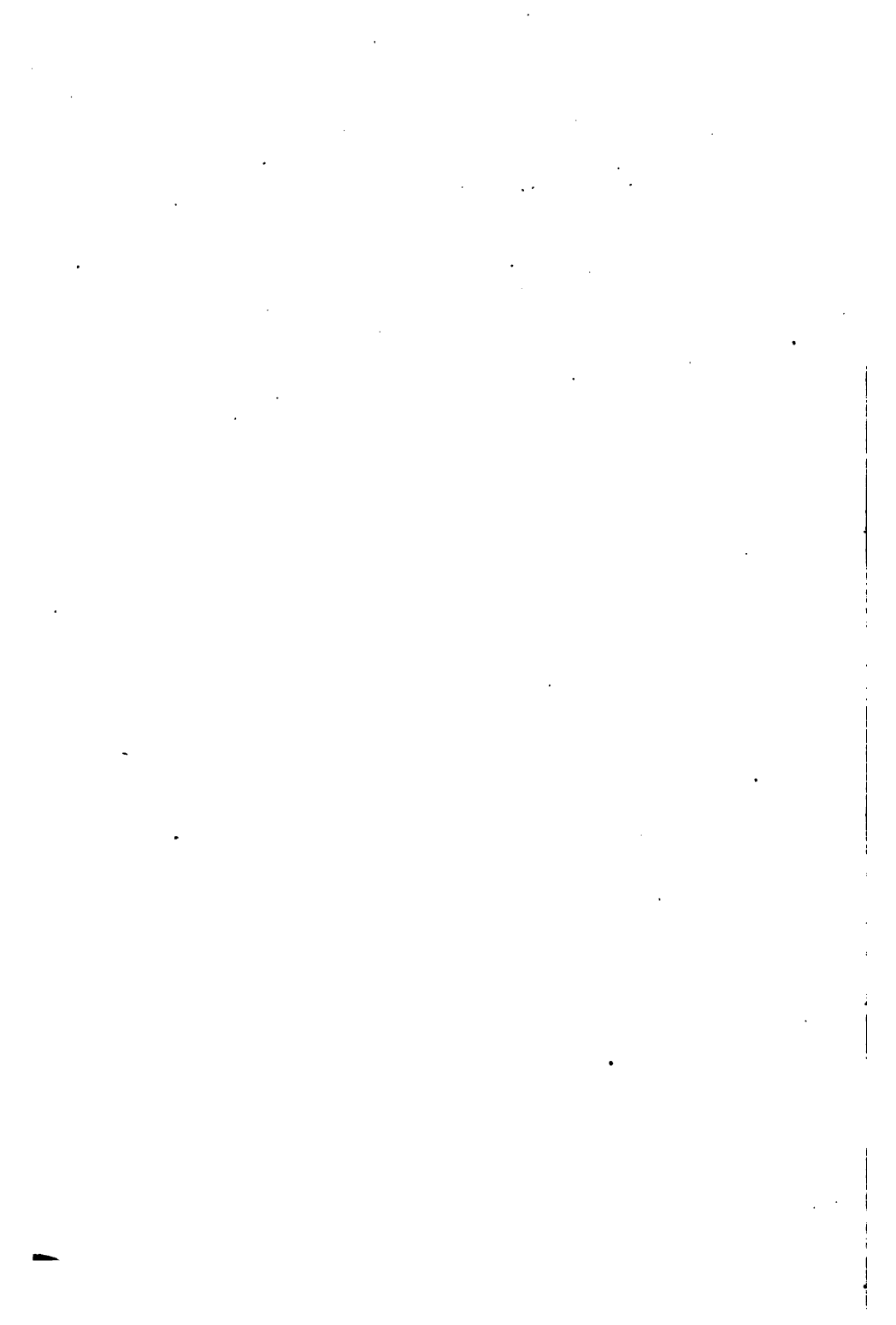
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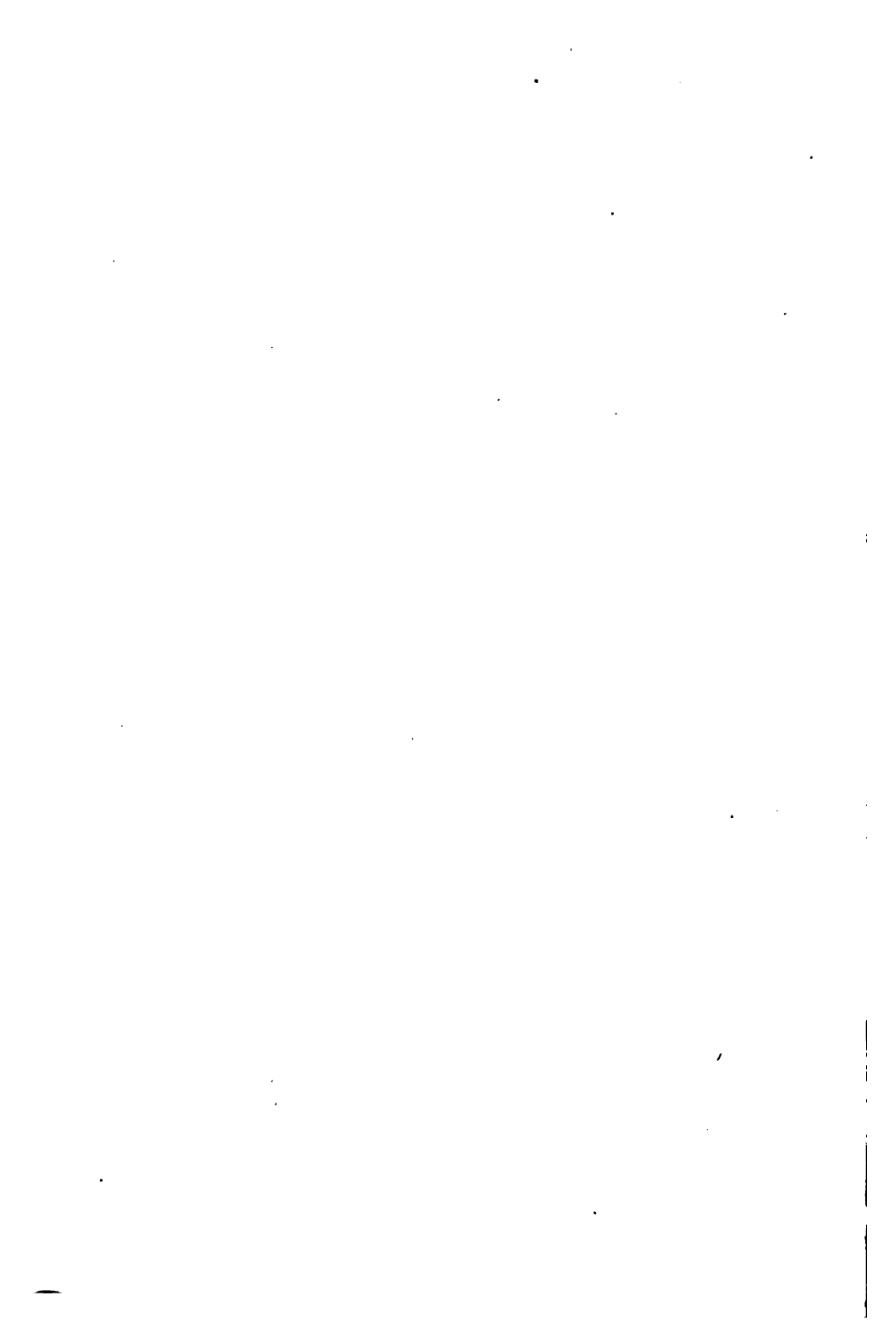
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# BRITISH JOURNAL

OF

## HOMŒOPATHY.

EDITED BY

R. E. DUDGEON, M.D.,

AND

RICHARD HUGHES, L.R.C.P.

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VOL. XXXIX.

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THE  
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DILUTIONS.

IN our last number we discussed the subject of the *triturations* of homœopathy. On the present occasion we would direct the attention of our readers to another distinctive feature of its pharmacy—its *dilutions*. These too have lately had to stand the fire of a scathing criticism. There is, indeed, no question here of the adequacy of the mode of preparation to effect all of which the process is capable. The points which have been raised are:—1st, how far can attenuation be carried? and, 2nd, is there any stage in its progress at which the matter submitted to it ceases to be active, and, if so, what is that stage?

Such inquiries are comparatively new, especially within the ranks of the homœopathic body itself. Hahnemann never had any doubt about them. Beginning by simple dilution at one step, to avoid aggravations and collateral effects, he was led to recognise an actual development of power thereby, and thereupon to extend the process to all medicines, and to make it precise and effective by graduating it according to a centesimal scale. Of the stages of this process up to the 30th he always spoke in terms of the proportion of the drug assumed to exist in them—"millionfacher," "decillionfacher," and so forth; and although

when, in later life, he spoke of the 50th, 100th, and 300th, he denoted them for greater convenience by the Roman numerals, it is clear that he supposed them to contain real proportions—however minute—of the original substance. He took for granted the infinite divisibility of matter: “a substance divided into ever so many parts,” he wrote in the last edition of *The Organon* (1833), “must still always contain in its smallest conceivable parts *somewhat* of this substance.” Nor did he see any reason to doubt the activity of this “somewhat,” infinitesimal as it might be. The diminution of its bulk was, to his thinking, so compensated by the processes of trituration and succussion to which it had been subjected, that it only acted more finely and penetratingly—though for a shorter time—the higher it was attenuated.

Hahnemann’s standpoint has been that of most of his followers. Though many have questioned the desirableness of diluting medicines beyond a certain point, none till lately challenged its possibility. When adversaries professed disbelief in there being any medicine whatever in the homœopathic attenuations, chemistry, the microscope, and—later—spectrum analysis, were brought to bear upon them; and, finding evidence of the presence of the original substance at various stages of the process, it was fairly argued that tests yet more refined would trace it further still. The extreme attenuation at which semen sufficed for impregnation and vaccine lymph for developing cow-pox was adduced as showing how active such finely-divided matter might be; and this kind of demonstration culminated when Davaine showed the infecting influence of a ten-trillionth of a drop of septic blood. When, again, the microscopic cell, and—still more—the invisible molecule and atom, became the subjects of scientific conception, it was felt that our infinitesimal doses found here their harmonious complement. All these facts served to confirm our faith, and to rebut the assaults of opponents; and their negative and destructive bearing was not perceived.

We are now living in a period of comparative tranquillity from outward attack. The practitioners of the old school

are too much occupied in digesting the good things they have—*conveyed* from us, to have any leisure for criticising the system which has produced them. In such a time of peace the spirit of inquiry fastens on its own belief. Partly from scepticism, partly from philosophic candour, men analyse and test their own most cherished dogmas and practices, and are ready to renounce them if they do not stand the trial. The homœopathic dilutions like the triturations have met this fate, and have in recent days been rather sorely wounded in the house of their friends.

1. The first doubt, as we have said, relates to the possibility of attenuating to the proportions assumed in the homœopathic nomenclature. Its most extreme representatives have been Dr. Samuel Cockburn, of Glasgow,\* and Dr. S. Whitney, of Boston, U.S.† The former argues that succussion of a liquid must result in uniform size of its particles, and hence that the drop of the first dilution, containing a hundredth part of the drug, cannot be subdivided another hundred times at the second step, as the theory requires. Dr. Whitney points out that to suppose a drop of the juice of a plant to be uniformly diffused through the mass of fluid representing the third attenuation is to make it 640 times more attenuate than it would be in the gaseous form, which he assumes to be the ultimate rarefaction of matter; and maintains that this is impossible.

Now these objections might very well be met on their own ground of theory. To Dr. Cockburn we might reply that he makes no allowance for diffusion, but supposes his drop of the first dilution to live an isolated life among those of the next dilution to which it is introduced; which is absurd. To Dr. Whitney it might be urged that the “radiant matter” of Crookes has already shown us a fourth state in which it can exist, and that it would be most unwise to fix a rigid limit, derived from our present knowledge of it, beyond which we cannot allow it to be separable. But there is a more conclusive answer to either: the doubt *solvitur ambulando*. Take, as Dr.

\* *Annals of Brit. Hom. Soc.*, iii, 21.

† *N. Engl. Med. Gazette*, Dec., 1879, p. 268.

Deschere has done,\* a deeply colouring matter, like eosine. You will see it with ordinary vision pervading every portion of the second attenuation, where it must exist in the proportion of one ten-thousandth, and the cone of concentrated sunlight will show its fluorescence in the fifth, where its attenuation is represented by the ten-thousand millionth.

Here, too, comes in the evidence furnished by chemical analysis, by the microscope, and by the spectroscope. The first has detected nitrate of lead and sulphate of copper pervading the third attenuation.† The second of course has no place where true solutions are to be examined; but, if Mayerhofer's experiments can be relied on, has followed up several suspended metals to dilutions (on a scale of 2 to 98) ranging from the tenth to the fourteenth. The third, in Dr. Douglas Hale's hands,‡ has revealed the presence of Strontium and Barium in the fifth dilution, in Dr. Ozanam's,§ of Lithium in the 6th, and of Sodium in the 8th. Dr. Wesselhœft's recent repetition of experiments with the two last metals failed || to trace the former above the 3rd decimal, the latter above the 7th of the same scale; but there seems no reason to question the validity of the older observations.

We have, moreover, additional testimonies derived from experiments made to see how far semen, vaccine lymph, and septic blood can be attenuated without losing their distinctive properties. We adduce these here, rather than under the head of the proofs of the activity of our potencies, since the substances used can hardly be ranked with drugs in respect of *modus operandi*. Dr. Arnold has fecundated frogs' eggs by immersing them in the 3rd dilution of their semen, and has successfully vaccinated children from the first (aqueous) dilution of vaccine lymph.¶ But it is with septic blood that the most astonishing results have been obtained. We gave, in our thirty-first volume,

\* *N. Amer. Journ. of Hom.*, Feb., 1880, p. 417.

† *Brit. Journ. of Hom.*, xx, 278, 287.

‡ *Annals*, iii, 31.

§ *L'Art Medical*, Jan., 1862: see also vol. xx of this Journal, p. 282.

|| *Hom. Times*, Aug. 1880.

¶ Dudgeon, *Lectures*, p. 369.



an account of the experiments made herewith by M. Davaine, who is no homœopathist, though he has diluted according to the Hahnemannian scale. He found that the blood of rabbits dying of septicæmia could, in the dose of a ten-trillionth of a drop, induce a similar and fatal disease in other animals of the same species. As this represents a point between our 9th and 10th attenuations, it shows conclusively that matter can be carried by the homœopathic processes to that degree without ceasing to be present, or losing the activity proper to it.

But a far more serious objection has arisen of late years, not indeed to the soundness of the points we have hitherto made, but to the possibility of indefinite attenuation. The conception of the infinite divisibility of matter current in Hahnemann's day has now been exchanged for that of its atomic constitution, which implies that we must at length arrive at a stage at which we can divide no more. This idea was not disturbing to us at first, as imagination might suppose the atom as small as it pleased, and far beyond the reach of any attenuation reasonable homœopathists were likely to use. Our confidence was rudely shaken, however, when physicists began to attack the question of atomic magnitudes, and agreed that these—minute as they were—did not carry us into numbers exceeding trillions. Thomson and Clerk Maxwell estimate the number of ultimate atoms which can be contained in a space  $\frac{1}{1000}$ th of an inch cube as between a hundred billions and ten thousand billions; and, supposing these atoms to be of oxygen and hydrogen, and to unite to form water, Sorby calculates that four thousand billions of molecules of water might occupy such a space.\* Drs. Wesselhœft and Sherman† have shown that, upon such data, the molecules of a liquid drug would become exhausted at about the eleventh centesimal dilution, and at the twelfth would cease to be even probably present.

This startling difficulty is evaded by some by saying

\* *Monthly Microscopical Journal*, March, 1876.

† Transactions of Amer. Institute for 1879; *American Homœopathist*, May, 1878.

that the atomic constitution of matter is at best only a theory, that it can never be proved. Others, with more plausibility, affirm that the size of atoms may hereafter be found more minute than as at present estimated. The late Dr. von Grauvogl attempted to make a great point of the experiments of Jolly, who found that a certain amount of contraction accompanied the attenuation of a solution of saltpetre. "Since every new attenuation," he wrote,\* "produces, by molecular contraction, a new *minus* of the volume present before their preparation," "Hahnemann's decillionths and all other calculations fall to the ground." But when we come to look at the amount of this contraction, we find that at the first stage it is only 21 c.c. in 2257, *i.e.* about one part in a hundred, and that on further dilution the proportion diminishes still farther. Although, therefore, some allowance must be made in our calculations in consequence of this discovery, it cannot make a difference of more than one or two steps of the centesimal scale.

On the other hand, in support both of the limited divisibility of matter and of the estimates made as to the size of its ultimate particles, we have the negative bearing of the facts already adduced. That vaccine lymph is active at the first dilution and semen at the third; that colour is perceptible in the second and fluorescence in the fifth; that chemistry can detect substances in the third potency, and spectrum analysis in the eighth; that septic blood retains its virulence even in the ninth—all this has hitherto been urged only as proving the extent of our power of subdivision. But state the facts conversely—that lymph will not vaccinate beyond the first dilution, or semen beyond the third; that chemistry and spectroscopy find decreasing evidence of the presence of drugs as we go on attenuating, and at length lose sight of them altogether; that septic blood at a certain degree of dilution will no longer infect;—and they no less forcibly suggest that that power has a limit. It is curious, moreover, that the highest point yet reached—Davaine's ten-trillionth—closely corresponds with the physicist's calculations as to what the limit is.

\* *Text-book of Homœopathy*, tr. by Shipman, ii, 65.

It may, of course, be said that beyond all non-vital tests we have the physiological and clinical; and this brings us to the second division of our inquiry, viz.: the evidence as to the activity of matter in fine and finest subdivision.

2. Hahnemann thought, as we have said, that an actual development of power resulted from the dilution he at first practised to avoid aggravations and collateral effects. When asked to explain how such increased power could be elicited, he replied that the thorough solution and diffusion of the medicine enabled it to present so many more points of contact to the living matter. This is the same thought which has subsequently been expressed by the phrase, that medicines act by their surface, not by their mass, and are therefore effective in proportion as the former is extended. Grauvogl aptly says:—"It is a matter of indifference what quantity of iron I make red hot, even were it many hundredweight, whose quality of heaviness might crush me; it could burn me, on coming near to it, only so far as it could touch me with its surface." This thought was pushed by Doppler to a calculation of the extent of surface developed by the Hahnemannian trituration, which reached from two square miles in the third trituration to the whole area of the constituents of the solar system in the ninth. But it has been pointed out\* that such a calculation assumes that the whole original grain is carried on into every successive trituration; whereas we know it to be reduced a hundredfold at each step, so that "even supposing each successive trituration to be thoroughly penetrated with the medicine, the superficies can never exceed that which was presented by the first." Conversely, then, it would seem better that we should dilute without reduction of mass, and this idea Hahnemann at one time countenanced, saying in the *Organon* of 1833, "I dissolved a grain of soda in an ounce of water mixed with alcohol in a phial, which was thereby filled half full, and shook this solution continuously for half an hour, and this was in dynamisation and energy equal to the 30th development of potency." In 1839, however, he tells us that it is abso-

\* Dudgeon, *Lectures*, p. 366.

lutely necessary to dilute medicines in order to potentise or dynamise them :—"The greatest amount of succussion or trituration of substances in a concentrated form will not enable us to liberate and bring to light the more subtle part of the medicinal power that lies still deeper."

As our penultimate quotation shows, Hahnemann came later to ascribe an occult virtue to the processes of trituration and succussion employed by him, independent of their aid towards effecting a more thorough solution. In this he has been followed by many of his more enthusiastic followers ; but we are glad to find the latest of these falling back upon the more rational explanation. We refer to Dr. Skinner, of Liverpool, who has been writing a series of articles on "The Dynamisation of Medicines" in the journal edited by him called *The Organon*. To some points in these we shall refer subsequently ; but we would at present call attention to the arguments adduced in the number for January, 1880, as entirely commending themselves to us, save where he ends by saying that the 30th centesimal of Hahnemann can be made by allowing 8000 minims of water to pass slowly (through a funnel) in and out of a 100-minim measure containing one minim of mother-tincture. It is not only that the process is quite inadequate to the task, as Dr. Skinner himself admits in the next number of his journal (p. 194) ; but it is very doubtful whether any *solution d'emblée* can be equivalent to the graduated method devised by Hahnemann. Grauvogl made some experiments to determine this. He found that the 30th, 10th, and 3rd decimal attenuations of *Arsenic*, prepared in the usual way, produced a certain definite effect upon him (the first showing its influence by great thirst). He then made at once a solution corresponding in strength to about the 7th decimal, and not till after taking this for six days did he experience an effect, which at the utmost only amounted to that which the 30th produced on the second day of proving it.

Returning from this digression to our former point, it seems that extension of surface will not account for development of power in the Hahnemannian attenuations beyond

the first. A later discovery of science, however, comes to our aid ; and seems to show that separation of particles may have something to do with it. We refer to the researches of Crookes on the behaviour of matter in a fourth state—beyond the solid, liquid, or gaseous—which he calls “radiant.” If from a closed globe full of air as much as possible be withdrawn by an exhausting pump, the molecules that remain acquire an astonishing activity, manifesting itself by luminous, thermic, and electric phenomena according to the circumstances. Dr. Garcia Lopez, in the *Criterio Medico*,\* has fairly turned this fact to account in defending the energy of the homœopathic infinitesimals ; and we truly get far enough when we find that on reducing the pressure to the millionth of an atmosphere or less gases acquire these peculiar properties. It is impossible to say how much further the separation might not be carried without advantage. On the other hand, it must be remembered that the energy manifested is rather that of the forces of nature than of the properties of matter, and that drug-action belongs to the latter category. It would seem to be the greater scope for molecular motion afforded by the wider range given to the particles which enables them to display the phenomena of light, heat and electricity in this enhanced degree ; and it would not be easy to apply such a conception to the reactions of medicinal particles with the living matter of the organism. At the best, suggestions derived from this source must stand or fall with the doctrine of the atomic constitution of matter, and cannot harmonise with the notion of its infinite divisibility.

It is the custom of those who contend for dynamisation as being effected by the homœopathic processes, in spite of the reduction of quantity that results, to rely ultimately upon the physiological and the clinical test. It would seem with good reason that they do so. To take the physiological evidence first, what can be said to such facts as those noted in the sixth (p. 10) and the thirty-third (p. 105) volume of this journal? It is admitted by all that the susceptibility to infinitesimals is exceptional ; but

\* Feb., 1880.

there seems no doubt that it exists, and our provings have often shown crude drugs seeming almost inert, while the dilutions have evoked a full train of symptoms. The same thing may be said of our clinical records, which, however they may make for higher or lower dilutions, undoubtedly show attenuation itself to be a positive factor in enhancing the activity of many if not of most medicines.

But while such facts have brought practical conviction to most of us, we cannot escape the theoretical objection that after all the *propter* may have been *post*, and that coincidences may have been mistaken for consequences. So far as the 30th dilution is concerned, this has been the thesis advanced by a society of homœopathic practitioners, called, from the city in the United States they inhabit, the Milwaukee Academy of Medicine. For two years past the American journals of our school have teemed with communications relative to the proposal of these audacious gentlemen to submit Hahnemann's favourite potency to a scientific test.\* They have gone on their way, however, and here is the report of their doings.

*Final Report on the Milwaukee Test of the Thirtieth Dilution.*

The Milwaukee Academy of Medicine, in completing the Pathogenetic and Therapeutic Test of the Thirtieth Hahnemannian dilution, makes the following report :

That in carrying out the provisions of the test we have adhered strictly to the details of the plan for a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution, full particulars of which were published in the circular issued by this Society in December, 1878. The *object* of the test and the *modus operandi* were announced as follows :

\* \* \* "The object of this test is to determine whether or not this preparation can produce any medicinal action on the human organism in health or disease.

"A vial of pure sugar pellets moistened with the thirtieth Hahnemannian dilution of *Aconite*, and nine similar vials moistened with pure *alcohol*, so as to make them resemble the test

\* See *Hahn. Monthly*, May—Aug., Oct., and Nov., 1879; *Amer. Observer*, Oct., 1879.

pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. The number given to the *Aconite* vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains *Aconite*.

"These preparations are to be put up with the greatest care in the presence of the members of the Milwaukee Academy of Medicine, and then placed in the hands of an unprejudiced layman of unimpeachable honour, who shall number and dispense the vials as they are called for by the provers.

"The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of *Aconite*, and who have faith in the efficacy of the thirtieth dilution.

\*                     \*                     \*                     \*

"Preparations of *Arsenicum album*, *Aurum metallicum*, *Carbo vegetabilis*, *Natrum muriaticum*, and *Sulphur* in the thirtieth Hahnemannian dilution, made with the same precautions and care as this of *Aconitum*, shall be used as a test of the *therapeutic* powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the sick, arising from popular prejudices, the number of vials of 'unmedicated' pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases. The real gain to the healing art, which will be accomplished by the establishment of the truth or falsity of the theory of 'potentization,' will amply compensate for the risk of delaying a few cures.

"The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried and who profess faith in the efficacy of the thirtieth dilution.     \*     \*     \*"

The Committee appointed by the Milwaukee Academy of Medicine, for the purpose of making arrangements to prepare a scientific test of the efficacy of the Thirtieth Hahnemannian Dilutions, reported as follows:

MR. PRESIDENT: Your Committee have carefully considered the plan proposed in Dr. Lewis Sherman's paper for testing the efficacy of the thirtieth Hahnemannian dilution, and we are unanimously of the opinion that the test proposed in that paper is fair and honorable, and that the interests of science demand that it should be made.

We recommend,

That our Society undertake to carry out the provisions of this test, and that to this end the essential features and the practical details of the test be given for publication as soon as practicable to every regular homœopathic periodical printed in the English language, and that translations of the same be sent to every known regular homœopathic periodical printed in foreign languages, and that all other appropriate and accessible means be employed to give the test publicity.

That the directions given by Hahnemann for the preparation of the thirtieth dilution be followed with the most scrupulous exactness; that the *Alcohol* used be of the purest quality obtainable, and that to this end a quantity of the best so-called "Homœopathic Alcohol" be redistilled in glass for the purposes of this test.

That the Rev. Geo. T. Ladd, of Milwaukee, be selected to number and dispense the vials of test pellets as they are called for by the provers and experimenters; and that he give a solemn pledge that he will not in any manner reveal to any person which of the preparations coming from his hands have been medicated with the thirtieth dilution until he shall have been called upon to do so by this Society, and that he will use every means in his power to preserve the purity of the materials entrusted to his care, and to make the test fair and honorable.

That all provers and experimenters be required to send their reports to the secretary, Dr. Albert Schlcemilch, before the 1st day of December, 1879, and that the result be published in full about the 1st of January, 1880.

And, finally, that this Society appropriate a sufficient sum of money to defray the expenses of furnishing and delivering the test pellets of *Aconite* to 100 provers—these being selected from the first who apply—and that the other provers and experimenters be required to pay in advance to the secretary of the Society the sum of thirty cents for each set of test pellets sent them.

Milwaukee, December 3rd, 1878.

EUGENE F. STORKE, M.D.	ALBERT SCHLCMILCH, M.D.
ROBERT MARTIN, M.D.	G. C. McDERMOTT, M.D.
E. M. ROSENKRANS, M.D.	O. W. CARLSON, M.D.
JULIA FORD, M.D.	



The Society unanimously adopted the report, and has used every possible means to give the test publicity.

We would further report : That the medicines used in making the dilutions for the Therapeutic Test were obtained from the pharmacy of Messrs. Boericke and Tafel, and the *Aconite* tincture was tested by several members of this Society, and found to produce its pathogenetic effects.

That the dilutions were made by this Society in accordance with the Hahnemannian directions for the preparation of the thirtieth dilution.

That at a regular meeting of the Society, held April 1st, 1879, the following resolution was unanimously adopted :

“ Upon application by any Professor in a Medical College, or any other public advocate of the High Potencies, the Academy will prepare and furnish the Thirtieth Hahnemannian Dilution of *any remedy* in common use, for the purpose, and in accordance with the terms, heretofore published in the pamphlet entitled ‘ A Test of the Thirtieth Dilution.’ ”

That in accordance with various requests of the provers we have prepared in addition to the dilutions mentioned in the pamphlet Pathogenetic Tests of *Nux vomica*, *Belladonna*, and *Arsenicum album*, and Therapeutic Tests of *Sulphur* and *Digitalis*.

That the bottles containing the thirtieth dilutions thus prepared, together with a bottle of the alcohol used in their preparation, were given directly into the custody of the depository.

That he was also supplied with pure sugar pellets, vials, and mailing boxes, and that he was requested to medicate the pellets, and dispense them according to orders which he might receive from the Secretary.

That the applications for the test cases were given directly to the depository as soon after their receipt as possible ; that all cases given out were sent by him in response to applications received by this Society from the provers ; and that in answer to our request we received from him a thoroughly-sealed envelope containing the subjoined report :

BOWDOIN COLLEGE, BRUNSWICK;  
Maine, January 26th, 1880.

To the Milwaukee Academy of Medicine.

GENTLEMEN,—The report which is herewith submitted to you I beg leave to preface with the following statements:—The work which you did me the honour to entrust to me has been most carefully and scrupulously done; the record has been accurately kept and secluded from all eyes but my own.

Great pains have been taken to exclude entirely the possibility of guessing the medicated vials instead of discovering them by scientific experiment.

Nothing has been permitted to indicate a difference in the vials tested, or to make it possible for any experimenter to detect in any way the reasons for choosing one number rather than another of all the vials numbered to contain the medicated pellets.

So far as the test has been made it has been made under the fairest conditions possible for me to secure.

With these remarks I invite your attention to the appended itemized statement of the tests sent, the time of sending, the persons to whom sent, and the numbers in each test of the medicated vials.

These, gentlemen, are all the vials sent out by me in accordance with the instructions received from your Committee.

I am, very respectfully yours,

GEO. T. LADD,

(Professor of Mental and Moral Philosophy.)

In the tabular statement the number of the medicated vial in the cases not tested or not reported has been withheld by the Society for obvious reasons. The last column, giving the report of the experimenter, has been added to make the report complete.

NOTE.—Beside the above an application was received from Dr. Adams, of Toronto, Canada, for *Lyc.* 30, in a ten-vial test. The material was prepared at a special meeting of the Academy, and sent by express to Prof. Ladd. Dr. Adams' name not appearing in Prof. Ladd's report, we infer that the package did not reach him after his removal from this city.

Date.	No. of case.	Name of experimenter.	Residence of experimenter.	Test.	No. of tests.	No. of med. vial.	Report of experimenter.
1879							
Jan. 13	1	Dr. J. W. Thompson	Greenfield, Mass.	Path.	1		No report.
"	2	Prof. C. H. Gatchell	Ann Arbor, Mich.	Ther.	5		"
Feb. 26	3	Dr. H. L. Waldo	West Troy, N. Y.	Path.	1		"
"	4	W. S. Gillett	Fox Lake, Wis.	Ther.	5		"
"	5	E. Lippincott	Bowling Green, Ky.	Path.	1		"
March 1	6	W. H. Blakely	Ditto	"	1	10	Number 5.
March 31	7	W. B. Trices	Manayunk, Pa.	"	1		No report.
"	8	G. R. Mitchell	Richland Centre, Wis.	"	1	2	Number 4.
"	9	C. R. Muzzy	Watertown, Wis.	"	1	7	Number 1.
"	10	A. W. Woodward	Chicago, Ill.	"	1	1	Number 2.
"	11	J. H. Thompson	New York, N. Y.	"	1		No symptoms.
"	12	N. S. Pennoyer	Kenosha, Wis.	"	1	10	Number 4.
June 18	13	Ditto	Ditto	Ther.*	1		No report.
March 31	14	C. H. Hall	Madison, Wis.	Path.	1	2	Number 10.
May 5	16	M. A. Reis	Milwaukee, Wis.	"	1		No report.
"	17	O. W. Smith	Union Springs, N. Y.	"	1		"
"	18	Ditto	Ditto	"	1		"
"	19	Prof. A. Uhleneyer	St. Louis, Mo.	Ther.	5		Number 5.
"	20	Ditto	Ditto	Path.	1		Arsenicum 1.
"	21	Dr. W. F. Morgan	Leavenworth, Kan.	Path.	1	3	No symptoms.
"	22	Ditto	Ditto	Ther.	5		No report.
June 18	23	O. S. Childs	Beaver Dam, Wis.	"	1		"
"	24	Collison	St. Louis, Mo.	Path.	5		"
"	25	Ditto	Ditto	Ther.	1		"
"	26	Wm. Eggert	Indianapolis, Ind.	Path.	5		"
June 27	27	Petrus Nelson	Minneapolis, Min.	Path.	1		"
July 25	28	H. A. Foster	Buffalo, N. Y.	Ther.	5		"
July 28	29	T. L. Brown	Birmingham, N. Y.	Path.	2		"
"	30	E. C. Morrill	Norwalk, Ohio	"	1		"
"	31	C. W. Mohr	Philadelphia, Pa.	"	1		"
"	32	W. M. Butler	Middletown, N. Y.	"	1		"
"	33	L. A. Campbell	Atleboro, Mass.	Ther.	2		"
"	34	J. A. Pearsall	Saratoga Springs, N. Y.	"	1		"
"	35-39	T. A. Martin	Delavan, Wis.	Path.	5		"
"	40	"	"	"	1		"
"	41	"	"	"	1		"

\* Five vials, one containing *Arsen.* 30th.

## RECAPITULATION.

*Ten-vial or Pathogenetic Test.*

Number of tests applied for and sent out .....	25
Number of tests on which reports have been received .....	9
Number of tests in which the medicated vial was found .....	0

*Two-vial or Therapeutic Test.*

Number of tests applied for and sent out .....	47
Number of tests on which reports have been received .....	1
Number of tests in which the medicated vial was found .....	1

*Five-vial Test of Dr. Pennoyer.*

Number of tests applied for and sent out .....	1
Number of tests on which reports have been received .....	0
Number of tests in which the medicated vial was found .....	0

By order of the Milwaukee Academy of Medicine.

SAMUEL POTTER, M.D., President.

EUGENE F. STORKE, M.D., Secretary.

Milwaukee, Wisconsin, February 16th, 1880.

It will be seen that none of the pathogenetic experimenters who reported—nine in number—succeeded in discovering which of the ten vials supplied to them contained medicated pellets; while sixteen others who had invited the test made no report at all. The therapeutic test seems to have attracted a far larger number of experiments—forty-seven. The only one who reported fixed correctly upon one of the two vials sent him as containing medicine, this being *Arsenicum*; but it is obvious that here the chances were equal, and the silence of the forty-six is ominous.

It may of course be urged, and it has been urged, that such a test is fallacious, and would fail equally with acknowledged preparations of medicines. Dr. Potter and his colleagues accordingly determined to test this point; and the following\* have been the results obtained with the potencies from the 3rd to the 30th decimal, the same care having been taken as before that the experimenters should have no clue to the medicated vial.

\* From *Hahn. Monthly*, July, 1880, p. 898.

3x	9 blanks	Tests 5	Correct selections 4	Incorrect 1
5x	9	" 3	" 3	" 0
6x	9	" 7	" 6	" 1
7x	9	" 2	" 1	" 1
8x	9	" 2	" 1	" 1
9x	9	" 2	" 1	" 1
10x	9	" 2	" 0	" 2
30x	9	" 7	" 0	" 7
30x	1	" 1	" 1	" 0

Dr. Potter contributes to the September number of the *Hahnemannian Monthly* a special account of his own experiments, from which it appears that he was supplied with *Aconite* 3x and 6x, *Belladonna* 3x and 6x, *Arsenicum* 7x, and *Phosphorus* 6x, 7x, 8x, 9x, and 10x, each of these forming one vial in ten. When his reports were handed in and opened, they were found correct in every instance excepting those of *Phosphorus* 8x and 10x, the 9x having been successfully identified. Dr. Potter admits that his belief in the activity of attenuated drugs, hitherto limited by the 6x, has gone up three degrees of the decimal scale; and calls upon advocates of the 30th dilution similarly to substantiate their faith. But he must remember that pathogenetic and therapeutic efficacy are not always coincident; and that the organism in the morbid sensitiveness of disease may respond to medicinal impressions which in health might quite fail to affect it.

As the main object of this paper has been to give an account of the latest sayings and doings on the dilution question, we must say a few words, before concluding it, upon some recent aspects assumed by the high-potency movement.

The heroes of this "departure" in the past were Korsakoff and Jenichen. The "contact potencies" of the former are so universally discredited, even by the most enthusiastic infinitesimalists, that we need say nothing about them; and the 1500th potency, up to which he carried some medicines, has been quite cast into the shade by what has followed. Jenichen professed to prepare potencies up to the 40,000th or 60,000th (there are discrepant statements as to the exact

point, but it matters little). As to his mode of preparing these, which was kept secret, we have—most of us—acquiesced in the inference drawn by Rentsch, his heir and successor, from the facts known to him. This was,\* that he counted a certain amount of succussion, without further dilution, as raising a medicine in the scale of potencies, so that his numbers do not truly represent those of the Hahnemannian series. We have given, in our number of January, 1880, an account of the article appearing in *The Organon* of October, 1879, entitled “The Secret of Jenichen’s High Potencies revealed,” but we must say a few more words about it here. Dr. Berridge, its author, wrote to the late Constantine Hering, who was reputed the sole possessor of the secret, asking him, among other questions, “Did Jenichen ever count a number of succussions, without dilution, as equivalent to an additional potency, or did each of his ‘potencies’ imply further dilution with succussion?” Now it is noticeable that Dr. Hering, in his long reply, *never answers this question*, which he might have done in a word. Nor is any refutation of the supposition contained in the extract from one of Jenichen’s letters which he gives. The writer, indeed, states that he gave thirty shakes to each potency, and his calculations conform thereto; but he nowhere affirms that he diluted afresh for each. Indeed, the very contrary may be inferred from his confirmation of Rentsch’s statement that he made his highest dilutions (from 900 upwards) in the proportion of two parts of “substance” (by which we suppose he means the previous potency) to 12,000 of water.† What is the meaning of this excessive proportion of vehicle? If we believe him to have used it for each step in the ascending scale, it makes his potencies widely different from Hahnemann’s in the opposite direction from that which has hitherto been

\* See vol. x of this Journal, p. 168.

† There is a curious inconsistency here. Jenichen says that he succussed the mixture, to obtain stronger friction, in bottles weighing eighteen ounces, including the contents. Now eighteen fluid ounces contain only 8640 minims; the “potentising bottles,” therefore, could not even hold the 12,000 parts with which the two minims of substance were combined, still less enable the mixture to be succussed.

assumed as true. But is it not much more likely that he adopted it to save time, and accounted himself, when he had given thirty shakes for each of the hundred minims of his 12,000, as having raised the drug 120 degrees? This supposition precisely accords with the actual numbers chosen. Why 12,000, and not 10,000 or any other figure? Because, on the obvious allowance of a second for a shake, this would give (at the rate of thirty for each) two potencies in a minute, and 120 in an hour; so that, when the hour came round, he would know that he had potentised his whole mixture, and should dilute afresh and recommence. If this be so, it is scarcely necessary to point out that he has anticipated the error of one of his successors, and confounded addition with multiplication. Hahnemann's ascending degrees are not  $100 + 100 = 200$ , but  $100 \times 100 = 10,000$ ; so that Jenichen's 120th barely exceeds the master's 2nd.

Dr. Berridge attempts to draw a different inference from two other expressions of Jenichen's. One is, when he has raised *Arsenic* to the 8000th, a query whether such a potency will have any power at all, which, it is said, is quite inconsistent with the idea that the highest potencies were only preparations of the same dilution more repeatedly shaken. But no one, we imagine, has thought that Jenichen *never* diluted. Rentsch calculated that for the lower potencies he did so at every 25th degree, and we have shown it to be probable that at higher stages he repeated the process at every 120th. Even with this amount of attenuation, he might well doubt whether the limit of activity had not been passed. The other phrase is when he speaks of "making a special potency" for Hering "of some peculiar preparation." "My idea" he says, "is to run it up from the 2000th, in the heavy" eighteen-ounce "potentising bottle, and give it 10,000 strokes, but only raise it eight degrees thereby." As he adds, "I am curious to know what kind of preparation this would make, and whether it would act any differently," Dr. Berridge argues that his calling this a "special potency," and speaking as he does about it, shows that his other potencies were differently prepared. This may

be so, but it does not show that they were diluted at each step in the scale; and indeed the statement itself is barely intelligible.

We must adhere, then, to our position that in Jenichen's preparations succussion to a large extent superseded dilution, and that accordingly they are not what they pretend to be. Similar objections, and others to boot, must be made against the supposed high potencies with which America has lately favoured us, and which bear the names of Fincke and Swan. The history of those of the former has been related by himself in *The Organon* for April, 1880; and a melancholy one it is, as regards all concerned in them and their sale. They are prepared by what is called "fluxion." A stream of water is allowed to flow in and out of a vessel holding a fixed quantity, which is previously filled with a given dilution of a drug. This is supposed to be further attenuated according to the quantity of water which passes through the vessel, or according to the time required for a certain fixed quantity of water to pass. Dr. Swan's method is very similar;\* but "a perturbation even more violent than succussion" is superadded by letting the water pass through a finely perforated tube into the potentising vessel.

Now the question at once arises—does this continuous "displacement" effect attenuation in the Hahnemannian proportions? This point has been examined, for Swan's potencies, by Drs. Burdick† and Deschere,‡ of New York, for Fincke's, by Dr. Skinner.§ The first named submitted a solution of eosine to the spectroscope. Prepared according to Hahnemann's method, its absorption-band disappeared in a little over the third degree of attenuation; when according to Swan, it remained up to the thirteenth. Dr. Burdick states, moreover, that further investigations (of which he reserves the details) have satisfied him "that Swan's m.m." (millionth) "cannot exceed the tenth centesimal of Hahnemann's, and is liable to be much lower."

\* See *The Organon*, Oct., 1879, p. 398.

† *Hahn. Monthly*, Nov., 1877.

‡ *N. Amer. Journ. of Hom.*, Feb., 1880.

§ *The Organon*, July, 1880.



Dr. Deschere confirms this conclusion. To the naked eye, almost all colour has disappeared from Hahnemann's third dilution of eosine, but it requires fifty of Swan's displacements to get a shade like it. The fluorescence of this substance, moreover, is lost between Hahnemann's 5th and 6th, but Swan's 1000th displays it to about the same extent as the former. Therefore, as this gentleman too commits the mistake of confounding addition with multiplication, and supposes that when he has added to his 1000th enough of the vehicle to make another 1000th, he has reached the millionth, his millionth=Hahnemann's tenth. Dr. Skinner has found, by experimenting with solutions of sugar, and weighing residues after evaporation, that Fincke's process gives "unesimal" dilutions instead of centesimal; so that his 1000th is Hahnemann's 151st.

This enthusiastic colleague of ours has of late gone through some curious variations of opinion relative to the American high potencies. He deserves much credit for acknowledging,\* when convinced on the point, that Dr. Swan's potencies are not what they purported to be; for he has evidently alienated his fellow-editor, and probably lost some subscribers to his journal. But it cannot be forgotten that only six months previously he had supported the opposite thesis with a positiveness of assertion and contempt of opposition quite characteristic of his party. There really seems something in the so-called "Hahnemannianism" which makes men arrogant and virulent beyond all measure; and few of its votaries escape the contagion. Dr. Swan's process is here described as being "as simple as it is ingenious and correct." Dr. Fincke's "beautifully simple process adapts itself to every scale." Dr. Deschere, who had questioned these preparations, is "incapable and unfit for the post of critic in this difficult and abstruse subject;" though afterwards he admits that he (Dr. D.) is right, and himself wrong. "His absurd—I should say, puerile—calculation about Dr. Swan's potencies, comparing the m.m. to the tenth or twelfth of Hahnemann's," is cited with three notes of admiration; and his and Dr.

\* *The Organon*, April, 1880.

Burdick's physical tests applied to them are denounced in the strongest terms, while we have just now seen Dr. Skinner using similar means to ascertain the real character of Fincke's.

Since these revelations, *The Organon* declines to allow any number to be assigned to Swan's and Fincke's potencies, when cases treated by them are recorded in its pages, but designates them simply as "high." Dr. Skinner, however, continues to reckon as centesimal all dilutions made by a potentiser he has himself invented, because the fluxion is interrupted instead of continuous, the vessel being emptied at every step in the scale. It does not appear, however, that he has extended to his own preparations the testing by which he found Fincke's, presumably centesimal, to be only unesimal; and until he has done so, he is hardly safe in counting upon them. His doing so, moreover, impales him upon the horns of a very unpleasant dilemma. In October, 1879, he wrote in his journal—"I have used potencies made by Fincke, Swan, . . . and myself, *and I know no difference.* I have also used dozens of potencies, or attenuations—for that is the right term—made by myself on Swan and Fincke's plan, modified by myself, chiefly the D.M. and M.M. potencies, *and I can recognise no difference in the potencies so made by myself and those made on my Centesimal Fluxion Potentiser.*" These words (whose italics are ours) were written while Dr. Skinner still supposed Swan's and Fincke's attenuations genuine. What will he say now? Swan's 1000th has been shown to be Hahnemann's 5th, Fincke's 1000th to be his 151st. If Skinner's is indeed his 1000th, then 5th, 151st, and 1000th act without perceptible difference—in which case every reasonable man would prefer to use the 5th. The only alternative is that Skinner's are as unreal as those of his fellow-potentisers.

We here leave this unpleasant subject, which constitutes in our eyes—as it always has done—the plague-spot of homeopathy. It is well that the vagary-seekers whose doings we have had to criticise should have started a journal and formed an association of their own. Their views and

practices may there be aired as they list, and estimated at their true worth. The genuine scientific method of which Hahnemann was, not the inventor, but the discoverer, should claim adherence on its merits, without being liable to have them obscured by the unphilosophical fancies of a little section of its cultivators.

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We have not referred, in the foregoing paper, to the reports which have come from Germany of the experiments of Professor Jäger with drugs in "neuralanalysis," *i.e.* in the length of time required by the brain to receive impressions, the interval between irritation of a nerve and conscious perception. A short time ago we received from Germany a preliminary announcement of Jäger's experiments of which a translation appeared in the *Hahnemannian Monthly* for November. We give a corrected reprint of this translation, supplementing it with additions from the 2nd Edit. of the German fly-leaf. Reserving our judgment until further details are known and confirmations obtained, we nevertheless give the account of the experiments as an interesting contribution to the subject.

#### *Neuralanalysis.*

A Preliminary Announcement by Professor Dr. GUSTAV JÄGER,  
of Stuttgart.

This chemico-physiological, mathematically exact method of investigation, which was discovered by me, a report of which I presented at the Nat. Phil. Convention held at Baden Baden last year, has since then received further investigation from me, as well as from my three students, Messrs. Panzer, Schlichter, and Göhrum, being followed by the same principal results.

1. The principal conditions, upon which the preliminary physical examination depends, are now known. These are of such character that, with some practice and care, they may easily be complied with. The certainty of neuralanalysis will be still more assured when the new instrument now being constructed is completed.

2. In regard to the *penetration power*, the following has been established:—An alcoholic dilution of *Aconite* given by inhala-

lation, in all dilutions up to the 200th dec., may always and with certainty be distinguished from the pure alcohol with which the dilutions were made. The highest potency gives, in comparison with alcohol, an increase of excitability (according to the individual) of from 18 to 36 per cent. With *Thuja* 400 the increase of excitability was 44 per cent., with the 1000th potency as high as 62 per cent. With *Nat. mur.* 100, it was 44.6 per cent. compared with pure alcohol.

3. Regarding the *power of definition* the following was elicited :

(a) The 200th potencies of *Aconite*, *Thuja*, and *Nat. mur.*, always give clearly different neural analysis curves (*osmograms*), from which we may infer the possibility of a qualitative analysis of the high potencies employed in homœopathy.

(b) The *quality of the osmograms* is completely independent of the quantity of the fluid used for inhalation and of the size of the phial used for evaporation.

(c) The quality and quantity of the osmogram, however, varies with the change of potency, but so gradually that two neighbouring potencies cannot with certainty be differentiated. On the other hand, widely separated potencies show such clear and constant differences, and nearly related potencies such great similarity, that a quantitative analysis of homœopathic dilutions is also possible. With the present apparatus, the high, middle, and low potencies are readily distinguished from one another.

(d) Notwithstanding these changes with increasing dilution, the osmogram shows with all potencies of the same substance some underlying agreement.

4. The mathematical differences between the osmograms of different substances and especially of decidedly different dilutions of the same substance are, when compared with the differences in the osmograms of the same substance, many times greater and more striking than by any of the previous methods of exact investigation.

5. From the physiological standpoint the following results are important :

(a) *The physiological action increases with the dilution* up to a certain maximum. With *Aconite* this maximum was found, in three persons, to be between the 12th and 15th potency. In one of these an almost equally high susceptibility was observed with the 30th potency, and in another with the 200th potency.

(b) These maxima may be of a most astonishing height. When the maximum was reached, other physiological indications, such as nose-bleed, roaring in the ears, vertigo, headache, altered taste and smell, &c., were also observed.

(c) After obtaining the maximum, the physiological action sinks with the increasing dilution, though in all examined individuals it remained even in the highest potencies, and in all strikingly greater with those than with the lowest potencies, and especially with the tincture. With *Thuja* the physiological action continued to increase almost regularly.

(d) The idiosyncratic difference between the four persons are quantitatively small, qualitatively greater. With two of them it was observed that, in consequence of indisposition, a still greater difference in the osmograms was produced, it being a well-known fact that drugs act differently according as the person is well or sick.

From the above it follows :

1. That neuralanalysis reaches far beyond, in analytical power, every other known method of investigation, even spectrum analysis, and with it must begin a new era of exact investigation.

2. Neuralanalysis advances our appreciation of the subdivision of matter even as greatly as the invention of the telescope did our appreciation of the greatness of space.

3. The dilution of a soluble material in a liquid vehicle develops, in the first place, a similar change of the molecular motion to that which Crookes has demonstrated in gases which have been extremely rarefied under the air-pump (state of radiant matter, according to Crookes). I look upon this change in the molecular motion as an increase gained at the cost of perceptible heat, of the *latent* heat, that is to say, of the rotation of the molecule around its own axis (in contradistinction to the forward motion of the molecule in space), which rotation I have denominated the "chemical motion." This it is which we smell and taste, and which, through neuralanalysis, is measured.

4. Thus arithmetically proved and in view of the evidences afforded by neuralanalysis, which is now open to every one, it is henceforth impossible for adherents of the old school to attack the homœopathic doctrine in respect to its method and principle. And not only that—the subjective phenomena obtained by inhaling high potencies for a quarter of an hour are generally so

substantial that I am inclined to think that of all the learned men and doctors who have apodictically denied all action to the homœopathic dilutions, not one single individual has ever given an honest practical trial to them, otherwise he would have at least paused before condemning. The champions of allopathy will thereby suffer not only a *scientific* but also a *moral* defeat, for the greatest reproach a professional man can incur is that he has pronounced judgment without having taken the slightest trouble to make a practical trial, and a judgment of such importance that, in the case of its being true, a number of persons of all degrees of education and all classes of society would be branded as swindlers, cheats, or dupes. It remains to be seen if the adherents of homœopathy possess energy and determination enough to take up the ally I offer to them—neural-analysis—and by means of it force open the doors of the universities; I for my part am ready and in a position to receive pupils for practical instruction in the technicalities of neural-analysis.

A more detailed description, with appropriate engravings and tables, will be published in a separate work.—PROF. G. JÄGER.  
Stuttgart, Sept. 21st, 1880.

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## PRESIDENTIAL ADDRESS,

By JOHN W. HAYWARD, M.D.,

At the Opening of the Twenty-fourth Session of the Liverpool Homœopathic Medico-Chirurgical Society, October 7th, 1880.

GENTLEMEN,—Elevation to the House of Lords generally lifts a Member of Parliament out of the sphere of polemical politics, so, I maintain, elevation to the office of president virtually deprives a member of such a society as this of the privilege of taking up in his address any controversial subject in medicine, and places him somewhat in the judicial

position of "Speaker of the house," as politicians would say, or "Moderator of the assembly," as theologians have it.

This custom has its advantages, for it offers an opportunity, at least once each session, for a review of our position, and a reference to general principles and general topics.

I shall, therefore, not attempt to lay before you any specific medical, surgical, or therapeutical subject, but devote the short time at my disposal to the somewhat general and neutral subject of

#### FASHIONS IN THERAPEUTICS.

By fashions in therapeutics I mean fashions in the *treatment*, as distinguished from fashions in the *theory*, of disease.

In every age, since the dawn of medicine, there have always been some leading men who have formulated and enforced some particular theory and practice, which have thence become the accepted medical doctrines of the day. At one time, for instance, it was taught and believed that disease was some peccant humour in the blood, to be evacuated by bleeding, purging, and sweating; at another time, that disease was excess of acidity, to be neutralised by alkalies; at another, that it was contraction or relaxation of the solid parts, to be cured by relaxants and astringents; at another, that it was debility or irritability, to be treated by tonics or sedatives. At a more recent period, phlogiston (whatever that might be) played, it was said, a principal part in the production of disease, which was therefore to be met by antiphlogistics; and the practitioner who failed to enforce the antiphlogistic treatment and regimen was held to be answerable for the lives of his patients; after a time, however, disease, it was said, had changed its type, and the proper treatment was held to be, not bleeding and purging, but beef tea and brandy; but this opinion too has, in its turn, had to give way to its opposite, viz. the do-nothing of Expectancy. At one time bleeding was to be practised in almost all diseases, and

many were the poor creatures that were bled to death; then bleeding was held to be unnecessary in any disease, even severe acute inflammation, and many inflammations have been allowed to run on to a fatal termination for want of it; at one time all fever patients were to be bled and starved, and many were thereby hurried to their graves; but shortly, they must neither be bled nor starved, but fed and stimulated. At one time *Mercury* must be exhibited in almost all diseases, and many were the patients that were salivated to death or disfigured for life; and then *Mercury* was to be discarded altogether, even in syphilis, and many are the cases of internal syphilis that have resulted from this practice; then alcohol was to be exhibited in almost all diseases, even acute inflammations—pints of brandy being given in twenty-four hours—to the aggravation of the disease and the making of drunkards; now alcohol must be discarded in almost all cases, perhaps even in fevers, and many fever patients have to linger in their convalescence for the want of it; then all febrile states must be treated with the ice-bath, in which patients were kept for hours or even days together, with the result of many of them being killed outright in the bath; this practice has had only a short run, and is rapidly passing away. Rheumatic fever has been the subject of many fashions; at one time its proper treatment was alkalies, at another acids, at another *Opium*, at another blistering, and at another ice-baths, and now *Salicylic acid* and the salicylates; and this last practice was so pretentiously brought forward as to beguile even some homœopathic practitioners, but this craze also is already passing off, Dr. Greenhow, F.R.S., having given before the Clinical Society a series of sixty carefully managed cases of failure, ten of which were treated with *Salicylic acid*, and fifty with *Salicylate of Soda*, with the result of completely demolishing its claims to be considered a specific, or even good, treatment for this disease; in one case the disease lasted forty-five days, in another forty-six, in another fifty-eight, in another sixty-four, and in another 107; and in several instances the heart had been injuriously affected by the treatment. Then, again, all disease, at



least all febrile disease, was said to result from living germs, and must therefore be treated with antiseptics, such as carbolic acid and the carbolates, even rheumatic fever was brought into this category, but this doctrine has lately been fiercely attacked by some of the leading men, and it is already tottering preliminary to its fall. At one time *Antimony* was supposed to be a universal specific, at another *Tobacco*, at another *Gold*, at another *Mercury*, and at another *Cinchona*, and at other times various other medicines have had the place of honour, according to the predilection of some talented practitioner. At the present day it is *Phosphorus* that, conjoined with artificial digestives and artificial foods, is to be the cure for all chronic diseases; and softened livers and brains, and necrosed jaws and teeth will doubtless tell the tale of the reign of this medical craze, as necrosed teeth have of the *Calomel* craze; injection of *Morphia* is now to be the cure of all painful diseases; the bromides of all diseases of the nervous system, *Chloral* of all sleepless states, and *Expectancy* of all acute diseases, and so on, according to the domination of this or that fashionable physician!

This hasty sketch of a few of the many fashions through which the therapeutics of the old school has passed will serve to indicate the utterly chaotic state in which the old school therapeutics has always been, and the complete want of a guiding principle, law, or chart and compass, to steer by amongst the various uncertainties of normal vital action as modified by morbid influences, and of morbid vital action as modified by drugs; and will show how utterly old-school therapeutics is, and always has been, at the mercy of any bold fashionable practitioner to start any new departure that fancy or self-interest might dictate.

This is certainly a disgraceful state for therapeutics to be in, and is a serious discount from the boasted modern advanced state of so-called scientific medicine. This, however, would not much affect us homœopathic practitioners were it only in old-school therapeutics that fashion dominated; but in the new-school also, I regret to be obliged to say, there is a great tendency to fall under her sway. Here,

however, there are a chart and compass to steer by, and which will always tell us when we have gone astray in our reckoning; and will, if we give heed to them, soon bring us back to our right path. In order to sail in the true course, however, we, like sailors in an intricate sea, require to be continually consulting our chart and compass—the law of similars. It is only by neglecting to do this that fashions can possibly creep into new-school therapeutics. This is one of the many and great advantages the new school has over the old, viz. that it has always a standard of right and wrong, of true and false treatment.

It is, then, a personal disgrace to any practitioner who strays into fashions in new-school therapeutics, but, I am sorry to have to say, there are, nevertheless, a few fashions prevailing amongst us; some in matters non-essential, where a man's peculiar mental predilections may be allowed to have some play; but some are in matters essential, where the special tastes of a man ought not to have room to act, and which ought to be rigidly striven against, obviated, and discarded.

Of the fashions in non-essentials, there are three principal ones, viz. :

1. Practising *exclusively* with the very high and the higher dilutions. This fashion is most prevalent in America, where it may have some connection with the fact that some of the students pass through the whole of their curriculum and obtain their diplomas at homœopathic colleges with, in some cases, only one or two years' study. And many, if not most, of those students, having been restricted to mere homœopathic hospitals, have seen very little of acute disease and nothing at all of old-school therapeutics, or large hospital practice, which all students ought to do; and having been deprived of the privilege of watching the practice of the great men of the profession, and of the wholesome competition and rivalry of a large medical school, have grown up with the idea that their own little world is the whole of creation! Their teachers, too, some of them, have been men who ignore science, despise physiology, taboo pathology, and neglect the natural history of disease; and by whose

teaching, of course, the turning out of reasonable practitioners is scarcely to be expected. On this we may form some judgment by reflecting on what would be the professional calibre of practitioners brought up solely at the London Homœopathic School and Hospital and qualified by a diploma granted there, especially if some of the teachers were editors of the pseudo-Organon. In this country the votaries of this fashion are few, and those that there are, are either men whose education has been partial, or men whose organs of "wonder" and "ideality" are so largely developed as to render them easily struck with the extraordinary, the wonderful, and the inexplicable in nature, and therefore quite ready to believe in the reputed wonderfully curative powers of *Sac. lactis*, *Lac caninum*, and *Luna*. As indicating that they are something more than homœopathics these practitioners call themselves "Hahnemannians;" but they are something more than Hahnemannians, because they not only go *beyond* Hahnemann in the matter of dose, but *against* him, in the matter of using other indications than pure pathogenetic symptoms of drugs, viz. clinical or cured symptoms, and mixing these together, as if of equal value; their practice is guided mainly by repertories.

2. Another of these fashions is the practising exclusively with the medium, or the low dilutions. This is the prevalent fashion with the great body of homœopathic practitioners, and embraces the best practitioners of the art; men who, as students, were educated in one of our large medical schools and passed through a complete course of three or four years under some of the great men of the profession and along with, and the equals of, some of the best men of the day, and either having been good and hardworking students have seen, during their studentship, that the law of similars does express at least *a*, if not *the*, natural relationship between drugs and diseases, have accepted it as a guide; or they have been men who, having been already fairly successful practitioners of old-school therapeutics, and being scientific and studious, have observed that many of their best cures were wrought by medicines having a homœopathic

relationship to the disease; and having been conscientious and inquiring have pursued the matter further; and being fairly honest have admitted the, at least general, applicability of the law, and have taken it as the guide in their practice; and being men of ordinary common sense and scientific mental endowments have accepted, as one limit of their dose, that just within the physiological or pathogenetic dose, and as the other limit as far as science or well-established experience will support them. These are the men who are properly styled "homœopathic practitioners" or "physicians practising homœopathy;" they are theoretically convinced of the truth of the law of similars; they endeavour to meet the totality of symptoms of their patient with the totality of the symptoms—mental, physical, and pathological—of the drug, by continual reference to the *materia medica* with the aid of a repertory; the repertory on their desk, and the *materia medica* at their elbow.

3. Another of these fashions is the practising exclusively with strong tinctures and crude drugs. There is an educational, if not a natural, attractiveness in this fashion that makes it ever aggressive. It commends itself almost irresistibly to most of the converts from old-school therapeutics, at least in their early days of homœopathic practice. We have, nearly all of us, given way to it less or more at some period of our practice. We were all educated and brought up under the influence of appreciable doses; we are familiar with them, and we have some difficulty in breaking ourselves off from their use—in breaking away from the influence of education and habit. Experience, however, and true symptomatic treatment, that is, selecting the medicine according to the symptoms—subjective and objective, mental as well as bodily—will, generally speaking, soon effectually emancipate the practitioner from its thralldom. The men who exclusively and *permanently* practise with strong tinctures and crude drugs are almost certainly non-symptomatic practitioners, men who are content to take general and pathological indications, and to treat according to the name of the disease—mere specificifiers—and very likely to fall back altogether to mere routine and *usus in morbis* practice.

Such men are what are called "practical men;" they are not given to reading or to scientific pursuits, not bothering themselves with theories, nor troubling societies with papers; satisfied if their patients get well, and not troubling themselves to inquire very rigidly whether the medicine was strictly homœopathic or not, they pride themselves on being "practical men," not narrowed by systems or led away by theories. As, however, their doses are often pathogenetic, that is, sufficient to produce physiological effects, they sometimes aggravate the disease, and not unfrequently they fail to cure *tuto cito et jucunde*; and, indeed, if they do good at all, it must frequently be allopathically; so, seeing good in all systems, they are in favour of eclecticism. Such men are not a credit to homœopathy, and many of them are not much better than allopathic practitioners.

Most of the above-referred-to fashions are, it must be confessed, somewhat excusable. The dose being a matter for which the law has not yet been discovered, it still remains much a matter of experience and judgment; and the most appropriate dose in any given case of disease or class of diseases may, indeed must, for the present be left much to each practitioner's own judgment, according to the temperament, sex, age, &c., of the patient, and the stage and acute or chronic nature of the disease.

But, though fashions as to the *dose* may be somewhat excusable, because *it* is an unsettled matter, *the selection of the medicine* itself is altogether a different thing; it is settled. There is no room for fashion here, and every fashion indulged in is not only a disadvantage to the patient but a disgrace to the practitioner. Still, certain fashions do prevail, less or more, in the selection of the medicine.

A. One of these fashions in the selection of the medicine is the selection of the medicine from "clinical" or cured symptoms; that is, symptoms that are not known to have been produced by the drug, but which have apparently been cured by it.

This fashion prevails principally amongst the highest-dilution and crude-drug practitioners. And of all the

departures from the teachings of Hahnemann and the requirements of the law of similars, this is the greatest, the most glaring, and the most pernicious—there scarcely could be a greater or worse; and Hahnemann would not have countenanced it for one moment. It is a keen-edged axe striking at the very root of homœopathy, and will, if much used, very surely accomplish its destruction.

With the high dilutionists it is absolutely inexcusable, because they profess to be strict followers of the master, and they do know better; still they are, in this matter, the chief offenders; and, moreover, they try to justify their departure by asserting that, though not yet produced by the drug, the symptom must be producible by it or it could not be cured by it! And one of them, in his *Materia Medica*, goes the length of mixing together these impure clinical symptoms along with the pure pathogenetic symptoms without any distinction whatever, as though they were of equal value; and in his preface he even boasts of this. He says:—"This work contains the *characteristic and most prominent special symptoms* of the best proved and most used medicines. The distinction of symptoms as the result of provings on the healthy, or as the result of clinical observations on the sick, or as belonging to both these classes, has not been retained in this work." What a statement for a professed purist!

And yet these are the men who continually speak of other practitioners as "mongrels," "pseudo-homœopaths," "allopaths in disguise," and so on. If we are to prescribe for symptoms a medicine because it has previously cured them, whether it has produced them or not, it is simple empirical treatment, and not homœopathy at all, nor even Hahnemannianism. If we do so we are no better, theoretically, than old-school practitioners, for they do that; nor so good, for they do profess to have also a physiological reason. It is to be hoped that this suicidal practice will be altogether given up, and that soon.

With the crude-drug practitioners this fashion is somewhat less inexcusable, because, as a rule, they make no boast of purity, practical convenience and success being

their ideals; they make no secret of treating vomiting with a *Mustard* emetic, diarrhoea with *Castor oil*, constipation with *Opium*, indigestion with *Nux vomica*, paralysis with *Strychnia*, and so on.

But for sticklers for pure homœopathy to give a medicine because it has previously cured the symptom is simply to caricature homœopathy, and ignore its very essence. Of course cured symptoms may be accepted as corroborative evidence of the suitability of a medicine, but nothing more. We have nothing to say against that.

B. Another of these fashions is the practising with "key-notes," as they are called; that is, taking some one symptom as calling for some particular medicine in all cases, such as the flapping of the *alæ nasi* as always calling for *Lycopodium*, perspiration of the head as always calling for *Calcarea*, grasping at the heart always calling for *Cactus*, tumbling of the heart always calling for *Crotalus*, and so on; or even a "condition," such as because a drug produces some symptoms at a certain time, taking the occurrence of symptoms at this time as always calling for that medicine. Homœopathy consists in meeting the totality of the symptoms of a patient, with the totality of the symptoms of a drug; the whole symptoms taken together—mental and bodily, subjective and objective, symptomatic and pathological—all must be taken into account, and the whole of them together, not either one set to the exclusion of the others, or one symptom to the exclusion of the totality; and the conditions must be the conditions of these very symptoms, not of some others. Of course a patient's symptoms may correspond in the main with those of several drugs, but there may be some striking and peculiar symptom present in the patient which corresponds with a similarly striking and peculiar symptom of one of these otherwise about equally indicated drugs; in such a case, of course, the peculiar symptom will become the determining grain that turns the scale in favour of that particular drug. But the drug must have produced this particular symptom, and under the same conditions and with the same concomitants as in the patient. In such a way key-notes are

important and admissible, but not when taken alone; it is not sufficient to say that the patient has the key-note symptom of a drug, and so, therefore, the drug will necessarily be indicated, as it has been said, viz. that if a patient has the key-note symptom all his other symptoms will be sure to be found to be produced by that particular drug.

c. Another of these fashions is the practising with "general indications," the "genius of the drug," as shown in cases of poisoning, or as indicated in the classification of the old-school *materia medica*—as narcotic or brain and nervous system drugs, emetics or stomach drugs, purgatives or bowel drugs, liver drugs, lung drugs, and so on; in fact the systems of organopathy, tissue remedies, &c., that is, taking mainly the local action of drugs, the pathological indication.

This fashion dominates for a time over every convert from old-school therapeutics; it is the neo-homœopathic state, but it is of course given up for the "better way" after study of the homœopathic *materia medica* or systematic provings. The continuance of its sway is indicated by continuance in crude-drug practice. And it is to be regretted that there are some few who appear not to progress much beyond this stage; these are scarcely worthy the honorable name of homœopathic practitioners.

d. Another of these fashions—or rather a habit in this case it would more properly be called—is the practice of alternation; that is, giving two medicines in less or more rapid alternation in the same case of disease.

This habit prevails principally amongst the crude-drug, and the low- and medium-dilution practitioners, and is based on the belief that thereby a more rapid cure is effected. Though not desirable theoretically, or in view of the collection of data as to the curative powers of different medicines, it is not opposed to the law of similars, and practical experience has proved to the satisfaction of men in extensive practice amongst acute diseases that it is a great advantage to patients, if not an absolute necessity, in some cases. Of course it is possible that the two medicines may antidote some of each other's effects, and theoretically it is probable that they do so, but practically it is found



that this antidoting does not extend to the principal sphere of action, when drugs of sufficiently different spheres of action are selected. Still, it is nevertheless desirable that alternation should be practised as seldom as possible, and solely in the interest of the patient when it is evident that the cure will thereby be hastened sufficiently to justify this departure from the ordinary rule of giving only one medicine at a time; and not as a matter of mere routine, or from carelessness or idleness on the part of the practitioner in not taking the trouble to see if one medicine would not meet the whole case. He that would alternate from mere carelessness or idleness is unworthy the honourable name of homœopathic practitioner.

There are other fashions and habits more or less noteworthy, but to which I have not time to refer. I omit all comment on the fashion of practising with "nosodes" or the products of disease, and with the so-called potentized offending articles of diet, because the one is too disgusting and the other too foolish to occupy our time.

I must, however, refer to the risk to which we are subject of running into certain habits with certain medicines, such as thinking of *Aconite* only when there are fever symptoms present, or of *Arnica* only when there is the history of a bruise, and of thinking that rheumatism always calls for *Bryonia*, or syphilis for *Mercury*, teething for *Chamomilla*, and so on; and also to the risk there is of too frequently seeing indications for the medicinæ we are reading at the time.

The best preventive of all these fashions and habits is constant familiarity with the *Materia Medica* and *Repertory*; a constant appeal to the *Repertory* will do very much towards keeping us out of all fashions and habits.

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## ON RHEUMATIC GOUT AND ITS CONGENERS.

By DR. EDWARD BLAKE.

EVEN as recently as seventy years ago, every pain in the human body, whose nature was obscure or whose origin chanced to be unknown, passed muster under the curiously comprehensive name of "rheumatism."\* This truly convenient word was taken from the Greek verb  $\rho\acute{\iota}\omega$ , I flow. By the oldest writers on medicine, of whom we know anything, it was used interchangeably with "catarrh" [ $\kappa\alpha\tau\alpha\ \rho\acute{\iota}\omega$ ], and was applied indiscriminately to all those diseases which were attributed to the defluxion of a certain acrid humour, generated in the brain, into the various parts of the body.

We now reserve the adjective "rheumatic" to designate

\* It is only since the commencement of the present century that any decided distinction has been drawn between "rheumatism" and the following complaints:

Locomotor ataxy.

Synovitis, strumous, pyæmic, scorbutic, traumatic, and gouty.

Purpura.

Hæmophilia.

Urethral fever.

Enteric (known as "typhus," "nervous," and "bilious") fever.

Incipient exanthemata, suppressed eruptions.

Trichosis.

Cerebro-spinal meningitis.

Myositis, psoriasis.

Torticollis and other muscular spasms.

Scleromas.

Myalgia.

Animal poisons, glanders, gonorrhœa, diphtheria.

Metallic poisons, lead, mercury, arsenic, &c.

The articular neuroses, *par exemple*, hysterical knee.

The numerous family of neuralgia.

These are some amongst the many disorders which were once classed as rheumatisms, and, bearing this in view, we shall scarcely deem it unjust to assume that our successors will differentiate "the rheumatisms" into at least as many more distinct morbid conditions.

those disorders which we imagine to be the direct result of chill. If, indeed, this be the case, we must forthwith remove from the rheumatic category both acute rheumatism and rheumatic gout,—the former being much more analogous to certain miasmatic diseases, more especially epidemic influenza and malarial fever, than to any form of catarrh; the latter having little or nothing to say to the sudden abstraction of heat from the body. Indeed, how often do we hear osteo-arthritic subjects complain more of the effects of a hot summer\* than of the keenest winter.

Rheumatic fever, looked upon pathologically, is *an acute febrile disorder usually associated with acid and hyper-fibrinated blood, commonly connected with inflammation of the synovial membranes, of the endo- or the pericardium, or more rarely of the muscular tissues alone (myositis)*. The inflammation is nearly always accompanied by effusion either of serum or of plastic lymph, first into the joint cavity, then into the surrounding tissues; it is seldom followed by suppuration. If the stress of the disease fall on the muscular system instead of on the fibrous tissues, we witness that curious pathological condition known as "Froriep's fibroid patches." In simpler language, then, rheumatic fever is usually a specific synovitis.

When synovitis is the prominent feature we see sudamina, or erythema, on that surface of the joint which corresponds with the portion of synovial membrane attacked. It is rare that some amount of lymph or serum is absent from the joint cavity, and pain is probably felt in inverse proportion to the amount of effusion. When the effusion is sufficient to keep the articular surfaces asunder and make the joint rigid, pain diminishes, as it does in pleurisy with copious effusion.

That this disease is not induced by cold alone is plainly shown by the well-ascertained fact that it is unknown in the Polar regions. That damp-cold may induce it we can scarcely doubt, but it has also followed scarlatina, dysentery, delivery, fright, and abortion.

In the *British Journal of Homœopathy*, vol. xxxviii, page

\* Doubtless owing to its depressive effects on the circulation,

134, is a typical example of rheumatic fever arising from the characteristic blood changes which occur at the menstrual period, and that without any exposure either to cold or damp whatever.

The diseases which are apt to occur either during or after an attack of rheumatic fever are pharyngitis, laryngitis, bronchitis, pleurisy, intercostal neuralgia, peritonitis, bed-sore, nephritis, cystitis, orchitis, and albuminuria. These complications are themselves highly suggestive. Coupled with the fact that organic and inorganic poisons, glands, gout, gonorrhœa, pyæmia, and the poisons of the exanthemata, on the one hand, and many metals, as lead, mercury, &c., on the other, induce symptoms so strongly resembling those of rheumatic fever, they are sufficient to make it appear that some peculiar preparatory blood changes are essential for the development of this disease.

#### *Treatment of Rheumatic Fever.*

This disease appears to be perilous to life inversely as the age of the patient, in other words, the prognosis is grave in proportion to the youth of the sufferer.

The chief indication is to secure absolute rest to the affected joints during the acute stage. This can best be done by plaster of Paris or by silicated bandages. These should be applied, with the joints in a semi-flexed position. The whole body should be generally supported by small hair pillows, applied wherever a hollow is seen.

Sponging the uncovered parts with very hot solutions of *Arnica* or *Rhus* affords much solace to some patients.

The remedies most called for are *Aconite* and *Mercurius corrosivus*. The latter is strongly indicated by the synovial hyperæmia, by the local or general sweating, by the history of these cases, and by the character of the chief complications.

With regard to the routine treatment of synovitis rheumatica *pure et simple*, I cannot but think that when *Bryonia* and *Aconite* are administered in alternation the former only hampers the action of the latter without itself contributing

to the remarkably beneficial result so often seen. I speak here of the early stages alone, for of course, when the ligaments and the aponeurotic expansion are involved, *Bryonia* is invaluable. It covers too the mucosal inflammations which occasionally ensue.

Of the practical value of *Viola odorata* and of *Caulophyllum*, so highly spoken of by Dr. Hughes in his excellent *Manual of Therapeutics*, I have no practical experience.

It is impossible to speak too earnestly in favour of gentle passive movements of all the affected joints immediately after the temperature has become normal, in order that close adhesions may be prevented, and *no amount of pain should permit us to shirk this serious duty*. It is scarcely necessary to say that this rule applies to all acute articular affections. Lectures, treatises, and handbooks are grievously at fault when they do not draw the student's attention to this all-important point in practice. From the neglect of this simple precaution we have all witnessed the very saddest lifelong deformities. Some of us have had the bitter humiliation of seeing an uneducated person repair our omissions. It is certain that if we did our duty we should at once remove the chief *raison d'être* of a class of men whose existence is not a disgrace to them, but a flagrant reflection on ourselves, our want of thought and of foresight.

For cardiac complications I usually administer *Spigelia* during the day, and *Aconite* at night. I always poultice.

With regard to diet, liquid vegetable diet appears to suit the best. At a recent meeting of the British Homœopathic Society there was quite a *consensus* of opinion that milk and beef tea—in fact the use of all nitrogenous food is to be deprecated. Alcoholic stimulants, in acute disease, I never give.

#### RHEUMATIC GOUT.

This disease has enjoyed a great variety of names, a fact sufficient of itself to suggest vague views of character and of causation. It has been called *Arthritis sicca, spuria, nodosa, pauperum*, and *rheumatoïdes*; it has also received

such various titles as *Morbus coxæ*, *Malum senile articu-  
lorum*, *spondylitis*, *arthroxerosis*, and *polypanarthritis*.

It has been chiefly known in this country as "rheumatic gout" until the "Nomenclature of the College of Physicians," issued in 1869, made it fashionable to recognise the condition as "chronic osteo-arthritis."

Though this disorder is probably as old as mankind, it was not described by the ancients.

More than a hundred years ago (1761) Sydenham, indeed, alluded to it, but he viewed it as a form of gout, or as an issue of "chronic rheumatism of the joints."

Heberden, who died in 1801, saw and described this disease, nor did he confound it with gout or with rheumatism, but he distinctly stated that it was a *tertium quid* demanding a distinguishing title.

But that it was not commonly recognised, even by good pathologists, to be a distinct disorder as late as twenty years after it had been carefully individualised in Paris by Landré-Beauvais, in London by Haygarth, is shown by a curious plate, xxii, fig. 2, in Sir Astley Cooper's *Dislocations and Fractures*, published in 1831, where an unmistakable case of rheumatic gout is figured as "partial dislocation of the humerus upwards."

If one thing be more certain than another in the natural history of this disease it is that there exists a very long latent stage, during which the physician's attention is not attracted to its existence, for the simple reason that, owing to the absence of marked pain or immobility, his advice is not sought.

It is more than probable that this disorder, like rheumatic fever, commences in the free surface of the synovial membrane, hence, possibly, its preference for the hip and knee, where we know that that membrane is seen in so highly a developed condition. That it could not commence in the synovial membrane, were the first indications seen in the centre of the opposing articular surfaces, is evident, because we know that after childhood the membrane ceases to exist in that region.

Of late years an effort has been made, with some amount

of success, to distinguish rheumatic gout from chronic rheumatism. If a distinction exist between these two allied disorders, we must remember that the difference can only be of a clinical character, for when the question is asked—Are there any minute histological characters which are typical of rheumatic gout and peculiar to it alone? we are compelled to answer in the negative.

There is no essential difference between the lesions of tissue seen in rheumatic gout and those witnessed in the different forms of arthritis ordinarily known as scrofulous, scorbutic, pyæmic, traumatic, and gonorrhœal. In all these disorders the morbid changes commence probably in the synovial membrane, and thence reach the other tissues by mere anatomical extension.

The cartilage changes, when they occur, are identical in all these diseases, and they consist essentially in a reversion of type to the early foetal condition, *i.e.* in a free proliferation of cells. They differ indeed in showing a much more marked tendency to suppuration.

#### *Morbid Anatomy of Rheumatic Gout.*

As a good typical example of the changes which occur in the subinflammatory diseases of the articulations generally we will now consider the pathology of rheumatoid arthritis, looked upon as an established disease. To do so with any chance of success, it is essential to call to mind the life-history of that tissue which plays so prominent a part in the disease, namely, *cartilage*.

Formerly it was thought that cartilage, like a monocotyledonous tree, grows from within outwards. It is now known that this form of tissue increases mainly by peripheric apposition. That it is in fact more analogous in its method of growth, to the exogenous than to the endogenous family of plants.

The perichondrium is the seat of supply. It furnishes embryonic cells, which are soon surrounded with a layer of hyaline intercellular substance; this becomes continuous with the matrix of the existing cartilage. These cells

gradually recede from the surface and, on their road towards the centre, are found to divide from once to three times.

This natural process is the key to what takes place during disease, the essential difference being, not one of manner but one of time and degree.

#### *Cell Proliferation.*

These cells, in the subject of osteo-arthritis, divide and multiply with an altogether abnormal rapidity.

It is an interesting fact that this unnatural rate of growth is first seen at the point where the normal proliferation takes place, and it extends, too, in the same direction, viz. a centripetal one.

This cell-growth proceeds at the expense of the intercellular substance, till the cartilage comes to consist entirely of cells.

It is easy to conceive how wholly unfitted such tissue must be, not indeed, to resist pressure, but to resume its normal form after the removal of weight. Natural cartilage, like the cushioning of a billiard table, is always yielding, and then expanding again, by dint of its remarkable resiliency.

#### *Fibrillation.*

After the change which has just been described, another material modification takes place. Dark *striæ* are seen forming at right angles to the free surface. This is the commencement of fibrillation and it is first observed at the superficies of the joint; afterwards the individual fibres separate from one another and float loosely in the articular fluid.

This condition, aided by the synovial fatty polypi, helps to give the surface that peculiar roughness so aptly compared by Volkmann to that of a sheep-skin.

#### *Mucous Softening*

Now, the intercellular substance undergoes solution, whilst the cell-nests usually form examples of colloid de-



generation ; at this point oseteo-arthritis is often called "gout."

To recapitulate, the cartilage passes through three stages:\*

1st. Cell proliferation.

2nd. Fibrillation.

3rd. Mucous softening.

The typical distortions of this disease take place after the cell-replacement, the tissue thus constituted of cells only is much more soft and yielding than healthy cartilage ; it yields to pressure and the result is an expansion laterally, not unlike, either in cause or course, that seen in rickets.

It is probable that we do not estimate at its just importance, the part played by the corpulency, so often occurring after middle life in this country, in hastening these pressure changes, as well as in determining the hip and knee as the special joints selected for the site of greatest modification.

If we carefully consider the practical bearings of the pathology of chronic articular diseases, we shall hesitate to order, as so many do, unlimited exercise. We shall see how destructive violent and protracted exertion must be, and shall feel more inclined to direct passive movements in many cases, in order to prevent adhesions and to maintain normal conditions of vitality.

Modern pathologists are inclined to view this disease as—1st, a centric neurotic disorder of certain centres which control possible trophic nerve-fibrils ; or

2nd, as a reflex change of local tissues induced by peripheral irritation at some distant point ; again, it may be viewed,

3rd, as a local expression of general debility ; and the last view, I am inclined to think, covers the greatest number of known facts.

That most of the cases represent tissues underfed by reason of chronic paresis of the hæmopoïetic apparatus, so

\* Of lateral expansion, attrition, eburnation, and ultimate dislocation, no notice is taken here, because they may be justly viewed as mere mechanical results of pathologic change rather than as essential tissue modifications themselves.

commonly seen in women as a result of the diseases peculiar to them, by more direct tissue-starvation in men, due to inadequate food (agricultural labourer), or improprieties of diet (cab-washer), will scarcely admit of a doubt.

It is quite possible that even if the disease, when it occurs in combination with some pelvic disorders, is not primarily septic in origin, it may be aggravated by the absorption of poisonous discharges, and thus imitate the auto-infection of gonorrhœal rheumatism.

In support of the view that some at least of the forms of arthritis, more especially the gouty part of the family, are as, Cullen thought, nervous in origin, a number of facts might be adduced. The well-known effects of mental emotions, the frequent occurrence of death from palsy of solar plexus, the irritability of gouty men, even when free from gout, and the association of gout with excesses, which especially tend to lower the staying power of the nervous system, all point in the nerve direction. Add to this the fact that so many of the medicines credited with curative power are neurotic remedies. This would account for the successful use of galvanism in some cases.

Those cases which have arisen from long antecedent local injury are probably to be explained in this way.

It is probable that the peculiar skin and mucous membrane changes of pigmentation, blood-supply, &c., of which we now know so little, will hereafter play a more important rôle, and figure as more prominent factors in the causation of this curious disease than we suspect at the present day.

That certain joint-affections having a strong resemblance to primary disease may be after all really reflex is rendered probable by the sudden relief given to some articular pains by dilatation of a stricture of the male urethra, and by free incision of the os in cases of stenotic cervix. Again, we see admirable imitations of joint-disease in certain mental affections, and there is the curious case of cardiac mischief causing settled pain in one knee.

Dr. Garrod tells me that he has seen long-standing gleets, of say twenty years' duration, set up in men changes in the joints precisely resembling those caused by leucorrhœa

in women. Here the amount of pus secreted and absorbed is so small that it is difficult to view the articular changes as due to infection. It seems much more probable that they are the results of reflex irritation, and, in support of the latter view, it is noteworthy that the arthritic changes are usually in the joints below the origin of the pelvic nerves.

One of the physicians at St. Thomas's, in a remarkable paper read about two years ago\* before the Clinical Society, drew the attention of the members to thirty-three carefully reported cases of rheumatic gout, all occurring in women, and all connected with some disturbance of the menstrual function or some disorder involving pelvic hyperæmia. The subjects belonged in large proportion to the middle classes; they were chiefly between thirty and forty years of age. Several of them were distinctly passing through the climacteric period of life. Although many were anæmic, amenorrhœa did not exist in any. Dysmenorrhœa was noted in fourteen, half of whom had also menorrhagia. Of the remainder, several had menorrhagia simply; four had it in conjunction with ovaritis, and others in conjunction with the change of life, or with tumours. The relation of the arthritis brought out by the cases was, first, its commencement in coincidence with menstrual disturbance; secondly, its paroxysmal exacerbation during, before, or after menstrual periods; thirdly, its cessation as an active or progressive mischief on the cessation of the menstrual disorder; fourthly, its alternation with cerebral disturbance of a hysterical kind. Some cases were more fully detailed:—1. A case in which intense arthritic affection of the upper extremities was noted, in conjunction with severe dysmenorrhœa and menorrhagia; where constitutional treatment and the measures usually applied to the rheumatic process having failed, the uterine conditions were treated successfully, with the result that the arthritis, as an active process, ceased, leaving, of course, the nodosity, but a painless nodosity. 2. Two cases in which the arthritis began at the climacteric period in combination with painless menorrhagia, and ceased as an active process, on the final dis-

\* 'Rheumatoid Arthritis from a Clinical Point of View,' by Dr. Ord, Feb. 14, 1879.

appearance of the catamenia. In one, the first attack occurred at a time when the catamenia, having been absent a whole year, returned in unusual excess; where the joints lost all inflammation and pain during subsequent intervals, but became severely inflamed, greatly swollen, and painful during several subsequent menorrhagic periods. 3. A case in which a woman, suffering from multiarticular arthritis at the climacteric period, the arthritis undergoing little remission in the intervals between the menstrual flow, developed somewhat suddenly hysterical mania. On the establishment of the mania, the arthritis became perfectly quiescent, and remained so till the restoration of sanity, when it resumed its progress. In this instance, the excitement propagated from the uterine organs, instead of undergoing reflexion from the cord, was, as it were, refracted through the cord to the higher centre. The arguments founded upon these cases were—first, that there was good evidence to show the connection of this form of multiarticular arthritis with the uterine hyperæmia. It was argued, further, that the incitation to the arthritis was conveyed by the nervous system in a reflex way. In support of this view it was advanced that certain lesions of the central nervous system were known to be capable of producing trophic changes in joints—in certain cases identical with those of chronic rheumatoid arthritis; that urinary paraplegia was an evidence of the possibility that a paralysing influence might be reflected; that, therefore, it was reasonable to suppose that trophic influence should be reflected; and that the mode of association of the arthritis and the uterine disorder favoured the idea of a nervous nexus, and the idea of this consisting in reflex action through the cord. The gonorrhœal and urethral arthritis of men were compared with the affections under consideration, and it was pointed out that the parts concerned in the two cases were homologous. It was lately argued that the local morbid process present in these cases was the same as that existing in non-articular arthritis, in traumatic, and other surgical arthritides, in gonorrhœal and articular arthritis, in joints affected by morbid deposits and morbid growths in certain cases after

true rheumatism, and in all cases coming under the head of rheumatoid arthritis; and that the term "rheumatoid arthritis" insufficiently covered the variety of clinical aspects of the joint-affection; that, therefore, it was desirable to limit or annul the use of the word "rheumatoid," and apply before the word "arthritis" some qualifying term descriptive in each case of the supposed clinical association. Ricord's term, "blennorrhagic arthritis," as opposed to the term "urethral rheumatism," was quoted as an instance of such application.

Now, these cases are very striking, and, making all possible allowances for the colouring which cases may unconsciously receive from a partisan anxious to prove a point, for possible diagnostic error and for accidental coincidence, there yet remains a residuum sufficient to show that pelvic disease is at least a great predisponent to rheumatic gout.

An interesting pendant to the cases of Dr. Ord, is a case of rheumatic gout in which the special manifestations were confined to the spine [spondylitis deformans]. This was read by Dr. Allen Sturge before the same society in May of the same year.

The patient, a man *æt.* 26, was a maker of artificial flowers, who had been under his care at the Royal Free Hospital. His mother had suffered very much from rheumatism. One brother had severe chronic rheumatism, and another was said to be very subject to gout. The patient's health had been good before the present illness; there was no distinct history of syphilis. Prior to his illness he had been a strong upright man and a rapid runner. The present condition began eight years ago with pain in the back, which had never since quite left him. Gradually the back became stiff, both in the cervical and dorsal regions. When he came under care the spinal column was remarkably fixed throughout. The lumbar and dorsal regions together formed a curve of large radius, with the convexity backwards (spinal kyphosis), and the spine, as a whole, was on a plane posterior to that of the sacrum, producing a projection forwards of the abdomen, the legs being carried back in a corresponding degree to catch the centre of

gravity of the body. There was no special tenderness of the spine at any part. In bending forwards the spine, as a whole, remained quite stiff, and flexion appeared to be almost entirely confined to the lower two or three lumbar vertebræ. The cervical part of his spinal column was very stiff. The power of flexion of the head forwards and backwards was very limited, and lateral movement of the head towards the shoulders was almost abolished. The power of rotation, though imperfect, was less impaired than the other movement. The thorax was very rigid; breathing was almost wholly abdominal. On drawing a deep breath there was a slight movement of expansion, but scarcely any of elevation. Dr. Stürge remarked that this condition was one of very rare occurrence, and would appear to be rheumatoid in its nature. The post-mortem changes were described a good many years ago by Professor R. W. Smith, of Dublin, and more recently by Dr. von Schaden, of Altona. They were like those met with in rheumatoid arthritis of other parts of the body, viz. absorption of the articular cartilages, nodular growths on the articular surfaces of the bones, and ankylosis of adjacent vertebræ, to which must be added absorption of the intervertebral cartilage. It might coincide with rheumatoid affections elsewhere, but in many cases it was confined to the spine, or to the spine and costo-sternal articulation. Todd had seen a case in a man aged twenty-five, and Eulenberg had met with it in a girl of twelve years old. As a rule, however, bony ankylosis of the vertebræ occurred in old people; but it was doubtful whether the disease in young persons could be looked upon as identical with that which occurred in old people.—Mr. BRYANT remarked that Dr. Fagge had brought before the Pathological Society about two years ago a case of the kind, in which the joints between the vertebræ, and those between the ribs and the vertebræ, were ankylosed, so that the patient, having bronchitis, and not being able to cough or breathe, died asphyxiated. Dr. Fagge had not in that case discovered the ankylosis during life, and there was not in that case the deformity found in Dr. Sturge's case.—Mr. BARKER inquired whether

in these cases there was fusion between the bones of the spine, or whether there was simply a locking of the bones, due to bony outgrowths. Fusion in such cases was rare. Was there complete bony union, so that on section one could not find the line of division between the vertebræ?—Mr. HEATH did not think fusion between the vertebræ was so very uncommon as a result of rheumatic arthritis; but such cases did not lead to the deformity present in Dr. Sturge's case. He thought a photograph exhibiting that patient's deformity should be added to the case, as such deformity was rarely met with, except as a result of ordinary angular curvature. Dr. STURGE, in reply, was sorry that he had overlooked Dr. Fagge's case in examining the Pathological Society's *Transactions*. He would endeavour to obtain a photograph of his patient, though the man was now in prison.

With all due deference to so excellent an observer as Dr. Ord, and spite of the cases which I shall presently narrate, I do not think that it can be considered as established that rheumatic gout is primarily a pelvic disease; for against such a view we have some very strong evidence.

1st. It is a common complaint in old men.

2ndly. It is seen with the pelvic organs absolutely sound.

3rdly. It is seen associated with pelvic diseases of all kinds and of the most opposed character, the only point at which they at all touch being that they are the most lowering and exhausting diseases of the pelvic organs.

I feel convinced that it is essentially a disease of debility; but, inasmuch as few disorders induce such marked general prostration as pelvic disease, it superficially seems to have a pre-eminence which it does not really possess.

We find this complaint in women lowered by lactation, by leucorrhœa, or by blood-losses, &c., and in old labouring men. Now, it is curious that established pelvic disease presents a very accurate imitation of senility. It is a sort of anticipated old age. Witness the defective vision and sense of hearing, the thinned or bleached hair, the bent back and emaciated body, the feeble mental powers, and uneven temper, the sleeplessness, the urinary troubles, and

the marked tendency to proliferation of osteo-poietic tissues ; the curious cardiac changes, and with them the modification of the skin and mucosa. How closely this corresponds with the most striking features in senile decay.

It is just because rheumatic gout is so emphatically a disease of debility that we so frequently see it complicated with cutaneous affections, especially prurigo, acne, and psoriasis. Eczema is more uncommon.

Just as struma may be defined as *hereditary* innutrition, osteo-arthritis might be called *acquired* innutrition.

One observation of Dr. Garrod I can fully endorse, viz. that the disease is often originated by extreme mental solicitude ; many cases that have come under my notice commenced whilst nursing a relative through protracted illness.

Miss Q—, æt. 30, had many strumous symptoms as a girl, including cervical abscess and ozæna ; these disappeared after puberty. She afterwards nursed her father most devotedly through many years of paraplegia, and since that time has felt pain and immobility in knees, especially after rest ; she has also suffered from a leucorrhœal discharge. The knees crepitate audibly during flexion and extension.

This case well illustrates the effect of sick-nursing in helping to develop this troublesome disorder. But we must remember that sedulous devotion to the sick means more than mental solicitude, it too often involves, as we all have seen, systematic starvation, even in the homes of the wealthy.

A favourite site of rheumatoid arthritis is the temporo-maxillary joint, though here ankylosis is rarely a result, because the exigencies of talking and eating give that articulation so little rest.

Deafness is far from uncommon, owing to ankylosis of the aural ossicles.

Rheumatoid patients are particularly prone to affections of the conjunctiva and the sclerotic. It is possible that this disease predisposes to the occurrence of glaucoma (Weller, Sichel, Velpeau).

Rheumatoid arthritis frequently implicates the larynx,



especially the arytænoids, giving rise to a curious modification of the voice.

*Rheumatic gout and goître ; leucorrhœa.*—Miss C. R.—, æt. 30, resides in Sussex; no occupation. Has suffered for some years from weak and painful knees, with occasional pain in elbows and hips. Skin irritable, stinging, especially at night. Dreams, awaking with terror. Headache, supra-orbital or occipital. Occasional earache and toothache. Pain and fulness of cervical glands on right side. Goître. Feeling of sand in eyes. Poor appetite, with epigastric sinking, flatulence, and a tendency to constipation. Occasional pile; ascarides; palpitation; cold feet. Free leucorrhœa, with prurigo. Catamenia copious and painful, followed by bearing-down pains, nausea, and flatulence. She has had to nurse her father during repeated illnesses.

May 7th, 1880.—Knees are both enlarged, they grate audibly on flexion; they both measure twelve inches round. There is a nodulated, painful enlargement inside and below left knee after walking.

This patient has derived much subjective relief from *Ledum* 1<sup>ʒ</sup> internally and  $\theta$  on compress locally, followed by *Pulsatilla* 30 and 1<sup>ʒ</sup>, with *Puls.*  $\theta$  on compress, and occasionally *Sulphur* 3<sup>ʒ</sup>, but the left knee continues steadily to enlarge; they measured, on the 18th October—12 inches right, 12 $\frac{1}{2}$  inches left knee. General health was much improved.

*Rheumatic gout and polypus uteri.*—Mrs. C.—, æt. 60; has had a healthy life, in extremely comfortable outward circumstances, and borne a family. Latterly much social worry. During the last three or four years has suffered from osteo-arthritis of right knee and slight leucorrhœal discharge.

On October 15th, 1876, a polypus was removed from the uterine cavity, and *Sulphur* prescribed, but with no improvement in the arthritic symptoms.

This lady first had her joint-disease after taking a house on the summit of a chalk hill in the neighbourhood of

Reigate. She has much improved in health since visiting the West of England and residing in Hastings.

*Rheumatic gout ; polypus uteri ; spinal curvature.*—Miss B—, æt. 45 ; no employment. Has of late lived chiefly at Folkestone. Was a frail and delicate child. Catamenia began at fourteen, quantity rarely excessive, returning every three weeks, and lasting about five days. It disappeared altogether for a considerable time during school life, and during this period she was very hysterical. It was prone, after this, to recur in a week or two after excitement or exertion, but it was never attended by much pain. Has not been troubled by white discharge, but has sometimes observed the presence of *prurigo vulvæ*. Bowels have been irregular all her life.

In 1874 the first decided joint pains came on, at the age of forty-two. At this time the whole system appeared to undergo a change. The pains were then chiefly in the left side ; latterly they have been more pronounced on the right side, with a little difficulty during inspiration, but no actual pain. Feels a peculiar catching of muscles in region of right hip.

In 1876, at the age of forty-four, clots began to appear in the menstrual discharge, which began now to be much more copious.

June, 1877, aged forty-five. Naturally clear complexion. Now the skin is muddy, and frequently itches in different parts of the body ; languor ; disturbed sleep ; dark spots before eyes ; tongue white ; dyspepsia, with much flatulence ; palpitation at night [during greater part of adult life was kept in a constant state of dread by mental derangement of mother] ; stools pale, at times *pruritus ani* ; urine sometimes thick, sometimes sandy ; water too frequent. Constant sense of weight in loins, with aching of thighs ; nervous tremors of arms and legs ; pain on movement of joints, especially of left hip and right shoulder, which distinctly crepitate. Spine has a lateral lumbar curve, with its concavity to the right, combined with the customary rotation of the vertebræ. There are the usual compensatory curves above.

I found attached to the cervix uteri, a pedunculated polypus the size of a walnut, which I snipped off. Its removal was followed by the improvement in the general health which we are in the habit of seeing, after removal of such growths.

I prescribed remedies, chiefly *Acon.*, *Aloë*, *Hydrast.*, *Berb.*, *Sepia*, *Opium*, *Cham.*, *Plumb.*, *Lach.*, *Lycopod.*, *Merc.*, *Ipec.*, *Iris*, *Calad.*, *Bell.*, *Bry.*, and *Sulphur*, for the abdominal stasis.

This patient has now reached a much higher level of average health, and has ceased to require medical care.

To ascertain the influence of the removal of pelvic disease on the articular symptoms I wrote to her a short time ago, and she replies—

“ Nov. 8th, 1880.

“ I will now try to answer the questions in your letter of 29th October. The polypus was removed in June, 1877. The feeling of weight in the back [lumbar region] is gone, and there has been less giddiness, *but I cannot be sure that there have been fewer joint symptoms since.*”

*Osteo-arthritis, with cervical abrasion* [?].—Miss K—, æt. 50, a lady in easy circumstances, residing in Staffordshire. For more than twenty years has been prone to pains in joints of upper and lower extremities. For the last sixteen years has been compelled, by the enforced flexion of the knees, to walk with crutches, the back being maintained at right angles with the legs. The knees are ankylosed. The joints of hands are greatly distorted. Complains of recurrent soreness of vulva, heat of urine, and a copious purulent discharge from vagina. These symptoms, with facial neuralgia and persistent piles, pointed to cervical abrasion. No examination was, however, made.

Prescribed *Sulph.* 3 one hour before each meal, to sit for twenty minutes every night with feet in hot water, and rub the knee-joints firmly upwards with soft soap and sublimated sulphur. In a week she reported acne of face, which always reappeared on giving the 3rd centesimal of *Sulphur*; 6 and 30 failed to have this effect, and she per-

severed in the use of the latter dilutions, combined with passive movements of extension especially, and with an occasional intercurrent pelvic remedy.

At the end of this time she dispensed with her crutches, and could walk across her lawn unaided, and in a vertical instead of a horizontal posture.

The interesting points in this case are—

1st. The curiously marked effects of *Sulphur 3* in repeatedly inducing facial acne.

2nd. The reward of patient perseverance [nine months] in a well-indicated remedy in spite of apparent unsuitability, and of the setting up of a new symptom.

*Rheumatic gout and polypus.*—Mrs. Q—, æt. 75. Has been living in the West of England all her life. Had “nervous fever” [? enteric] at twenty; for several years afterwards had either quinsy or bronchitis each November. She has twice miscarried; on one of those occasions there was sharp metrorrhagia for a few hours, soon disappearing under the internal use of *Arnica*. Has had ten children, but has never flooded; she has never been bled. Catamenia ceased at the age of fifty-one, having been rather profuse for three years. At the age of fifty-two she had a long attack of dysentery, followed by great prostration; during this time, after sudden exertion, she perceived a red show on one occasion only.

About a year after this the joints began to enlarge and become painful, commencing with the thumb and index of the right hand, and gradually extending to the larger joints.

She became more and more emphysematous, and began to be troubled by flushings and giddiness (dilated heart). Then persistent leucorrhœa set in, with bearing-down pains. She came under treatment in June, 1876, for constant tinnitus, flushing, vertigo, and leucorrhœa. A mucous polypus, the size of an olive, was removed from the cervix; a vaginal douche of chlorinated soda was ordered, and the discharge and bearing-down soon ceased, but the joint affection was not definitely benefited at the last report received a few days ago.

*Treatment of Rheumatic Gout.*

The underlying element of anæmia, or at least spanæmia, will at once suggest that everything must be done to improve nutrition. These cases are often greatly aggravated by an enforced rigour of regimen, from a supposed alliance of the disease with gout, due to its most unfortunate name, whereas the patient really requires diet rather than dieting.

Malt liquors, so poisonous to most gouty persons, are not only not pernicious, but positively beneficial, especially when they lead to more food being taken. That ale always contains either sulphur\* or its oxides, may possibly have something to say to its good effects in rheumatic gout.

Quinine appears to be in favour with both schools. I have seen it act very beneficially on the general health, but I have not witnessed actual improvement in the joints themselves. A study of the provings of bark, and the evidence collected by Henriques† of its power to induce rheumatoid symptoms, are ample reasons for our employing it when indicated. The *Salicylate of Quinine* is probably the best form.

The remedies which, in my hands, have effected the greatest amount of good are certainly mercurials in the more acute form and *Sulphur* in chronic cases; *Iron* in some shape is nearly always serviceable. *Actæa*, *Arnica*, *Ledum*, and *Rhus* come next. *Antimonium crudum*, *Arsenic*, *Nitric acid*, *Pulsatilla*, *Rhododendron*, and *Sabina* have been lauded by members of our school. I have never seen any very distinct results from their use.

Of mineral waters those of Aix-les-Bains and Teplitz, with our English Harrogate, enjoy the chief reputation. It is usually wise to follow them up by a gentle chalybeate course.

\* Hops are dried in the fumes of sulphurous acid to destroy the aphid; sulphide of calcium is placed in beer barrels to prevent mildew; and Burton water is rich in sulphate of lime. To these elements may be attributed the fact that ale, unlike other alcoholic beverages, is purgative in its effects.

† "On Rheumatic Arthritis," *Brit. Journ. of Hom.*, vol. xii, p. 41.

Turkish baths are to be avoided, they certainly tend to increase the disease.

The greatest amount of speedy benefit I have seen in a chronic case was from the use of *Woolridge's Tincture*, a patent medicine of unknown constitution, probably very complex in character, perhaps containing *Colchicum*.

Wash-leather plasters afford valuable support, especially where the knee is affected. They help to counteract the tendency to lateral expansion. Some appropriate medication may, of course, be applied on them.

GONORRHOEAL RHEUMATISM is a very intractable disease. The greatest amount of good is to be hoped from *Aconite*, *Mercurius*, *Pulsatilla*, *Clematis*, *Thuja*, *Sarza*, *Mezereum*, and the iodides.

## THE NEW TRANSLATION OF HAHNEMANN'S MATERIA MEDICA.\*

By DR. DRYSDALE.

THE appearance of this work is truly a phenomenon which should strike with astonishment the thoughtful among medical men, and all those who have the scientific advancement of medicine at heart. Here is a new translation and new edition of the largest work of an author who belongs to the eighteenth century, coming out in the last fifth of the nineteenth century. For Hahnemann, by birth and education and mode of thought, belongs to the last century, although his unusually prolonged life lasted far into the present. Consider what this means. To whom among

\* *Materia Medica Pura*. By Samuel Hahnemann. Translated from the latest German Editions by R. E. Dudgeon, M.D., with Annotations by Richard Hughes, L.R.C.P.E. Vol. I, *Aconite*—*Ipecacuanha*. Hahnemann Publishing Society, 117, Grove Street, Liverpool; Gould & Son, 59, Moorgate Street, London; Boericke & Tafel, New York. Price to Non-subscribers, 16s.

the otherwise honoured names in the medical world of the eighteenth century is it granted to have their works republished exactly as they stand now? As far as I know, none, except perhaps John Hunter, unless as a matter of mere antiquarian interest. To what then does Hahnemann owe this honour? Simply to the originality of his genius which, by allying his name to an immortal truth in science, makes it fresh and green to day in the practical world, when the names of his contemporaries are hardly known, except in history. Not only is Hahnemann's theory abreast of the scientific practice of the day, but this very work on *materia medica* stands in the same rank, for it can only be said to be superseded in that every word of it is copied into the *materia medicas* of the present day. Even as it is, it is still superior, as regards a number of medicines, to many treatises which have incorporated Hahnemann's symptoms among newer ones not nearly so trustworthy, and which, therefore, detract from, rather than add to, the clearness of our knowledge of the drugs. Again, why does this great practical work of Hahnemann take the same proud position, abreast of the science of the day, like his theory? Simply because it is wholly or mainly a record of pure experiment, which is universally allowed to be the basis of all true science. To Hahnemann belongs the glory of being practically the founder of experimental pharmacology, just as Harvey was of experimental physiology. All the experiments on animals with drugs, now so much the fashion, belong equally to his initiative with those on the human body, and they can only be properly understood when both are studied in connection. Hahnemann did not, and could not, fully work out both fields, but he chose the incomparably more difficult and more important one of the finer and more complex action on intelligent human beings, to wit, on himself and a whole band of disciples—very martyrs indeed. The coarser results of experiment on animals have all the ease of experiments in the physical sciences compared with the different conditions of clinical and pathological research. In the former, you can always ensure the conditions and compel Nature at all times to yield an answer; in the

latter, you must bide Nature's time and watch your opportunity. Hence, discovery is here a long, tedious, and uncertain process. In the proving of the finer and more specific effects of medicines, this law of contingency hampers you at every turn ; that is to say, before you can elicit the more peculiar and specific effect of a drug, the susceptibility, or specific irritability, or predisposition to that peculiar action must be present in the individual. Whether it is present or not in any particular individual you cannot tell by any manner of means. You can only try and try till you come upon it, just as Nature does where, out of many individuals exposed to the same exciting cause of disease, only a small percentage is affected by it. All such experiments are, therefore, contingent on the presence of a factor wholly beyond our control. Imagine, therefore, the difficulty of the task set before Hahnemann and his followers, and wonder not that it is as yet only imperfectly fulfilled, but rather wonder that so much has been done. And how much has been done only he can know who has diligently studied this work, and learned to interpret the answer by Nature to the honest question by experiments of which it is made up. To the idle and careless, or to those who merely look for something to ridicule as a pretext for their neglect of the book, these answers appear nothing but a disconnected string of unintelligible symptoms. No doubt it is so to them, but they are the answers of Nature notwithstanding, who will by no means accommodate herself to the convenience of the idle and careless, or self interested, in this any more than in any other field. To such persons the sun goes round the earth to this day. But it may be said, Are not the difficulties to a certain extent owing to defects in the methods, faults in the admission of trivial or even false symptoms, the disconnection of symptoms which are only significant when in their natural combination? and so forth. No doubt all this is true to a certain extent; but it is the duty of those who come after Hahnemann to correct and supplement his work, and it is a shame to the medical world that so little has been performed of this obvious duty. Something, however, has been done both in the reprov-



of Hahnemann's medicines, and in additions to the materia medica on his plan, the Austrians having made an admirable contribution to the former, and the Americans chiefly to the latter. In this country we have done little except in founding this very Hahnemann Publishing Society, which has given to the public the excellent translation of Hahnemann's *Materia Medica*, which is the subject of this notice; but the chief purpose of which was to provide an opening for a revision of the *Materia Medica* on the most complete and elaborate scale. Alas! for the zeal of our body here, for in spite of the plan of working each medicine being left perfectly free, the workers are so few that in thirty years we have not half a dozen medicines done—not even a translation and re-arrangement of all the medicines actually reprinted by the Austrian Society. I trust that in future a larger number of our best workers will devote their best efforts to this work instead of the more ephemeral matters which seem to occupy them entirely now.

The reproach of the triviality of some of the symptoms registered by Hahnemann is easily made and finds favour at once, especially with the idle and ignorant, while the more profound pathologist will hesitate before he condemns the record of any symptoms, knowing the small beginnings of even the greatest diseases, and knowing that it is precisely in the early stage that indications are valuable if cure is to be hoped for. That an accidental slight blow on the patellar tendon should cause the leg to jump up more or less would have not long ago seemed a very trivial matter indeed, and hardly worth recording. And yet how important does such a symptom seem now! In fact, since the recent minute study of the early symptoms of locomotor ataxy and myelitis, and the localisation of brain disease in convulsive and paralytic affections, we can see the extreme importance of a similar minuteness in describing the finer actions of drugs which may, by their adaptation to this early and only curable stage, give us the specific remedies. This consideration also shows us that the very understanding and appreciation, as well as the practical application of the homœopathic theory, are all progressive and dependent on

the accuracy and minuteness of pathological appreciation of symptoms. In the accurate, and minute, and coherent description of drug symptoms, Hahnemann is not only unsurpassed, but is not even approached by any of his followers since. His paragraphs read like the symptomatic components of real disease, which are heard daily from the mouths of our patients. His sagacity in interpreting the true bearing of these symptoms is also admirable in the all too few cases in which he has pointed out the diseases to which the medicines are applicable, and we all wish he had gone further in that direction.

In regard to the disconnection of symptoms, Hahnemann's own symptoms, derived from moderate doses, are little obnoxious to that reproach, for they are nearly all idiopathic groups of symptoms in each paragraph. But in his citations from poisonings and overdosing in medical literature he has too frequently erred by breaking up groups of symptoms, and thus deprived the reports of much of their value. Now, however, this evil is, to a great extent, corrected by the untiring labours of Dr. Hughes, who has used the unequalled opportunities afforded by the libraries of the British Museum and the College of Surgeons to revise every single citation given by Hahnemann. He has thus not only corrected some actual errors, but, to a great extent, restored the true significance of the individual symptoms by informing us of the circumstances in which they occurred and their connection with each other. In this respect the present edition is actually superior to Hahnemann's own work. Thus, with an excellent, smooth, accurate, and idiomatic translation, such as we might count upon from Dr. Dudgeon, already well known as the best translator of the *Organon*, we have at last an example of Hahnemann's greatest practical work, which we can, with pride, put into the hands of any competent judge from whom it has been hitherto shut out by the barrier of a foreign language. We may, I think, confidently expect that all medical societies and libraries, and all individuals interested in the scientific progress of pharmacology, will possess themselves of this work. And may we not hope that many will take the opportunity

to revise the hasty judgment that has been often passed upon it, based, generally, upon a very slight acquaintance with its real purport and merits. It has been a matter of life-long perplexity to me to endeavour to reconcile the behaviour of professors and teachers of materia medica in the schools towards Hahnemann, with the profession of justice, morality, and religion, which they do not belie in their general character and conduct. How is it that Hahnemann's experiments with drugs on the healthy body, which he entitles *Materia Medica Pura*, are passed by without notice, or merely referred to with a few sneering remarks? It is true that the expression of any fair or unbiassed opinion would expose them to a certain degree of odium and persecution from an ignorant and prejudiced party in the profession. But we would expect the majority of teachers to be more high minded than to be influenced by such paltry fears. It is to their own conscience alone that they must appeal for guidance, for they can get little or no help in their judgment from the organs of medical opinion, for medical reviewing in this country is almost wholly in the hands of the anonymous editors of medical newspapers, which are valuable commercial speculations, and therefore the proprietors are not likely to permit any expressions of opinion at first displeasing to the majority of their customers.

There is another possible fault or defect in the volume before us, which, no doubt, has often stopped inquiries into its merits at the very threshold, viz. the dose recommended for therapeutic use. The whole of homœopathy has been wittily compared to the directions for dressing a cucumber salad, viz. after an elaborate description of the process for making the salad you are recommended to open the window—and throw it out! In like manner, after a series of elaborate experiments described in the original six volumes of the *Materia Medica*, you are recommended, it is said, to give the medicine in an absurdly minute and perfectly useless dose. In the introduction to *Aconite*, for example, in the present volume, the dose we are directed to give in acute inflammatory fever is “one thousandth part of a drop of the

decillionth" dilution. And to obviate the ill effects of fright or vexation during the catamenia "a single momentary olfaction at a phial containing a globule the size of a mustard seed, moistened with the decillionth potency of *Aconite*, is quite sufficient." Now, it is right that those who should be disposed to judge of homœopathy from this volume alone, should know that of 7000 or 8000 medical followers of Hahnemann, not one, as far as I am aware, obeys literally the above directions as to the dose. On the contrary, the practice of the vast majority is to give repeated doses of the lower dilutions, while rigidly following his guidance as to the cases in which it is indicated. It is also well known that *Aconite* has been adopted empirically in the ordinary practice in much the same class of cases and in fractional doses. It becomes thus a matter of interest and importance to know whether these doses were the result of well-weighed and mature experience on the part of Hahnemann, or were an after-thought at a time when he was not in so good a position for judging. The present translation affords us no means of judging of this in respect to *Aconite* or any other medicine, for it simply gives us the medicine as it stands in the last published edition.

A full account of Hahnemann's various doses at various periods has already been given by the editors of this volume, first by Dr. Dudgeon in his *Lectures*, and secondly by Dr. Hughes in the thirty-sixth volume of this Journal, and the latter paper has been judiciously reprinted by Dr. Hughes in the last edition of his *Pharmacodynamics*.

It might by some be considered a pity that the editors should not have stated the doses of the medicines ordered in previous editions, as it would guide our judgment as to which of Hahnemann's conflicting recommendations are best worthy of attention, for second thoughts are not always the best. But as information on this point is open to all, probably they did not think it necessary to repeat here what they had already said elsewhere, especially as their object was to give the work of Hahnemann as he left it, with no more notes than were required to illuminate the text. To

have entered on the question of Hahnemann's doses might have looked like a departure from the plan of the translation, and as introducing controversial matter unnecessarily. Besides, the materials are not always at hand for determining what Hahnemann's actual doses were at different periods. Thus, with regard to *Aconite*, the first edition of the *Mat. Med. Pura* mentions no dose,\* the second edition prescribes "a small portion of a drop of the octillion-fold dilution" (24th). The thousandth part of a drop of the decillion-fold dilution, and the olfaction of a single globule imbibed with the same dilution are peculiar to the third edition, published in 1830.

Now, when we remember that in 1830 Hahnemann was eighty years of age, and had long been withdrawn from active practice in acute disease, and, besides, that he then was surrounded with a coterie of blindly admiring disciples, who exercised no sort of wholesome criticism on any theoretical opinion he might put forth, we can have little difficulty in preferring his earlier practice to his later in the matter of dose, and that should offer no stumbling-block to the scientific inquirer.

I trust, therefore, that the appearance of this work may be the occasion for many to revise their judgment of the homœopathic theory and practice in general, and that they will take example from the recent declaration of Fonssagrives in regard to the singular effect of contact of the reguline metals on the nerves. "I must plead guilty to a certain degree of remorse in confessing that I obstinately persisted [for twenty years] (though in otherwise good and numerous company) in putting in *à priori* a clinical *veto*, when it would have been far better to put the matter to the test of experiment." May these be the sentiments of many English medical men in the infinitely more important matter of homœopathy!

Before concluding, some words must be said as to the excellence of the present volume, both as to paper and printing, and getting up altogether. In respect to the arrangement

\* In fact, no doses are mentioned of any of the medicines in the first edition of the first volume.

of the medicines, there seemed at first to have been some difference of opinion, one party desiring that the exact form of Hahnemann's original six volumes should be reproduced, while others thought that the medicines should be rearranged alphabetically in two large, but at the same time handy, volumes. I am glad that the editors have chosen the latter plan; as also that they have incorporated all the symptoms, both those of Hahnemann and of his disciples, into one harmonious list, instead of separating them as originally had been done. I am sure no one can be other than satisfied with the judgment of the editors in these respects, especially as all the notes have been given, and their dates preserved. Any praise of the excellence of Dr. Dudgeon's translation would be superfluous, and the extraordinary diligence of Dr. Hughes in correcting and verifying the citations has, as above said, raised the value of this translation above that of the original work.

## REVIEWS.

*Unconscious Memory: a comparison between the theory of Dr. Ewald Hering and the 'Philosophy of the Unconscious' of Dr. Edward von Hartmann, with translations from those authors and preliminary chapters bearing on 'Life and Habit,' 'Evolution, Old and New,' and Mr. Charles Darwin's edition of Dr. Krause's 'Erasmus Darwin.'* By SAMUEL BUTLER, author of '*Erewhon*,' &c., Op. 5. London: David Bogue, 1880.

IN this work Mr. Butler follows up the argument he commenced in *Life and Habit* and *Evolution, Old and New*.

Agreeing with Mr. C. Darwin and Mr. Wallace that the various forms of organised beings we now behold are derived from simple forms, and probably from one primordial simple form, he differs from these scientific exponents of evolution in not holding that the different forms of organised beings originate from "natural selection," *i. e.* some chance deviation from the primitive type being found so advantageous to the possessor in some change of circumstances, that those individuals not possessing this accidental alteration die off, while those possessing the lucky abnormality survive and propagate offspring with their own peculiarity. This, which is the theory of Mr. C. Darwin and Mr. R. Wallace, denies all purposive action in the production of new forms and makes these dependent on accidental variations in some organs, "sports," as the botanists call them. This theory Mr. Butler holds to be a theory "without a backbone." It is evident it does not account for the occurrence of the useful variations owing to which new species were produced, for to attribute them to chance or accident is to

shirk all attempt at explanation. Had these accidental variations not *happened* to occur, and in circumstances where they would be useful, no new species, or even variations on the original type, would have been produced.

Mr. Butler holds, with Buffon, Dr. Erasmus Darwin (Mr. C. Darwin's grandfather), and Lamarck, that chance and accident should be eliminated from the doctrine of evolution, and that the variations from the primordial type, and all the differences of conformation or structure that have been produced, and which are shown in the millions of varieties of organised beings, are due to a purposive action on the part of the individual organism in order to adapt itself to a change of circumstances or to obtain a desirable end.

This doctrine, Mr. Butler contends, is more philosophical, more rational, and gives a better explanation of the facts than the more modern theory of Mr. C. Darwin. The doctrine of the elder evolutionists is distinctly a teleological one, in so far as it holds that all changes in structure, and indeed all growth of organised beings, are effected purposively, but it makes the organised being the sole artificer of its organs and varieties.

This subject Mr. Butler pursues still farther in his last work, "Op. 5," as he marks it in his quaint way. He contends that every organised being, though its own artificer, is but a continuation, a part, of all its ancestors, and that the reason why it constructs itself so perfectly and unerringly, and yet unconsciously, is that it has done the same thing so often before that it now does it without consciousness of doing it, just as we observe that even with regard to purely voluntary acts so called, frequent repetition will enable us to do many things without consciousness of the means whereby we do them, or indeed that we are using any volition in order to do them, and the more perfectly these acts are performed the more unconsciously automatic are they. Thus, an experienced piano player will rattle off an elaborate piece of music without any consciousness of volition as regards the notes he strikes. Habit or frequent repetition will make the most complicated actions, which are at first painfully performed, so easy as



to be performed unconsciously, *e.g.* walking, an accomplishment which the infant with difficulty and much effort acquires, but which is, when it becomes a habit, done without consciousness of volition.

The building up of its body by the formation of its parts and organs, which the organised being performs with certainty and perfection, is an act of memory rendered perfect and certain by a millionfold repetition of it by the individual in the persons of his ancestors. Having been so often repeated it is now performed unconsciously, just as we observe acquired habits in the individual by frequent repetition come to be performed unconsciously. In both cases the memory is there, but it is an unconscious memory. Varieties of construction are caused by the varying circumstances by which individuals are surrounded, and to adapt themselves to these altered circumstances they strive to effect an alteration in their own organs. It is "the sense of need," not accidental "sports," that determines these variations of organs or parts. That those who succeed in effecting the changes that will adapt them to the altered circumstances will survive, while the others who have not brought about the necessary changes will perish, is sufficiently obvious, and in this way the "survival of the fittest" is accomplished.

These are the views respecting evolution which Mr. Butler was able to deduce from the writings of Buffon, Lamarck, and especially of Dr. Erasmus Darwin. He contends that Mr. C. Darwin obtained the idea of evolution that goes by his name from the writings of his grandfather, and yet that grandfather's name was not even mentioned in the first edition of the *Origin of Species*. He further contends that whereas Dr. Erasmus Darwin established a principle, according to which all variations of form were produced, Mr. C. Darwin refers all to blind chance, regulated by no fixed cause whatever.

The occurrence of variations of a useful kind by the efforts of the organised being from a "sense of need" seems to us more in accordance with actual facts, and more rational than the fortuitous or accidental occurrence of such

variations being seized upon and utilised by the abstraction called "natural selection." We find, for instance, that when a man is deprived of his eyesight the "sense of need" causes him to develop other senses, such as those of touch, smell, and hearing, to a degree surpassing that observed in those who have their sight intact. Similarly, in many trades and callings, the "sense of need" causes an extraordinary development of some organs and limbs, and there is no doubt that the variations from the normal produced in this way are purposive and not fortuitous. A man does not take to piano-playing because his fingers have a pliancy and agility beyond the common, but his fingers become pliant and agile because he wills that they should become so, and by his repeated efforts he makes them so. We can imagine that such variations may become permanent or characteristic of a race or a family if practised through many generations, and we observe this is so in, for example, the Red Indian, whose senses of smell, hearing, and sight are developed to a degree unknown to his civilised brethren. In the same way we can imagine variations of organs, produced originally by "sense of need," become permanent attributes of the race or species by frequent repetition.

Since writing his *Evolution, Old and New*, Mr. Butler has found that his views on unconscious memory were advocated in 1870, several years before his own promulgation of them, by Dr. Ewald Hering, Professor of Physiology at the University of Prague, in a lecture entitled "On Memory as a Universal Function of Organised Matter." Mr. Butler knew nothing of this, and thought out his views for himself, and when he published them he was unaware that any similar views had been published. In this volume he has given a translation of Professor E. Hering's lecture, so that any one can see the intimate correspondence between the two doctrines. Professor Hering attempts a physical explanation of memory, referring it to vibrations of a subtle character. Mr. Butler attempts nothing of the sort, but in other respects the accord between their views is extremely close.

Mr. Butler also gives a translation of a portion of Von

Hartmann's *Philosophy of the Unconscious*, in order to show that his views have nothing in common with those of Hering and himself. Von Hartmann refers all what are called the instinctive actions of animals, *e.g.* the building of their cells and storing their honey by bees, to a kind of clairvoyance, resembling the supposed faculty called by that name in the spiritualistic world. We must refer the reader to Mr. Butler's work for a thorough appreciation of Von Hartmann's views, and for a refutation of his fallacies.

On the whole, we are of opinion that Mr. Butler's new book will add considerably to his reputation as an original thinker, and we are sure Mr. Butler has done, in his three books, much to rehabilitate the character for scientific insight and philosophic thought of those three early champions of evolution, Buffon, Erasmus Darwin, and Lamarck, in danger of being altogether ignored in the overwhelming fame of the younger Darwin.

Whether Mr. Butler's work will add to the reputation of Mr. Charles Darwin and some of his friends is another question, for Mr. Butler in the work before us reveals to us a piece of literary mystification without a parallel so far as we are aware.

Mr. Butler's *Evolution, Old and New* appeared in May, 1879. In this work Mr. Butler, as its complete title indicates, compares the theories of Buffon, Dr. Erasmus Darwin, and Lamarck with that of Mr. C. Darwin, and, as we showed in our review in July, 1879, makes out that the doctrine of evolution is not new, but was evolved by the three older writers named, and that, in especial, these older authors, and more particularly Dr. Erasmus Darwin, held the more rational theory with respect to the cause of variations of species, *viz.* that they arose from the spontaneous efforts of the organism to accommodate itself to altered circumstances and conditions, and not that of Mr. C. Darwin, that varieties and species are caused by accidental variations being found more useful in altered circumstances and conditions, thereby giving the possessor an advantage over his congeners who have not been thus *accidentally* favoured, and leading to his preservation and the extinction of those

in which this advantageous but accidental variation does not exist.

In February, 1879, *i.e.* three months prior to the appearance of Mr. Butler's *Evolution, Old and New*, an article on Erasmus Darwin appeared in a German scientific periodical called *Kosmos*.

In November, 1879, Mr. Charles Darwin published a life of his grandfather, Dr. Erasmus Darwin, and included in the book a translation of Dr. Krause's article on Dr. E. Darwin. In the preface he says that this article appeared in the February number of *Kosmos*, and a note is given stating that *Evolution, Old and New* appeared after Dr. Krause's article was published. Mr. Darwin is particular in stating that the translation is a faithful one, the scientific reputation and German scholarship of the translator, Mr. Dallas (the well-known editor of the *Popular Science Review*), being a guarantee for that.

On reading this translation of Krause, Mr. Butler was confounded by seeing unmistakable references to his own work that was not published until three months after the appearance of Krause's in *Kosmos*. Expressions used by him in *Evolution* appeared, and translations, chiefly from Buffon, were given, with the very phraseology he had himself employed, which it seemed impossible to consider accidental. Mr. Butler found, on comparing Mr. Darwin's translation with the original, that there were great differences, and that the passages which he could not doubt had reference to his own work, were not in the original article. He wrote to Mr. Darwin, pointing out these discrepancies, and begging for an explanation. Dr. Darwin replied that the alterations had been made by Dr. Krause, and the altered MS. sent for translation to Mr. Dallas. "This," he adds, with charming simplicity, "is so common a practice, that it never occurred to me to state that the article had been modified."

Of course, Mr. C. Darwin is an excellent authority for the "common practices" of scientists, but to us, who do not come under that category, it does seem surprising that a man should publish a translation in which are interpo-

lated various passages containing the condemnation of an opponent's views published months later, while guaranteeing the fidelity of the translation, and, indeed, expressly stating in a note that the work so condemned was published after the article which seems to condemn its views by anticipation. This may be, as Mr. Darwin assures us, a "common practice" among writers on science; writers on other subjects would be apt to give it a very different name.

In the meantime Mr. Butler's vanity, if he has any, may feel very much gratified by seeing the amazing effect produced by his little work, *Evolution, Old and New*. It has led to what looks like a combination among three eminent men to endeavour to discredit his statements and views. For Dr. Krause must have known what he was writing against when he "modified" his article, and yet he never mentions Mr. Butler's name. Mr. Dallas must have known that his translation was guaranteed by Mr. Darwin as a faithful rendering of the article in the February number of *Kosmos*, though he was aware that he was translating a much altered work; and Mr. C. Darwin must have been aware of the effect of his guarantee of the accuracy of Mr. Dallas's translation, and of the meaning of his foot-note to the effect that Mr. Butler's work appeared subsequently to Dr. Krause's article, though "it never occurred to him" to give the reader a hint that the translation was not a translation of the article it professed to be, and that it contained interpolated passages written at Mr. Butler.

Mr. Butler may be comforted by the reflection that the whole transaction is a corroboration of the correctness of his views. For this "variation," at all events, has been produced by a "sense of need," the need, namely to discredit Mr. Butler, who was showing that not to Mr. C. Darwin, but to his grandfather, should be ascribed the credit of the evolution theory. It is certainly not an example of "accidental variation." It may be open to doubt whether it is an instance of "unconscious memory." Mr. Darwin's assertion: "it never occurred to me," would seem to imply that he wishes it to be so considered; but there is altogether too much consciousness about the transaction to allow us so to regard it.

*Dress : its Sanitary Aspect.* By BERNARD ROTH, F.R.C.S.  
London : Churchill.

“As the old cock crows,” &c., Mr. B. Roth is following worthily in the footsteps of his father, and in this little pamphlet gives some advice on the subject of clothing which might be useful if attended to by both males and females. The author, we observe, disapproves of suspending the under garments of ladies by the shoulders, and in order to avoid hanging them round the waist, proposes to suspend them from a belt passing over the hips. We do not know how far this is practicable, but imagine it would be rather difficult to do this without giving an undue increase in the apparent size of the hips, which would not be acceptable to those who admire the present fashion of ladies’ dresses. We are not convinced by his arguments in favour of flannel as the most appropriate thing to be worn next the skin. To many it is extremely irritating. The price of the pamphlet, consisting of only eleven pages of letterpress, two shillings, is rather against its extensive sale we should think.

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*Index-Catalogue of the Library of the Surgeon-General’s Office, United States Army.* Vol. I, A — Berlinski.  
Washington : Government Printing Office, 1880.

THIS is altogether the most sumptuous and elaborate index we have yet had the pleasure of seeing. A gigantic quarto volume of 888 pages, printed in the most beautiful and clearest type on the thickest and smoothest of toned paper. These are the externals. But the manner in which the *Index* has been done reflects the highest credit on its author, Lieut.-Col. and Surgeon Billings. The library, to judge from this volume, must be one of the most complete medical libraries in existence. The list of journals and transactions of societies (chiefly medical and scientific) alone occupies 124 of its huge pages. Among these journals we find our own, vol. 1 to vol. 37. The

other medical works are amazingly numerous, and we see among them works on medicine and the collateral sciences (not American) which we have sought in vain in the British Museum and London College of Surgeons. Not only are the works themselves indexed and cross-indexed, *i.e.* indexed by author's name and subject, but the articles of the various journals are also indexed. Some capriciousness is noticeable in respect to the articles in homœopathic journals. Thus, the article on *Alcohol* by Dr. Dudgeon, that was published in this Journal, is duly entered, but the article on *Belladonna* by Dr. Hughes is omitted, whereas Dr. Hughes's article on *Belladonna* in the *British Medical Journal* for 1860 is correctly indexed. From these and other instances we can see that the analysis of homœopathic periodicals is not so complete as that of our allopathic contemporaries; in fact, we may say that no reference is made to any article in a homœopathic journal having reference to remedies or therapeutics, so that the orthodox character of the work is sought to be preserved. And yet it is difficult to perceive why the independent work of a homœopathic author should be registered, while any original essay he may have furnished to a homœopathic journal is ignored, and at the same time his contributions on homœopathic subjects to allopathic journals are carefully indexed. Thus, we find under "Arsenic, toxicology of," this entry:—

"HAHNEMANN (S.), Ueber die Arsenikvergiftung, ihre Hülfe und gerechliche Ausmittelung, 8°, Leipzig, 1786."

And under the name of

"BAYES (William), Typhoid fever, some account of *Baptisia tinctoria*, the new remedy for the disease. With cases, 35 pp., 8°. London, Ballière and Co., 1872.

"See, also, MONTHLY Homœopathic Review."

And under the heading "Arnica" the following:

"EPPS (J.) On *arnica montana* as a therapeutic agent in bruises, sprains, lacerations, corns, swellings, excessive fatigue, smallpox, &c. Lancet, Lond., 1840—1, ii, 362—366. Also, Reprint."

But all the original observations respecting the toxical, pathogenetic, and therapeutic properties of drugs are passed

over unnoticed if they happen to have appeared in homœopathic periodicals.

These omissions, while they are, no doubt, pleasing to the old-school majority, considerably detract from the value of the work, and will be regretted at some future time when the anti-homœopathic rancour shall have died out, and it shall be universally acknowledged that the best information respecting the effects of drugs is to be found in the writers of Hahnemann's school.

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*A General Symptom Register of the Homœopathic Materia Medica.* By TIMOTHY F. ALLEN, M.D. Boericke and Tafel.

THIS volume completes the colossal work of Dr. Allen on the *Materia Medica*. The rapidity with which this gigantic index has been made is scarcely less surprising than its astonishing accuracy. Of course there are errors here and there, as there could scarcely fail to be in a work of such dimensions, but on the whole it is a most satisfactory performance. It is something more than an index and something less than a repertory, but it is an indispensable accompaniment of the ten volumes of the *Encyclopædia*. Dr. Allen deserves and will obtain the hearty thanks and unbounded gratitude of all homœopathic practitioners for his most acceptable gift to them.

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*Special Indications for Seventy-five Remedies for Inter-mittent Fever.* By T. P. WILSON, M.D. Philadelphia: Boericke and Tafel.

DR. WILSON, the author of this little tractate, is now Professor of the Theory and Practice of Medicine in the Homœopathic Department of the University of Michigan. He has also for some time filled the editorial chair of the *Cincinnati Medical Advance*, a journal we regret not to count among our "exchanges;" and was last year's President



of the American Institute of Homœopathy. We mention these distinctions of his, as we think his first separate publication might have been something more than that which it professes to be, viz. an abridgment of a work on intermittent fever by Dr. H. C. Allen. This volume has not reached us; but from the notices of it we have seen it appears to represent that exclusively "Hahnemannian" school which strangely departs from its master in denying that bark is "the grand specific for fever and ague." Dr. Wilson endorses this conclusion; and, to supply the gap left by the abandonment of *Quinine*, presents us with these brief indications for twenty-five remedies. We are somewhat surprised to find *Argentum nitricum* and *Mercurius* among them; but the remainder seem fairly selected and characterised. Whether highly attenuated remedies, chosen upon such data, and "not given too frequently" (as Dr. Wilson recommends), can vie with the ordinary treatment by *Quinine* in recent agues occurring in malarious districts remains to be proved. Dr. Wilson's little book will at any rate help towards making the experiment. It is somewhat suspicious that he insists that the remedy "must not be changed because the paroxysm returns." In chronic cases this is sound treatment; but commonly, in recent ones, the paroxysm is the disease, and every time that it returns leaves the patient worse than he was before.

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*A Handbook of Skin Diseases, and their Homœopathic Treatment.* By JOHN R. KIPPAX, M.D., LL.B. Chicago: Duncan Brothers.

THIS is a very pretty and very handy compendium of all that is known about cutaneous diseases, with some outlines of their treatment. In the title-page this is said to be "homœopathic;" but well-nigh all the local applications in vogue in the old school are recommended, so that the part played by the internal medication might well be questioned by a sceptic. The indications for the homœo-

pathic remedies seem to be chiefly theoretical, and to consist in extracts from the recorded pathogeneses of them. At the beginning of each list, however, the writer mentions what he considers the principal medicine for each form and variety of disease; and we could only have wished some further infusion of this element of practical experience to make the book everything that could be desired in the sphere it aims at occupying.

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*“ Doctor, What shall I Eat ? ” A Handbook of Diet in Disease for the profession and the people.* By CHARLES GATCHELL, M.D. Chicago: Duncan Brothers.

UNDER this somewhat too colloquial title Dr. Gatchell has given us an excellent collection of recommendations and recipes bearing on the important subject of diet. It is obviously written for the public; but it may often be consulted with advantage by the practitioner, as, though it teaches him nothing that he does not already know in substance, it often supplies details which no memory can retain. Some such book as this should be in every household, that the physician's dietetic instructions may be intelligently carried out; and we think that both we and our patients would gain, and much time and trouble be saved, if we could always refer them to Dr. Gatchell's book as our standard of reference.

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*The Nurse; or, Hints on the Care of the Sick.* By CHARLES T. HARRIS, A.M., M.D. Chicago: Duncan Brothers.

HERE is yet another publication from the same house, and of the same character. Dr. Harris gives to nurses and mothers (expectant as well as actual) a number of useful hints. There is nothing new about them; but, put in a collected and classified form, they make a very practical handbook for those whom they concern, and deserve a wide circulation. We shall earn our patients' thanks by recommending them.

*Is Consumption Contagious? and can it be transmitted by means of food?* By HERBERT C. CLAPP, A.M., M.D.  
Boston: Otis Clapp and Son.

DR. HERBERT CLAPP, whose "Tabular Handbook of Auscultation and Percussion" we recently noticed favourably, has here given us a short but weighty treatise on a very important subject. He shows, by copious quotations, that the communicability of phthisis is more widely held by medical men than is generally supposed, and adduces numerous crucial instances of its transmission. He also raises the grave question whether the germs of the disease may not be introduced into the infant organism by the milk of tuberculous cows. Effectual inspection, both of the sanitary surroundings of these animals, and of their condition when killed for food, is urgently demanded by the facts he brings together. He has probably by this time seen Dr. Reginald Thompson's paper on the subject in the *Lancet* (November 20th, 1880); and we shall be glad to hear what he thinks of that physician's doctrine that communicated phthisis differs essentially from that otherwise acquired, and is rather an infective pneumonia, chronic in tendency, and not unamenable to treatment.

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*Home-made Treatment.*

THIS little brochure, without title-page or name of author or publisher, but having "C. F. Nichols" at the end of its first portion, gives useful hints to domestic practitioners as to the indications for our leading remedies.

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*Transactions of the American Institute of Homœopathy.*  
1879 and 1880.

*Transactions of the Homœopathic Medical Society of the State of Pennsylvania.* 1880.

THESE valuable and interesting volumes have been received; but our space will not allow us to notice them as they deserve in the present number.

## CLINICAL RECORD.

*Strychnine in Subacute Myelitis.*

By E. M. HALE, M.D., Chicago.

I PROPOSE to narrate a case of subacute myelitis which is destined to become historical in both schools of medicine.

Mr. P—, a gentleman about fifty years of age, who several years ago had a slight attack of paralysis which was treated successfully with *Nux vomica* by my brother, Dr. P. H. Hale, of this city, is the subject of the case.

In the fall of 1879, Mr. P—, feeling that he had been overworked the preceding summer, resolved to spend the winter in the South. He accordingly visited the Hot Springs of Arkansas, Texas, Florida, and the Gulf States. He did not seem to recuperate as much as he supposed he would, and on the approach of warm weather, he came North stopping in the City of Washington.

Here he went sight-seeing a good deal, and one day, after several long walks, visited the House of Representatives and Senate, and sat several hours on stone or marble.

When he arose to go to his hotel, he noticed a heaviness and numbness of the legs. After reaching the hotel, he had a chill, followed by fever, pain in the back, and increased numbness in the legs, which rapidly extended upward until the whole body, arms, face, and head became involved. Dr. Verdi was called, and very properly placed him upon *Aconite*, under the use of which the fever subsided, but the paresis was not ameliorated. Dr. Verdi advised him to return to Chicago, and placed him upon the use of *Nux vomica*.

He came home to this city, and called in an irregular and uneducated person, who used electricity.

Under the action of this agent he grew worse, as might be expected; for electricity, even in the most scientific hands, can only aggravate acute myelitis.

At this juncture I was called and found him in the following condition:—General numbness, stiffness, and formication of the whole body, with loss of normal motion in all the muscles. He could not turn in bed without assistance, and then only with great pain in the back, and he could not raise his hands to his head. His speech was very indistinct; facial expression like one under the influence of *Alcohol* or *Gelsemium*; eyelids drooping; upper lip apparently swollen; tongue protruded with difficulty, but not turned to one side; bowels sluggish; urine expelled with difficulty and heavily loaded with decomposing phosphates; pulse 90, large, full; temperature 100°; some anæsthesia of the skin all over the body. Having used *Gelsemium* 6 with success in similar cases, he was given that remedy, and under its use he improved in many respects, especially as to the feverishness and condition of the pulse. After it seemed to lose its curative action I prescribed *Arnica rad.* 2x, which relieved the *bruised* sensations on the part upon which he was lying, and also the formication, and made him much more comfortable in many ways. He had now been under my care two weeks, and while he had improved it was evident that the myelitis had simply changed from acute to subacute. The blood-vessels in the spinal cord, instead of being *acutely* congested, were in a state of *passive* congestion—their coats relaxed from over-stimulation during the primary tension. There was not sufficient tonicity in them to carry on a healthy normal circulation, and the *pressure* which their enlarged calibre made upon the surrounding nerve matter was sufficient to keep up the general paralytic and paretic state.

Very naturally, the family, as well as himself, became anxious on account of the slow improvement, and requested me to call in counsel one or more physicians who made diseases of the nervous system a specialty.

I requested the attendance of Dr. J. S. Jewell, and Dr. N. B. Delamater: the former a well-known neurologist, author, and teacher, in the allopathic school; the latter, lecturer on mental and nervous diseases in the Chicago Homœopathic College.

Both, after a thorough examination of the case, confirmed my diagnosis given above. The treatment advised by both physicians

was *homœopathic*, as I will explain further on, but the *remedies* were different. Dr. Jewell advised *Strychnia* in doses of one sixtieth of a grain three times a day, increasing gradually till one fortieth of a grain was reached. Dr. Delamater advised *Oxalic acid* 30. It is just here that I wish to explain why both remedies were homœopathic.

The primary effect *Strychnia* of is to cause an acute congestion of the motor tract of the spinal cord, and the recorded symptoms of that poison (*vide Allen's Encyc. of Mat. Med.*) has a marked resemblance to the symptoms exhibited by Mr. P—. I have experienced the milder grades of *Strychnia* poisoning myself, and observed its effects in many cases, and know that the numbness, cramps, stiffness, soreness, &c., are characteristic of its pathogenesis. It is true that in acute myelitis we do not often see tetanic spasms and hyperæsthesia, neither do we see those symptoms from mild cases of poisoning with *Strychnia*. In acute spinal meningitis we *do* get all the tetanic, spasmodic, and hyperæsthetic symptoms caused by *Strychnia*, but *Strychnia* may first cause congestion of the parenchyma of the cord, before it can cause congestion of the meninges.

Mr. P—'s case seemed to me to resemble a case of mild or sub-acute poisoning with *Strychnia*, which stopped just short of meningeal congestion or inflammation. He even had the contractions and jerkings of the muscles and tendons which usher in spasmodic symptoms of *Strychnia*.

But at the time of the consultation the symptoms had come to resemble very closely the secondary symptoms of *Nux vomica*, or *Strychnia*, for acute congestion and irritability had been replaced by torpor and paresis of the grey matter of the cord. I asked Dr. Jewell why he ventured to advise *Strychnia*, in opposition to the advice of Hammond, Hamilton, Rosenthal, and others. He answered that his advice was based on personal experience, and from a belief that in the condition of passive stasis of the blood, owing to the parietic condition of the coats of the blood-vessels of the cord, *Strychnia* in small doses would act as a "stimulant" to the circulation, and thus restore the vessels to their normal tonicity. He admitted that he would not dare to prescribe even smaller doses of *Strychnia* in the first stages of the disease, for fear of aggravating the condition.

I am satisfied that the scientific homœopathic treatment of

this case would have been the administration of *Aconite* 1x and *Strychnia* 30th during the first (primary) or acute inflammatory stage. But this patient had passed by the stage where highly attenuated *Strychnia* could do any good. The nerve centres of the motor and trophic tract of the cord had become *exhausted* from the over-stimulation of the primary congestion. *Strychnia* causes the same over-stimulation, followed by the same exhaustion and paresis.

Dr. Delamater's suggestion of *Oxalic acid* was a strictly homœopathic prescription; for that poison acts on the nerve centres of the cord, and causes primarily a paretic condition, preceded by some symptoms of irritation. He claims to have used it successfully in his large clinics, in many similar cases, with good results.

In this case, I decided to use *Strychnia*, for several reasons.

The patient was unusually intelligent and well-read, and was one of those persons who claim the right to decide for themselves. He asked Dr. Jewell to explain to him why he advised *Strychnia*, and how he expected it to act. He also knew very well that *Strychnia* and *Nux* were extensively used in paralysis. He inquired in relation to the experience with *Oxalic acid*, and I was forced to confess that its practical and successful use was very limited. I explained that both were homœopathic to his condition, the former by its secondary, the latter by its primary action.

He asked for a thorough trial of *Strychnia* first, to which I readily consented.

In relation to the dose, I selected it in accordance with the law which I have so often insisted on, namely:

*Where the symptoms of the disease resemble the secondary effects of a medicine, that medicine must be given in the low attenuations or material doses.*

Our school has almost ignored *Strychnia*, because of inability to understand how it could be given homœopathically in material doses; and all this time the allopathists have been making splendid cures with it, which we should have made, and appropriated the honour for our law and our system. The assertion made by many of our authorities, that we should use minute doses in all cases, *because in all diseases the susceptibility of the diseased system is increased*, is only true so far as primary symptoms and conditions are concerned. In secondary states

the reverse is the rule. For example, patients with paresis and paralysis can take a great deal more *Strychnia* without feeling pathogenetic symptoms than can a healthy person.

In Mr. P—'s case, I began with one hundredth of a grain three times a day. The concomitant treatment was mild *Faradisation*, and *massage* seemed necessary, for some of the muscles of the lower extremities had commenced to atrophy.

At the end of the week little or no improvement was manifest. The dose was raised to the one seventy-fifth of a grain, with small improvement at the expiration of the second week. The one fiftieth of a grain was given for a week, when decided improvement set in, and continued for two weeks, when it ceased.

Dr. Jewell advised the one thirtieth of a grain, and under it use rapid improvement set in again. At this juncture a suggestive accident occurred. A careless drug clerk prepared the *Solution of Strychnia*, so that the usual dose of a teaspoonful contained the one fourth of a grain. After the second dose of this preparation, he became alarmed and sent for me, complaining that he experienced the same symptoms as at the beginning of his illness.

These symptoms lasted forty-eight hours, gradually decreasing until they passed away, leaving the condition no worse, but rather better than before the pathogenetic dose.

(This was confirmatory of the homœopathicity of the remedy.)

In conclusion, Mr. P— steadily and rapidly improved until, after the eighth week of this treatment, he was able to ride out and attend to his regular business.

At the July meeting (1880) of the American Neurological Society, Dr. Jewell narrated this case, with several others of a similar character, cured by *Strychnia*. As this use of *Strychnia* was at variance with the usual treatment, it excited a good deal of heated and earnest discussion. It was evident that some of the members suspected the homœopathicity of the drug to the disease, and its action was explained as a "stimulant to the exhausted nerve centres;" but even granting that it acted as a stimulant (and possibly all homœopathic remedies acted in that way), the old school cannot escape the fact that *Strychnia* acted in these cases according to the law of *similia*.

I believe the day is fast approaching when they will be forced to admit the truth of our law of cure.



I also believe that it will not be long before our school will universally adopt my *law of dose*, as regulated by the primary and secondary action of drugs.

When this is admitted and acted upon, our therapeutical resources will be vastly increased, and we shall be much more successful in treating a large class of diseases.

It will also enable us to appropriate all the real cures made by the allopathic school, and thus destroy for ever their dependence on the law of *contraria* as a law of cure.

## MISCELLANEOUS.

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### *The Teaching of Homœopathy.*

SINCE our article on "A School of Homœopathy for London," in our issue for April, 1876, our readers are aware that the scheme there laid out has found realisation, and that a "London School of Homœopathy" has been in existence from May, 1877, onwards. Into the questions raised by its name and mode of working we have not, for sufficient reasons, entered in these pages. Nor should we have referred to the subject now, but that the paper read by Dr. Drysdale at the late Congress at Leeds has in part lifted it out of the rut of controversy in which it has so long laboured, and given us higher levels and a serener air for its consideration.

Dr. Drysdale's inquiry is, How shall homœopathy best be taught in this country at the present time? In pursuing it, he examines the three methods at present adopted, of which Boston, Michigan, and London may be taken as representative examples. In the first a newly-founded university of private origin has officered its whole medical department from men of the school of Hahnemann. The name homœopathy appears nowhere, but its spirit and substance are everywhere. The graduating students receive their degree from the University. No distinctive title attaches itself to them; but it is the fault of their teachers if they are not well qualified to practise homœopathically, as well as conversant with traditional modes of treatment and with medical science in general. At Michigan the State University has (by decree of the Legislature) attached to itself a "Homœopathic Medical Department," in addition to that which it already possessed. Herein *Materia Medica*, *Practice of Medicine*, and the *Therapeutics of Surgery and Obstetrics* are taught by professors taken from our ranks; while for the other and

neutral subjects of knowledge the students attend the ordinary classes. For graduation, each professor examines in his own department, and the successful candidates receive in common the University degree. The third plan is that adopted in our own "London School of Homœopathy," where *Materia Medica* and the Practice of Medicine are taught from an exclusively homœopathic standpoint to those who have passed, or are passing, through the ordinary curriculum of medical education, which of course includes lectures on these same subjects from the old-school point of view.

Now we need hardly say, in this Journal, that we agree with Dr. Drysdale in esteeming the Boston plan the true ideal for our aims. In this homœopathy takes its true place in medicine—that to which we trust it will ultimately attain. It is neither an exclusive method, dividing its practiser from all the traditions of the past and isolating him from the life of the present; nor is it a mere alternative medication, to be put side by side with ordinary modes of treatment that the student may take his choice. It is a rule universally applicable in its own sphere, but applying only to drug-therapeutics practised with curative intent, and therefore finding harmonious association with all the measures which experience has established as useful. It is moreover conceivably limited by the curability of disease, and practically limited by the imperfection of our knowledge of drug-action; so that sometimes palliation must be practised, and sometimes empirical means employed. Occupying this position, it should not be forced to stand out as a distinct "system" in the hands of avowed professors of it, whose patients expect to be treated in accordance with it; nor should it thus be taught. We practise medicine and believe in homœopathy: we should teach medicine, believing in homœopathy. Those trained by us should in no other way differ from the rest of the profession, save that they would have imbibed from their teachers a belief in the Hahnemannic *methodus medendi*, and would have learned to practise it wherever it is available.

Obviously, however, the Boston plan has little chance of realisation here. A charter for a new University in London could not be obtained; and the existing one is not under Parliamentary control as that of Michigan is. Our only chance would be if an institution such as that which Sir Josiah Mason

has recently founded in Birmingham could assume the University type, and give to homœopathists (as its venerable endower would doubtless gladly see done) the formation of its medical school. Here, however, the lack of a sufficient teaching body save in the metropolis would bar our way; and, on the whole, the idea must be reckoned impracticable.

The choice is, therefore, between the Michigan and the London plans, which may be called respectively—as regards homœopathy—the “alternative” and the “supplementary.” Dr. Drysdale’s great objection to the latter is that it (confessedly) fails to attract “students” technically so called, *i. e.* those who are still *in statu pupillari*, who have not yet graduated. The lectures delivered at the London School count for nothing in their assigned curriculum, and give them no aid towards passing the necessary examinations. They have little inducement, therefore, if they had time, to attend them; and as a matter of fact they do not come in anything like numbers or regularity. If anything like the Michigan plan were practicable; if any examining body or bodies in this country would recognise lectures delivered by homœopathists as equivalent to similar courses taken elsewhere, so long as the student satisfied them of his knowledge of the subjects taught, then the hindrances in the way of students would be to a great extent removed. We should, moreover (Dr. Drysdale argues), be taking thus a step in the true direction. To keep up a school for the distinctive teaching of what is peculiar to homœopathy is to work on the lines of our existing journals, societies, and institutions; and the position of these, though a necessity forced upon us, is yet to be deplored, and not to be esteemed perpetual.

On the other side it is argued that the necessity which produced our “homœopathic” journals, associations, hospitals, and dispensaries, still remains in force; that there is no prospect of getting our teaching recognised as legitimate by any of the present licensing bodies, and therefore we had better give it to all who will have it as supplementary knowledge. It is even maintained that, were recognition given, it would be an undesirable gift. It would entail the transformation of our lectures, so that they might give a complete view of their subjects instead merely of their homœopathic *differentiæ*. The lecturer on *Materia Medica*, instead of merely glancing at the antipathic, the allo-

pathic, and the chemical uses of drugs, to criticise and generally to condemn them, would have to expound them all sufficiently fully to enable the student to pass an examination in them. The teacher of the Practice of Medicine, who at present limits himself to the treatment of the various ills that flesh is heir to, and to this as prescribed by the method of Hahnemann, would have to expand his lectures into a complete account of their clinical history, diagnosis, causation, pathology, and prognosis, and also of their treatment as ordinarily practised. The time taken up with these considerations would seriously curtail that available for the most important part of the task of either, viz. homœopathic therapeutics; nor would he be likely to perform well a task for which he had no heart—the exposition of modes of practice he reckoned as always less desirable and sometimes as altogether objectionable. While the lectures would thus be spoiled for their present purpose, they would not be so suitable to that for which they were modified as to exercise any real attraction over students, and the benches of our School would probably be emptier than they are now.

While sympathising with Dr. Drysdale in the principles and motives which actuate him, we think that he has hardly given due weight to the above considerations. There is this great difference between the Michigan plan and that which he would endeavour to get adopted here, that in the former the teachers themselves examine for graduation in their own subjects, in the latter the students would have for this purpose to go to men of the other school. Could we do as at Michigan, the position so justly enunciated in the remarks of Dr. Jousset (brought before us by Dr. Black) might be at once taken up. We should teach our pupils such extra-homœopathic measures and uses of drugs as are needed in actual practice, and—save as a matter of historical interest—no more. As it is, we should have to prepare them for examination by men who care nothing for specific medication according to the rule *similia similibus*, but who would require minute knowledge as to when blistering was appropriate, and what purgatives should be chosen under various circumstances.

The question, therefore, whether “recognition,” even were it possible, is worth purchasing at such a price, is a grave one, and cannot be lightly settled in its favour. But neither can it be decided off-hand in the opposite sense. The position it would

give us is such a true one, every fruit it would bear would be of such lasting value, that its attainment must not be lost sight of as an ideal, because at present it seems barred by practical difficulties. The judgment of the governors of the existing School seems unmistakable, that it should go on as it is, doing what good it can in its own way. But the five years for which subscriptions to it were solicited will end in another twelvemonth, and the question must then be reopened. Till that time we think it should rest; those in favour of the present plan considering Dr. Drysdale's arguments, and those who prefer recognition prosecuting the inquiry as to where and on what terms it may be had. By that time, moreover, it will probably be known whether entrance to the profession is still to be regulated by the existing corporations, or whether they are to be superseded, as courts of the first instance, by a single State examination, whose conditions may be, or may be made, more favourable to those of the homœopathic faith. In another twelvemonth, therefore, we shall hope to return to the subject.

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*Temperature of the Breath.* By DR. DUDGEON.

IN the last number I gave an account of the curious rise of temperature caused by breathing on the bulb of a thermometer wrapped up in a woven material made of silk, cotton, linen, or wool. The temperature observed being so much higher than that of the interior of the body or of the breath as shown by the thermometer when breathed on without such fibrous envelope, led me to suggest that the actual temperature of the breath is higher than it is usually believed to be, and observing that the temperature obtained by breathing in this manner was higher on a warm sunny day than on a cold cloudy day, I assumed that the temperature of the breath was higher when the body lost little caloric by radiation from its surface, and *vice versa*. I brought this subject under the notice of the scientific world in a letter to *Nature* last July, and several explanations of the phenomena were offered by correspondents. None of these, however, was satisfactory, and the subject remained enveloped in mystery. A complete and satisfactory explanation was, however, afforded by Dr.

W. Roberts, of Manchester, in a communication from him in *Nature* for 18th November. He proved that the rise of temperature is in direct proportion to the dryness of the material used to wrap the thermometer in. If the material (flannel, cotton, silk) be well dried by heating at the fire, and then cooled down to the temperature of the room, when employed to envelope the bulb of the thermometer, on being breathed through for only a minute or two the thermometer will indicate a temperature of 116° or more. Dr. Roberts writes :

“What is the true explanation of the phenomena observed by Dr. Dudgeon? I believe that it is simply the conversion of latent into sensible heat by the rapid condensation of aqueous vapour. The organic fabrics which compose our clothing are all more or less hygroscopic; that is to say they have the capacity of imbibing aqueous vapour and condensing it into the solid and liquid forms. The expired breath is heavily charged with aqueous vapour, and aqueous vapour at the moment of condensation liberates an enormous amount of latent heat, which then becomes sensible to the thermometer. In this particular watery vapour exceeds far away all the gases.”

Before seeing Dr. Roberts's explanation I had requested the opinion of our great living authority on the subject of heat. He carefully repeated my experiments, and finding the facts as stated, suggested that the heat was caused by the compression of the air when forced through the material.

“In compressing air to half its bulk the temperature rises about 50° Fahr., and a rise of 5° would correspond with a mechanical compression equal to 1.5 lbs. to the inch or three feet of water column.”

Doubtless some of the heat noticed may be owing to compression, but the temperature rises as much when the breathing is performed quite gently as when considerable power is employed. The hygroscopic property of organic fibre will fully account for the high temperature observed. In my experiments I had noticed that the temperatures obtained in a warm dry atmosphere are higher than those got in cold damp weather. This is accounted for by the material breathed through being drier in the former case, and therefore able to absorb more water from the breath than in the latter case, consequently to cause more caloric to be evolved.

As in the racing world all bets are off when the horse that wins has been erroneously described so in this case all theories founded on the supposed high temperature of the breath fall to the ground, no proof being afforded that the temperature of the breath is higher than that of the body. As far as I am aware, however, the power of the breath to cause such high temperatures was not suspected until Dr. Clark announced his discovery in the *Louisville Medical Herald* for May last; and great credit is due to Dr. Roberts for his discovery of the cause of such high temperature, and for showing how the breath can be made to produce still higher temperatures.

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*The Royal College of Surgeons in Ireland.*

IN our last, we gave a copy of a letter addressed by one of us to the President of the General Council of Medical Education and Registration, calling his attention to the resolutions of the Council of the Royal College of Surgeons in Ireland, directed against homœopathy, which seemed to be in contravention of Sections xxiii and xxviii of the Medical Act.

No answer was received to this letter at the time of going to press with the October No., but since then the following answer has been received.

“ General Medical Council Office,  
“ 315, Oxford Street, London, W.

“ DEAR SIR,—With reference to your letter, addressed to me on the 15th July, 1880, I have to inform you that it has been forwarded to the Royal College Surgeons, Ireland, after full consideration by the Executive Committee.

“ I am,

“ Dear Sir,

“ Faithfully yours,

“ H. W. AGLAND.”

We are curious to know what reply will be given by the College.



*Eucalyptus in Pulmonary Gangrene.*

DR. HALE lately read an interesting paper on pulmonary gangrene before the British Homœopathic Society, in which he gave the details of a case which was cured by *Arnica*. It would be difficult, from the pathogenesis of this medicine, to infer its homœopathicity to the disease, so perhaps its employment by Dr. Hale may be rather considered to be of the empirical kind. The success of the treatment may, perhaps, justify us in inferring that it is homœopathic to the disease, though, as in many other instances, the medicine has not been proved sufficiently to develop the characteristic symptoms of the disease it cures. The sagacity of the practitioner led him to infer its probable usefulness from the very slight hints conveyed in its pathogenesis. There can be no doubt about the empirical character of M. Raymond's treatment of two cases of gangrene of the lungs by tincture of *Eucalyptus*, in doses of from six to eight grammes daily. The first case was a man of sixty-nine, who had first pneumonia, which afterwards developed into gangrene, with formation of a cavity under the left clavicle. He was in a very serious state, had been ill for three weeks, but a great improvement took place after three days of *Eucalyptus*. He ultimately recovered with complete disappearance of the physical signs of the cavity. The second case was attacked by pulmonary gangrene after operation for cancer of the tongue, and was cured by *Eucalyptus* in the same way.

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*On the Rationale of Homœopathy.*

By T. ENGALL, M.R.C.S.

THE position in which homœopathy has been placed by its, necessarily or otherwise, having been put into antagonism with the prevailing system of medicine has, to a great extent, led the medical mind away from the rational principles upon which it is based, and which may, perhaps, be enumerated in the following formulæ.

The fundamental principle upon which homœopathy may be said to be based is:

That cures are in all cases best effected by forces acting at once upon the cause producing the phenomena which we call disease. Hence it may be deduced that as this cause is

in many cases hidden from our observation, and only manifests itself in some irregularity in the organ to which it is related, it is well to consider it as divisible into two classes, the unknown and known, or the remote and proximate; and as these act and react upon each other, it is useful in practice to refer disease to the secondary or proximate cause, that is, to those changes which the unknown cause produces in the function or structure of a part, which functional or structural change is that which is manifest to us.

That in arriving at the conclusion that disease is manifesting itself in a certain organ, we are, as far as regards the functional derangement, led to this conclusion by observing some departure from the healthy phenomena natural to the part.

That in cases where we can produce this artificial derangement of a function by the administration of an agent, it is reasonable to suppose that this acts upon the same principle, that of acting upon the unknown or remote cause by irritation of the organ to which it stands in a natural relation, as, for instance, in the case of vomiting produced by *Tartar emetic*; here the medicinal agent, acting upon the stomach, sets in action the unknown or remote cause, and produces vomiting. The converse of this may, however, be produced, for the vomiting may be induced by injecting the agent under the skin; here the irritation is propagated from the remote cause to the organ, and invariably the same effect is produced.

That as the remote cause is unknown in its essence, and as it is most probable that by acting upon the proximate or secondary cause we can reach the remote, we may, for practical purposes, consider the secondary cause as the disease, at the same time always bearing in mind the primary cause as far as it can be ascertained. Within due limits we may therefore suppose that when symptoms are induced in an organ by a medicinal agent, they are produced by their action upon the same remote cause as induced them when they spontaneously developed themselves, and that when they correspond with the functional or structural derangement of the part, they will, by their relation to this, lead up to, and act upon, the primary cause, and that for this it is essential to know the action of the agents which we employ to influence these two causes.

That to ascertain this power in a drug to influence the human body it is necessary that the human body should be made the

means of this mode of investigation, for as the disease is a cause acting upon a living organism, so to produce a similar series of symptoms, the trials must be made upon a living organism as like as possible,—therefore, upon men, and, as the sexes have different functions, upon women also, and with due care upon the lower animals; and as the existence of disease in the subjects of these investigations would introduce a disturbing factor, it is necessary that they should be conducted upon those in health.

That as cures are in all cases best effected by forces acting upon the parts diseased, and, as we have seen, to get a knowledge of these forces it is advisable to ascertain upon the healthy the action of agents capable of disturbing the vital forces, we may proceed a step further and assert that these forces are the more likely to succeed in opposing the forces of the disease in proportion to their actual correspondence to those forces to which they are opposed, that is, that they should be as like those which manifest themselves, and which we call the disease, as possible (formulated by "Likes are best cured by their likes").

That as an organ in a state of disease is more or less in a state of irritability, it is therefore necessary that the force employed to act upon these diseased parts should be so adapted as not to increase the similar morbid irritability existing in the part beyond that necessary for the cure.

That the amount of the force necessary can be ascertained only by observation, but it must necessarily be less than that which was employed to induce the symptoms in the healthy body, as in this case it had to produce these effects in opposition to the vital forces which were engaged in repelling its effects. And

That in consequence of this opposing power it is necessary in the employment of a medicinal agent so to attenuate it that, if it be possible, this force shall not be aroused in such a body as to neutralise nor so as to modify the legitimate action of the medicinal agent; hence it follows that the medicine must be given in doses considerably less than those usually employed, but, as before observed, this can only be ascertained by experiment and experience.

Thus viewed, the system called homœopathy is shown to be a rational mode of treating disease, and its basis not empirical, but a natural law, one which is recognised in the whole domain of science, viz. that to remove an evil the cause producing it must be removed.

## BOOKS RECEIVED.

*Address delivered before the Joint Convention of the Western Academy and Minnesota Institute of Homœopathy.* By G. S. WALKER, President of the Academy. St. Louis. 1880.

*Report of the Bureau of Organization of the American Institute of Homœopathy.* Boston. 1880.

*Home-made Treatment.*

*Therapeutic Key.* By J. D. JOHNSON, M.D. Tenth Edition. New York: Boericke and Tafel. 1881.

*Prevention of Defect, Deformity, and Disease.* By J. C. BURNETT, M.D. London: Hom. Pub. Soc. 1880.

*Index-Catalogue of the Library of the Surgeon-General's Office, U.S. Army.* Vol. I. A — Berlinski.

*On the Study of the Materia Medica.* By ALFRED C. POPE, M.D. London: Gould. 1880.

*The Method of our Work, not Faith, is the Basis of Organization of Medical Societies.* By C. WESSELHOEFT, M.D. Philadelphia. 1880.

*Repertory of the Modalities.* By S. WORCESTER, M.D. New York: Boericke and Tafel. 1880.

*Transactions of the Thirty-second Session of the American Institute of Homœopathy, 1879.* Philadelphia. 1880.

*Dress: its Sanitary Aspect.* By BERNARD ROTH, F.R.C.S. London: Churchill. 1880.

*The Medical Treatment of Diseases of the Veins.* By J. C. BURNETT, M.D. London: Homœopathic Publishing Company. 1881.

*A Treatise on the Medical and Surgical Diseases of Women.* By M. M. EATON, MD. New York: Boericke and Tafel. 1880.

*A General Symptom Register of the Homœopathic Materia Medica.* By TIMOTHY F. ALLEN, M.D. New York: Boericke and Tafel. London: Trübner.

*Transactions of the Homœopathic Medical Society of the State of Pennsylvania.* 1880.

*Il Dinamico, Giornale medico-omniopatico.* 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 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.*

# A COMMENTARY

ON

## ALLEN'S ENCYCLOPÆDIA.\*

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IN the essay on the reconstitution of the *Materia Medica*, which I contributed to the *British Journal of Homœopathy* of October, 1879, I indicated what seemed to me the most useful work to be done in this sphere. While welcoming studies and fresh presentations of individual medicines, I deprecated any attempt to substitute them for our existing symptomatology. "Let this" (I wrote) "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

\* The following pages were written before I had seen Dr. Allen's "Critical Examination of our *Materia Medica*" in the *North Amer. Journ. of Homœopathy* for November, 1880, which covers the same ground as my own remarks. Our manner of occupying it, however, is sufficiently distinct to make me think the continuation of my commentary no mere supererogatory task.

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."

I am myself one who desires to labour in this field. The kind of work I have hitherto attempted has been that which I have compared to treatises on doctrinal and practical theology; it is such as may aid the student in acquiring the general knowledge of drug-action of which I have just spoken. With the vacation of my chair of *Materia Medica* in the London School of Homœopathy, and with the issuing of my *Manual of Pharmacodynamics* in what seems likely to be its permanent form, my occupation of this sort is over for the present. I turn, therefore, to another part of the field; and propose to undertake the duties of the critic and the commentator. The "existing symptomatology" which is to be my text is the *Encyclopædia of Pure Materia Medica*, for which we are indebted to Dr. T. F. Allen, of New York. With all who seek to practise the method of Hahnemann to its utmost capabilities, this work has superseded the *Manual* of Jahr and the *Handbuch* of Noack and Trinks; and for many years to come it must be *the* *Materia Medica* of Homœopathy, at any rate for those of the English speech. Of its contents I shall endeavour to act as the discriminating expositor.

My commentary will be threefold—critical, exegetical, and practical.

I. The criticism I shall exercise will have a double object—the materials of the *Encyclopædia*, and Dr. Allen's presentation of them. It will not, however, aim at pronouncing any general verdict upon these, such as would be given in a review of the work.\* It will be directed to them as they are found in each pathogenesis, and will be a simple statement of facts. It will be as thorough and detailed as possible, so that the student—if he is satisfied with the grounds on which I have proceeded—will be able to follow me in striking out all untrustworthy symptoms,

\* For this see *Brit. Journ. of Hom.*, xxxviii, 1.

and correcting all that need correction, with the assurance that those that remain have stood the severest tests I am able to bring to bear upon them.

II. Having thus sifted and estimated my information, I shall proceed to analyse it—to find out what it amounts to and what it means. I shall inquire what it says as to the seat and kind of action of each drug, and as to the morbid states in which—upon the principle of similarity—it should prove beneficial. This inquiry, also, I shall follow out in detail; not so much attempting a presentation of the drug's action on the basis afforded me, as seeking to learn the outcome and significance of each section of the pathogenesis. My commentary on the Belladonna-symptoms in the third part of the *Hahnemann Materia Medica* is an attempt of the kind: I hope to carry it out here still less imperfectly.

III. Lastly, I shall endeavour to make my comments practical. I shall note all and any applications which the several drugs have received at the hands of those who avowedly work on the rule *similia similibus*, so far as these are known to me; and I shall do this in direct connection with the symptom-lists. I shall more briefly advert to any traditional and empirical uses of the medicines, suggesting their rationale; and shall content myself with noting how far their physiological action can be wisely employed for antipathic or allœopathic purposes. Inquiries on these points belong more properly to the lecturer on pharmacodynamics, and have received full attention in my *Manual* treating of that science.

In doing all this, I shall not hesitate to reproduce matter which has already appeared elsewhere, if it be pertinent to my present subject. The commentary I am attempting must be complete in itself, so far as I can make it so.

Without further preface, I proceed to my task.

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#### ABIES CANADENSIS.

I. The pathogenesis of this tree (the "hemlock spruce") is ascribed to "Gatchell, Investigator, 10, 54; two provers." On turning to the reference, I find it to consist of a brief communication, entitled "Notes on *Abies Canadensis*," by Dr. H. P.

Gatchell, of Wisconsin. "It is a report, somewhat condensed, of" his "slight provings;" and contains merely a list of symptoms observed in two subjects, the first a woman, the second a man. Nothing is said as to the part of the tree employed, the doses taken, or the order in which the symptoms occurred. Dr. Allen has reproduced them verbally, but has inserted four which are merely "clinical." This, he warns us in his preface, he intends to do, on a very small scale; but undertakes to designate such symptoms by affixing a small cipher. He has omitted to do so with those under our notice; but they may be distinguished by having, as their authority, "Hale's New Remedies."

II. The pathogenesis of *Abies Canadensis* is thus somewhat in cloudland; but, so far as we can rely upon it, it seems to point to a real action upon the uterus. This is confirmed by the statement that pregnant ewes lose their lambs from gnawing the bark. The stomach symptoms are very like those which we find associated with uterine disorder, and (with the exception of "great appetite, with rumbling in stomach and bowels after eating") were conspicuously absent in the male prover. Hunger; weakness at epigastrium; bloating; sick feeling in bowels; great craving for meat, pickles, and other coarse food, with hungry gnawing at the epigastrium—this is a group of symptoms which, if met with in a female patient, would at once lead us to inquire into her uterine health. With them we may connect these symptoms of the "mind" and "head,"—"mind easily fretted, irritable," and "very faint, as if top of head were congested; drunken feeling." In the male prover it seems to have proved diuretic; and Dr. Gatchell mentions a patient in whom it increased nocturnal involuntary urination. Febrile chilliness was present in the female, and great restlessness at night in the male prover.

III. All the firs—of which the "hemlock spruce" is one—yield an oleo-resin from their trunk and branches, on which probably their active virtues depend. The *Abies Canadensis* is in domestic repute as a remedy for "dyspepsia;" and I have suggested that of uterine disorder (and, I would here add, of pregnancy) as especially suitable for it. Drs. Gatchell and Beckwith have cured with it, according to Hale, cases characterised by "a light-headed feeling, attended with a gnawing, hungry, faint feeling at the epigastrium, with craving hunger, which—if gratified—was followed by distension of the stomach



and hard beating of the heart." They used a tincture of the buds made by maceration in whiskey. Dr. Allen suggests the addition of the bark.

**ABIES NIGRA.**

I. This is the "black spruce," a decoction of whose young tops gives its name and character to what is called "spruce beer,"—a drink reported diuretic and antiscorbutic. Dr. Allen's pathogenesis is taken from a proving contributed by Dr. Leaman to the first volume of the *Ohio Medical and Surgical Reporter*. A man and two young women took part in it, using a tincture made from the gum, of which they took from one to fourteen drops daily. We have also an experience of Dr. St. Clair Smith's as to the effect of chewing the gum; and, in the supplement affixed to the tenth volume, an account of a proving on himself by Dr. J. B. Bell, conducted chiefly with the dilutions.

II. The first prover, a man of 40, experienced nothing from the drug save a dull headache; but in the young women this was very pronounced, and accompanied in one with hot head and flushed cheeks, in both with depression and nervousness, sleepiness by day and wakefulness at night. They also had pain in the stomach after food, which in the latter is described as distressing, and lasting long after the proving. Dr. St. Clair Smith found chewing the gum frequently produce the sensation as of an undigested hard-boiled egg in the stomach. Dr. Bell had a group of symptoms, consisting of pain in the left external meatus, heavy slow beating of the heart, dyspnoea, and, finally, sharp cutting pains in the heart. These sensations were more marked from the higher (18-30) than from the lower potencies.

III. The gastralgia induced by this drug is its most prominent feature; and its first prover lost under its use an habitual pain in the stomach after eating. Dr. Allen was led by Dr. St. Clair Smith's experience to give it in a case where a lady, whenever debilitated from any cause, complained of a distressing constriction just above the pit of the stomach, as if everything were knotted up, or as if a hard lump of undigested food remained there. When the sensation was severe and prolonged she suffered from terrible distress in the head generally, with some flushing of the face. "A single dose of the third dilution afforded prompt relief, and it has never failed to arrest the

attacks." "Since this first experience," he adds, "many similar cases have been benefited;"\* and other practitioners (among whom I may include myself) have reported a corresponding experience with the drug.

#### ABSINTHIUM.

I. Under this heading the first volume of the *Encyclopædia* gives us a pathogenesis made up of "Gatchell's provings," and of some effects of the Swiss "extrait d'absinthe," which is said to be "prepared from various species of *Artemisia*." In the tenth volume no further information is vouchsafed as to "Gatchell's provings;" but a full account is given of the effects of the drink "absinthe," of late so largely consumed in France, from a work on the subject by Dr. Challand. (I may mention that the experiments on animals of this physician and others show conclusively that the *Artemisia absinthium* constitutes the active ingredient of the drink.) Of "Gatchell's provings" I can get no information—Dr. Hering, in his *Guiding Symptoms*, merely mentioning them as in "Medical Investigator." If really provings, in our common acceptation of the term, they seem to have been carried unusually far, for among their symptoms are found the "epileptiform convulsions" which we shall see to be the toxic effect of the drug. As, however, one of them is—"after recovery he had no recollection of taking the *poison*, nor of the cause of his doing so," it is probable that Dr. Gatchell is recording a case of poisoning observed by him. In the absence of further information, I cannot make any use of the symptoms ascribed to him, some of which (*e.g.* the first two of the section "abdomen") are rather bizarre.

II. Absinthe is an intoxicating drink, and its continued use induces symptoms analogous to those seen in alcoholic excess—as tremors, delirium with hallucinations, and coma. It is not easy to disengage its action in producing these from that of the spirit associated with it; nor do they appear to have anything distinctive about them. Absinthe, however, shows a power of readily inducing a symptom which is quite beyond the ordinary range of alcohol, *viz.* : the epileptic convulsion. Pheno-

\* In his "Critical Examination" Dr. Allen notes the *constancy* of the distress, irrespective of food-taking, as characteristic of *Abies*.

mena of this kind, when resulting from alcohol, come on late in the progress of the poisoning, and even then are long in assuming the true epileptiform type; *i.e.* they are but manifestations of degeneration of the brain substance. With absinthe they develop rapidly, and assume at once and completely all the characteristics of the disease. In the human subject they are usually an acute symptom manifested during the course of chronic intoxication, being to this drink what delirium tremens is to alcohol; but susceptible persons may be attacked on their first excess, and small animals are thrown into convulsions by the emanations. The "petit mal" or even the epileptic vertigo may alone be present, as in the idiopathic disease; and the convulsions have the feature of being very frequent—Drs. Voisin, Maru and Magnan having seen from a hundred and fifty to two hundred attacks in twenty-four hours.

III. Whether the *Artemisia absinthium* shall become a true remedy for epilepsy must depend somewhat on the lasting character of its influence. Does it make its victims epileptics, or does it only temporarily excite in them epileptiform convulsions? Dr. Challand says—"The third characteristic of the epilepsy of absinthe is its short duration. *The violent attacks cease completely as long as the patient remains sober*, but when he begins to drink again he has new premonitions of an attack, which is not slow in coming on." This is against any permanent and serious change at the seat of the epileptic explosion, such as we (presumably) have in the chronic disease. Nevertheless, some susceptibility seems developed, and we must remember the popular repute of the *Artemisia vulgaris* as an anti-epileptic, which has lately been substantiated by Nothnagel. I have myself given the drug with benefit in two cases. In one, a child of five, the convulsions, which had occurred periodically since dentition, have never recurred since commencing it; in the other, where they resulted from masturbation, a twelvemonth's use of it has reduced them from three a day to six in nine weeks, though I have not been able to secure the entire avoidance of the exciting cause. I used the second and third decimal dilutions.

## ACALYPHA INDICA.

A tincture prepared from this plant is stated to have caused, when taken in a dose of ten drops, a "severe fit of dry cough, followed by spitting of blood." The authority for this observation is given as Dr. Tonnerre, of Calcutta; but its subject is not mentioned. It has been used in the hæmoptysis of pneumonia and phthisis by Drs. Holcombe\* and W. E. Payne in America, and by Dr. Thomas and Mr. Clifton in this country,† the first and last named reporting it as succeeding when other remedies had failed. The medium dilutions—6th and 7th—have been those chiefly employed.

## ACETICUM ACIDUM.

I. Dr. Allen gives us two pathogeneses of this acid—in his first and tenth volumes respectively. The former is taken from five sources, but they are named (as is usually the case in the earlier volumes of the *Encyclopædia*) without information as to their nature. No 1, "Melion," is a case of accidental poisoning. No. 2 is "Orfila (toxicologie)," cited as from Both's *Materia Medica*. A number of symptoms are assigned to it, however, for which Orfila never vouched, and for which Both is equally irresponsible. The former narrates only one case of poisoning by the acid, where nothing was observed but pain in the stomach and convulsions; and the latter has these symptoms only as his. All other symptoms marked 2 must therefore be held in reserve for the present.‡ No. 3 is "Cattell, B. J., 11, 338." This writer brought together, in the eleventh volume of the *British Journal of Homœopathy*, a number of "Pathogenetic and Therapeutic Fragments" from various sources. They are set down with scant explanation and little discrimination; and Dr. Allen would, I think, have done better had he been guided to the references given, instead of taking the symptoms as Mr. Cattell furnishes them. Thus, "hydrophobia" is extracted from his list, and placed among the symptoms of the mind; whereas Acetic acid could

\* *Amer. Hom. Review*, vol. ii.

† *Monthly Hom. Review*, xii, 399.

‡ They were in all probability really derived from Marcy and Peters, who give them as Orfila's, but with as little warrant as we shall see in the case of Waring.

hardly have caused more than dislike to drink, on account of the excoriation it produces in the throat. Again, "croup; hissing respiration, with rattling in the throat; lining membrane of windpipe is found covered with fibrinous membrane, exactly as in true croup" is a symptom taken from this collection, where it indeed stands as here. But reference to its source would have shown that it was caused by dropping the acid into the windpipe, which alters its whole significance. Again, Mr. Cattell distinguishes his clinical symptoms (as he explains) by placing them between square brackets. Dr. Allen incorporates them into his text, without the promised °, and merely bracketed as if they were doubtful. No. 4 is "Waring's Therapeutics, Peters' Elements" (which latter means the "Elements of a New Materia Medica," by Drs. Marcy and Peters, appended to the *North American Journal of Homœopathy*); and again illustrates the disadvantages of quoting at secondhand. Some forms of low fever in which Waring reports vinegar to have been useful are carelessly coupled there with Portal's observation of the induction of phthisical hectic by it; and the whole group is referred jointly to Orfila and Waring. Dr. Allen gives both as pathogenetic effects in his "Fever" section, and refers either to the double authority! Of the rest of the symptoms referred to Waring there is not a trace in that author's work, so that they must be relegated (save as otherwise authenticated) to the same doubtful category. No. 5, "Berridge, M. H. Rev., 15,297," stands for two observations of slight effects resulting from drinking vinegar.

Upon the grounds now assigned, the following symptoms must be struck out of the list:—S. 1, 2, 3, 4, 6, 7, 8, 11, 12, 13, the bracketed part of S. 14, S. 16, 17, 18, 22, 25, 27, 28, 30, 33, 46, 48, 50, 54, 57, 60, 62, 64, 65, 66, 67, 68, 72 (part of 67), 73, 80, 81, 82, 85, 88, 89, 106, 107, 108, 110, 112, and 116. S. 96, 98 and 110, moreover, are not found in the cases from which Cattell quotes, and are supported by no other authority.

The pathogenesis contained in the tenth volume is of a very different order, and is drawn from unexceptionable sources. I may note, however, that No. 11, "E. W. Berridge, N. E. Med. Gazette, 1874, p. 401," denotes the same observation as that constituting No. 5 of the former series.

II. The three cases of internal poisoning from which Cattell compiled his symptom-list (the second of which is the same as

that denoted here by "Melion"\*) , are given *in extenso* by Hempel. Two of them were the results of swallowing the strong acid or a large quantity of vinegar, and merely exhibit its local caustic effects; and the same may be said of an observation of Cattell's own (S. 42, 43, 44). The third is one in which a young lady, to reduce her plumpness, drank a small glass of vinegar daily for a month, whereupon she became phthisical and died. S. 55, 56, 70, 71, 78, 86, 87, 101, 102, 103, 114, 115 and 120 of the pathogenesis belong to this case, some of them being erroneously ascribed to Waring. I cannot think that the vinegar had anything but an indirect influence in producing them. The "chronic inflammation of the lungs," referred to Cattell in S. 79, is credited by him to Sundelin, who states it to be brought on by the inhalation of the vapours in those engaged in vinegar works. The observation has not been substantiated, and Pereira's inquiries rather discredit it. The workman whose symptoms are reported by Dr. Hering in vol. x had only gastric derangement. Dr. Berridge has observed, in several cases, flushing of the face (with or without perspiration) ensuing on drinking vinegar. Boehm (Ziemssen's *Cyclopædia*, vol. xvii) shows that the acid retards and weakens the heart's action and lowers the temperature.

III. The only instance of apparent homœopathic cure by Acetic acid with which I am acquainted is a case related by Dr. L. D. Morse, in which fermentative acid dyspepsia, of long standing, was cured in two months with the first and second decimal dilutions.† Dr. Berridge's observations suggest it as likely to be useful in the flushing of the face after food with which women are sometimes annoyed.

#### ACONITINUM.‡

I. In accordance with his usual practice, Dr. Allen separates this alkaloid from its parent plant. He tells us that the Aconitine whose effects he gives must not be confounded with that known as Morson's, which is prepared from *A. ferox*, and is identical with the "nepalin," "napellin," and "pseudo-aconi-

\* Authority 7, in the tenth volume, is the same as Cattell's first and Hempel's second.

† See Hempel's *Materia Medica and Therapeutics*, 3rd ed., i, 44.

‡ So now directed to be called.

tine" of German writers. This is Schroff's view, as deduced from his experiments, save that, according to him, Merck's "napellin" is identical with the German Aconitine. He found Morson's preparation to correspond with the extract of the root of the *A. ferox* in acidity, lethal influence on animal life, and in power of causing dyspnoea in non-fatal doses,—in all these respects differing from the German alkaloid, which is made from the *A. napellus*. He assumed, therefore, that the source (kept a secret) whence Morson derived his Aconitine was the *A. ferox*, and that it rather represents the acrid than the narcotic principle of the plant. This, if true, would be important; as the *A. ferox* produces none of the neuralgic pain of head and face so characteristic of the *napellus* and other species. This was absent, moreover, in Harley's provings, which were made with Morson's alkaloid, or that of T. H. Smith, of Edinburgh, which like it is crystallised; though present in Hottot's, made with the French, which seems analogous to that of the Germans. Under these circumstances, if Aconitine is introduced (as it probably will be) into our Pharmacopœia, it will be well to direct that the preparation of the British Pharmacopœia shall be used,—this being made after the French and German fashion from the *A. napellus*. In the supplementary pathogenesis of his tenth volume, Dr. Allen gives the symptoms of Harley's provings, together with those of Hottot, under the same heading.

The pathogenesis of vol. i is referred to "1, Schroff; *t*, toxicological, from Bird and others." The latter reference is very unsatisfactory, and several of the symptoms marked "*t*" really belong to Schroff. To this name the place of record (*Präger Vierteljahrschrift*, 42, 153) should have been added, and that the observation consisted of two provings, the doses taken ranging from the .004 to the .05 of a gramme. The symptoms of this proving (which may be read *in extenso* in Reil\*) are fairly given, though they inevitably lose by being broken up into fragments. The only correction required is in S. 24, in which, instead of "on entering a warm room," we should read, "at the same time with the accession of warmth" (S. 43). The supplementary pathogenesis of vol. x is taken from the provings of Hottot and Harley; and here the grouping of the symptoms is preserved

\* Monograph on Aconite, transl. by Millard, p. 78.

with much advantage. The experiments of Reil\* might well have been added.

II. The observations of the German, French, and English experimenters agree pretty closely as to the action of Aconitine. Numbness and tingling, especially in the face, is its earliest and slightest effect; and in Schroff's and Hottot's provers it developed into a pain, at first drawing and pressive, but afterwards acute, continuous, and severe, in the parts supplied by the trigeminus. This may (Schroff says) last for weeks, or even a whole year, after the experiment. Somewhat larger doses cause a *glow* to mingle (sometimes suddenly) with the tingling, and therewith the pulse rises, it may be ten or fifteen beats. Later, on the supervention of general weakness, with nausea and perspiration, it falls, and may become very feeble and intermittent. The head is full, heavy, and giddy, and somnolence may be induced.

III. The effects of Aconitine are sufficient to show that some, at least, of the benefit gained from its local application in facial neuralgia\* results from its homœopathicity to the affection. The same may be said of its effects on the circulation and temperature with reference to the anti-pyretic powers of Aconite itself. In the latter sphere of action, however, it can never take the place of the parent-drug; whereas in prosopalgia I have not uncommonly prescribed the 3rd decimal dilution of Aconitine (B. P.) with unmistakable benefit.

#### ACONITUM ANTHORA.

This is one of the species of the genus *Aconitum* proved by Schroff, with the view of ascertaining their relative strength and distinctive action. He sums up their action in the *Journal für Pharmacodynamik*, and ranks *A. anthora* as the feeblest. To this communication is referable the single experiment related by Allen here. It shows nothing differing in kind from the action of *A. napellus*.

\* Quoted by Stillé (*Ther. and Mat. Med.*, 4th ed., ii, 311) from *Mat. Med. d. rein. Chem. Pfl.*, p. 26.

† See Watson's *Practice of Physic* (4th ed.), i, 730.



## ACONITUM CAMMARUM.

Under this title Dr. Allen includes the *A. neomontanum*, which was that most largely proved by Schroff. His name stands by itself (in the first volume) as Authority 1, with “*t*, Toxicological” for a second. In the tenth volume, however, a full account of Schroff’s experiments is given in detail from his *Ueber Aconitum Hinsicht* (1853), as “more satisfactory and complete than the meagre statement taken at secondhand found in vol. i.” Accordingly, as the “toxicological” symptoms of the former pathogenesis are, from want of reference, somewhat up in the air, it seems better to ignore it altogether, and take *A. cammarum* as we find it in vol. x.

Schroff’s narratives and analyses are of profound interest; but, as they show no distinctive action on the part of this species as compared with *A. napellus*, I need not dwell on them till I come to that drug. He proved it on himself and the two experimenters with Aconitine already mentioned—Heinrich and Dworzak.

## ACONITUM FEROX.

The pathogenesis in vol. i is taken from the experiment by Dworzak, related by Schroff in the *Journal für Pharmakodynamik*. In vol. x we have Schroff’s remarks on its action, from an article in another German journal. His great point is that the *A. ferox* contains more of the acrid poisonous principle of the plant than any other of its species; and (as I have said), finding that Morson’s aconitine possesses similar acidity as well as intense lethal activity, he concluded that it was from *A. ferox* that it was prepared. The German aconitine, experimented with by himself, and made from the *A. napellus*, he considers a pure neurotic.

However this may be, our interest is to know that *A. ferox*, in his prover, caused no headache or prosopalgia. In other respects, its action was tolerably analogous to that of the *A. cammarum* previously proved, the symptoms of which we shall consider with those of the leading member of the group, *A. napellus*.

## ACONITUM LYCOCTONUM.

I. This species of Aconite was not tested by Schroff, and we have no definite information as to its poisonous properties, though

its name seems to indicate it as the "wolf's-bane" *par excellence*. Its pathogenesis is translated verbatim from one given by the late Dr. Petroz. Like most of the contributions to the *Materia Medica* from this source, it is without any explanation as to how it was obtained; and we must use it with considerable reserve. More especially is this so with the mental symptoms, of which Dr. Petroz says, "les symptômes moraux sont l'instabilité des idées, la sauvagerie, l'horreur du travail, l'horreur pour les affaires, la distraction, le rire, la fureur." The second and last of these (which Dr. Allen gives as "ferocity" and "rage") are somewhat violent effects to be obtained in a proving; and Dr. Petroz' phrase "his moral symptoms *are*" may mean nothing more than those he supposes characteristic of the drug.

II. III. The physiological effects of *A. lycoctonum*, like those of the other species of the genus, will be considered together with those of *A. napellus*. It may, however, be noted here that Dr. Petroz writes:—"I have found the *lycoctonum* useful in that affection where the hairy scalp is covered with whitish pellicles; in exostosis of the lower jaw, in periostitis, in chronic diarrhœa, in that of infants and that which accompanies the process of dentition. It is useful against lumbrici, it causes the suffering arising from tœnia to cease; it is useful against that very annoying *dartre* which haunts the margin of the anus, against indurations of the glands and inflammation of the lymphatic vessels of the lower extremities, and in affections of the brain where there is delirium with rage (*fureur*)." One would like to know to what extent this "usefulness" proceeded.

#### ACONITUM NAPELLUS.

The article upon this important medicine has laboured under peculiar disadvantages. It was first printed for Boericke and Tafel's quarterly "Bulletin," as a specimen of the forthcoming *Encyclopædia*; and there seem to have been difficulties in acting on the suggestions which its appearance evoked with regard to itself, though they were accepted in respect of subsequent medicines. My own notes on Hahnemann's cited symptoms could not be incorporated into its text, and had to appear verbatim among a set of "Notes and Additions" at its close. The first thing, then, for the student to do is to act upon the instructions

given therein, and also upon those appended to the third volume. The latter should be taken in hand first, as they correct some of the former; and in them, at p. 637, line 2, for "S. 14" read "S. 15."

The authorities for the pathogenesis of Aconite are forty-three in number in the first volume, and sixty-five in the additions given in the supplement contained in the tenth. The reason of the greater number of the latter is that there each case of poisoning used is described separately, while in the former they are thrown together under the general head "Toxicological"—a mode of proceeding by no means commendable, and abandoned before Antimonium tartaricum was reached. The list begins, of course, with Hahnemann's pathogenesis in the third edition of the first volume of the *Reine Arzneimittellehre*. This consists of four elements:—1st. Symptoms observed by himself on his own person and that of others, and mainly collected in the days when he proved on the healthy subject with single full or repeated small doses of the mother-tincture. 2nd. Provings made under his superintendence by his son and four of his pupils, probably in the manner last named. 3rd. Provings made by Stapf and Gross on themselves and others, and published as a symptom-list in the former's *Archiv* (1824). There is no information as to how the symptoms were obtained, but it was probably in the same manner as that just noted. 4th. Observations taken from general medical literature, eleven authors being laid under contribution. Of these, it will be seen that four (Bacon, Matthiolus, Moræus and Richard) are relating cases of poisoning; one (Petr. de Abano) is making a general statement of the effects of the same; two (van Helmont and Roedder) state the effect of the drug on themselves (as also Stoerck does in two symptoms); and the rest record observations made on patients.

These constituents of Hahnemann's pathogenesis are unexceptionable, save as regards the last. Its main contributors are Greiding and Stoerck; and whenever these names appear (as they frequently do) in the R. A. M. L., we must take the symptoms they accredit with reserve. It is not their fault, but their citer's. They attribute very few of the symptoms they note in their patients to the drugs administered; and I think that nearly every impartial observer, reading them, would agree with their limitations. Hahnemann, however, had such a lofty idea of the

power of drugs, that he seems to have considered every change in the patient's state from that which was first noted as an effect of the medicine he was taking, rather than of the disease from which he suffered. Hence (as we shall hereafter see) the voluminous pathogeneses of his *Chronic Diseases*; and hence the numerous unwarranted quotations from Greiding and Stoerck, which will now come before us as we proceed. Of these I shall speak in their places. I would only here note that while Dr. Allen has given, among his authorities, the several cases of these authors from which symptoms have been taken, he has not affixed the number of the case (as I had intended to have had done) to the symptoms themselves, thus depriving them of the light which might have been thrown upon them. The student may, if he pleases, go over these symptoms in the arrangement of them I have published in the *Monthly Homœopathic Review* for 1873 (vol. xvii, p. 700); and affix to them, when he has found them in Dr. Allen's list, the Roman numeral indicating their precise source. He may, however, wait for me, as I shall do the same thing as I proceed.

The next authority is Hencke. His provings were excellent ones, made with the mother-tincture on four subjects. One of these, "c," is specified by Dr. Allen; but "d," whom we are taught (in vol. iii) to put down as "a married woman," was an unmarried man. It should also have been mentioned that "a" and "b" were himself and a youth of 19.\* Nos. 20 to 35 are the experimenters of the Austrian Society, as told of in Dr. Gerstel's exhaustive article on the drug in the first volume of the *Oesterreichische Zeitschrift*. Their work, chiefly carried out with increasing doses of the tincture (of the whole plant), was most thorough. Dr. Allen gives us nothing beyond their names. His presentation of their results was examined in detail by Dr. Carroll Dunham in the *N. Amer. Journ. of Hom.* for Feb., 1875; and found substantially correct. His 36th authority is simply "Joussel," which is sufficiently vague. He should have referred us to vol. xiv of the *Bull. de la Soc. Méd. Hom. de France* (p. 259) and stated that the observation consisted of provings on

\* A detailed account of Hencke's provers, and of those of the Austrian Society, may be read in Dr. Allen's "Examination" (p. 258), and in the arrangement of Aconite by Dr. Dudgeon in the first part of the *Hahnemann Materia Medica*.

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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THE INTERNATIONAL HOMŒOPATHIC CON-  
VENTION, 1881.

IN our number for January, 1876, we brought under the notice of our readers the "World's Homœopathic Convention" about to be held in Philadelphia, U.S., in the summer of that year. In January, 1877, we sketched the proceedings of the meeting; and stated that a similar gathering of the homœopathists of all countries was contemplated, to be held quinquennially. Further, that at the British Homœopathic Congress of September, 1876, it was unanimously determined to invite the Convention of 1881 to meet in London, which offer had been accepted by the officers of the Philadelphia Convention, who had been appointed a standing committee for this purpose. We added—"A committee was appointed" (at the Congress) "consisting of Drs. Bayes, Clifton, Dudgeon, Hughes, and Pope, to initiate the necessary arrangements. This Committee has met; has appointed Dr. Dudgeon its Chairman and Dr. Hughes its Secretary; and has commissioned the latter to draw up a plan of action to be submitted at its next meeting. This (in concert with Dr. Carroll Dunham, who was the chief organiser of the late meeting) is being done; and at the next Congress the Committee will probably have a complete scheme to present for approval, and

some immediate action (as regards the choice of essayists) to report."

Accordingly, at the Liverpool Congress of 1877, the following report was presented, and its recommendations unanimously adopted :

"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 this 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 for 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.) Gynæcology.’ ”

The Committee was reappointed from year to year; and at the Malvern Congress of 1879 reported progress in obtaining adhesions and contributions. It also recommended that the title of the gathering should be the “ International Homœopathic Convention,” and the month of July the time of its assembling; and that a circular letter, containing all information as to the scheme, should be sent to the representatives of homœopathy throughout the world, soliciting their interest and co-operation. These suggestions also were adopted, and the Committee once more reappointed.

At Leeds, last year, it presented its final report. After recapitulating what we have just recounted, it went on :

“ We have now to report that, in pursuance of your decision, the circular now before you,\* enclosing our Liverpool recommendations, has been sent to all editors of journals, secretaries of societies, and deans of colleges throughout the homœopathic world. From several of these sympathetic answers have been received, and the editors have inserted our communication, in whole or in substance, in their journals. Among the societies addressed was the American Institute of Homœopathy, and at its meeting in June last, when some two hundred members were present, our proposed gathering was cordially welcomed, and a committee appointed, consisting of Dr. Talbot (of Boston), Dr. Kellogg† (of New York), and Dr. Bushrod James (of Philadelphia), to co-operate with us.

“ We have, thus, every reason to believe that the intended Convention has been made known to all whom it concerns. We are glad also to inform you that there is a good prospect of contributions being forthcoming, which will make its discussions interesting and its Transactions of permanent value. Our cadres are not yet complete, but we may say that they bid fair to con-

\* Printed in this Journal for July, 1880, p. 301.

† Subsequently replaced by Dr. Helmuth.



tain the names of most of the men who stand foremost in the homœopathic ranks at the present day.

“As it is the duty of the present Congress to make the final dispositions for the Convention, as well as to elect its officers, we now lay before you our recommendations on the points as yet left open.

“You have already decided ‘That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined,’ and that July shall be the month of gathering. We now ask you to fix the second whole week of that month, viz. that beginning with Monday the 11th, as the precise time of meeting. This date has been named in accordance with the expressed wishes of our American colleagues, and is believed to be not unacceptable to our own practitioners and those of the Continent.

“We also invite your assent to the following recommendations:

“1. That on the Monday evening the President shall hold a Reception at the hall of meeting or some other suitable place, to which all members of the Convention, with the ladies of their family, shall be invited.

“2. That the General Meetings of the Convention shall be held on the Tuesday, Wednesday, Thursday, and Friday afternoons, from 2.30 to 5.30 o'clock; sectional meetings being held on the following forenoons by those specially interested in the subject of the day, for its further discussion.

“3. That on the Tuesday the President's address shall be delivered, and followed by a discussion on the present state and future prospects of homœopathy, with the best means of furthering its cause, as suggested by the Reports sent from the various countries of the world.

“4. That the business of the Wednesday shall be the Institutes of Homœopathy and *Materia Medica*; of the Thursday, Practical Medicine and Gynæcology; and of the Friday, Surgical Therapeutics, with those of Diseases of the Eye and Ear.

“5. That on the Saturday, at 2 o'clock, a concluding meeting shall be held for the transaction of any supplementary business; and after this the British members present shall determine the time and place, and elect the officers, of their next Annual Congress.

“It only remains for you to determine the exact locality of our gathering, and therewith our financial arrangements. We find that we can obtain suitable rooms at the West End of London, at a charge of from three to five guineas a day, and that this, with the expenses of refreshments at the Reception, and of printing, postage, stenography, &c., will be covered by a sum of from £75 to £100. You have already decided ‘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.’ It will now be for you to determine what that amount shall be.

“We propose that a circular shall be sent, in the name of the Congress, to all the homœopathic practitioners of Great Britain, informing them of the full plans for the Convention, and asking for their subscriptions.”

This report was adopted, subject to the subsequent discussion on the several subjects contained in it. It was thereupon moved, seconded, and carried, that each homœopathic practitioner in the country should be requested to contribute for the expenses of the meeting the sum of one guinea. The Congress then proceeded to the election of the officers of the Convention. Dr. Hamilton was chosen President; Dr. Hughes, Vice-President; Dr. Bayes, Treasurer; Dr. Gibbs Blake, General Secretary; and Drs. Hayward and Burnett, Local Secretaries.

The officers of the Convention now constituting its working staff, they made arrangements for a division of labour. The General Secretary undertook to send out the circular letter requesting subscriptions; which he has since done with the results reported from time to time in the monthly journals. The Vice-President, by desire of his colleagues, continued to conduct the arrangements relative to the essays and discussions. The President and Vice-President, with Drs. Dudgeon, Pope, and Yeldham, were constituted a Board of Censors to adjudicate upon the essays sent in; and the officers resident in London and Brighton agreed to meet from time to time for business. One of their first acts was to request the co-operation of those members of the former Committee who were not now

officers, viz. Dr. Dudgeon, Dr. Pope, and Mr. Clifton, which they were glad to obtain. They have since been engaged in finding a suitable place for the meetings of the Convention. Two very excellent halls have been seen; and the decision between them will be made in April, and duly announced. Dr. Burnett, as Local Secretary for London, has now been commissioned to draw up and send out a circular letter to the practitioners and friends of Homœopathy in the metropolis and its vicinity, asking them what hospitality they are able and willing to offer to our foreign guests—most if not all of whom we hope to house during the week of the gathering.

By the time the London Committee of Management met in February, the essays received or promised had enabled a provisional programme of the discussions to be drawn up; and, on being submitted by the Vice-President, it was adopted, and ordered to be published in the journals. The following letter was therefore sent to the *Monthly Homœopathic Review* and *Homœopathic World* of this country, the *Revue Homœopathique Belge* for the Continent, and the *Hahnemannian Monthly* and *United States Medical Investigator* for America.

“GENTLEMEN.—I shall be much obliged if you will allow me, through your pages, to bring before our colleagues the following outline of the probable business of the approaching gathering:

“On Tuesday, July 12th, after the President’s address, the Reports from the different countries as to the history of homœopathy for the last five years, and its present condition therein, will be before the meeting, and discussion will be held on the best modes of improving our position and furthering our cause.

“On Wednesday, the 13th, the Institutes of Homœopathy and *Materia Medica* form the subject of the day; on Thursday, the 14th, Practical Medicine and Gynæcology; on Friday, the 15th, Surgical Therapeutics, Ophthalmology, and Otiatics. From the papers under these headings received or promised, the following topics present themselves for discussion, and have been (provisionally) adopted as a programme:

“ WEDNESDAY.

“1. The selection of the remedy, with especial reference to individualisation and generalisation.

“2. Alternation.

“3. The relative value of clinical and extra-clinical evidence as to the efficiency of infinitesimal doses.

“ THURSDAY.

“1. Homœopathy in hyper-acute diseases—dysentery, cholera, yellow fever, and in hyper-pyrexia.

“2. The possibilities of medicine in cancer.

“3. The treatment of affections of the os and cervix uteri.

“ FRIDAY.

“1.

“2. The treatment of iritis, simple and syphilitic.

“3. The place of homœopathic medication in ear disease.

“It will be observed that the subject for discussion under the head of Surgical Therapeutics remains a blank. Upon this branch of our science *we want papers*. It is not so with the others. We should not refuse fresh essays, if they were worth acceptance, but we have no need to invite them. Our object in publishing the above information is to invite debaters on the various topics. It will be remembered that the essays are not to be read at the meetings, but printed beforehand, and furnished to any one who applies for them with the intention of taking part in the discussion on their subjects. I shall be glad to receive the names of all such as soon as may be convenient, and will see that they receive in good time the papers belonging to the matter they select.

“I am, Gentlemen,

“Yours very faithfully

“ (For the Officers of the Convention),

“RICHARD HUGHES.”

If any of our readers should not have seen this letter elsewhere, we beg to direct their attention to it. Having only appeared, even in this country, on March 1st, it has of course as yet elicited few responses; but we hope in the course of May to issue a programme of speakers on the various subjects which shall give general satisfaction.

We have thus brought down the history of the Convention to the present time. It remains for us to survey its prospects of interest and usefulness, and to commend it accordingly to our colleagues.

As to the members who will assemble, it is difficult to form any precise estimate. When our own Congress met in London in 1874, eighty-two homœopathic practitioners are recorded as present. It would not seem too much to expect that this number should be doubled on the present occasion; as the London postal district itself could furnish nearly 100, and the meetings are to be held in the afternoons especially for their convenience. Our American colleagues talk of coming over a hundred strong, and could certainly spare that number from their six thousand. It would, we fear, be almost too much to hope that the Continent will make our numbers up to three hundred; but France, Belgium, Germany, and Italy will all send delegates, and the total may be more than we anticipate. We may at any rate, we think, count upon an average attendance of two hundred at our general meetings.

The first gathering will be at the President's Reception, which will be held on the evening of Monday, July 11th, at the hall of meeting. To this all members of the Convention are invited, with the ladies of their families. Its primary object will be the introduction to the President himself of our foreign guests and country colleagues; and Dr. Hamilton's high social qualities will ensure the success of this part of the proceedings. It will also afford an opportunity of mutual recognition and intercourse among the members of the Convention, which will the better fit them for the transaction of business together during the coming week. We hope to provide some music, and some objects of artistic and scientific interest, to add zest to the enjoyment of the meeting.

On the Tuesday, at 2.30 p.m., the first General Meeting will be held, and the President's Address delivered. The Reports from the several countries of the world, mentioned in No. 7 of the scheme given at p. 98, will then be summarised from the chair. We may mention that these are

to be furnished—for Great Britain and her colonies, by Dr. Pope; for the United States, by Dr. Talbot; for France, by Dr. Claude; for Germany and Austria, by Dr. H. Goullon, jun.; for Belgium, by Dr. Martiny; for Italy, by Dr. Bernard Arnulphy; for Russia, by Dr. Bojanus; for Canada, by Dr. Nichol; for India, by Dr. Sircar. It will be seen that Spain and Portugal, South America, and Holland, are unrepresented in this list. We hope that practitioners from these parts may yet come forward to report tidings of the progress of our system therein.

Upon the basis of these reports, a discussion will be held as to the present state and future prospects of homœopathy throughout the world; and the best modes of advancing its interests. Dr. Talbot, Dr. Bayes and Dr. Claude have undertaken to open this debate; so that the subject will be laid out from the point of view of America, England, and the Continent respectively. It is hoped that many other speakers may follow in their wake; and that a subject which so intimately concerns us all may obtain full ventilation.

On the Wednesday afternoon, at the same hour, we shall begin our more strictly scientific work. The subject of the day will be the Institutes—or general principles—of Homœopathy, and *Materia Medica*. Of the essays sent in or promised in this department those of the earlier division have lent themselves more readily to discussion; though some of the latter kind, furnished by Drs. Allen, E. M. Hale, Heber Smith, and Burnett, will adorn the Transactions of the Convention. The first subject of discussion will be, as announced, “The selection of the remedy, with especial reference to individualisation and generalisation.” This originally grew out of the offer of a paper on the part of Dr. Berridge, “On the selection of the remedy.” Feeling sure that extreme views as to individualisation would herein be maintained, Dr. Hughes undertook to prepare a contribution setting forth the other side of the truth, and Dr. Hayle, of Rochdale, was asked—as occupying somewhat of intermediate ground—to express his views on the subject. This he has done, in a paper exhibiting all the qualities of

thought and style which distinguish him, entitled "Thoughts on the Scientific Application of the Principle of Homœopathy to Practice." It rejects the extreme Hahnemannian method of selection *per enumerationem simplicem*, and advocates a more philosophical symptomatology as our basis for prescribing. Dr. Berridge has since withdrawn his offer; and Dr. Fenton Cameron, another representative of the same school, has declined to supply his place. An application to Dr. Hawkes, of Chicago, has been more successful; and, from what we know of his writings, there is every reason to expect that individualisation and prescribing by "characteristics" will be both ably and fairly justified. These three papers, then, by Drs. Hayle, Hawkes and Hughes, will form the basis of the discussion on "the selection of the remedy;" and Dr. Drysdale is expected to be its opener.

An elaborate essay on Alternation, by two of our most eminent Belgian colleagues, Dr. Martiny of Brussels and Dr. Bernard of Mons, furnishes the next subject for debate. They urge, both on theoretical and on practical grounds, a wide adoption of the practice; and it is hoped that some one who is opposed to it will come forward to take up the gage they have thrown down so boldly and well. Dr. Hayward has expressed his intention of taking part in the discussion, but rather on their side.

The next subject is that without discussing which no gathering of homœopaths could depart satisfied—the vexed question of *dose*. Some novelty, however, will be imported into it by the point of view from which mainly it will be presented by those who handle it. In the articles on "Triturations" and "Dilutions" in our two last numbers, we have sketched some of the thought and work lately expended in America on the scientific aspect of infinitesimal quantities and their effects. Dr. J. P. Dake, under whose headship the *Materia Medica Bureau* of the American Institute of Homœopathy has for two years worked at this subject, will sum up their labours for us; and Dr. Conrad Wesselhoeft, to whose researches we have made such ample reference, will discuss the relative value of such evidence as

compared with that resulting from practice. Hence will arise the third subject of debate for the day. Those who desire to take part in it, however, will receive another essay as bearing on the question, though covering a much wider range. It is by Dr. Cretin, of Paris, and entitled "The question of dose: Hahnemannianism and Homœopathy." Coming from his pen, it may well be expected to be a vigorous exposition of the rational and anti-mystic way of regarding our system of practice.

We come now to Thursday's work, which is to be devoted to Practical Medicine, and that special branch of it now called Gynæcology. In the former category a good many of our contributions will find place. Those among them which have furnished the first subject for discussion are papers by Dr. Holcombe, of New Orleans, on yellow fever, by Dr. Sircar, of Calcutta, on the results of his experience in cholera and other acute diseases occurring in his sphere of practice, and by Dr. Carter, now of Sydney, on dysentery as seen by him while in India. These have suggested "homœopathy in hyper-acute diseases" as a topic on which all who practise in the tropics or their neighbourhood can enlarge with advantage to their colleagues. The addition of "hyperpyrexia" to the definite forms of disorder already named will give those of us who live in less ardent climates an opportunity of contributing to the discussion, as the feature in question is not uncommonly seen in acute disease everywhere, and its treatment urgently demands consideration.

Dr. Gutteridge, who has devoted a good deal of attention to cancer, has favoured us with a paper on its etiology and treatment, which will be read with much interest; and "the possibilities of medicine" (as distinct from surgery) in this terrible disease will next occupy the attention of the meeting. Mr. Clifton will open the discussion on the subject, and Dr. Burnett will take part in it.

Gynæcology will then be in order; and we have "the treatment of affections of the os and cervix uteri" as the special point for consideration. The question how far these maladies, so common in the weaker sex, are amenable



to the internal medication and gentle local appliances with which we treat other diseases is a moot one, and of no little importance. We have secured the services of three of our London practitioners, who are known to have cultivated this field, as essayists on the subject; we speak of Drs. Dyce Brown, Edward Blake, and Carfrae. Another, Dr. Matheson, will take part in this discussion, which is to be opened by no less a person than Dr. Ludlam, of Chicago.

On Friday, we are to be occupied with Surgical Therapeutics, Ophthalmology, and Otiatrics. We are unable as yet to fix the subject for discussion in the first of these spheres. We have succeeded in securing but few promises of essays, and of those which are forthcoming we do not as yet know even the names. This blank we hope ere long to fill. The diseases of the eye and ear are better supplied. The very important question of the treatment of iritis, especially in the syphilitic form, will come before the ophthalmologists. It will be handled in essays by Dr. Vilas, of Chicago, Dr. Campbell, of St. Louis, and probably Dr. Dekeersmaecker, of Brussels; and, as the disease not unfrequently comes before us all in daily practice, it is sure to find speakers ready to communicate their experience in its management. In ear disease, no single point has been selected for discussion, as the only paper in this department on which we can at present count is one from our own Dr. Cooper, which is a series of notes upon the use of homœopathic remedies in aural practice. The general question, however, as to what place homœopathy occupies in otiatrics, as compared with the local and mechanical measures in vogue in the old school, is one which may well be thoroughly ventilated.

The meeting of Saturday will (as may be seen) be held half an hour earlier, to enable country members to leave for home by the afternoon trains. The business will be of a supplementary and miscellaneous kind; but there is sure to be a good deal remaining over to be talked about after the fixed programme of the previous days has been got through, and those who attend on Saturday will not be unrewarded for their presence.

Besides the general meetings of the Convention now sketched, the hall of assembly will be free in the forenoons for such special and sectional gatherings as may be organised among the members themselves. One of these, to be occupied with the subject of hygiene, is already being planned and prepared for by our indefatigable colleague, Dr. Roth; and Dr. Duncan, of Chicago, will probably call together on one of the forenoons his brother pædologists.

Such is the outline of our projected Convention; and it will be confessed, we think, that it offers every attraction to those who have at heart the welfare of our system and the healthy unity of our body. Its successful carrying out will tend to enlarge our own views and knit us more closely together; while it will have no little apologetic value to those who look on from without. We think we may fairly appeal to all our colleagues to do their best to make it a success. To the homœopaths of other lands under whose eyes these pages may come, we cannot say more than that, if they will come, they will meet with a hearty welcome and the best hospitality we can give them. But to British homœopaths it is as much the claim of duty as the attraction of advantage that we advance. As representing them, the Congress meeting at Bristol in 1876 decided, by an unanimous vote, to invite the next World's Convention to meet in London. No one has since raised a voice against this action, so that all are committed to it. Any one who, being able, withholds either his contribution or his personal attendance from the gathering, must be adjudged wanting at least in *esprit de corps*. We are in the position of having invited our foreign colleagues to visit us: the first duty of a host is to be present to receive his guests, and the second is that he does all in his power to entertain them. Our visitors will not expect anything great in the way of banqueting; but they will justly think little of British Homœopathy if we muster few in number or let the discussions languish. And for one thing especially the occasion calls, that we sink in it all party feuds and personal animosities. The London School of Homœopathy

has of late caused much division among us, as did the British Homœopathic Society and the London Homœopathic Hospital in their time. Our differences about it must, it is probable, continue to be fought out; but they must not be allowed to mar the harmony of an International Convention, or to keep any away from it who would otherwise have co-operated towards its success. The Convention has originated with no party; and its Committee of Management, its official staff, and its chosen essayists show that it embraces every form of opinion and practice among us. We earnestly appeal to all our colleagues to put their shoulders to the wheel, and make 1881 a year marked with white in the annals of homœopathy in Great Britain.

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## EXPLANATORY REMARKS CONCERNING TRITURATIONS.

By C. WESSELHOEFT, M.D., Boston, U.S.

THE very generous and impartial review of the question of "Triturations" contained in the October number of the *British Journal of Homœopathy* will not fail to enlighten professional men with regard to the result of experiment and speculation hitherto reached. Nevertheless, as the variety of opinions expressed by others, and as my own revision and republication of the original report to the American Institute, have caused some intricacies and doubts, leading to a few omissions of essential points, a brief recital of the same may not be out of place.

My first report contained certain inaccuracies with regard to measurement of particles, such as a particle of lead measuring  $\frac{1}{18000}$  mm., and then of a particle of mercury as measuring  $\frac{1}{3600}$  mm., described as being smaller than the former. When we remember that  $\frac{1}{136000}$  of an inch, equal to  $\frac{1}{3400}$  mm., is the limit at present of microscopic visibility and definition, we have a ready standard for estimating

which of the above particles were correctly measured and reported. It was for the purpose of correcting such discrepancies of statement that I proceeded to rewrite the subject in the *New England Medical Gazette*. If Dr. Buchmann would go over the subject again, he would undoubtedly find ample cause for correcting similar and much more numerous errors.

As the comparison of Dr. Buchmann's observations with mine take up the greater portion of the review contained in this Journal, I desire to point out an essential point of difference in our statements. It is stated\* that "About iron there is no difference of opinion worth noting." I beg leave to correct this statement by pointing to Dr. Buchmann's description of the particles of iron as being perfectly transparent, transmitting a blue light, on the one hand, and again, reappearing quite clear and transparent, like particles of *ice* or *soda*. Analogous assertions are made by him with regard to gold, lead, copper, and especially *charcoal*. Without claiming to be an expert microscopist, I am constrained to insist that such statements arose from management of the microscope in regard to illumination and focus without adequate skill, which in its turn led to an entire misinterpretation of what was seen. In this I venture to assert that I am upheld by unquestioned experts like Mr. Haupt and Prof. J. Edwards Smith. It follows that if such statements of Dr. Buchmann are unfounded his other conclusions and descriptions must necessarily lose reliability, as, for instance, where he says "that grains of copper measuring from  $\frac{1}{500}$  to  $\frac{1}{1000}$  mm., which have sharply-defined outlines in the precipitate, lose this appearance in the trituration, and, therefore, that invisible particles must have been rubbed off." There is no doubt that an observer whose vision or mode of manipulation presents particles of iron and charcoal as clearly transparent as ice or soda, can scarcely be accredited with the ability to distinguish changes of form in particles of precipitate from which invisible "atoms have been rubbed off." There is then, after all, an essential difference between our state-

\* *Brit. Journ. of Hom.*, -Oct., 1880, p. 333.

ments, not only with regard to iron, but to the other metals examined. It is natural that a reviewer, unaided by the microscope, should overlook such points, which I herewith again submit to the scrutiny of those interested in the subject of practical microscopy.

There is another discrepancy of figures which needs explanation. In quoting from Prof. J. Edwards Smith's article, it is stated, on p. 337 of the *British Journal of Homœopathy*, that the third and sixth potencies can be made to yield particles from  $\frac{1}{95000}$  to  $\frac{1}{130000}$  inch. These figures are computed by the reviewer to be equal to  $\frac{1}{3850}$  to  $\frac{1}{3450}$  mm., which fractions should read  $\frac{1}{3740}$  to  $\frac{1}{4327}$  mm., and are obtained by simply dividing the denominators of the above fractions of an inch by 25·4, which expresses the number of millimètres in an inch. The great facility with which errors in figures creep into statements render the above error, as well as its correction, excusable; nay, there are reasons why I should wish the fractions of millimètres as stated by the reviewer to be correct, because they would approach more closely my own figures of  $\frac{1}{3000}$  mm., designating the limit to which, in my estimation, the divisibility of hard, insoluble substances might be carried.

It will be observed that between my  $\frac{1}{3000}$  and Dr. J. Edwards Smith's  $\frac{1}{4327}$  there is a difference of more than  $\frac{1}{1000}$  mm. Now, as I took pains to define the limit of mechanical divisibility, it is no more than just that I should endeavour to explain the discrepancy and to correct whatever may be erroneous.

The cause of the discrepancy is twofold. In the first place, Prof. Smith made use of more accurate means of measurements, such as very high amplifications and a cobweb micrometer, neither of which were at that time at my disposal. When an object is magnified to an amplification of two to four thousand diameters, its dimensions can be much more accurately determined by an exact instrument than when lower powers are applied, as in my case, where objects magnified to eleven hundred diameters were measured in the usual way, *i.e.* by estimating the number of particles which could lie in a row across a division of the micro-

meter equal to  $\frac{1}{1000}$  mm. Although such objects are very distinctly seen, together with the lines of the micrometer, any observer at all familiar with the process will readily understand that a doubt might arise as to whether three or four particles might occupy such a space. In my case it seemed as if *three* were a safe estimate; still, in all my numerous observations it frequently appeared as if four particles would better cover the space of  $\frac{1}{1000}$  mm. No doubt others who will try may prefer the latter estimate as more correct, in which case my  $\frac{1}{3000}$  mm. should read  $\frac{1}{1000}$  mm. as the limit of mechanical divisibility, as this would approximate my figures sufficiently to those of Prof. Smith, whose judgment as an expert in such matters I do not question. Aside from this, I doubt if any number of observers, however accurate their means may be, would all obtain the same measurements, as all of them would probably differ by something like a  $\frac{1}{1000}$  mm. Nor is the matter of actual or positive measurement of essential importance, especially in view of the circumstance that I endeavoured to show, and think I have succeeded in showing, that there is such a thing as a limit to the mechanical divisibility of hard substances like metals, charcoal, glass, and silica. This, in my opinion, is the essential feature of the observations in question, and is determined by the fact that the smallest observable particles do not transcend the limit of microscopic visibility.

The second point throwing light upon the discrepancy between Prof. Smith's figures and mine, arises from the difference in the proportions used by us respectively. My observations were limited to triturations made according to the traditional method of Hahnemann, which must be regarded as the standard, while it is maintained that solubility of ordinarily insoluble substances sets in at the third centesimal trituration prepared according to that standard. Furthermore, I did not confine my researches to one substance only, but to several of very different degrees of hardness. Prof. Smith, it will be observed, limited his observations to certain triturations of gold only. One was a trituration of gold foil, which, by a process employed by

Mr. Witte, of Cleveland, differing in some manner, not only from Hahnemann's, but likewise from those of other pharmacists, was reduced to an unusual degree of fineness almost equal to that of the average precipitate. But the preparation especially considered by Prof. Smith was a precipitate obtained by phosphorus dissolved in ether, yielding a purple or amethystine colour.

Now, there is no doubt that the particles of such a precipitate may be smaller than those obtained by the ordinary method of precipitation by ferric sulphate; my own observations would confirm this view of the matter. But I find no evidence or even intention to prove in Prof. Smith's treatise that they are further reduced by trituration; at the same time, I value as highly as any one a method which promises to yield a finer division of hard substances than the one hitherto employed. If this object is thus accomplished, there is no difficulty in perceiving the very natural difference between Prof. Smith's figures and mine; when we bear in mind that my fraction of  $\frac{1}{5000}$  mm. represented an approximate average of the ultimate size of particles of a number of substances, while Prof. Smith's figures apply to gold alone, the difference appears as of still less importance.

One point more contained in the review calls for a word of explanation. The reviewer would not reject at once Dr. Buchmann's "transparent specks and immeasurable points," as possibly foreshadowing greater divisibility than maintained by my observations. To this I can only answer that the microscope in the hands of better experts than Dr. Buchmann and myself warrants no such conclusion. That which is visible is also measurable, though the results may differ. We see the sun, but its exact distance from the earth is not yet accurately determined. The finest star-dust, to which the reviewer alludes, is probably composed of particles no finer than those seen by Prof. Smith and myself; and the microscope is capable of determining finer particles, if any there are. The mass of particles mentioned by Prof. Tyndall as giving the blue to the sky is not to be confounded with star-dust or the particles resulting from mechanical

subdivision, as the simile has no bearing on the question before us, but finds its solution in molecular science, where the microscope ceases to be of use. Prof. Smith justly answers various misapprehensions expressed on this subject, by asserting "his utter disbelief as to the capacity of the microscope to determine the ultimate divisibility of matter;" as I have been erroneously accredited with a contrary opinion, I would here again record my agreement with Prof. Smith's view of the matter.

Far from entertaining the opinion regarding the possibility of deciding microscopically the ultimate divisibility of matter, I have devoted much time and labour to the work of keeping the subject of mechanical divisibility entirely separate from the divisibility obtained by chemical forces, as may be seen in my report to the American Institute of 1879, entitled "The Dose and Degree of Attenuation."\* As this paper is now published, I need here only refer to it so far as to say that the subject of the molecular constitution of matter, including the nature of the blue of the sky, has received my full attention, and I have only to regret that the delay in the publication of that paper has led to various misinterpretations of my notions as to the mechanical divisibility of matter, and to a certain degree of confusion on the part of readers with regard to mechanical particles and ultimate molecules of matter.

I have endeavoured to point out that molecular science accepts and teaches us that there is a limit to the divisibility of matter, and that the evidence adduced by science not only instructs us where that limit is, but that we should apply this evidence to our method of preparing drugs. If the results of modern researches are even approximately correct, then the 10th, or at most the 12th centesimal attenuation, should be the limit at which the presence of matter ceases.

Now, the only argument which is brought with some

\* The original title of this report was: *On the Attenuation of Soluble Substances in relation to the Molecular Constitution of Matter*. The deplorable delay and subsequent haste in the publication of the volume of the *Transactions* of 1879 somehow caused a change in the title of my article.



force in opposition to my theory of the ultimate mechanical divisibility of matter is, that trituration may result in detachment of invisible molecules from visible particles. Dr. Buchmann seems to be the only one who has visual evidence of this "rubbing off" of molecules, for he claims to have seen, resolved, and defined by the microscope, the molecular structure (gefüge) of particles of gold, copper, &c. I regret to have to declare that such statements go far to invalidate his otherwise laborious investigations. Still, if it were admitted, for the sake of argument, that such molecules are detached in the process of attrition, then the probable fate of such molecules and their relation to the process of further attenuation would have to be explained and accounted for by the evidence of the molecular science of to-day. It would become necessary to admit that possibly trituration might be available farther than the 6th centesimal, but that in triturations as well as in dilution-potencies, the limit to which matter might possibly be carried would be the 10th, or at most the 12th centesimal trituration, or dilution. The question which now arises is as to whether our clinical evidence, voluminous as it appears, is based on sufficiently firm ground to refute the accepted doctrines of molecular science, or whether it will be possible and proper to adapt our theories regarding clinical results to the more precise data of molecular science? I venture to hope that the present contentions will gradually develop calmly and dispassionately in the latter direction.

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ON THE ACTION OF DRUGS ACCORDING TO  
THE LAW OF SIMILARS.\*

By WILLIAM SHARP, M.D., F.R.S.

I have read with admiration a paper on this subject by Dr. Frédault, in *l'Art Medical*, 1879; and I beg leave to

\* Dr. Frédault's paper was given in *L'Art Medical* for November and December, 1879; a translation of it appeared in the *British Journal of Homœopathy* for April, 1880; and these observations were first published in French in *La Bibliothèque Homœopathique* for October, 1880.

offer a few observations upon it. These observations are not intended to be the censures of a critic, but the friendly remarks of a colleague.

Dr. Frédault's paper is divided into eight sections. These shall be referred to in their order.

I. "In the first place I go to the heart of the principal question and inquire *How do drugs act?*" For many years I have been seeking an answer to another question—*What is the action of drugs?* It will be seen that these questions are very different. What an action is, and how it is performed, suggest diverging pursuits. The object of the first is to observe effects, while that of the second is to imagine the manner in which these effects are brought about. To me, the observation of phenomena so as to note their resemblances and their differences; the classification of these phenomena by putting into groups those which resemble each other, and separating those which differ; and the deduction of causes from these phenomena—are the boundaries of our knowledge of nature. Consequently, to me hypotheses in answer to the question *How?* signify nothing. Our paths being so diverse, the results we arrive at cannot always be successfully compared with each other. It is pleasant, however, to notice that in Section VI, Dr. Frédault admits nearly as much as is here contended for. "One would certainly like to penetrate further into the interior action of drugs; but shall we ever know the interior action of any phenomenon? Will there not always be something which will escape us, and be for science an unapproachable *desideratum?*"

II. and III. In these sections Hahnemann's theories of aggravation, and of the primary and secondary action of drugs, are satisfactorily disproved. With these conclusions I entirely agree.

IV. We now meet with the statement "that every drug produces in small doses an effect contrary to that it causes in large doses." First, as a deduction from the theory of primary and secondary actions, and which is denied. Secondly, as an observed fact, which is also denied. In the first denial I agree with Dr. Frédault; in the second I

do not. He asks: "The pathogenetic or toxic large dose produces a morbid phenomenon; does the small dose also produce a morbid phenomenon, but a contrary one?" And he replies: "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." I am, consequently, compelled to ask his attention to a series of experiments with which, at present, he is unacquainted.

Since 1867 I have repeatedly urged that the only way by which the confusion and perplexity in which the subject of doses is now involved can be removed, is the *proving of them in health*. By such experiments we may learn the special action of each dose. As no one attempted this, I began to try some experiments myself, and in 1873 published the results. These have been added to since, to some extent, but from the failure of my own health, not so largely as I wished. The conclusion arrived at from these experiments is clearly this: there is a series or group of smaller doses of each drug whose action in health as well as in disease is in the contrary direction to that of another series of larger doses of the same drug.

It is to be remembered that each drug has a local action upon some part or parts of the body in preference to others; that different doses of the same drug act upon the same parts, and alike in health and in disease; and that the opposition in the action of the larger and smaller doses is in the *kind* of action not in its *seat*.

To this contrary action of the larger and smaller doses I have given the name of *Antipraxy* (*ἀντίπραξις*, contrary action, from Plutarch). The following examples will, I think, be sufficient both to explain its meaning and to prove its truth:

#### *Aconite.*

Action on the heart: the larger doses increase the heart's action and quicken the pulse; the smaller doses diminish its action and make the pulse slower.

120 *Action of Drugs according to the Law of Similars,*

*Digitalis.*

Action on the heart : the larger doses weaken the heart's action ; the smaller doses strengthen it.

*Phosphorus.*

Action on the heart : the larger doses quicken the heart's beats ; the smaller doses slow them.

*Belladonna.*

Action on the pupil : the strong tincture rubbed over the eyebrows dilates the pupil ; a weak tincture applied in the same manner contracts the pupil.

*Physostigma.*

Action on the pupil : applied in the same manner as the tincture of belladonna it produces the reverse effects ; the strong tincture contracts the pupil, the weak tincture dilates it.

*Arsenicum.*

Action on the stomach : the large doses destroy the appetite ; the smaller doses exaggerate it.

Action on the bowels : the larger doses cause diarrhœa ; the smaller ones constipation.

*Chamomilla.*

Action on the liver : the larger doses diminish the secretion of bile ; the smaller doses increase it.

*Myrica.*

Action on the liver : the larger doses diminish the secretion of bile ; the smaller doses increase it.

*Mercurius.*

Action on the liver : the larger doses diminish the secretion of bile ; the smaller ones increase it.

Action on the bowels : the larger doses relax the bowels ; the smaller confine them.

*Podophyllum.*

Action on the liver : I think that the larger doses increase the secretion of bile ; and that the smaller doses diminish it.

*Bryonia.*

Action on the bowels : the larger doses constipate the bowels ; the smaller ones relax them.

*Ricinus communis.*

Action on the bowels : the larger doses of castor oil relax the bowels ; the smaller ones constipate them. It may be worth while to relate the first experiment with a small dose. Two drops of oil were triturated with ninety-eight grains of sugar of milk. One grain of this was taken night and morning for three days by a gentleman who did not know what he was taking, nor what effect might be expected. His bowels were not moved at all for five days.

*Opium.*

Action on the brain : the larger doses oppress the brain ; the smaller doses excite it.

Action on the bowels : the larger doses constipate the bowels ; the smaller relax them.

More than twenty drugs have been experimented with in this manner, and all have given similar results as to a contrary action of the smaller to the larger doses, but each in its own way. It is hoped that the examples given above will be sufficient to convince Dr. Frédault that morbid actions of a contrary kind may be caused *in health* by larger and smaller doses of the same drug. He will see that facts like these cannot be refuted by argument.

It will be noticed that all these experiments give contrary actions only in the early stages of disease. They cannot be pursued at present into the further stages of disease by experiments in health, for the reason that we do not yet understand what is going on in those further stages. For example, we do not know what the process of

inflammation is ; if we did, we should see that there could be a process in the contrary direction ; and inasmuch as the larger doses of some drugs, *e.g.* belladonna, cause inflammation, we should probably see that in the smaller doses they would produce this opposite condition. This presumption becomes a certainty when we see, as we do every day, these same smaller doses, given where inflammation already exists, cause in it a retrograde movement. The larger doses would make it progress and get worse ; the smaller doses make it turn back to health. Every homœopathic cure is an experiment which shows the contrary action of the smaller to that of the larger doses. Looking at the phenomena in this light, contrary action is an easy conception. Dr. Frédault calls the action of small doses a physiological action, and an occupying of the vital activity. To his readers these expressions are without meaning ; so that if he would have us adopt them, he must be good enough to tell us what ideas we are to attach to them. Do not they apply as well to the larger doses as to the smaller ? If a large dose of ipecacuanha makes the stomach reject its contents by vomiting, is not this “because it occupies the vital activity” of the stomach, as much as when a small dose calms its irritability and causes the vomiting to cease ?

V. “Now, . . . 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. . . . Toxicology teaches us that, according to the dose, the effects are more or less grave and numerous. . . . Similarly in pathogenetic experiments. . . . And, finally, in practical medicine it is the same.” This is true of the larger doses of drugs ; the opposite action of the smaller doses is not contradicted by this statement.

VI. “I can understand that there is a sort of conflict, a fight, between the medicinal particle and the living particle.” I do not know any thing of this. Such conflicts are not within the reach of our observation. The contrast is again expressed between “a toxical effect according to the dose, and a physiological effect of occupying the vital activity ;” which compels me to repeat that this latter phrase has

no meaning. Whereas, to say that the curative action of the small dose is curative because it is an action in the contrary direction to that going on in the disease, is full of meaning. The examples which follow Dr. Frédault's proposition are contradicted by my experiments. It will be sufficient to refer to one of them.

"Digitalis . . . in small doses excites the heart's beats in a patient in whom these are diminished, by occupying the cardiac activity, bringing it back to the normal state. But the small dose does not produce this effect in a healthy person, whose heart beats normally; otherwise, we must believe that in exaggerating the normal beats it produces in small doses toxical effects contrary to the toxical effects it causes in large doses, which no one has ever proved." This is exactly what has been proved by my experiments. Small doses of digitalis have been taken in health, and they do increase the heart's beats; and so digitalis "produces in a small dose toxical effects contrary to the toxical effects it produces in a large dose."

VII. "There is a last point concerning the action of drugs which I wish at least to mention . . . it is susceptibility to the drug." An important subject, which I have hoped to live to investigate, but which, after seventy-six years of age, I fear may have to be abandoned. It is a subject which hitherto has been treated only in a cursory manner, and a slight knowledge of the varying sensitiveness of different persons to the action of drugs is not sufficient. It is this differing sensibility which masks the evidence in support of *antipraxy* more than anything else.

Dr. Frédault asks a question, which may be answered even now. "How can we establish a fixed rule of doses, and affirm that such a dose will cause toxical effects and such another dose physiological effects? It is impossible." The division between the contrary action of the larger and the smaller doses cannot be fixed between two doses, but it can be fixed between two groups of doses; notwithstanding the varying susceptibility of different persons.

VIII. "To recapitulate." Dr. Frédault repeats his former statements in an able manner. These statements

having been agreed to, or dissented from, in the foregoing remarks, need not be repeated here. In the course of this summary he points out that each drug has a local action on some organ or organs in preference to others. This must be the foundation of every system of therapeutics.

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## THE CARDIAC ACTION OF DIGITALIS.

By FRANCIS BLACK, M.D.

It is on the heart and blood-vessels that digitalis exercises its most noteworthy action. Does it strengthen or does it weaken cardiac action is the important question. The answer has been sought too much in the therapeutic results of digitalis, instead of in the now numerous experiments on healthy persons; these may be supplemented by experiments on the lower animals. It is admitted by all that large doses produce cardiac paralysis, the contention is as to the effects of small and medicinal doses.

At the end of this preface, twenty experiments are recorded where digitalis, and its active principle digitaline, have been taken by healthy persons, also abstracts of other experiments are alluded to.

A careful perusal of the experiments conveys the impression that the physiological action of digitalis in small or medicinal doses does not present the ordinary signs of a cardiac tonic.

In Experiments 1, 1A, 3, 4, 5, 7, 9, 10,\* there is acceleration of the pulse, not very marked in some but still quickened. In Experiment 8 there is in two persons lowering of the pulse by one to three beats, in four others, not

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fully reported, there was a raising or lowering of the pulse by one or two beats, generally the former. In Experiment 8a a large dose is taken; no action for eight hours, then faintness and vomiting for three hours; after this the pulse fell to 48, and vision was much disordered. In Experiment 15, after taking two milligrammes, equal to about one thirtieth of a grain of crystallised digitaline, in an hour it caused faintness, nausea, and slight vertigo, the pulse remained as usual 80 to 84 and was regular. In three hours, with rapidly increasing weakness, the pulse in bed fell to 58, intermitting in every thirty to forty beats. Soon violent vomiting came on, and the pulse fell to 40 to 42, with an intermission after every two beats, the sphygmographic tracings showing all the signs of weakened heart and arterial tension for two days after. In only one experiment (No. 1) is there an appearance of increased vigour of the heart. In this instance, after drachm doses of the tincture of digitalis had been taken thrice in one day, the pulse rises to 100, strong and full, the action of the heart more violent, more easily felt internally, and could be seen externally; with similar doses on the second day the pulse is 125, strong, and wiry, and in the evening it is 150, small, hard, and wiry, the action of the heart more feeble, and accompanied with palpitations, the mental condition bordering on delirium. Next day no more digitalis is taken, the pulse falls to 60, small, feeble, but regular. In the two other experiments on the same person, and with full doses, that is, in twenty-seven days he took 2220 drops in the second experiment, and in the third 1694 drops in fourteen days, the results were the same; only the doses being moderate, the effects were not so marked, the pulse rose to 80, and fell to 50, becoming weak and irregular, rising on slight movement to 70 and 80, and becoming more irregular and less full. This (No. 1) experiment shows increased irritability of some of the cardiac nerves, but this kind of irritability is often increased before it is entirely lost, and increased irritability of a nerve is not a sign of increased normal strength or nutrition, but, on the contrary, of its diminution.

Germain's experiments on himself with the tincture, and also the powdered leaves of digitalis, show a lowering of the pulse from 70 to 56, and in another to 50, but no indication of cardiac vigour (29, p. 712).

Tardieu says the action consists in an acceleration soon followed by an increasing slowing of the beats (17).

In Homolle's experiments (11) out of eighteen there is acceleration of pulse in only three persons, but no indications of gain in force though pulse is slightly lowered.

Legroux, as the result of his experiments, admits that after moderate doses there is first acceleration, more frequently a slight retardation, and often for the first days no effects, then if the dose be continued the pulse becomes irregular and intermittent (27, p. 118).

"When digitalis is continued for long the arhythmic condition arises even in cases where, before the use of the medicine, the pulse was regular; there is then, according to the expression of Bucquoy, a true artificial asystoly" (22, p. 29).

In the therapeutic use of digitalis, when the dose has been large, and even sometimes when it has been moderate, and the pulse sometimes irregular, sometimes regular, previous to the employment of the medicine, the rhythm changes, and the *bigeminous pulse* appears, showing itself distinctly in the sphygmographic tracing, and on placing the hand over the apex of the heart two systoles are felt, one strong the next feeble. This regular irregularity indicates weakness of the heart, and has been noticed by many observers.\* It is recorded in Experiment 8a made by Homolle on himself, and he illustrates the heart sounds then audible by musical notes (11, p. 52).

\* Dubourg, in his inaugural thesis (Paris, 1867), concludes that, from experiments on animals, there is alike increase of pressure and well-marked acceleration of the heart's pulsations.

Vulpian, from his experiments on frogs, observed at the commencement a slight acceleration (31). Chappet, from experiments on animals, when introduced into the circulation, or placed directly in contact with the heart, says, "L'accélération initiale doit être la règle" (22, p. 26). Chauveau, Professor in the École Vétérinaire, Paris, from a series of observations on horses, made with registering instruments, found at the commencement augmentation of quickness and pressure, with notable acceleration of the heart pulsations.

In opposition to the experiments now alluded to is the counter-testimony of Dr. Balthazar Foster; "I made," he writes, "a series of observations on the effects produced by digitalis when administered to healthy persons, and to patients free from heart mischief. Giving it in moderate doses  $\mathfrak{z}\text{i}$  to  $\mathfrak{z}\text{ij}$  of the infusion three times a day I obtained results agreeing with those of other observers. The pulse traces showed first a diminution in the frequency of the heart beats, second an increase in the force of each beat, third an increase in arterial tension" (28). Such results point to tonic cardiac action, but their value is diminished by the absence of details, he merely gives conclusions, and by several of the subjects suffering from disease. If observations are limited to physiological experiments on healthy persons, Dr. Foster is mistaken in supposing his results agree with those of other observers. The experiments now given point in a different direction. To these may be added Orfila (10), in the experiments on his own person, he says digitalis had sometimes no effect on the circulation, sometimes the pulsations of the heart were rendered slower, not unfrequently they were quickened, strong, irregular, intermittent.

Dr. Copeland writes; "I tried the effects of it on myself in large doses in different forms of preparation." In one experiment taking two drachms while in good health and finding no effects, he repeated one drachm in three hours. The pulse was not affected by it during that and the subsequent day, further than it was readily accelerated by the least exertion. He remarks on this characteristic property of digitalis which has been noticed by many observers, and is shown in many experiments:

"Even when the pulse is much slower than natural in the recumbent position, it generally rises very remarkably above the usual frequency in the sitting, and still more in the standing posture. This is owing to the weakened state of the heart caused by the digitalis, an increased frequency being required to compensate the loss of power" (14, p. 357) (Experiments 1, 9, 12, 8*b*, 8*c*). If the heart were really strengthened, this marked difference in speed and

strength between the pulse in the recumbent position and that when standing or moving slightly, in a much greater ratio than in health, could not exist.

Pereira remarks, "now the power of the heart being enfeebled by foxglove, when a demand is made on this viscus for an increase in the force of the contractions by the change from the recumbent to the standing attitude, it endeavours to make up for its diminished force by an increase in the frequency of its contractions. I need scarcely add that the sudden change of position in those who are much under the influence of this medicine has attended with great danger, and in several instances has proved fatal" (8, p. 1210) (*vide* Poisoning, No. 5, No. 6).

Is violent action or impulse of the heart a sign of increased tone?

Numerous observations show that after a strong dose of digitalis there is surprising weakness of the cardiac pulsations becoming finally complete paralysis. Brunton admits this may be true in regard to overwhelmingly large doses, but in his experiments on animals, the impulse is increased, so generally in fact that he had not noted it, looking on it as to be always expected (16, p. 29). Turning to his experiments on animals which have the disturbing influence of anæsthesia from chloroform, or the struggles from the pain inflicted, there are entries such as—"hearts action extremely irregular in number and force (Exp. I and II).\* Pulse small and irregular, weak and jerking, action of heart violent, thumping, extreme irregularity of heart (Exp. V). Heart's impulse felt distinctly and apparently increased, loud blowing murmur, pulse cannot well be counted, it is so quick, small, and irregular (Exp. VI). "Heart acts very irregularly, the sounds are like toot-toot-toot-toot-too. Heart very weak (Exp. VII). Pulse very markedly intermittent, small (Exp. VIII, IX)."

These extracts show that the increased impulse is not that of vigour, but a sign that the heart is overtaxed, and that it is labouring on account of feebleness.

Similar conditions are recorded in the experiments of

\* These numerals refer to the experiments in Brunton's work.

Hope and Marshall Hall on dogs rendered anæmic by loss of blood, when the systolic sound of the heart, previously loud and clear, is attended with a whizzing, sawing murmur, the impulse is increased and becomes unusually smart or abrupt, the pulse quick and jerking, with a thrill and a throbbing perceptible over the whole body (*Dis. of Heart*, 1839, p. 100).

The violent abrupt impulse of heart produced by digitalis is not one of tone, but is of the same character as that met with in weak, nervous, or anæmic persons. Palpitation of the heart is an effect of digitalis, it is sometimes shown in increased impulse or frequency of action, attended by or unattended by cardiac pain; it may be a series of distinct beats, or a tumbling or rolling motion with feelings of anxiety, tightness, and oppression. A heart in this condition shows increased excitability, but this is not a sign of increased normal power, but of its diminution.

Palpitation is the first evidence of failure of power, it is a sign of incapacity, a laborious stroke, but not a stronger one. It is the evidence of effort, not of capacity, and is barren in result (18, p. 13).

The contraction of ventricles in frogs killed by digitalis is adduced as evidence of the tonic cardiac properties of this drug. This condition seems constant in frogs and some fishes, but is rarely seen in mammalia.

In seventeen experiments on dogs, conducted by Orfila, contraction of the ventricle was not seen in any instance, on the contrary, the heart is found motionless in diastole, the left ventricle full of fluid red blood, the right with coagulated dark blood; sometimes the blood in both ventricles was liquid. He considers all his observations establish the similarity of action on men and on dogs (10, p. 411—420).

Tardieu killed a dog in forty-eight minutes with digitaline; the thorax was immediately opened, the heart was dilated, gorged with black blood; in three to four minutes it commenced to contract, and remained rigid until next morning (17, p. 677).

In Brunton's twelve experiments, eleven on dogs and one on a sheep, the left ventricle is firmly contracted

in one dog, and in the sheep; in the remaining the left ventricle is flaccid and contains blood (16, p. 91—100). Faure in his twelve experiments on dogs by digitaline, used hypodermically, found that in eleven the ventricles were full of liquid or coagulated blood; and in the twelfth experiment there were thick fibrinous clots in both ventricles, especially the right (30, p. 416).

Von Boeck states the autopsies of men poisoned by digitalis are very rare; the appearances found are those which are the constant result of cardiac paralysis, the heart is flaccid and full of partially coagulated blood (21, p. 718). In the case of a soldier poisoned by digitalis, the post mortem showed the right side of heart full, the left empty (P., No. 6).

The post-mortem conditions of the heart in dogs and in men is very different from that seen in frogs. But is the firmly contracted heart in frogs and in the two instances reported above by Brunton evidence of tone, of increased power?

The cardiac action of digitalis on frogs was first accurately observed in 1853 by Vulpian, and he gave his evidence afterwards in the famous trial of 1863—Dr. de Pommerais for the poisoning of Mad. Pauw—to this effect: in the great majority of cases the ventricle is pale and contracted (when the heart has ceased to beat) and the auricles are dilated. The peculiarity of the heart's action is that it takes place while the animal still preserves the power of motion (31). The value of a physiological test in poisoning by digitalis was, after this trial, very fully investigated by Fagge and Stephenson (32). They confirm Vulpian's results, showing that "the characteristic effects of those agents (digitalis, scilla, antiar, helleborus) on frogs is the production of irregularity of the heart's action, followed by complete stoppage of its pulsations; the ventricle remaining rigidly contracted and pale after it has ceased to beat. The muscular power of the animal being at the same time unimpaired." The rhythm of heart beats is not generally much altered, but they become peristaltic, or different parts of the muscular wall of ventricle contract and dilate at

different times, the blood forming pouches in the relaxed portion of ventricles. Nunneley, who has made numerous observations on the action of digitaline on frogs, says the ventricular systole is lengthened, but it presents a very different appearance to the systole in health. The ventricle seems no longer to act as a single large muscle, but as if made up of numerous small ones, which contract energetically, but in an irregular and disorderly way; hence there are projected bundles of contracted muscular fibres which give the ventricle a rough and uneven surface, and an irregular outline. During the diastole the ventricle does not everywhere assume a red colour, but one or more red spots appear, as if the ventricle were so tightly compressed that only a small quantity of blood could enter it by chance" (19, p. 440). Take this account, and also his description of what occurs sometimes after the injection of a dose under the skin, when the frog has paroxysms of gasping movements, lasting from half a minute to a minute and a half; and when the paroxysm has passed off, the frog jumps about with energy. "It is worthy of remark" he adds, "that whilst the embarrassment to the action of the heart is continuous the gasping movements are paroxysmal, as in human beings where the cardiac dyspnoea occurs in fits, whilst the condition of the heart remains constant." The experiments of Eulenberg, of Ehrenhaus and of Fothergill all agree, and point in the same direction.

This firm contraction of the ventricles is not evidence of tonic action, of increased power, but clearly manifests a want of co-ordination in the contraction of the individual fibres, this contraction being that of tetanised muscular fibre, which, continuing, becomes rigor mortis (20, p. 434). The chemical, electrical, and mechanical phenomena, occurring during ordinary contractions and tetanic contractions or rigor, are identical, but in the latter case the muscular fibre does not regain its normal extension owing to the non- or insufficient renewal of the essential energy-yielding substance. This renewal depends on the withdrawal of arterial blood. In the case of frogs killed by digitalis the contracted state of heart may be due to the

pale condition of the ventricle, or to such alterations of the blood as is equivalent to loss of blood. Harley's experiments with weak solutions of strychnia or brucia show that air which has remained in contact with blood to which minute quantities of strychnia or brucia have been added is deprived of full two thirds of its natural power of becoming arterial. Another experiment, consisting of placing the hearts of two frogs one in a vessel containing simple water, and the other in a vessel containing a very weak solution of strychnia. The heart which is immersed in plain water is found to go on beating regularly for some time after the heart immersed in the solution of strychnia or brucia has passed into the state of rigor mortis. Here it is evident strychnia or brucia do not exalt but depress the vital properties of the cardiac muscles and nerves (*Lancet*, 1856, 7th and 14th June, and 12th July). These results are analogous to those furnished by the experiments of Eulenberg (35), and Ehrenhaus and Legroux (27), on the extirpated frog's heart, which, when its lower third was immersed in a solution of digitaline, had its motion completely stopped if the solution was strong ( $\frac{1}{4}$  gr. to  $\frac{3}{4}$  aq.), and pulsation recommenced on removal from the solution. If half the above strength were used there was a pause, and as the length of the pauses increased so the number of pulsations between the pauses increased in frequency.

The production of irregularity of the heart's action in frogs, followed by complete stoppage of the pulsation, implies not a state of augmented vitality in nerve and muscle, but the contrary. Because in practice it is found that digitalis strengthens a feeble heart, therefore it is concluded by many writers—Handfield Jones, Fuller, Winogradoff, Brunton, and Foster—that its physiological action is tonic. This is assuming the physiological action, not showing that it is so; for the numerous experiments already alluded to prove that such is not the case. The use of the word tonic restricts the inquiry to plus and minus conditions, ignoring that digitalis, like numerous remedies, modifies vital action in a direction not measured by greater or less. "I cannot help thinking," says Ringer, "however,



that the tonic theory regarding digitalis fails in most instances to explain its usefulness in heart disease" (19, p. 459).

#### ARTERIAL TENSION.

Digitalis injected into the veins in small doses causes no changes in the mean tension of the arteries. In larger doses it almost invariably increases the tension, sometimes very slightly, at other times considerably. The tension attains its maximum in three or four to nine to ten minutes, and then gradually diminishes (16, p. 31). Lombard, after numerous experiments made conscientiously and with all the necessary scientific requirements, found the following results after introducing the infusion of digitalis into the veins of dogs:—First, the most constant effect in medicinal or toxic doses was diminution of the arterial tension directly the drug begins to produce its effects. Secondly, the constant and progressive weakening of the tension shows that digitalis acts primarily on the heart, and has a direct effect on the motor nerve centres of heart. Thirdly, with diminution of tension the temperature falls. Fourthly, when the system is fully under the influence of digitalis the pulse falls suddenly and considerably, and then the respiration becomes irregular (33, p. 70).

*Arterioles and capillaries.*—Blake was the first to state that digitalis possesses the power of contracting the capillaries; Brunton considers this view correct, but as the poisonous action becomes more fully developed the capillaries become dilated. Brunton and Meyer conclude from further experiments, made by injecting digitaline into the carotid artery of dogs, that it causes contraction of the arterioles (*Journ. Anat. and Physiol.*, 1872, p. 134). Ackermann has been able to demonstrate the contraction followed by distention in the mesenteric vessels of the rabbit (21, p. 714). Legroux says, Galen in an inaugural thesis, has shown that digitalis causes contraction of capillaries, arterial and venous, in frogs, but that he himself has in vain looked for it, though he noticed it in an experiment on a rabbit's ear (34, p. 135). Without direct proof he regards the

principal action of digitalis to consist primarily in causing contraction of the capillary vessels. The contractility of the cardiac muscles being very dependent on their supply of arterial blood, as shown in ligature or disease of the coronary arteries, it is evident that disturbance of the capillary circulation of the heart must exert a powerful influence over its mode of pulsation. The knowledge of the effects of digitalis in this direction is yet imperfect.

*Temperature.*—The temperature is rarely affected until powerful doses have first reduced the frequency of the heart beats (P. No. 5).

Winogradoff calls attention to the fact that in health the influence of digitalis in depressing the temperature is very much less than in pyrexia (44).

In moderate doses, as in Experiment 14, there is occasionally general heat all over the body, with quick pulse, or, as in Experiment 1, a chilliness followed by considerable heat of the skin. Generally the action of digitalis on the temperature is not marked either by increase or diminution as long as the doses are moderate, after poisonous doses there is icy coldness of the surfaces.

Experiments on horses by Bouley and Reynal show that poisonous doses produce first increase then decrease of the temperature, but that therapeutic doses caused a steady diminution, without previous increase (16, p. 43).

*Theories* as to the cardiac action of digitalis have led to much dispute, and none of them meet entirely all the phenomena. This is not matter of surprise when the extreme difficulty of the subject is considered. The influences bearing on the circulating organs from the heart to the capillaries are so numerous, and the knowledge of them too incomplete, to permit of our understanding the whole of the complex system.

The heart consists of several strata of muscular fibres, and these though removed from the control of the will are transversely fibred, but differing from similar structure in the voluntary muscles in that the fibres ramify and join together. These muscles have two sources of innervation;

one, which is probably the real motive power of the heart, is in the minute ganglia and ganglionic cells distributed in the muscular fibres; this musculo-motor system of nerves causes and regulates the automatic rhythmical contraction of the heart; another the nerves which enter the heart from the cardiac plexus, and derived partly from the vagus partly from the sympathetic. The fibres contained in the vagus possess the power of slowing or weakening the contraction of the heart, and the irritation if powerful is capable of bringing the whole heart to a standstill in diastole. Section of the vagi suddenly increases the frequency of the pulse; it is, however, to be remembered that slight excitation of the vagus occasionally causes an increase in the number of heart beats (Hermann p. 73). But, in addition to these nervous influences, there is a more complex, and less understood one, due to accelerator nerves; these are supposed to call into action increased power against obstruction. There is also another, called the depressor nerve, which Bernard thinks allows of a temporary distension of heart in order to ease the circulation (18). These accelerating nerves proceed from the medulla oblongata, and this acceleration is a complex phenomenon, inasmuch as excitation of the medulla oblongata produces simultaneously a contraction of the arterial system which of itself increases the frequency of the pulse. Now, though in all probability the main action lies between the ganglionic nerves and the vagi, still any theory of the action of digitalis ought to embrace the accelerating and depressing nerves; but no hypothesis as yet considers them as factors, or estimates their effect in combination with the vaso-motor, the musculo-motor ganglia, the vagi, and muscular fibres.

Bearing in mind that there are both accelerating and inhibitory centres in the heart and in the medulla, it is obvious that great difficulty must exist in determining the cause of any particular variation in the frequency and quality of its beat. These difficulties are further increased when the influence of blood pressure is borne in mind, for this exerts a double action on the cardiac nerves, at one time exciting the heart to increased action, at another causing slowing of the heart. Few of the various theories, with the

exception of Hughes, bear sufficiently in view the effects of digitalis on the vital affinities of muscular fibre independent of nerve influences. Ranvier, however, considers rhythmic action of the heart is a property of cardiac muscle, as Brown-Séquard has shown in some other muscles; still he deems it necessary to enlist also an excitor and a moderator ganglionic centre to maintain harmony with the general system (*Arch. de Physiologie*, 1879). The development of the heart in embryo throws some light on its rhythmic property; when it is a simple dilated tube it begins about the twenty-sixth hour or perhaps earlier to manifest rhythmic movements. At this period the most careful microscopic examination discovers no trace of nerve cells (Reynier, *Nerfs du Cœur*, 1880, p. 36). The writer is inclined to consider that the action of digitalis is manifested principally on the cardiac muscles and the ganglia, that on these depend the rhythmic action of the heart; it is this influence which digitalis disturbs, and thus its great power as a regulator of the enfeebled heart.

Digitalis, like *Upas antiar* and *veratrine*, destroys the properties of muscular fibre, and influences the cardiac muscles before affecting the voluntary muscles (40). On these it also exerts a lowering influence, lessening the capacity of muscular fibre for work, shown in the sense of great fatigue, a marked symptom in all the physiological provings. It also in some of the experiments manifests a myalgic action, shown in pains resembling rheumatism in the walls of the chest and extremities (Exp. 7, 9, 10). These are often attended by oppression of the breath, sense of constriction of the chest, and restlessness with weak irregular pulse. The pains are sometimes confined to the cardiac region, attended with great sense of oppression, anxiety, and palpitation, and sometimes tendency to faint.

The soft blowing murmurs with the first sound, noticed frequently in horses and dogs, and sometimes in men (*vide P.*, Nos. 5, 9, 8), are due probably to loss of power in the *musculi papillares*, differing in this respect from the murmurs produced by arsenic, which are due to a congested, even inflamed state of the cardiac orifices.

## CIRCULATORY ORGANS.\*

The symptoms marked "H." refer to Hahnemann's *Mat. Med. Pwr.* (5).

*Pulse and circulation.*

1. Pulse smaller and weaker, never slower, occasionally quicker. Ex. 3, 4, 9.

2. Hard, small, quick pulse. H. 390.

3. Quicker, weak, of variable strength. Ex. 7.

4. Weak, slower, with varying tension. Ex. 5.

5. Decided increase in frequency, the least motion increased the frequency in an extraordinary way. Ex. 12.

6. Much quickened by standing up, when sitting it is full and irregular, on standing up weak and irregular. Ex. 9.

7. Acceleration, intermittence, and irregularity in strength. Ex. 7, 15.

8. Heart's action somewhat violent; pulse 100, strong and hard, threatening delirium, next day pulse 150, small and wiry; heart's action weak, and accompanied by palpitations; on next day pulse fell to 60, small, and feeble; great general prostration. Ex. 1.

9. Fell to 40, intermitting every third beat; the beats felt readily in chest, and every intermission recognised by the sense of oppression and cardiac anxiety which it caused; general prostration. Ex. 15.

10. During complete mental and bodily rest the pulse was 54, intermitting every few beats, and easily excited by the least mental or bodily excitement. Ex. 15.

11. Pulse 48 to 60, easily compressed, irregular, intermittent, with violent action of heart. P. No. 8.

\* This portion of the schema, or artificial arrangement for consulting the pathogenesis of a drug, is here given in order to illustrate the comments on the therapeutic use of digitalis in heart affections, and also to show how such a schema can be condensed, and yet faithfully render the individual symptoms. This arrangement includes the symptoms of digitalis and digitale, which numerous provings show to be identical in their physiological and therapeutic working. In Allen's *Mat. Med.* the circulatory organs and fever occupy twelve large closely printed pages.

12. Pulse 40, weak, three or four pulsations followed by a complete intermission of some seconds, each beat though weak given with a peculiar explosive shock. P. No. 2.

13. Marked exophthalmos, the ocular and palpebral conjunctiva of a yellow colour, pupils dilated; the pulse, still small and intermittent, rose to 66; the exophthalmos continued for three days after pulse became regular. P. No. 10.

*Heart and præcordia.*

14. Great præcordial oppression, like a stone on the chest. P. No. 7.

15. Dull cutting transient pain in, with increased frequency of pulse, which is rapidly augmented by the least motion. Ex 12.

16. Severe dull stitches in, on walking. Ex. 10.

17. Stitches in, with palpitation of, in the evening. Ex. 10.

18. Frequently recurring pressive pain in, faintness standing or sitting. Ex. 10.

19. Dull disagreeable sensation in; pulse 80, intermitting. Ex. 7.

20. Uneasiness sometimes amounting to pain in, with nausea and frontal headache. Ex. 7.

21. Sensation as if heart stood still, with pressure on chest, preceded by throbbing pain in cardiac region, followed by much palpitation; pulse quick, unequal. Ex. 10.

22. Stitches in, with palpitations in the evening. Ex. 10.

23. Palpitation. H. 244. Ex. 1, 2, 7, 10.

24. With the head on the pillow he perceives a duplication of the heart beats, two pulsations respond to each of the two sounds (bigeminous?); pulsation of the abdominal aorta, epigastric uneasiness. Ex. 8 a.

25. Almost audible, strong, aching heart beats, with anxiety and contractive pains under the sternum and ribs, increased by stooping forward. H. 245. 246.

26. Uneasiness at heart, with palpitations easily excited. Ex. 7.

27. Action of heart often weaker than usual, and constantly accompanied with palpitation. Ex. 1.

28. Palpitations at night especially on lying on left side, with pulsations in ears, especially left. Ex. 7.

29. Great palpitations and anxiety; pulse 100, strong; obliged to leave his bed and open the window for air. Ex. 2. Palpitations frightening him out of sleep. Ex. 2.

30. Palpitations causing sleeplessness; rapid pulse. Ex. 9.

31. Violent palpitations at night, walls of chest seemed shaken; pulse 74, relieved at once by turning to right side. Ex. 10.

32. Tendency to syncope, giddiness on standing. Ex. 9.

33. Liability to faint on sitting up. *Numerous cases.*

34. Syncope, fatal. P. Nos. 5 and 6.

35. Low, intermitting; pulse 40, and weakness for several days, and during this time he could not bear to be in the upright position. P. No. 2.

36. Soft blowing murmur with the first sound; pulse 42, weak, irregular, intermittent. P. No. 5.

37. Violent action of the heart felt all over chest, irregular, intermittent; pulse easily compressed, 48 to 50. A soft bellows murmur is audible at the base of the heart, and up the aorta towards the carotids. The pulse rose to 68, 84, and the other symptoms continued for eleven days. P. No. 8.

*Post-mortem appearances.*—The opportunities for such an examination have been very few. The heart is flaccid and full of partially coagulated blood; venous hyperæmia, sometimes œdema of lung. 21, p. 718.

Homolle writes: "In the case of Caussé there was partial phlogosis of the stomach; the pericardium contained a small quantity of serum." 11, p. 22.

In the autopsies of horses killed by digitalis, ecchymosed spots on the pericardium and on the endocardium of left ventricle are found, but not so marked as those produced by arsenic. 11, p. 23.

*Fever, temperature.*

38. Sense of heat in nape of neck and back, soon spreading over all the body, hot skin, rapid pulse, swollen veins, vision disturbed. Ex. 14.

39. Painful sense of heat all over, but no thirst, attending digestive derangement. Ex. 8 c.

40. Sense of heat all over the body, especially towards the head, rapid pulse, nausea, painful feeling of hunger, and stomach derangement passing into a marked febrile condition attendant on gastro-intestinal catarrh and brain irritation. Ex. 1.

41. Shivering and extreme weakness; pulse 60, weak, and irregular. Ex. 1.

42. Shivering three to four times in the afternoon, at night profuse sweating. H. 395.

43. Chill followed by heat and dryness of the skin, then pains in the legs. Ex. 1.

44. Constant chilliness, unable to get warm when walking in the open air. H. 397.

45. Chilliness chiefly in the back. H. 398.

46. Slight shivering followed in two hours by unusual heat in hands and feet, and restless night; pulse 68, irregular. Ex. 8.

47. Heat and sweating of face and back; pulse quick. Ex. 14.

48. Heat and redness of the head and face, with chilliness of back or over the rest of the body. H. 410, 411.

49. Perspiration in sleep at night. H. 414.

50. Skin icy cold all over, face pale, temperature under normal; pulse 52, irregular, intermittent. P. No. 5.

51. The temperature is rarely affected until powerful doses have first reduced the frequency of the heart beats. P. No. 5.\*

\* Generally the action of digitalis on the temperature is not marked either by increase or diminution as long as the doses are moderate; after poisonous doses there is icy coldness of the surfaces.



*Comments on the employment of digitalis in cardiac disease.*

The condition of the heart under the influence of digitalis may be briefly stated to be one of enfeebled co-ordinating and muscular power. The characteristic pulse from moderate doses is shown in Symptoms 1, 2, 3, and 4,\* and that after longer-continued or large doses in Symptoms 9, 11, and 12. A marked characteristic is intermittence and irregularity, even the slow beats are those of a weak heart; the conditions, Symptoms 5, 6, and 10, are good indications for its use. In all *diseases of the heart* attended by palpitations, weak, intermittent, and especially irregular pulse, digitalis is well indicated, and it will be useful in proportion as valvular disease is absent. It is also useful in *cardiac muscular failure* following fevers and pericarditis; compare with arsenic and naja.

A tremulous, apparently strong-acting heart is no counter-indication when the pulse is weak or irregular, it is in this condition, like palpitation, a sign of an over-tasked organ.

It is not indicated in *hypertrophy*, for this is not a disease, but a compensatory growth to overcome some obstacle, hence the evil which has often been done in pushing the action of this drug in full doses.

But an hypertrophied heart may at times present the indications for digitalis. In *hypertrophy with dilatation* it will be useful in proportion to the absence of valvular lesion. Fothergill's experience may be stated in general terms—useful whenever there is cardiac muscular failure (18). Ringer gives very clearly the indications where it will be of eminent service; the following is an abstract:—Dropsy, distressed breathing, especially at night, patient cannot lie down; distension of jugular veins; pulse frequent, feeble, fluttering, and irregular; face dusky and livid; urine scanty and high coloured; the heart seen, and felt to beat over a too extensive area, impulse undulating, and the beat-

\* The schema, or arrangement of symptoms under anatomical sections, is given, as far as the circulatory organs are concerned, at p. 137.

ing very irregular and intermittent. Physical examination betrays great dilatation of left ventricle, also considerable hypertrophy; a murmur is heard indicating *mitral regurgitant disease*. There may be also disease of the *aortic valves* (19, p. 449).

*Inflammation of the heart and its membranes* is not shown in the pathogenesis of digitalis, nor in any post-mortem examination, yet a group of symptoms are present which present many features of resemblance to the disturbances which are consequent on carditis. Bähr attaches a high value to it in certain forms; the *rheumatic* he considers well adapted, especially when it sets in insidiously and not in a violent form; the sooner pericardial friction sounds disappear, the better does it act; other indications, rapidly increasing dyspnoea, signs of venous congestion, vertigo, delirium, vomiting at the commencement or course of the disease; hyperæmia of liver, jaundice.

Hitherto acon., ars., colch., bry., and spig. have been more frequently used, and in the writer's experience are more to be depended on than digitalis; but the rheumatic pathogenesis of digitalis, pointed out by Bähr, gives it claims, especially when ars. being indicated has failed, and an arrhythmic asystolia exists.

In *endocarditis* the writer is inclined to place dig. considerably below aco. and ars.; the post-mortem appearance presented by the latter are very marked both in endocardium and pericardium, and are absent in dig. When pericardial effusion is attendant on inflammatory action, ars. and sul. are indicated. It is more *pericardial effusion attendant on cardiac dropsy* which indicates dig.

*Cardiac dropsy*; in this condition digitalis is one of the most valuable medicines, and the benefit given is in proportion to its homœopathic relation to the cause of the dropsy; for dropsy is not in its pathogenesis; when much valvular disease is present the probabilities of relief are much less, and it is necessary to give it then in larger doses. The indication is not simply to aid an enfeebled heart, but by exciting diuresis to relieve the capillary circulation oppressed still further by the valvular lesion.

Bähr (15, p. 142), Hughes (*Therapeutics*, ii, p. 208), Lobethal (*Zeit. für. Hom. Klin.*, i, p. 115), Jousset, and the writer, recommend full doses. For this purpose the infusion is better than the tincture, in doses of from half a drachm to a drachm once or twice a day. The effects being watched, the remedy to be suspended if any signs of over dose appear, or its use intermitted for a time when relief is apparent. If the tincture be used dose 10 to 15 drops.

Application of the tincture or infusion to the abdomen, as recommended by Christison, Joret (7, p. 351), and others, the writer has found a useful mode in dropsy. *Weakened heart*, independent of any organic change, or sequence of inflammation, shown in inequality, quickness, and intermittence of pulse, and facility of being easily increased by emotion and exercise, is for a time benefited by small doses of digitalis. It is sometimes most troublesome to remove when connected with latent gout; colch., nux v., plumb., naja., sul., are then better indicated than dig.; and when dependent on uterine or hysteric affection it gives place to aur., bell., or atrop., con., cocc., camph., iod., val., mosch.

When occurring with anæmia or nervous exhaustion, dig. is occasionally useful as an intercurrent to such remedies as chin., fer., phos., phos. ac., ars., ver., plumb. In low cachectic states, independent of syphilis, I have had good results from iod., where dig. had failed.

In many cases of weak and irritable heart the cause is probably deranged action of vagus, hence the failure of digitalis under these circumstances; for its strongest affinity is to the myocard.

This state of heart is present in *Exophthalmos* or *Basedow's disease*; here digitalis is well indicated (*vide* in addition to heart symptoms, P. No. 10, and eye section). The writer found it useful in relieving the condition of heart and removing cardiac pains in the case of a young lady suffering from this disease, dose 3 to 5 drops tincture given two to three times a day, but he has also experienced failure in its use.

In fatty degeneration of heart, digitalis is a partial help,

but for the general state inferior to ars., phos., naja. bar. c.

The great tissue changes fatty degeneration leads to are shown in the condition of the arteries and arterioles, aneurisms, &c., but whether from this or chronic arteritis there is no clinical evidence of the value of digitalis; probably ars., phos., iod., bar. c., are more indicated when such conditions are within the range of cure. Fatty deposition on cardiac muscles, which leads to detriment of power, is more likely to be relieved by diet and regimen than by medicines, and of these arnica is more likely to be useful than digitalis, at least such was Liedleck's experience on his own case. *In irritable heart* Da Costa strongly recommends it, ten minims of tr. twice daily, useful in proportion as hypertrophy is absent. The description quoted by Ringer from Da Costa of this affection is so correct a picture of the pathogenesis of digitalis (except in the constant presence of pains) that the following abstract is given:—Pain generally persistent, paroxysmally intensified, becoming lacerating, tearing, burning, sometimes extending to the left arm; palpitation generally brought on by exercise, though it may occur in bed; attacks accompanied by headache, giddiness, and dimness of sight; sleep much broken and troubled by disagreeable dreams. Pulse rapid, from 100 to 140, small, compressible, jerking, often irregular in force and rhythm, always remarkably affected by position, rising 30 to 40 beats in changing from recumbent to a standing position; impulse quick, abrupt, and jerking; no murmur, first sound deficient. Causes, overwork, fatigue, and fostered by depressing influences (19, p. 462).

*Cardiac pain* as long as it does not assume the paroxysmal form has a good remedy in dig., compare with ars., arn., cact., spig., naja, phos., plum.; Hughes names hydrocyanic acid and cuprum; Jousset thinks highly of spigelia, also of nux. v., with hæmorrhoidal tendency. Bähr reports a case of cardiac pain which he cured with digitalis; there had been no relapse for three years. He says it corresponded exactly with Bamberger's description of *Stenocardia* symptoms—no alteration in tone or impulse of heart. The sensation was

of inexpressible fear, and sudden faintness, the heart felt to stand still for a moment, then follows violent pain as if the heart had torn itself loose; recurring several times, followed by prostration bordering on insensibility (15, p. 141). When the pain assumes the serious form of *angina pectoris* these remedies may sometimes diminish the recurrence and severity of the attack, but often fail; under these circumstances inhalation of nitrite of amyl gives sometimes speedy relief, though not freedom from recurrence; organic changes being generally the cause.

*References to the various Experiments with Digitalis and Digitaline on healthy persons now quoted.*

Experiment 1. Made by Dr. Hutchinson at three different times with full doses of *Tr. Dig.*—Paper by Francis Black, M.D., *On the Properties of Digitalis*, *Br. J. Hom.*, vol. iv, p. 65.

Experiment 2. Made by Schrön, with from 1 to 2 grs. of *Digitalis* powder.—Wibmer, *Wirkung der Arzneimittel und Gifte*, ii, p. 311, 1832.

Experiment 3. By Dr. Jörg, with from  $\frac{1}{4}$  to  $\frac{1}{2}$  grs. of powdered *Dig.*—*Materialen zu einer künftigen Heilmittlehre durch versuche der Arzneien an gesunden Menschen*, von Dr. J. C. G. Jörg, p. 462, Leipsig, 1825.

Experiment 4. Frau Ch— took, under Dr. Jörg's superintendance, from  $\frac{1}{4}$  to  $\frac{1}{2}$  gr. of *Dig.* powder.—*Loc. cit.*

Experiment 5. Carl Otto, aged 22, took, under Jörg's superintendance,  $\frac{1}{4}$  to 2 grs. of the powder.—*Loc. cit.*

Experiment 6. Siebenhaar, aged 22, another of Jörg's provers, took from  $\frac{1}{4}$  to 3 grs. of the powder.—*Loc. cit.*

Experiment 7a. George Lippert, aged 23, took, from 11th to 23rd August, in all 32 grs. of *Dig.*; the doses varied from  $\frac{1}{4}$  to 10 grs., but no symptoms were observed. He used the same powder as the others.—*Loc. cit.*

All these experiments are translated in paper by Black, above quoted.

Experiment 7. On Dr. Black, in 1845, taking doses of from 10 to 30 drops of the tincture during twenty days.—Article in *Br. J. Hom.*

Experiment 8. By Homolle, with full medicinal doses of powdered *Dig*.

Experiment 8. Homolle applied several times 1 centigramme of the bitter principle (a crude *Digitaline*) to raw surface on the arm.

Experiment 8a. Homolle took, up to the extent of  $7\frac{1}{4}$  grs., of the substance taken up by ether from an alcoholic *Solution of Digitalis*.

Homolle, M., *Memoire sur la Digitale Pourprée*, Paris, 1872.  
Homolle, E. and G. *La Digitale au point de vue Toxicologique, Chimique, et Médico-Legal*, 1872. An abstract of other experiments by Homolle and Quevenne is given in *Dub. Quart. J. Med. Science*, 1851, p. 147.

Experiment 9. Dr. Bähr conducted this experiment on himself, with every care, from February 27th to May 17th, 1857, taking sometimes the tincture in 10-drop doses, at others the powder in 1-gr. doses.—Bähr, B., *Digitalis purpurea in ihren physiologischen und therapeutischen Wirkungen*, Leipsig, 1859.

Experiment 13. On *Digitalis*, by T. L. Brunton, M.D., Lond., 1868.

Experiment 13. By Dr. Kopfe, with 2 milligrammes of *Digitoxine*, the crystallised *Digitaline* of Nativelle, the most powerful form of *Digitaline*.—*Arch. für Exp. Path. und Pharm.*, iii, 275; given in full in *Allen's Cyclop. Mat. Med.*, vol. iv, p. 121.

Experiment 14. By Dr. Lembke with doses of  $\frac{1}{3}$  gr. of *Digitaline*, from August 7th to September 28th, 1859. *Neue Zeit. für Hom. Klin.*, iv, 177.

Poisoning No. 1. Fatal dose administered by a quack doctor; death occurring in twenty-four hours.—Christison, *On Poisons*, 1845, p. 889.

Poisoning No. 2. Infusion of *Digitalis* taken by mistake; slow recovery.—Taylor, *On Poisons*, 1848, p. 747.

Poisoning No. 3. Overdose of juice taken for the cure of an intermittent fever; death on the eighth day.—*Journal de la Section de la Société Academique du Dept. de la Loire Inferieure*, tom. vii.

Poisoning No. 4. Asthmatic patient taking 4 grammes instead of 5 centigrammes of powdered *Digitalis* leaves. Recovery partial by ninth day, not complete until the fourteenth.—*Orfila Toxicologique*, 1845, ii, 418.

Poisoning No. 5. Reported by Dr. Mazel. Infusion of *Digitalis* drunk by mistake by the maid-servant of an apothecary; died, when apparently convalescent, of syncope.—*Gaz. des Hôpitaux*, Juin, 1864, translated in *Edin. Med. J.*, 1864—1865, p. 168; also in Tardieu, *L'Empoisonnements*, p. 804.

Poisoning No. 6 and 6a. Chronic poisoning of two recruits; one fatal, the other recovered.—*Lancet*, vol. i, 1876, p. 582.

Poisoning No. 7. Overdoses of *Digitaline* reported by J. B. Manvers.—*Lancet*, vol. i, 1880, p. 166.

Poisoning No. 8. A servant-maid taking a tablespoonful of *Tr. Dig.*; recovery.—Tardieu, *L'Empoisonnements*, Obs. viii, p. 801, Paris, 1875.

Poisoning No. 9. The juice of fresh *Digitalis* taken to produce abortion; death.—Tardieu, *loc. cit.*, p. 803.

Poisoning No. 10. Attempt to commit suicide, first with 16, then with 40 grammes of *Digitaline*.—Tardieu, *loc. cit.*, p. 807.

Space will not allow of the list of works referred to.

*Experiments by Dr. Sharp (Address at Leamington Congress, 1878); one with one-drop dose, 1st centesimal dilution; a second with six drops of the tincture; and a third with eight drops.*

THE experiments are confined—First to 63 minutes, second to 25 minutes, and the third to 100 minutes. He concludes the curative action is found in the second action of the 1st dilution experiment, where the pulse falls in one minute after second drop from 80 to 71, remains four minutes at that, in five minutes rises to 78, and in six minutes to 80; again falling after third drop from 80 to 76, remaining so for a few minutes, and then passing from 80 to 85, 80.

Dr. Nicholson (Clifton Congress, 1876) says of this 1st dilution experiment:—"The pulse varied so much after taking first dilution that no conclusion can be drawn as to its action. With the tincture the pulse fell three beats in an hour after taking six drops in drop doses every ten minutes, and only two beats after twenty drops in three-drop doses. In two other experiments had not varied more than one beat per minute during the hour. The sphygmographic tracings show but little change.

"I repeated Dr. Sharp's first experiment, giving a drop of the 2nd dilution of digitaline, repeating the dose in half an hour, keeping the sphygmograph on the experimenter's wrist for an hour. No results, except what were observed when no digitalis were given."

Three similar experiments to Dr. Sharp's were made on three children under Dr. Dudgeon's supervision with the sphygmograph. The results will be found among the *Miscellaneous*.

All these experiments show how unreliable are the results when the rise and fall is within such small limits, and the time for observation so short. It is often many hours before digitalis manifests its action on the pulse.

## REVIEWS.

*Die Neuralanalyse, insbesondere in ihrer Anwendung auf die homöopathischen Verdünnungen.* Von Prof. D. GUSTAV JAEGER. Leipzig : Ernst Günther's Verlag, 1881.

IN our last we alluded to the experiments of Dr. Jaeger, which were said by him to prove the action of the homœopathic dilutions on the nervous system, and we now have before us the promised detailed accounts of those experiments.

Dr. Jaeger is the author of several works on Zoology and Physiology, and of a work with the surprising title of *Die Entdeckung der Seele* (The Discovery of the Soul), which we have not seen, but which we learn from the present work has created no small sensation and excited a good deal of ridicule, and has earned for himself the title of "Soul-smeller" (Seelenriecher). Those who have been foremost in laughing at him and his discoveries are, he informs us, those very Jews who are at the present moment objecting so strongly to their own persecution by the "Judenhetze" in Germany. But he comforts himself with the reflection that his adversaries condemn his conclusions without having repeated his experiments, so that their condemnation is valueless ; and he says that if his theories are so totally devoid of sense as their organs declare, why do they make so "much ado about nothing?"

In order to perform his neuralanalytic experiments Dr. Jaeger employs an ingenious instrument known as "Hipp's chronoscope." This instrument is a piece of clockwork provided with two dials, one above the other, each divided into 100 degrees. The hand of the upper dial makes five revolutions in a second, so that each degree represents the



500th part of a second. The hand of the lower dial passes over five degrees in a second, each degree representing one fifth of a second. By an electrical arrangement the hands can be set in motion and stopped instantaneously, so that the smallest portion of a second can be measured by it. The mode of procedure in making a neuralanalysis is this:—The clockwork is set in motion. The operator, keeping his eye steadily on the hand of the upper dial plate, with his left finger on the electrical button that makes the connection and sets the hand in motion, slowly presses on the button. The moment he perceives the hand beginning to move he raises his finger, which, breaking the electrical connection, causes the hand to stop. The number of degrees the hand travels over in this operation represents the number of 500ths of a second that elapse between the perception of the movement and the conveyance of the will through the nerves to break the electrical connection and stop the hand. The shorter the interval between the perception of the movement and its stoppage by the motion of the finger as indicated on the dial the greater is the energy of the will and the conducting power of the nerves, and *vice versa*. In extreme cases of energy of will and nervous power the hand will not move through a single degree, *i. e.* not even one 500th of a second elapses between the commencement of the movement and the stoppage of the hand. In this case the "nerve-time," or psychogram, as Jaeger calls it, is said to be *null*.

By practice the operator will be able to shorten the nerve-time very considerably; that is to say, the time that elapses between his observation of the movement of the hand of the dial and his voluntary stoppage of the movement will be much shortened by practice. In making any experiment ten repetitions of the act of making and breaking the connection of the instrument are performed, the curve described by these ten observations is noted, and the mean of the decade is found by adding all together and then dividing by ten.

The observations should be all made under the same conditions, for any little difference in the surrounding

circumstances and conditions influences materially the results obtained. The nerve-time varies according to whether one makes the experiment fasting or after a meal, according to the varieties of the weather, the heat of the room, the existence of odours in the room, the state of the morale of the operator, the concentration or distraction of his attention, the clothes he wears, and a hundred other things. This being so, every observation should be made at the same time of the day, at the same interval of time after a meal or after defecation. All smells in the room should be destroyed by the free use of ozogen in the form of spray. The operator must neither be hungry nor thirsty, neither tired nor sleepy, not in an excited or irritable frame of mind, nor should he have recently been engaged in animated conversation, or muscular exertion, or mental work. He must not be too hot or cold, and, if possible, the weather should be alike for the different observations, but this latter is not so important.

When the effect of medicines is to be tried, these may either be taken internally, in which case the curve obtained by the decade of observations is called "geuogram," or it may be merely smelt, and then the curve is called "osmogram." The results obtained by both these methods are very similar, but the latter is to be preferred.

In testing a medicine—say a homœopathic dilution—first a preliminary decade of observations of the nerve-time is taken before any olfaction, then nine decades of observations from smelling pure alcohol are taken, the mean of each decade is noted, and the difference between the mean of this and the preliminary nerve-time as registered, and then the decade of observations after smelling the alcoholic dilution of the medicine is taken. The height of the curve of the latter above the mean of the decades from pure alcohol-olfaction is noted, and a diagram drawn to show the difference.

Dr. Jaeger and his assistants tested four medicines in various dilutions in this way. Jaeger tested *Aconite* in the mother-tincture, 5th, 10th, 15th, 20th, 30th, 100th, and 150th potencies. The results obtained were:—The

mother-tincture caused a slowing of the nerve-time to the extent of 14·7 per cent. All the other potencies caused a quickening of the nerve-time : the 5th, +10·6 per cent., the 10th, +40 per cent., the 15th, +47·5 per cent., the 20th, +39 per cent., the 30th, +25·3 per cent., the 100th (this dilution was tested three times with preparations obtained from three different pharmacies), respectively, +23·4 per cent., 22·3 per cent., and 29·3 per cent., the 150th, +35·2 per cent. Thus, the maximum acceleration of the nerve-time was obtained from the 15th potency ; the higher potencies showed a diminished acceleration up to the 150th potency, when another maximum of acceleration was obtained, but not so high as that caused by the 15th.

*Aconite* was tested in this way by Dr. Jaeger's three assistants with tolerably similar results.

*Thuja* (excepting one proving by Jaeger of the 1000th dilution) was only tested by one of the assistants. The acceleration of the nerve-time from the olfaction of all dilutions from 1 to 1000 was still more striking than in the case of *Aconite*.

*Natrum muriaticum* was tested by Jaeger and one of his assistants. The difference between the mean of nine decades of alcohol and ten of *Nat. mur.* was as follows :—2nd potency, —10 per cent., 10th, +19·2 per cent., 15th, +38 per cent., 30th, +25·8 per cent., 100th, +25 per cent., 200th, +43 per cent., 500th, +47·6 per cent., 1000th, +28·8 per cent., 2000th (tested three times), +60, +56, and +55 per cent.

Thus the 2000th dilution furnished the greatest acceleration of the nerve-time, and the same occurred in the experiments of Dr. Jaeger's assistant.

*Aurum* was tested by one person only in potencies from the 5th to the 500th. The 5th potency showed an acceleration of +1·1 per cent. only, the acceleration rising with the increase of dilution until in the 500th it was +42·9 per cent.

These experiments, of which we have only given the slightest sketch, were conducted by Dr. Jaeger and his three assistants with the greatest care, at a considerable

sacrifice of time, and the expenditure of great labour. If no suspicion of the existence of a possible or probable source of error that might vitiate the results can be detected they are undoubtedly of the highest importance and interest to the followers of Hahnemann, as they would not only afford a physical demonstration of the influence of highly diluted medicines on the nervous system, but they would also furnish a confirmation of the truth of Hahnemann's doctrine of dynamization or the increase of potency by the Hahnemannic pharmaceutical processes.

But we who have lived through the episode of Rutter's magnetoscope, which was hailed as a convincing physical demonstration of the influence of highly-diluted medicines on the nervous system until the delusive character of the experiments was detected, must feel wary about accepting Dr. Jaeger's conclusions without a thorough inquiry into their reliableness; and it seems to us that in Jaeger's experiments some possible sources of error are present that may vitiate the results, of a kind similar to the ones which upset the conclusions deduced from the movements of the swinging ball of the magnetoscope.

We would first point out that the main agent for ascertaining the various "nerve-times" is the *will* of the operator. His attention is engaged, we may say absorbed, in watching the movement of the dial-hand, and as soon as he perceives that the movement has commenced he has to perform certain muscular movements of his finger, the rapidity with which he performs these acts being held to indicate the degree of his nervous activity. He first makes a series of these movements before taking anything, in order to ascertain the amount of his normal nervous activity. He then smells pure alcohol, and makes a second series of movements in order to ascertain the alteration produced in his nervous activity when under the influence of this alcoholic olfaction. Lastly, he smells the medicinal dilution in order to ascertain the alteration effected on his nervous activity by the medicine. In all these operations "expectant attention" is the agent at work, and the influence of "expectant attention" on the result of operations affected by the will

is too well known to allow us to accept results obtained through its instrumentality as pure physiological effects.

Dr. Jaeger tells us that on commencing his experiments with homeopathic dilutions he had no belief in their power to influence the nervous system, but that his experiments convinced him of their power. This may be so, but, on the other hand, he may unconsciously have been influenced by the representations of his homeopathic friend; and in this case one successful experiment may have given him an involuntary bias in favour of their power, and excited his "expectant attention" in his further trials.

On examining his diagrams of the *Aconite* series we observe that the psychograms he obtained from the alcoholic olfaction are invariably much higher than those obtained before smelling the alcohol. But, on turning to the diagrams of the *Aconite* series obtained by his assistant Goehrum, we find that as a rule the psychograms obtained after the alcoholic olfaction are considerably lower than those got before this olfaction. Again, though the mean of the psychograms after the olfaction of *Aconite* dilutions is higher than those from the alcoholic olfaction, some decades are always below the mean of the latter.

We are far from denying that Dr. Jaeger's conclusions may be correct, but we confess we have not entire confidence in physiological experiments where the will of the operator is the principal factor. But even granting the validity of such experiments, they cannot fail to be vitiated by the "expectant attention" of the operator. This factor might be to a considerable extent, though we fear not completely, eliminated by so arranging the experiments that the operator should not know the medicine he is testing, or when he is testing a medicine and when only pure alcohol.

Practice seems to have a great influence in increasing the rapidity of the operator's movements, and this may account for the fact that as a rule the nerve-times of the operators become distinctly shorter and shorter with each successive trial.

On the whole we are disappointed with Dr. Jaeger's

work, from which we were led to expect more indubitable results than it actually furnishes. Too many disturbing sources of possible error are apparent in his method to allow us to claim for neuralanalysis a perfectly trustworthy means of proving the physiological action of medicines in a highly diluted form.

Dr. Jaeger informs us that several medical men have taken instructions from him in his method of neuralanalysis, and have provided themselves with chronoscopes, at the insignificant price of 345 marks (=£17 5s), for the purpose of pursuing their investigations with it at home. We would advise our readers before laying out their money on the purchase of the machine, to go to Stuttgart and take lessons from Dr. Jaeger in his method of operating, for we fear that can hardly be learned thoroughly from Dr. Jaeger's book, and indeed the author himself says that a great deal of practice is required in order to be able to obtain satisfactory results. Perhaps the very different effects obtained by different operators, as shown in Dr. Jaeger's book, is owing to the greater or less skill of the operator, dependent on the greater or less amount of practice.

We shall look forward with interest to the reports of those gentlemen who have studied his method under Jaeger's eye, and have provided themselves with chronoscopes. In the meantime we reserve our final opinion respecting the value of neuralanalysis until we obtain further information, and until we are satisfied that the disturbing factor of "expectant attention" has no share in the production of the results.

*Die Homöopathie Hahnemann's und die der Neuzeit. Eine vergleichende Studie von Dr. CARL KOEPPE. Berlin: Hirschwald, 1881.*

THIS is one of those would-be scientific refutations of homœopathy of which we have had an intermittent flow in this country since the appearance of Simpson's alliterative

treatise on the "Tenets and Tendencies, theoretical, theological, and therapeutical." It is divided into two parts; the first being devoted to the homœopathy of Hahnemann, the second to the homœopathy of his modern disciples. He shows how Hahnemann began his speculations on the condition of medicine at a time when the practice and theory of medicine were both in a very queer state, all sorts of speculative notions being rife. His theories could scarcely fail to partake of the wild character of those of his neighbours. Dr. Koeppé goes minutely into all Hahnemann's theoretical statements, and shows, or at least says, how untenable are his physiological and pathological views (which were for the most part those of his contemporaries). He combats Hahnemann's statement that disease is a dynamic derangement of the vital force, which, of course, we do not now believe, seeing that we have expelled the vital force from modern physiology. He asserts that Hahnemann's idea that the totality of its symptoms constituted the disease, and that when the symptoms were removed the disease was cured, is utterly wrong, for, says he, "he ignores the existence of symptomless diseases, the very dangerous nature of which is well known to every physician." "Dangerous symptomless diseases" may sound curious to some of our readers, but Dr. Koeppé has high authority for his statement. Our readers must recollect that Dr. Sganarelle's experienced eye, as related in the *Médecin malgré lui*, detected at once that the buxom nurse required some of his remedies though she offered no morbid symptoms.

S. "Voilà une nourrice à laquelle il faut que je fasse quelques petits remèdes.

J. "Qui? moi? Je me porte le mieux du monde."

S. "Tant pis, nourrice, tant pis."

And the illustrious Dr. Quackleben, of *St. Ronan's Well*, is quite of Dr. Koeppé's opinion.

"But, doctor," said the widow, "maybe the puir thing had the enjoyment of her health, ye ken, and then—"

"Ah! ha, ha! why *then*, madame, she needed a physician far more than if she had been delicate. That robust health is a very

alarming state of the frame when it is considered *secundum artem*. Most sudden deaths happen when people are in a robust state of health. Ah! that state of perfect health is what the doctor dreads most on behalf of his patient."

Such a consensus of great medical authorities convinces us of the truth of Dr. Koeppe's assertion that there are many very dangerous diseases which offer no morbid symptoms at all. But as we are sure that Dr. Koeppe is mistaken in his idea that such symptomless diseases are familiar to every physician, we entreat him to give us an account of these diseases, and to tell us how we may recognise them when they offer no appreciable signs of their existence. It is dreadful to think that practitioners may be encountering in their daily walk the most dangerous diseases that require immediate treatment, but which they fail to perceive are diseases at all, merely because they are symptomless. According to Hahnemann (*Organon*, § 84), all the sufferings the patient can complain of, or those about him can observe, and all that the physician can see (*inspection, with the aid of all modern "graphs," "scopes," and "meters"*), hear (*auscultation, percussion*), or becomes aware of by his other senses, and all that there is of an abnormal or altered character about the patient, constitute the symptoms of the disease; in short, all symptoms, objective and subjective, constitute the disease according to Hahnemann. In the absence of all signs discoverable by these means there remains only one other channel through which the practitioner may acquire a knowledge of the disease, which Hahnemann does not mention, but which is no doubt the sixth sense by means of which Drs. Sganarelle, Quackleben and Koeppe obtain a knowledge of these dangerous but symptomless diseases, we mean the "inner consciousness" of the doctor himself. Alas! alas! we are debarred from having recourse to this method of diagnosis, for Hahnemann has laid it down as a maxim that we should only observe and not speculate, whether the subject be the investigation of disease or the proving of medicines. A disease without symptoms is as meaningless to us as a drug-proving without pathogenetic effects.



Dr. Koeppé seems to think that he has made a great point against homœopathy when he shows the untenableness of Hahnemann's theoretical speculations relating to the nature of the disease, the dynamization of medicines, the origin of chronic diseases, and the mode of action of the remedy. But these theories have been combated singly and collectively by many of those who are most zealous adherents of homœopathy, as Dr. Koeppé very well knows. Hahnemann attached very little value to his own theoretical explanations of the mode of action of remedies, which were quite different at different periods of his life, and Hahnemann's followers view with calm indifference the refutation of every theoretical view ever put forward by Hahnemann, as they know very well that the truth of the homœopathic rule for the administration of drugs in diseases is no way affected by the correctness or otherwise of any given explanation of this rule. Apples fell to the ground with unvarying perpendicularity and at a certain rate for countless ages before it was observed that they did so, and before Newton discovered the reason why. In like manner the therapeutical rule of like cures like has always been true, and is seen to be true from the earliest ages of recorded medicine down to our own times, when Hahnemann showed it to be the one therapeutic rule of general application, and we can wait with great equanimity until some medical Newton shall give us a thoroughly satisfactory explanation of the why and the wherefore.

We come now to the second part of Dr. Koeppé's work in which he criticises the modern developments of homœopathy. Here too the author nibbles away at the theoretical views that have been from time to time aired by Hahnemann's followers, which he tries to turn into ridicule. As homœopathy is essentially a practical rule and not a theory, its value is not affected by the plausibility or otherwise of the theoretical views that have been enunciated by its practitioners. Dr. Koeppé makes a great parade of the condemnation of Hahnemann's theories pronounced by many of his followers. This rejection of the theoretical views of the founder, while they still remain staunch to his thera-

peutic rule, might have shown Dr. Koeppe the futility of his own denunciations of Hahnemann's theories, as tending to invalidate the correctness of that rule. His chief witness against the practical value of homœopathic treatment is the notorious Fickel, whose knaveries were detected and exposed by the true disciples of Hahnemann, though Dr. Koeppe would have his readers believe that Fickel's invented cures and imaginary provings took in the whole homœopathic world. Dr. Koeppe picks to pieces a few histories of cases recorded in our homœopathic literature. If we thought it worth while we might easily return him the compliment with regard to hundreds of cases recorded in the allopathic journals. Dr. Koeppe has a great deal to say about the statistical results of homœopathic and allopathic treatment in hospitals. In the general treatment of disease, according to the published and authentic statistics, the mortality in four allopathic hospitals is shown to be about 13 per cent., whereas that in four homœopathic hospitals is under 4 per cent.; and the results of the treatment of special diseases like cholera pneumonia and typhus is equally in favour of the homœopathic treatment. Dr. Koeppe's mode of getting over this practical refutation of his depreciation of homœopathy is to deny right away the correctness of homœopathic statistics, to assume that the practitioners of the system are mere ignoramuses who do not know one disease from another, or rogues who for their own self-glorification represent slight ailments to be severe maladies. He asserts that the records furnished by homœopaths are meagre, vague and unreliable, whereas those proceeding from allopathic sources are full, distinct, and trustworthy. It is easy to make such assertions but difficult to prove them. Many of the records furnished by homœopathic hospital physicians are extremely full and circumstantial, models indeed of what hospital reports should be. Dr. Koeppe's opinion of the reliability of allopathic statistics is not shared by all his colleagues of the same school, for the present writer being engaged in collecting facts relating to the London hospitals addressed a letter to the editor of one of the leading allopathic medical journals

requesting to be informed where trustworthy statistics of the London hospitals could be obtained, and received for answer that any statistics published by the London hospitals were altogether untrustworthy.

Dr. Koeppé says, "Must it not appear strange to every one that *no single discovery, be it ever so small, in the spheres of anatomy, physiology and pathology bears the name of a homœopath?*" and this he emphasises with type that corresponds in German to italics. Well, as homœopathic practitioners are *par excellence* practitioners and not anatomists, physiologists and pathologists, it would be no wonder if they had not much distinguished themselves in these three collateral branches of medicine; their specialty is therapeutics, and their contributions to that department of medical science are as completely ignored by Dr. Koeppé as symptomless diseases are ignored by Hahnemann. Still, notwithstanding their absorption in one branch of medical science, the other departments have not been so altogether neglected by them as Koeppé insinuates. Had Dr. Koeppé been as well informed as he would try to make us believe, he might have known that the homœopathist Henderson was the first to point out that relapsing fever is a distinct and separate disease, it having been previously confounded with typhus and enteric typhoid. He might have known that the same Henderson gave a satisfactory reason for the sudden subsidence of febrile symptoms in pneumonia at the apparent height of its inflammatory stage, the cause of which seems to be still unknown to Dr. Koeppé's great authority Jürgensen, as we showed in vol. xxxiv, p. 308. He might have known that the greatest authority on the subject of hay-fever, an authority acknowledged in Ziemssen's grand *Cyclopædia* of the most modern scientific medicine, is Dr. Blackley, a homœopathist. He might have known of the important contributions to physiology by our colleague Dr. Drysdale, and of his remarkable microscopic discoveries. Other, though perhaps less important discoveries in the field of physiology have been made by homœopathic practitioners in this country, but we need not particularise them. The

examples we have given show the incorrectness of Koeppé's assertion, and when we consider that the homœopathic practitioners of this country do not form one hundredth part of the medical faculty, and that their studies and labours in the field of therapeutics are sufficiently absorbing to prevent them devoting much time to physiological or pathological investigations, and when we reflect that those great fields of research, the hospitals and physiological laboratories, are shut against them, we must allow that they have contributed at least their fair share to the development of these collateral branches of medical science.

As Dr. Koeppé rejects the homœopathic rule as a therapeutic guide, so he sneers at the homœopathic provings as a means for ascertaining the actions of medicines. He much prefers provings on animals, and especially on frogs, though he by no means objects to torturing rabbits, guinea-pigs and dogs. On these animals he says he can by means of drugs develop real diseases such as diabetes, Bright's disease, defects of the heart's valves, epilepsy, putrid fever, diphtheritis, tuberculosis, and many other affections. Well, we would ask, when you have discovered drugs or poisons that cause those affections in frogs and rabbits, guinea-pigs and dogs, what use will you make of them? This he does not inform us. He talks in the well-known style about scientific and rational medicine, but does not inform us wherein it consists. He claims for his school all the science and all the reason, but it is only a boast, for he offers no proof of it. We may dismiss his work with a sentence of his own. "Self-praise and self-deception will not make the facts other than they are." The facts being that homœopathy is the only scientific and rational method of treatment, the hundred methods included under the term allopathy being all equally unscientific and irrational.

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*Ecce Medicus, or Hahnemann as a Man and as a Physician, and the lessons of his life.* Being the first Hahnemannian Lecture, 1880, by J. COMPTON BURNETT, M.D. London: Hom. Publ. Soc., 1881.

THE London School of Homœopathy was fortunate in securing the services of Dr. Burnett for the delivery of the first of these proposed annual Hahnemannian Lectures. Dr. Burnett's thorough grasp of his subject, his enthusiastic admiration of Hahnemann, his familiarity with the best sources for obtaining information about his hero, his knowledge of general and medical literature, added to his command of nervous and appropriate language, have enabled him to give a pleasant, readable, and faithful account of Hahnemann as a man and a physician. We have no hesitation in saying that Dr. Burnett's lecture is worthy of his subject, and of his reputation as a physician and a scholar.

Dr. Burnett has added little if anything to our knowledge of the incidents of Hahnemann's life. He objects to Dr. Dudgeon's statement that Hahnemann resided two years in Hermanstadt, but Hahnemann himself says in his fragment of autobiography: "Ich practicirte sieben Vierteljahre in dieser volkreicher Stadt,"\* and seven quarter years are not far from two years. But Dr. Burnett uses the materials that were within his reach to give a masterly picture of Hahnemann's triumph over difficulties, doubts, and opposition to the discovery of the therapeutic law that brought order into the chaos of medicine, and secured to himself pleasure in the practice of his profession and opulence.

Dr. Burnett does not contend that Hahnemann originated the idea of curing diseases by similarly acting remedies, but he rightly asserts that Hahnemann first enunciated that as a general therapeutic law, he elaborated into a scientific truth what had previously been little more than an "odd notion." In his wish to be critical Dr. Burnett

\* *Hahnemann's Biographisches Denkmal*, p. 5.

is, we think, not quite fair to Dr. Dudgeon. Thus, he says:—"Dr. D. quotes Rivière on the side of the law of similars, but Rivière argues hotly *against* it. Dr. D. also credits Paracelsus with being in possession of enough knowledge of drug pathogenetics to lead us to suppose that he (Paracelsus) had conceived and taught our Hahnemannian homœopathy; this is decidedly erroneous."

Now, all that Dr. Dudgeon says about Rivière is, 1, a quotation from him about calendula smelling like menstrual blood, and this probably pointing to its utility in promoting the menstrual flux; and, 2, his cure of bee stings by a fly-blisters, "because the cantharis is a kind of fly like the bee." This is hardly "to quote Rivière on the side of the law of similars," and as there were two Rivières, one (Roch) who flourished in the sixteenth century and was a Paracelsist and astrologer, and the other (Lazare), who was a great physician of the following century, it is quite possible that the one who, as Dr. Burnett tells us, "argues hotly *against* it," is not the one referred to by Dr. Dudgeon. Dr. Dudgeon credits Paracelsus with having practised and taught "a rude homœopathy, but," he says, "a homœopathy that did not sufficiently consider the character, but only the seat of the affection; and, moreover, a homœopathy that wanted the sure foundation of experiment on the healthy as the means of ascertaining the sphere of action of the remedies, but that trusted almost entirely to a laborious and empirical testing of the medicines on the sick—a source of the materia medica which Hahnemann has shown to be sufficiently untrustworthy." That scarcely looks like saying that Paracelsus "conceived and taught our Hahnemannian homœopathy." Dr. Burnett has, accidentally, no doubt, accused Dr. Dudgeon of making erroneous statements which he did not make.

At page 148, Dr. Burnett reminds us that Hahnemann resorted to the ordinary legal modes of obtaining recognition for his lectures at Leipzig, and it was for this purpose that he wrote his masterly essay or thesis "On the Helleborism of the Ancients." This, at all events, proves that Hahnemann was in favour of obtaining recognition for his homœo-

pathic lectures, for he knew that without recognition he could not induce students to attend them. The ruling authorities of our School, however, think they know better than the Master, as they have always opposed the proposition to obtain recognition for their lectures; but then they do not pretend that their lectures are for *bond fide* students engaged in the medical curriculum, but only for those who have already taken their diploma or degree, which is quite another matter.

We hope this little volume may obtain a wide circulation among the profession as well as the public.

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*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. von Ziemssen. Vol. ix: *Diseases of the Liver and Portal Vein, with the chapter relating to Interstitial Pneumonia.* London; Sampson, Low, and Co., 1880.

THIS volume completes the gigantic work. The seventeen volumes of which it consists contain articles by the best German writers on the different subjects treated of. There is a thoroughness and finish about the essays and treatises in these volumes which we do not find in any similar work in our own or other languages. They are consequently invaluable to all who wish to keep themselves abreast of the medical science of the day. The volume just issued is fully up to the standard of the preceding volumes, and, in addition to its more special subject, contains an interesting essay by Jürgensen on interstitial pneumonia, a disease that is not much noticed by authors generally, and that differs greatly in character and importance from the croupous or air-cell inflammation we commonly understand by the word pneumonia. We had hoped that the editor, before concluding his labours, would have given us a volume on cutaneous diseases, but this he has not done; nor do we quite understand from the publisher's circular whether we are to expect such a volume or not. The indexes to each

volume are carefully and fully done, but the want of a general index to the whole seventeen volumes is much felt by all who possess the work and have to consult it frequently. Such a general index will, we are informed, be soon published. We have noticed many of the volumes as they appeared, and shall endeavour, should we have space at our command, to give longer or shorter reviews of the remainder. But our readers need not wait for any critique from us before possessing themselves of the work, which is, without rivalry, the most complete work on the practice of medicine—or, rather, we should say on the latest word of scientific medicine on the etiology, pathological anatomy, and course of diseases, with a little therapeutics thrown in, just to justify the title of the work. Though our homœopathic colleagues can derive but little useful information from the therapeutical portion of the work, they may gain many useful hints from the sensible observations respecting the hygienic treatment of disease which constitute the major and best part of the “practice” of the work. The translation has been very well executed under the editorial surveillance of Dr. Buck of New York.

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1. *On the Present State of the Physique of the Blind and the means for Improving these neglected physical faculties.*
2. *First Report of the Society for the Prevention of Blindness and the Improvement of the Physique of the Blind.* December, 1880.
3. *School Hygiene; Hygiene of Infants and Children.* London: Baillière, 1881.
4. *The Night Medical Attendance on the Poor and Rich in London and other large English towns, compared with the same in Paris and other towns,* by Dr. Roth. London: Baillière, 1880.
5. *Notes on Rickets and Rickety Deformities, their Prevention and Treatment,* by Mathias Roth, M.D. London, 1881.



6. *On Compulsory Inspection of all Schools*, by Dr. Roth.  
London: Baillière, 1881.

THE above are the titles of some recent pamphlets by our indefatigable colleague Dr. Roth, who is unwearied in his efforts to improve the sanitary condition of all classes of the community, and whose efforts have already been crowned with no small degree of success. Dr. Roth spares himself no trouble and expense in visiting and reporting on the sanitary institutions of other countries. Thus his report on Night Medical Attendance is from personal inquiry into the system pursued in Paris, his remarks about rickets are suggested by a visit to the schools for rickety children in Turin and Milan. His observations on School Hygiene are enriched by information gathered by him at the International Congress of Hygiene in Turin. He is founder and mainstay of the Society for the Physical Improvement of the Blind. The above works are but the most recent examples of Dr. Roth's contributions to the cause of hygiene, his former labours in the same sphere are well known to all, and we may surely say that sanitary science in England owes as much to Dr. Roth as to any other of its champions. There is, besides, always a common sense and practical character about Dr. Roth's suggestions which we often miss from the plans of some of the most conspicuous sanitary reformers. The above works of Dr. Roth show that with advancing years his energy so far from flagging seems to increase, and we can only hope that he may live to see his plans and suggestions carried out, as they cannot fail to be of great advantage to the health and comfort of the community.

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*Medical Progress.* By ELDRIDGE C. PRICE, M.D.

"KNOWING that the allopathic fraternity of Baltimore had in course of preparation a report of the progress of

medicine in our city, since its incorporation as a city, and, also being confident that the progress of homœopathy would be ignored, or, if noticed, slightly mentioned, I determined, if I was able, to meet allopathy on its own ground." Hence the appearance of this paper, which, however, is not confined to an account of the progress of homœopathy in Baltimore, but, on the contrary, gives an account of homœopathic progress in the United States generally. We learn from the pamphlet that there are in the United States 6000 practitioners of homœopathy, 1 national society, 2 special societies, 23 state societies, 92 local societies, 7 homœopathic clubs, 1 library association, 1 homœopathic insurance company, 38 homœopathic hospitals, 30 dispensaries, 11 colleges, 2 spinal schools, 16 homœopathic journals, 7 homœopathic directories. Homœopathic practitioners in the States seem to obtain some of the honour and emoluments which in this country are reserved for the allopathic sect. Thus, Dr. Price tells us that in New York a homœopath holds the position of surgeon-general of the State; in Princeton, Ills., a homœopath holds the posts of town physician and secretary of the Board of Health; in Concord, N.H., a homœopath is not only president of the Senate but surgeon-general of the State; in Rhode Island a homœopath is surgeon-general of the State; in California a homœopath has been elected a member of the State Board of Health; in Woodland City, Cal., a homœopath is a member of the city Board of Health; two homœopaths are members of the American Public Health Association. In short homœopathy seems to have obtained full legal recognition in the United States, and to be no bar to the advancement of its practitioners. This is, alas! very different from the state of things here, and our Transatlantic colleagues have reason to boast of their position.

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*A Critical Revision of the Encyclopædia of Pure Materia Medica.* By T. F. ALLEN, M.D.

THIS is a sort of gigantic *errata* list. It seems a pity that the MSS. or proofs were not more carefully revised, for it would be a laborious task to insert in the text all the corrections here given, and unless this is done the revision is not of much practical use. Of course it was impossible to avoid making some mistakes and oversights in such a voluminous work, still we might have expected greater accuracy when we are told that every translation was subjected to two or three revisions. The most imperfect medicine seems to be *Belladonna*, on which Dr. Allen performed some condensation experiments, which led to his omission of many symptoms which he now sees to be of importance. As errors and defects do and must exist in such an encyclopædic work, it is very honest and praiseworthy of Dr. Allen to set about discovering and pointing them out himself. Had he chosen to forego this labour it is probable that not one out of twenty of his readers would have discovered any of the defects for himself, therefore, far from blaming him for the errors of the ten volumes we must acknowledge our deep obligations to him for taking the trouble to set them right.

*An Index of Comparative Therapeutics.* By SAMUEL O. POTTER, M.D. Chicago: Duncan Brothers.

WE have given above but the main title of the volume now before us. The title page adds "With tables of differential diagnosis, a pronouncing dose-list in the genitive case, a list of medicines used in homœopathic practice, memoranda concerning clinical thermometry, incompatibility of medicine, ethics, obstetrics, poisons, anæsthetics, fees, asphyxia, urinary examinations, homœopathic pharmacology

and nomenclature, &c." This copious and varied list of subjects shows something of what we are to expect from Dr. Potter's book; but the "comparative therapeutics" form after all its main feature. These consist of a pair of tables, after each name of disease, giving the treatment recommended for it by leading writers of the old and new schools respectively. The remedies which both coincide in praising are printed in thick type; and it is interesting to see how numerous these are, though, of course, men like Ringer, Phillips and Piffard are laid under contribution. The work is really a *multum in parvo* (it has only 280 pages); as an index it is exhaustive, and very often it supplies in few words the very information that is wanted. The "pronouncing dose-list in the genitive case" will not please certain of our colleagues, as the authors laid under contribution for the homœopathic section of it are Ruddock, Hale, and Hughes, none of whom are over-partial to the higher infinitesimals.

As Dr. Potter asks to be notified of any errors which may be found in his book, we would call his attention to the "6 decigram" of p. vi. It should obviously be "1."

*Teething and Croup.* By W. V. DRURY, M.D., M.R.I.A. enriched with notes and additions by T. C. Duncan, M.D. Chicago: Duncan Brothers.

THIS is a reprint of some occasional papers on diseases of children published in this country in 1873, with notes by its American editor. While it has gained in fulness as now reproduced it has suffered in correctness, the first page of the body of the book speaking of the "morality" of children instead of their "mortality." It is rather *pro laicis* than *pro clericis*, but contains much practical matter.

*The Homœopathic Therapeutics of Intermittent Fever.* By  
H. C. ALLEN, M.D., M.C.P.S., Ont. Detroit: Drake.

THIS is the book whose epitome by Dr. Wilson we reviewed in our last number; and a very nice little book it is, its matter being far more helpful as here clothed in flesh and blood than in the dry bones of the compendium. It presents very well the ascertained indications of all our most important remedies in intermittents (and leaves out from among them *Argentum nitricum*, whose introduction by Dr. Wilson gave us so much surprise). We could have wished that the author were less dogmatic. He admits that there is nothing original in his work, so that he does not speak from large personal experience; and yet he contradicts in the most positive manner men who have practised all their lives in malarious districts, opposing to them the bare statements or occasional cases of others who see as little of the real disease as himself. Among the rest, he flatly contradicts Hahnemann. The master teaches plainly in the *Organon* that *China* is the one remedy for all intermittents endemic in marshy districts; and that epidemic intermittents also have each their own homœopathic specific, to be discovered by a comparison of the symptoms of the first few cases which occur. If any patient fails to get well under these, either (in the former instance) his environment is too inimical to him, and he must remove, or latent psora has been roused in him, and he must be treated with appropriate remedies. To sporadic cases only, therefore, would he apply the strict individualisation for which Dr. H. C. Allen contends as universally necessary.

Besides ignoring Hahnemann's teaching, the writer sadly mistranslates him, as any one may see who compares the passages quoted at pp. 73, 74, and 76 with the original, or with Dudgeon's translation. The following bit of history, too (p. 52) is ludicrously incorrect:—"This power of prevision; the crowning glory of our school of medicine; the absolute proof that 'similia' is a *law of cure*; the demonstration of the claims of homœopathy to be ranked as a *medical science*;

was first shown by Hahnemann in the fatal typhus which followed the terrible retreat of Napoleon from his Russian campaign in 1812. He published in advance that *Rhus tox.* would be the principal remedy, and the recognition of homœopathy by the Austrian Government was the reward of its successful administration."

Nevertheless, the practical matter of the book is good; and we cordially commend it to those of our colleagues who have agues to treat.

*The Medicinal Treatment of Diseases of the Veins, more especially of Venosity, Varicocele, Hæmorrhoids, and Varicose Veins.* By J. COMPTON BURNETT, M.D., F.R.G.S. London: Homœopathic Publishing Company.

THIS is another of the pretty looking and pleasantly reading books which Dr. Burnett has so freely bestowed upon us during the last few years. Less original than his "Natrûm Muriaticum," and less exhaustive than his "Gold," it has more solidity than his "Cataract," and is really an excellent contribution to practical medicine. It is one of the books which inspire fresh confidence in the healing art. While substantiating our former confidence in *Nux vomica*, *Sulphur*, *Aloes*, *Fluoric acid*, *Æsculus* and *Hamamelis* in varicose conditions, especially of the rectum, it makes several new points. Such are—the importance, in bad cases of piles, of the constant local application of *Hamamelis*, of elevating the buttocks and forbidding all aperients or straining to natural stools; the question as to the after-effects of "chirurgical traumatism;" and the value of *Ferrum phosphoricum* in vascular enlargements generally, and of *Rhus* in cyanosis. Dr. Burnett's forte evidently lies in "idylls" rather than in epics; but if he goes on like this he will soon give us a library of monographs on drugs and diseases. We cannot have too many of such as the present.

*Repertory to the Modalities, in their relations to temperature, air, water, winds, weather, and seasons.* By SAMUEL WORCESTER, M.D. Boericke and Tafel: London, Trübner and Co.

These "modalities" are the "conditions" of aggravation and amelioration, always recognised in homœopathic practice as of much importance in selecting the remedy. Dr. Worcester has done well in bringing them together, even with the limitations expressed in his title. We must also commend his professed method of presentation, which is not merely to name the medicines whose symptoms generally are influenced by each agent for good or for evil, but to give the actual symptoms thus ameliorated or increased. We observe an abundance of obviously "clinical" symptoms, and their presence is explained by the statement on the title-page that the work is "based mainly upon Hering's *Condensed Materia Medica.*" Dr. Worcester should give these symptoms, however, as well as those of pathogenetic origin, in full detail, that they may be intelligible to us. Thus, at p. 16 we have, under "Injurious effects of the Sun," "tetanus, while working in hot sun.—*Bellad.*" Turning to Hering, we find the symptom standing thus:—"Tetanus, while working in hot sun he became unconscious, jaws fixed, head hot, feet cold." It is very unlikely that any one nowadays would call such a condition "tetanus," and certainly the mere name gives no notion of it.

We have not, however, noticed anything more of this kind; and, allowing for its dubious material, Dr. Worcester's work may prove a very useful one to others, as he says it has to himself.

*The Feeding and Management of Infants and Children, and the Home Treatment of their Diseases.* By T. C. DUNCAN, M.D. Chicago: Duncan Brothers.

Dr. Duncan has here put the material of his *Diseases of Children*, already reviewed in our pages, into a popular form

for the use of mothers and nurses. It has all the merits of the larger work, and the defects which impair the claim of that to professional appreciation do not embarrass this. There is no mother but would be the better for possessing and consulting it.

The volume is illustrated by some curious pictures of infancy and childhood, among which many will be disagreeably surprised to find the well-known vignette of the child Samuel given as a specimen of the subject of chronic gastritis. He further has, as its motto, two stanzas, the second of which strikingly exemplifies the defective sense of rhythm so often manifested in the verse, original and cited, we find in American homœopathic journals. We give it here; the subject is the weighing of the baby:

“The grocer carefully the weight adjusts,  
Baby heavy ‘brings down the scales;’  
And carefully under his glasses peers  
To read the records—what—Charles!”

*Perineorrhaphy, &c.* By Professor von TAGEN. New York: Boericke and Tafel.

*Ruptured Perineum.* By GRANVILLE BANTOCK, Senior Surgeon to the Samaritan Hospital. London: J. and A. Churchill.

*Forceps and their Use.* By Professor LANDIS. New York: Treat.

Dr. Bantock's excellent monograph was published in March, 1878. Professor von Tagen's paper embodies the substance of a communication made to the Winconsin State Homœopathic Medical Society in June of the same year. At the commencement of his essay, the learned professor informs us that the truly terrible word, "perineorraphy," is derived from two Greek words, *πηξις*, *perineum*, and *ραφή*, suture. Now we are prepared to accept a great deal of what the good doctor says, but for the life of us we cannot see the connection between *πηξις* (for that is what we suppose is meant, as there is not we believe in the



Greek language any such word as “*πηξις*”) and which we certainly thought signified “coagulation,” and the perineum.

There is one other point which we must ask the doctor to clear up for us. He tells us, at p. 58, that “Ambrose Pare (*sic*) was contemporaneous with and followed Celsus.” We will freely admit that we were fairly staggered on reading this—a fact absolutely new to us. Of all the fourteen gentlemen known, more or less, to fame under the rather generic title of “Celsus,” the last of that name—the brilliant opponent of Origen—was not a doctor at all. That dexterous disputant whose memory, by an irony of fate, has been embalmed by his greatest enemy, could not have flourished later than the second century. The author of the well-known eight books, being a contemporary of Tiberius, must have been born in the first century of the Christian era. And so, though history does not certainly tell us when the great French surgeon was born, still it is certain that he died near the end of the sixteenth century. This would make him, at the time of his decease, achieve the patriarchal limit of 1500 years.

If it be perceptible that the professor is not bound down by the ridiculously rigid rules of historic accuracy, it will, we are pleased to say, be still more evident that he is no mere echo of other men’s dicta in matters medical.\*

His paper is a good practical contribution to plastic surgery. The operation of which he approves, and which he usually practises, is apparently modified slightly from Baker Brown’s.

Unlike Dr. Bantock, he does not succeed in doing without the use of opium, though with regard to the disuse of alcoholic stimuli the practice of these gentlemen appears to agree.

The operation of Dr. Gaillard Thomas, of New York, as figured in his last edition [Kimpton], is certainly an improvement on the quilled suture plan of Roux, adopted by

\* Since writing the above the reviewer learns with regret that Professor von Tagen is dead, and that this is a posthumous work, which may account for some of its errors.

Baker Brown. Indeed, the only objectionable feature in Thomas's operation is, that it leaves a short, inadequate, and puckered rectum. This is owing to the anal rent being gathered up by a semicircular ligature, with the effect of presenting some resemblance to the neck of a tied bag.

Dr. Bantock's rectal procedure with interrupted sutures is entirely free from this drawback. It leaves a clean, long, and serviceable lower gut.

If the descending colon and the sigmoid flexure, as well as the rectum, be carefully emptied by means of long-tube enemata, opiates are not only needless, but positively baneful, as producing scybalæ, which tend to strain and possibly tear the newly-formed and fragile tissues, even after many days have elapsed. Seventy-two hours is quite long enough to keep the bowels from acting, then half a pint of hot water having been injected and retained for ten minutes, another half pint is introduced. Two well-oiled fingers are now very gently passed, and traction made backwards on each side of the coccyx, that the stool may not press on the perineum at all.

So many good operations have been spoiled through the tenesmus caused by having to administer a laxative to overcome the inertia of opium, that it is no slight matter to discard it if we can. So many have proved disheartening failures owing to the retching following the needful anæsthetic, that it is as well to strap the buttocks firmly together for a few hours by means of a broad band of Leslie's soap-on-holland plaster.

The urine should be drawn till every trace of suppuration has passed away and the healing process is complete; this is of the utmost importance.

It is not a good plan to leave a catheter in the bladder. The instrument soon becomes foul, and is prone to be blocked, then the urine dribbles beside it into the newly-made wound, destroying all hope of primary adhesion. An important practical point for avoiding cystic irritation, so common after this operation, is to ensure that immediately before each introduction of the catheter, well anointed with vaseline or carbolised oil, the orifice of the urethra be care-

fully cleansed by means of a warm solution of sulphurous acid or of chlorated soda.

Some operators talk of bringing the ends of the sphincter ani muscle together and securing them; this is pure nonsense, it cannot be done. Van Buren's plan of previously dilating the anal sphincter to an extreme extent, tiring it out in fact, is very good. The old custom of dividing the muscular fibres is quite unnecessary, and is no longer practised in this country.

Neither of these gentlemen say quite as much about the prevention of laceration as could be wished. Dr. Von Tagen does, indeed, enumerate as many as forty methods of pretending to do so, with an equal number of big men's names attached; but with the exception of Magdeburg's plan, as old as 1806, very little can be said for any of them. It was the custom of the last-named obstetrician to provide support where the laceration was likely to commence, and there only. This would appear to be the most reasonable plan. When we remember how extremely rare is a rupture commencing in the centre of the perineal body, we should use every possible precaution to prevent *notching* rather than tearing, because tearing begins with notching, and, therefore, if we prevent a notch, *à fortiori* we obviate a rent. As the laceration nearly always occurs a little on one side of the middle line the most successful treatment would evidently be to delay rather than hasten the extruding head, and, planting the finger and thumb on the extreme edge of the tense perineum, hold the sides of the raphé together.

An excellent plan to diminish the chances of rupture is to dilate gently, but firmly, the perineum backwards and outwards, after applying moist heat locally. Two ends are gained by this simple manœuvre.

First, the mechanical result of dilating the orifice at leisure, instead of by a sudden expulsive pain.

Secondly, the physiologic effect; we have tired out the muscles and overcome their natural tendency to antagonise the diaphragm, &c., thus contraction being induced just when relaxation is desirable, for it is plain to a careful

observer that the perineum, by the contraction of adjacent muscles, is often lacerated during a minimum of dilatation ; we have seen this occur even during the expulsion of the placenta. The whole life-education of the muscles forming the floor of the pelvis is to act in direct antagonism to the descending diaphragm, hence the value of anæsthetics in preventing spasmodic perinæal rupture.

The administration of ergot *before* delivery, a mischievous practice still prevalent in the provinces, predisposes to perinæal laceration, so does the protracted employment of forceps, *i.e.* leaving the blades on after the head has reached the sacral hollow, for certainly the upper blade should at least then be always withdrawn. "Shelling-out" will then generally be enough if nature's powers prove inadequate.

An important predisponent, too, is inadequate evolution of the vagina and perineum in weak-hearted persons.

That this is a far more serious affection and that it entails on us a far heavier responsibility than was formerly thought, we cannot doubt. Its power of producing such a long list of ailments, as fæcal and flatulent incontinence, cystitis, proctitis, septicæmia, anterior or posterior displacements, enterocele, rectocele, cystocele, subinvolution, hyperplasia, sterility or abortion, prolapsus, reflex or local neuralgia, speaks for itself without further comment.

These are enough to convince us that a lacerated perineum is not a trifling complication to be left to luck and to the tender mercies of an ignorant or incompetent nurse.

It is, indeed, no disgrace to get a ruptured perineum in our practice. Can we say as much about leaving one unsutured ?

We strongly advocate the immediate operation, and though we do not go so far as to urge that the only instruments that the obstetric bag should contain are curved needles and fine gut ligature, we do say that no bag should be considered complete without them.

We can forgive the Professor for speaking of Baker

Brown as still in the flesh ; a more serious trespass is the omission of what he, perhaps, took for granted, that is to enjoin the frequent use of warm vaginal douches after these operations.

There are a few trifling errors in the text, due probably to printer's carelessness rather than to any *lapsus penna* on the part of the erudite doctor. Such are "Guillemena" for "Guillemeau," p. 59, "Deweese," at p. 76, "or" for "of," second line of p. 63. "After the elapse," p. 62.

Dr. Landis' modest little octavo is a thoroughly practical *résumé* of the infinitely varied obstetric forceps that have been of late years presented by fond and partial progenitors to the world of medicine.

It shows a thorough acquaintance with the respective merits and demerits of these potent aids to delivery.

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### OUR FOREIGN CONTEMPORARIES.\*

In our last two numbers we have to some extent overtaken the copious journalism of America. In the present one we design to do the same thing for the more restricted issues of European homœopathy.

FRANCE.—In our latest survey (Oct. 1879) of the French homœopathic journals, we brought down *L'Art Médical* to August and the *Bulletin* to May, 1879. From these points, therefore, we will take them up, and see what they have done up to the present time.

*L'Art Médical*, September 1879—October, 1880.—This journal continues to be supplied with material chiefly by its editor-in-chief, Dr. Jousset, and by Drs. Fredault, Imbert-Gourbeyre, Ravel, Tessier and Gabalda. The last named is a son of the physician who had the honour of expulsion from the Anatomical Society of Paris, in company with the elder

\* The following notice was written for our January number, but was crowded out.

Tessier, because of his avowed belief in homœopathy ; and we are glad to see a second representative of his name standing side by side with the son of his master.

Dr. Jousset's indefatigable pen enriches nearly every number of his journal with one or more articles, practical, doctrinal, or apologetic. Among the most noticeable of these is a series of cases in the number for August, 1880, showing that all the good to be done by *Digitalis* in *asystolia* is to be obtained from a first decimal trituration of the leaves, of which from four to fifteen grains are taken *per diem*. In the two preceding numbers, moreover, he gives us two further specimens of his proposed\* new presentation of the *Materia Medica*, in the instances of *Arsenic* and *Belladonna*. In introducing these, he tells us that since publishing his *Digitalis*, now some two years ago, his plan has received much discussion on the part of his colleagues, and that he has been thereby led to modify and improve it. A commencement of actual work has now been made ; and he hopes, some time during the present year, to issue the first part of " a work, which shall not be shamefully alien to medical science, like that of Jahr, or nearly unreadable, like those of Hahnemann." It is to have the " grandes lignes " of a certain *Manual of Pharmacodynamics* known in this country, with the symptomatic fulness of other handbooks. We shall look forward to its appearance with great pleasure. The portion of it we shall probably have to criticise least favourably is its presentation of Hahnemann's symptoms, which is avowedly *uncritical*, assuming that all which are not evidently " banalités " or repetitions are the genuine effects of the administration of the drugs to healthy persons. The result is that we have here, on p. 418 of Dr. Jousset's *Arsenic*, " enormous swelling of the head and face without change of colour of the skin," and " anasarca," as symptoms of the drug—the first of which occurred after powdering the hair with it, the second in aguish subjects treated by its administration. In other respects, we can conscientiously repeat, both as regards his *Arsenic* and his *Belladonna*, the

\* See vol. xxxvii of this Journal, p. 257.

commendations we were able to give to his *Digitalis*, as faithful and lucid presentations of the pathogenetic and the therapeutic actions of the medicines.

Dr. Fredault, besides the valuable essay on drug-action which we have given our readers,\* doubtless to their satisfaction, appears here as the author of some interesting observations (May, June, and July, 1880) on the curability of tubercular meningitis. The cases he relates certainly show that what seem to be true instances of this fatal disease may recover, but it is difficult to trace the result to the medication employed, which was multiform and varying. Dr. Fredault seems much of the same opinion himself, though he thinks that *Nux vomica*, and in a lesser degree *Coccus cacti* and *Arsenicum*, had some real good effect.

Dr. Imbert-Gourbeyre continues his instructive studies in drug-action, giving us this time arseniuretted hydrogen (Nov., 1879), and the *sequelæ* of poisoning by *Arsenic* itself (January, February, March, April, June and August, 1880). Dr. Ravel still collects for our advantage the testimony of older authors on important points in pathology and practice; and Dr. Tessier criticises for us the medical literature of the day.

*Bulletin de la Société Médicale Homœopathique de France.* July, 1879—June, 1880.—The number for June, 1879, whose absence we deplored in our last notice, never reached us, and that of January, 1880, likewise failed to make its appearance. We were glad to learn that from last May onwards the Society would take the distribution of its journal into its own hands. Two numbers of it under the new régime (May and June) are all that have yet reached us; but in the second the secretary, Dr. Claude, humorously tells us how it is. The members of the Society are affected with the peculiar complaint called "graphophobia," but it is mental rather than physical, and quite uninfluenced by the remedies he, in consultation with Dr. Jousset, has exhibited.

Taking, however, what we can get, we find in the earlier numbers of this series of the *Bulletin* a very interesting account of the discussion excited in the Society by the

\* See p. 97 of our last volume.

attempts of Drs. Jousset and Espanet at a reconstitution of the *Materia Medica*. The specimens of the former's work given in the numbers of this year do not impress us at all favourably, with the exception of the *Actæa*, *Apis*, and *Baptisia* which Dr. Claude has contributed to it (March, May, and June, 1880). In the article on the last-named medicine, he mentions some experience which leads him to think it possessed of a certain degree of prophylactic power against typhoid fever, analogous to that of *Belladonna* against scarlatina; and relates a case of malignant sore throat in which, used internally and as a gargle, it had a very marked effect. When speaking of *Actæa* he confirms Dr. Bayes' experience as to its value in facial neuralgia. In the article (without signature) on *Sulphuric acid* in the same number, a mistake is made in attributing to Dr. Hughes a recommendation of it in chronic headaches, suppurative white swelling, &c. A reference to his work will show that he is only quoting from others in respect of these affections, and that to the last he expressly appends a query.

Among more miscellaneous matters, we may mention the favourable experience of Drs. Cretin and Claude with *Guaco*, as a local application for stings (July, 1879); the success obtained by Dr. Jousset, at the Hôpital S. Jacques, in relieving the itching of jaundice with *Morphia* (3rd trit. of the acetate) (Nov., 1879, p. 409); a case of poisoning by the local application of *Carbolic acid*, in which, after the subsidence of the more acute symptoms, an eruption of pemphigus occurred on the face, ears and hands (Nov., 1879, p. 443); and a number of observations as to the action of medicines upon the skin, collected by Dr. Partenay (Dec., 1879). In the No. for February, 1880, we find a recommendation by Dr. Espanet, to prevent seminal emissions, when the patient wakes in time, by pressing the verumontanum against the pubes with the first two fingers of the right hand placed just in front of the anus. With this he says he has almost constantly succeeded in repressing these losses; in one case where it could not be put in practice he obtained a cure with *Selenium* 6 to 30.



In the April number, Dr. Jousset has some comments on certain symptoms of *Aconite*, which again show the importance of more critical study of the pathogeneses. Citing S. 506, 507, and 536 of Hahnemann's series, he says: "These symptoms are referred to non-homœopathic authors, Hornburg and Matthiolus." Even had any of the three been Hornburg's this would not have been a correct account of him, as he was one of Hahnemann's provers; but S. 506 is from Stapf and Gross in the *Archiv*, and S. 507 from Hahnemann himself. Again, S. 406 is advanced as a symptom of hyperæsthesia; but it belonged to a patient of Greding's in general ill-health, and the weakness mentioned ended in death. In the same number Drs. Rafinesque and Cretin express themselves as unable to find any evidence of the power of *Cantharis* to inflame the pleura. They might read such evidence in the experiments of Dr. Cantieri, of Milan, published in *Lo Sperimentale*, vol. xxiv, pp. 9, 10. At p. 720 of this number, "Hartmann" should be read for "Hahnemann."

In the May number (p. 30) Dr. Tessier reports a cure of strumous caries of the palate with *Aurum* 3 to 30; and in that of June, Dr. Guérin Ménéville gives as a symptom indicating *Arnica* in gout, "a sensation as though the foot were compressed by a hard body." In the same number it is mentioned that the white pigs and sheep of Virginia lose their hoofs if they feed on the *Lachnanthes*, while the black varieties eat it without inconvenience.

*Bibliothèque Homœopathique*, Oct., 1880.—Having ceased to receive this journal since October, 1878, and learning that its editor, Dr. Pitet, was dead, we concluded that it had ceased to appear. There has now come to our hands a number dated October, 1880, and purporting to be the first of a twelfth annual volume. As that of October 1878 was the tenth of a tenth volume, it would seem that fourteen numbers have been issued during the two years of its absence from our editorial table; and these we should be glad to receive.\*

\* They have now (Feb., 1881) reached us; and since October last the journal has arrived with commendable regularity.

We learn that the *Bibliothèque*, from this time onwards, will be the organ of the Société Hahnemannienne Fédérative, the association to which belong the more exclusive homœopathists of France. It had hitherto been represented only by the occasional issue of a publication called *L'Hahnemannisme*. The like-minded conductors of the *Bibliothèque* have now joined its ranks; and the Society as a body undertakes the publication of the journal. This is as it should be; and it will probably lead to a great improvement in the contents of the *Bibliothèque* as respects original matter, the lack of which in its pages we have hitherto had frequently to deplore.

The first number of the new series is an excellent one. It contains an introductory address, by Dr. Leon Simon, having all the clearness and grace which distinguish this physician's writings; the constitution of the Society; and an account of the Hôpital Hahnemann at Paris (rue Laugier) founded and maintained by it. There is a good case of gouty ophthalmia cured (after failure with other remedies) with *Colchicum*. Dr. Leboucher, its reporter, falls into the common error of quoting the symptoms of Hering's *Condensed Materia Medica* and other works as if they were all pathogenetic effects of the drugs. We have further a contribution from this country, in the shape of a paper by Dr. Sharp, commenting on Dr. Fredault's views as to the action of medicines published in *L'Art Médical*. As we have translated Dr. Fredault's article, we have thought it just to the question at issue to give Dr. Sharp's reply; and he has kindly furnished us with his English original, from which Dr. Vincent Leon Simon has made the version which appears in the *Bibliothèque*.

BELGIUM.—*Revue Homœopathique Belge*, August, 1879—September, 1880.\*—In the series of this journal now before us, Dr. Bernard completes his study of the homœopathic treatment of constipation (which he has, we are glad to see, issued in a separate form); and begins another on our remedies for traumatism. Dr. Kafka, fils, gives us a valuable study of the effects of the waters of Carlsbad, at

\* From this series the number for August, 1880, is wanting.

which resort he practises. Dr. Martiny, in some "Entretiens Cliniques," relates his experience in the treatment of diseases of the heart after the method of Hahnemann, in which he seems to have had no little success, so that he can give (see p. 353 of No. for March, 1880) a more favourable prognosis than is usual even in organic cardiac disease. His narratives of cases are very instructive. The proceedings of the Association Centrale des Homœopathes Belges are reported in this journal, and are full of interest.

*L'Homœopathie Militante*, August, 1879—May, 1880.—Though the number for May is the last that has reached us, we are not to suppose that our warlike contemporary has ceased from its battle in our cause,—its editor, Dr. Gailliard, telling us in April that other occupations have hindered him from issuing his journal with punctuality, but that his task is not yet accomplished.

Dr. Gailliard continues to be the chief contributor to the periodical he edits. A considerable portion of each number, from that of September, 1879, is occupied with an answer from his pen to an article on homœopathy by M. Boens, published in the *Revue de la Philosophie Positive* of Littré and Wyronboff (1879, p. 120). Nothing can be more exhaustive (though also, we must confess, exhausting to the reader) than the mass of erudition with which Dr. Gailliard overwhelms the unguarded criticisms of his adversary. We only hope that the latter will have patience to read his refutation, and grace to acknowledge its convincingness. Dr. Gailliard also supplies a host of "Pathogenetic Fragments," and other collections from, and annotations on, current medical literature. Dr. de Moor has not yet finished his extracts from authors bearing on the pathogenesis of *Quinine*, and some of these appear in nearly every number before us; while Dr. Dekeersmaecker performs a similar work for recorded pathogenetic effects of drugs upon the visual organs. Dr. Van den Heuvel contributes an interesting series of papers on the choice of the homœopathic dose; but breaks off in a tantalising manner when, having discussed the theories of others, he is about to propound his own. His failure to complete his task may be due to

his having taken part in an African expedition; and he reports (April, 1880) much success with homœopathic remedies in the maladies indigenous to the interior of that continent.

In the number for January, 1880, Dr. Dekeersmaecker states, that for dilating the pupil he uses a solution of *Atropine* containing one part in 2000. Instillation of this every hour ensures complete mydriasis at the end of four hours, and without the chance of local irritation. He mentions, however, a case in which the employment of this medication for eight hours consecutively set up an angina. He praises *Gelsemium*, internally and locally, as relieving pain in neuralgic and rheumatic affections of the eyes, and for the effects of excessive use of them. This colleague of ours, we may mention, has been delegated by the Belgian Government to represent his country at the International Ophthalmic Congress which lately met at Milan.

These numbers also contain several observations as to the action, pathogenetic and curative, of *Œnanthe crocata*, which really seems a valuable addition to our means for combating eclamptic conditions. In that of May, 1880, we find three cases by Dr. Chevalier, of Antwerp, in which hepatic disorder, with gall-stones, was removed by *Lycopodium* 30, and two of intestinal obstruction by Drs. de Keghel and de Ridder, of Ghent, subsiding respectively under *Belladonna* and *Plumbum* in the same elevated potency.

We observe that both the editors of our Belgian journals have received a public recognition of their merits. Dr. Martiny, on his resignation of an appointment he has held in the army, has been named Knight of the Order of Leopold; and Dr. Gailliard has been awarded, by the President of the French Republic, the Cross of the Legion of Honour, "in appreciation of the merits and importance of his works."

ITALY.—*Rivista Omiopatica*, August, 1879—September, 1880.—The *Rivista* has come to hand very regularly since our last notice. It continues, as hitherto, to consist mainly of translations from articles in American journals embodying the view of the (so-called) "Hahnemannian" section of our school.

*Il Dinamico*.—We have lately received Nos. 2, 3, 4, and 5, of a third yearly issue of a publication thus named. It appears at Naples, under the direction of Drs. Rubini, Cigliano, Mucci, and Ruggi. Its pages, also, are mainly occupied with translations, though they show a wider range of choice.

PORTUGAL.—*Revista Portuguesa de Therapeutica Homœopathica*, July—October, 1880.—The first two numbers of this bi-monthly journal have reached us from Lisbon, where it is published. It bears on its title-page the joint names, as editors, of Dr. Jousset, of Paris, and Dr. d'Abreu, of Lisbon; and a portion of each number is occupied by the former, who gives us, in his own language, another of the presentations of drug action of which we have spoken elsewhere—*Bryonia* being the medicine here discussed. The rest of the contents are in Portuguese, and consist of the usual material of a journal, happily from original sources. We are pleased to welcome this new accession to the periodical literature of homœopathy.

## CLINICAL RECORD.

*Natrum Muriaticum*. By Dr. USSHER.

WM. COATES. Very pale, worn look; works long hours as a printer; complains of tingling sensations in scrotum, with feeling of great discomfort; every other day there is a sensation of a fluttering in heart and throat, which he compares to a bird.

Nov. 3.—*Nat. mur.* 6x, a few powders, with such decided improvement, both in sensation and appearance, that I went to the 30th of the same drug on Dec. 18th and Jan. 8th. He is fairly well, and tells me that several men are suffering from like symptoms in the same shop; they are compositors. The lead in the type handled is I believe at the bottom of all this. Not long

ago I put some *Nitrate of lead*, 2x trit., on an onychia, where the patient was taking it internally ; it produced painful swelled testicle immediately—I think I reported it in the *Organon*, but I forget which testicle was affected ; at any rate, this feeling of discomfort, which is a very common one, with face of a dirty pasty white colour, is well met by *Nat. mur.* You have the same complexion in those who live in underground cellars, and in climacteric women who are menstruating profusely.

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## MISCELLANEOUS.

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### *The London School of Homœopathy.*

AN article signed by the hon. sec. appeared simultaneously in the *Monthly Homœopathic Review* and the *Homœopathic World* for last month, in which it is stated that, the period for which the school was established on its present basis being about to expire, suggestions for its future are invited, and one suggestion, which seems to have the approbation of the writer, is made, which is as follows:—"To fund the surplus moneys and add them to the sum already invested. To extinguish the annual subsidies now paid to the lecturers and the salaries. Of the income that will be produced, to set apart £50 annually as an endowment for a clinical lectureship at the London Homœopathic Hospital, to be held for two years by the appointed lecturer (who may be eligible for re-election), the surplus to be used for the payment of the rent of the lecture-room and for the endowment of a Hahnemann lectureship, the lecturer to be elected annually, the surplus to accumulate until a sufficient sum is available to enable the trustees for the fund to propose further endowments. It will be needful that certain changes shall be made in the constitution of the executive of the School in order to simplify its working. The course above indicated is one which would provide permanence for the most essential lectureship." And to emphasize what the writer considers to be the most essential

lectureship a note is subjoined containing the following passage from the Report of the Committee of Council of the British Medical Association on Medical Education, January, 1881: "In order to make any real improvement in training our students as practitioners, it is necessary, to a large extent, to substitute tutorial and bedside teachings for the long courses of lectures now delivered on medicine and surgery."

It is obvious that the plan on which the School has hitherto been worked has not given satisfaction to its promoters, for had it proved a success, no doubt an endeavour would have been made to carry it on on the old lines. In other words, the plan pursued has been a failure. Now, as this is the result distinctly foretold by some of the oldest and most experienced of the homœopathic body, who took a warm interest in the School at its initiation, and whose interest in it only cooled when they found that their plans were rejected by the managers of the School, might it not be worth while to give a trial to the scheme those gentlemen held to be essential to the prosperity and permanence of the School? This plan, it will be remembered, was to endeavour to obtain the legal recognition of some examining or licensing body like the University of London for (say) a course of lectures on *Materia Medica*, so that students might attend such course of lectures, which would count in their curriculum, just like a similar course in the hitherto recognised schools. By this means, they urged, there might be a prospect of obtaining the attendance at the lectures of actual medical students, and medical men who had adopted the method of Hahnemann would have been put in their proper position in respect to the medical institutions of the country. The example of Hahnemann is here very much to the point. When he wished to deliver a course of lectures on *Materia Medica* he took good care to take all the legal steps required in order to obtain recognition for his lectures by the Medical Faculty of Leipzig, even to the extent of writing and defending a thesis before the Medical Faculty. Hahnemann has pointed out to us the true way to set about delivering lectures, and all that those gentlemen who objected to the plan adopted by the managers of the School desired was to follow in the footsteps of the Master and obtain recognition for the lectures, if only for one subject, viz. *Materia Medica*. They still think that this is the true course to

pursue, and they would still be willing to aid with all their powers a transformation of the School, whereby one lectureship of *Materia Medica* liberally salaried might be founded, and recognition from some licensing body or bodies obtained for it.

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*Allopathic Liberality.*

117, Grove Street, Liverpool, E. ;  
January 8<sup>th</sup>, 1881.

SIR,

Will you be good enough to inform me what would be the charge for inserting the enclosed as an advertisement in the *Lancet*—six insertions?

Yours truly,

JOHN W. HAYWARD.

**MATERIA MEDICA PURA.** By SAMUEL HAHNEMANN.  
Translated from the latest German Editions by R. E. DUDGEON, M.D.,  
with Annotations by R. HUGHES, L.R.C.P.E.. Price 16s. E. GOULD & SON,  
59, Moorgate Street.

To the Editor of the *Lancet*.

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The Lancet Offices,  
1, Bedford Street, and 423, Strand,  
London, W.C. ; January 14<sup>th</sup>, 1880.

SIR,

As it is contrary to our practice to insert advertisements of homœopathic publications, I beg to return the enclosed.

Yours respectfully,

JOHN CROFT.

To J. W. Hayward, Esq. (with enclosure).

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Liverpool ; January 15<sup>th</sup>, 1881.

SIR,

*Re* advertisement of *Hahnemann's Materia Medica*.

As it is contrary to my practice to have any connection with trades' unions, I request you to remove my name from the list of subscribers to the *Lancet*, as I shall not renew my subscription after the present year.

Yours truly,

JOHN W. HAYWARD.

To the Editor of the *Lancet*.

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We beg to remind our readers that the motto of the *Lancet* is  
"Audi alteram partem."



*On the Rationale of Homœopathy.* By T. ENGALL, M.B.C.S.

(Continued from page 95.)

ALTHOUGH it is thought that the foregoing conclusions will command the respectful consideration of every candid mind, there is yet one part to which a more extended consideration may be given to aid the inquirer, and that is, in connection with the dose. To do away with the cause producing the disease by forces acting upon this cause—to ascertain the hidden cause by what we know of the phenomena which it creates, that is, by the inductive method, and to discover what forces will act upon this remote cause by ascertaining the action of medicinal agents upon the organism to produce similar effects; all these appear to be within the bounds of modern research. But when we come to the question of the dose, a great divergence of practice from the usual method at once meets our view. Why is it?

In the ordinary practice the first of our rules, in many cases, is departed from, and the cause of the disease is not at once acted upon, but if attempted to be reached, it is reached by indirect methods. These necessitate the using of greater force than when that force can be employed directly against the cause. If I want to drive a nail into a piece of wood, a force put forth in the direction in which I want the nail to go will require to be of less weight than a force which strikes the nail obliquely, first on its east side, then on its north side, then on its west, and then on its south; the nail may by these blows be eventually sent in, but the expenditure of power will be considerably greater than in the case of that which was given direct. Thus, the force of the homœopathic dose, *acting direct*, need not to be so great as the usual dose.

In the above we have considered the power exerted as being a simple one. But in the human organism every force is the resultant of several factors, and every disease is constituted of several factors. The greater the number of these factors that can be acted upon by the medicinal agent the less the force employed need to be. Supposing that to remove a certain state, a medicine with (say) a force of five pounds was necessary, a medicine with five factors of one pound each would produce the same

result. This is what often takes place. The factor usually employed to remove constipation is a purge; but that which the homœopathist would employ would consist of a medicine that would cover the whole of the symptoms, and that might contain in it ten or more factors, hence a much smaller dose would be needful.

As the medicines given by the homœopathic law act upon the cause of the disease, it must be evident that a small quantity of the right remedy will suffice, because a very minute quantity was the cause of the disease (reasoning from what we know to the unknown). How minute must be the miasm producing cholera, when it eludes all chemical tests; yet of what great results is it the cause. This must arise from its acting upon the springs of life. If homœopathic medicines act upon the same springs, we have another reason why it is that small infinitesimal doses will produce beneficial results. In the case of cholera, the miasm must have such tenuity as to elude the vigilance of the *vis medicatrix naturæ*, otherwise its incursions would have been prevented. And where a large dose of a medicine is given, a considerable portion of its power is lost, the *vis naturæ* throwing it off, either by the bowels, or by ejecting it from the stomach, or in various other ways by which the system is disturbed. The act of purging is one of the efforts of this force to get rid of an offender. Even when the medicine does produce its pathogenetic effects in the midst of this disturbance, it is evident that if this had not been raised, a much smaller amount even of an allopathic drug would have sufficed, especially if that drug had a relation to the cause producing the disease.

From a consideration of these different circumstances which interfere with the action of the allopathic dose, we can see that in this case a larger dose must be necessary. On the other side, bearing in mind that the homœopathic law necessitates the treatment of the cause of the disease,—the direct treatment of it,—the removal of all the opposing forces, and of that even which might perturb its operation, and the giving of it in such doses as will not rouse the opposing force of the *vis medicatrix naturæ*, we see how a very small dose may be effectual, especially when means are employed to develop the full strength of the drug.

*Erratum in former paper.*—Page 94, line 24, for invariably, read inversely.

*Homœopathy in South Australia.*

CHIEFLY by the energy of our colleague, Dr. Campbell, whose public spirit has been appreciated by his fellow-citizens, who have elected him to a seat in the Legislative Assembly, which gives him the style and title of "honourable," a children's hospital has been opened in Adelaide, and we have before us the fourth annual report of the institution. Though the founder, Dr. Campbell, is a homœopath, the hospital is founded on no exclusive medical system, and we observe that the honorary medical officers consist of followers and opponents of Hahneman's system in equal numbers. This plan seems hitherto to have worked well, and, as far as we can judge from the report, the hospital is in a flourishing state. It is, besides, a training school for nurses, and lectures are delivered by the staff in furtherance of this object, Dr. Campbell himself having delivered thirty lectures. The hospital contains 36 beds; it was established at a cost of £12,000, a large sum to be raised for such a purpose in a population of only 30,000. We heartily wish it success.

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*International Homœopathic Convention.*

SINCE our article was written, Dr. Hamilton has resigned the Presidency of the Convention, consequently Dr. Hughes, the Vice-President, now becomes President. Dr. Bayes has also resigned the office of Treasurer, in consequence of leaving London, and the Committee have been fortunate in securing the services of Dr. Black for that office.

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*Effects of Digitalis.*

DR. DUNDON's experiments with *Digitalis*, alluded to in Dr. Black's paper, have been crushed out of this No., but will appear in the next.

## BOOKS RECEIVED.

- The Pet Stock, Pigeon, and Poultry Bulletin.* Vol. xi, No. 10.  
*A Critical Revision of the Encyclopædia of Pure Materia Medica.* By T. F. ALLEN, M.D.  
*How to use the Forceps.* By H. G. LANDIS, A.M., M.D. New York: Treat. 1880.  
*Rocky Mountain Health Resorts.* By CHARLES DENISON, A.M., M.D. Boston: Houghton. 1881.  
*L'Inspection Médicale dans les Ecoles.* Par le Dr. BOTH, de Londres. Paris: Parent. 1881.  
*Nephrectomy.* By J. H. McCLELLAND, M.D. Philadelphia: Sharman. 1880.  
*Des Suites de l'Empoisonnement Arsenicale.* Par le Dr. IMBERT-GOURBEYRE. Paris: Baillière. 1881.  
*Biliary Calculi, Perineorrhaphy, Hospital Gangrene, and kindred Diseases.* By C. H. VON TAGEN. New York: Boericke and Tafel. 1881.  
*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. VON ZIEMSEN. Vol. ix. London: Sampson, Low & Co. 1880.  
*Ecce Medicus, or Hahnemann as a Man and a Physician.* By J. COMPTON BURNETT, M.D. London. 1881.  
*Soil and Water Pollution of Indianapolis.* By MOSES T. RUNNELS, M.D. Chicago: Duncan. 1881.  
*First Report of the Society for the Prevention of Blindness.* December, 1880.  
*On the Compulsory Medical Inspection of all Schools.* By Dr. BOTH. London: Baillière. 1881.  
*Notes on Rickets.* By Dr. BOTH. London. 1881.  
*General Paresis.* By G. H. FALCOTT, A.M., M.D. New York. 1880.  
*Medical Progress.* By ELDRIDGE C. PRICE, M.D. Philadelphia. 1881.  
*Carlsbad.* Par le Dr. T. KAFKA. Prague. 1881.  
*Inaugural Address on some of the Terms in common use among Medical Men.* By A. RABAGLIATI, M.D. Bradford: 1880.  
*The Homœopathic Courier.* *The North American Journal of Homœopathy.*  
*La Reforma Médica.* *The New England Medical Gazette.*  
*Boletin Olinico del Instituto Homeopatico de Madrid.* *El Criterio Medico.*  
*The Medical Counsellor.* *L'Art Médical.*  
*The Homœopathic News.* *Bulletin de la Société Méd. Hom. de France.*  
*St. Louis Olinical Record.* *Allgemeine homöopathische Zeitung.*  
*The American Homœopath.* *The Homœopathic World.*  
*Revue Homœopathique Belge.* *The Homœopathic Times.*  
*The Monthly Homœopathic Review.* *L'Homœopathie Militante.*  
*The Hahnemannian Monthly.* *The Organon.*  
*The American Homœopathic Observer.* *The Medical Herald.*  
*The United States Medical Investigator.* *The Medical Record.*

two healthy adults with moderate doses of the tincture. The 37th "West (from Roth's M.M., I)" is not self-explanatory; but the reference enables us to ascertain that it\* denotes some symptoms observed on a patient taking the drug. The 38th to the 40th are (supposed) results of provings of high potencies, from the 30th upwards †; the 41st is Fleming, in his well-known treatise on Aconite. The 42nd is Schneller. The symptoms of this physician, a member of the Vienna Provers' Union, which was started in emulation of its homœopathic predecessor, resulted from a proving of the extract. They are given here from Roth; and in vol. x (p. 642) some further results, obtained in the same way by the same prover with two associates, are recorded. No. 43 is "J. C. Peters (effects of a large dose)"; but whence it is taken is not stated, nor can I discover. ‡

The authorities drawn upon for the supplementary pathogenesis of vol. x are mostly narrators of cases of poisoning; and their observations are described in sufficient detail, with full references.

I now proceed to examine the several sections of the pathogenesis, with the usual threefold object.

*Mind.*—I. S. 1, 2, 3, 4, 5, 44, 66, 67, and 92, should, in my judgment, be expunged. S. 1 occurred in a case of acute rheumatism with erysipelas, after taking a mixture of Aconite and antimonial wine. S. 2 and 92 are stated by van Helmont to have occurred after putting a piece of Aconite root on his tongue; but he says of the state they describe:—"I have already often had ecstasies, though I never found myself quite like this. I have, further, repeated the experiment in vain; I have felt nothing similar again." S. 3 is not to be found in the narrative to which it refers, which may be read *in extenso* in Reil. § S. 4 was the mental effect of vomiting after an antidote had been taken. S. 44, 66, and 67, are merely clinical (so marked). S. 5 and 6 are parts of the same narrative: "cœpit," Richard says, "delirare,

\* *Archives Générales Françaises*, n. series, viii, 451.

† The first of these, Robinson's, should have been referred to the volume of the *British Journal* (xxiv) in which they appeared; and it should have been stated that he also proved the mother-tincture. For the others, see Dr. Allen's "Examination," p. 267.

‡ Dr. Allen ("Examination," p. 268) now refers us to *N. Am. Journ. of Hom.*, iii, 133.

§ Op. cit., p. 36.

et canebat alte in folio quodam lacero," but this was the only mental disorder that occurred.\*

Besides these rejections, I should note that S. 27, 29, 30, and 32, should be read together as in the narrative; and that in the first of these Dudgeon's† "states of humour" much better represent "Gemüthszustände" than Allen's "moral symptoms." Also, that S. 11 should be credited to <sup>6</sup> instead of <sup>29</sup>; that in S. 19 the "Er sinnt" of the original is omitted, which Dudgeon renders "He is in a reverie;" that in S. 21 "he" should be "she," and that in S. 41 "to him" should follow "unbearable."‡

II. It has often been observed that the sufferer from Aconite-poisoning has his mind clear throughout; and, when the dubious symptoms above noted are eliminated from the pathogenesis, those that remain bear out well the statement. "Delirium" is indeed given as a toxicological symptom, but it was probably such transient mental excitement as that mentioned by Richard. In all the cases of poisoning collated in vol. x it only occurred once. The "stupor" and "loss of consciousness," moreover, referred to this source, are always traceable either to circulatory disturbance, apoplectic or syncopal, or to asphyxia from convulsions. Nevertheless, Aconite displays a real action on the cerebral centres. On those of the motor kind this is seen in physical restlessness; and on those which subserve the intellectual operations, in loquacity, rapid change of ideas, with nevertheless inability to fix the mind on any definite subject. Still more marked is the emotional disturbance of the drug. The spirits are excited; there may either be gaiety, or rapid alternation of opposite states, or the various forms of irritability, apprehensiveness and anxiety pictured in S. 33—76. In poisoning cases the fear that death is about to ensue is often out of

\* I have since thought it likely that S. 5 is meant for Hahnemann's S. 537, "Wahnsinnige Possen." If so, for "folly" we should read "tricks" or "pranks." Hahnemann seems to have meant by these the singing to the accompaniment of a torn leaf, which he does not otherwise specify: Allen having introduced it, as he has several other symptoms, from the original narrative.

† *Mat. Med. Pura*, by S. Hahnemann, transl. by Dudgeon, 1880, S. 508.

‡ Dr. Allen does not seem to have considered these and the other corrections I shall have to make in his Aconite symptoms of any moment, as in his now commenced "Critical Revision" he omits altogether the pathogenesis of this drug. I shall, of course, use his emendations for the subsequent medicines as if they had appeared in the appendix to the work itself.

proportion to the severity of the symptoms. States of simple depression of thought and feeling may occur (as in S. 91—102\*), but they are very rare in comparison with those of excitement now depicted.

Aconite thus exhibits itself as causing a morbid *tension* of the mental and emotional faculties, which, without actually disordering them, keeps them too much on the strain for their steady and natural working. This action was well seen in an experiment made by Dr. Potter, which, as subsequent to the publication of Dr. Allen's work, may be recorded here.† He was supplied with ten undistinguished vials, one of which contained Aconite 3, and he was to identify it (if he could) by its distinctive effects. He began one evening to take three drops from one of the vials every five minutes. After even the first dose, he grew fidgetty and nervous; then came great and causeless apprehension on account of his wife, who was out on a visit: headache, vertigo, and great sensitiveness to sounds and odours supervened. After an hour and a quarter he had become so nervous and anxious that he could not work, and on hearing a voice outside his window he fairly jumped from his seat, but sank back faint, with dimness of vision. When, finally, he went to bed, he could not sleep. On testing the other vials under similar circumstances no effects ensued, and he fixed (and rightly) on the first as containing the drug.

III. In the preface to Aconite in the first edition of the R. A. M. L. (1811), Hahnemann mentioned the state of the patient's disposition (*Gemüth*) as an important element in which similarity to the drug's action should be secured. In the third edition he specifies this, in the case of acute local inflammations, as an "anxious impatience, an unappeasable restlessness, and an agonised tossing about." We have reason to believe, moreover, that it was the presence of these symptoms in the febrile state which first led Hahnemann to its employment therein, which was then quite a novel application of the drug.‡ Carroll Dunham has well shown§ how such indications correspond with the

\* The "loss of memory" referred to Jousset in S. 97 was only a transient forgetfulness.

† From *Hahn. Monthly*, Sept., 1880, p. 532.

‡ See my *Pharmacodynamics* (4th ed.), p. 148.

§ *Lectures on Materia Medica*, i, 81.

pathological conditions to which Aconite has been found specifically suitable, viz. to the neurotic fevers and to inflammation before exudation has set in. It cannot, perhaps, be said that the absence of nervous tension absolutely contra-indicates Aconite in pyrexia; but certainly in proportion to its presence is the rapidity of its action and the minuteness of the dosage required. The same condition is also a "key-note" for its choice in other disordered states, as Dr. Guernsey has fully illustrated.\* It is further beneficial for the effects of fright, as where the catamenia are checked by it—Hahnemann himself recommending it here, and for morbid apprehensiveness itself, especially the fear of death. Erethistic states, without actual pyrexia, occurring during dentition and parturition, are very amenable to its use; and here, as always when nervous tension is present, the higher dilutions give the most brilliant results.

*Head.*—I. S. 146, 147, 148, 149, and 250, should be expunged. The first consists of ailments from which the patient was suffering previous to taking Aconite; the last was the actual effect of a chill, not "as if one had taken cold;" and the intermediate three are merely clinical. The authority for S. 173 should not be <sup>85</sup>, which denotes one of the Austrian provers, but "t." it is from Sherwin's observation numbered 44 in vol. x.† S. 197, 218, and 229—232, have no authority, though the "(19a)" appended to S. 229 and 230 probably refers to Hencke's first prover, so designated, and should stand as "19a."‡ S. 157, "head seems bound around with a band," ascribed to Hahnemann, cannot be found as his. In S. 138 "and" should be inserted between "forehead" and "on stooping;" in S. 190 Dudgeon's "*wrong* in the head" seems better than Allen's "sick;" in S. 193 "painful headache" would be better than "sensitive pain," which is hardly English; S. 198 seems to make the "like" refer to the headache, whereas it really characterises the nausea; in S. 206 "blows" should be "beats;" in S. 208 the comma between jerking and shooting should be removed, and in S. 245 "throat" should be "neck."§

\* See *Brit. Journ. of Hom.*, xxx, 387.

† See S. 127 of Dr. Dudgeon's arrangement of Aconite in the *Hahnemann Materia Medica*, part i.

‡ This error is of constant occurrence throughout the pathogenesis.

§ "Huls" is indeed ambiguous; but it is "collum" in the original Latin.



II. Vertigo is occasionally caused by Aconite, as by most potent drugs, but is not of very frequent occurrence either in those proving it or those poisoned by it. It is sometimes aggravated by stooping, when it connects itself with the fulness of the head the drug can cause; sometimes on rising from the sitting posture, when it is probably a part of its cardiac weakness. The headache of Aconite is an almost constant phenomenon, as Schroff found in his proving of the *A. cammarum*. He describes it as of two kinds; the first "associated with pain in the face and in character identical with it, having its seat on the scalp, and involving the distribution of the temporal, frontal, and supra-orbital divisions of the trigeminus." The second kind of headache came on later, after the pulse had fallen; it "was associated with ringing in the ears, vertigo, &c., and was seated within the skull, and from smaller doses was only a dull pressing sensation within the skull." Any bodily or mental exertion aggravated it, and brought on tightness and pain in both head and face. Allen's symptoms bring out these two headaches into clear relief, and show the one in its full development to be neuralgic, the other congestive. The former hardly needs further characterisation. The "headache within the skull" is especially described as a sense of constriction, compression, or tension, sometimes very severe; its congestive character is displayed in feelings of heat, fulness, and weight. S. 151, 153, 155—158, 169, 183, 200, 224, and 1668, may be read in illustration of this last condition. In S. 173 it is seen at its height; the patient, who had taken a mouthful of the tincture of the root, felt her brain so much congested that the jugular vein was opened, and she felt thereupon as if whisked suddenly from a close, hot, dark room into a spacious light one.

III. It is rare that vertigo, as a substantive affection, can call for Aconite. In headache it should be used even more frequently than it is. Of this as a trigeminal neuralgia I will speak when I come to the face. For congestive headache Aconite confessedly holds a high place, and is especially indicated when the patient has the feeling as if a band were fastened round the forehead, which has often been experienced from the pathogenic action of the drug. Fleming used it internally in fifteen cases of headache of some standing, with complete success in ten—three of these being nervous, four congestive or plethoric, and

three rheumatic. — Of the unsuccessful cases three were nervous and two dyspeptic. Relief was usually experienced after the first dose, and a complete cure effected on the first or second day. In acute cerebral congestion without headache Aconite has often proved of signal service, especially where the rest of the body is cold, or where there is general circulatory excitement with tension. It thus plays an important part in the treatment of apoplexy, and here the numbness and tingling which it causes in the extremities go to augment its homœopathicity to the morbid state.

*Scalp.*—This section is peculiar to Aconite, appearing in the pathogenesis of no subsequent medicine. Its symptoms are the dysæsthesiæ of the cutaneous nerves and twitchings of the cutaneous muscles which we have elsewhere, and present nothing for special comment.

*Eyes.*—I. S. 278 is from Case viii of Greding's series, and is obviously inadmissible. S. 297 and 308 are to be rejected, as purely clinical. S. 298 has no authority: it should be marked <sup>28</sup>, as one of Robinson's. S. 328 is a part of S. 173, and should hardly have been inserted here, as it has no relation to the eyes as such. S. 284 should not come among the objective phenomena of the eyes; it represents " (the head giddy and) *the eyes misty*" of the original. In S. 292 for "brow" read "eyebrows."

II. No very marked influence on the eye appeared in the experiments made with Aconite by Hahnemann and his pupils, save that he himself gives the symptom "very painful inflammation of the eyes (chemosis)," which Dr. Allen hardly improves by rendering "inflammation extremely painful." One would like to know under what circumstances this condition was observed, as in no other instance has the conjunctiva become inflamed under its use, and very rarely is it noted even as blood-shot (S. 309, 1669. S. 1671 was from the local application of the drug). Several of the Austrian provers speak of a sense of enlargement of the eyeballs, with pressure outwards. It was probably a similar action of the drug which was experienced by two of the patients treated by Fleming with his strong tincture of the root.\* Both had considerable pain in the eyeballs and

\* *On Aconitum napellus*, 1845. Cases 15 and 17 in appendix.—Dr. Allen has not used these cases, though Fleming is one of his authorities; I suspect that he has only quoted him at second hand from Marcy and Peters.

profuse lachrymation ; with one dimness of vision coincided, with the other photophobia, and febrile symptoms were present. In neither, however, was there any visible increase in the vascularity of the organs. Still more violent seems to have been the effect of the drug in Richard's case of poisoning, cited by Hahnemann, in which the patient (who had taken a drachm) "was attacked with so painful and frightful an inflammation of the eyes, with lachrymation,\* that the patient rather wished himself dead than to have to bear such agony long."

The pupils are generally dilated by Aconite, whether it be taken internally or applied locally ; but contraction is sometimes observed† (S. 319, 1678), and alternate contraction and dilatation is not uncommon (S. 1671, 1674). The sight is sometimes obscured (S. 328—333, 1675), but it is difficult to say whether this is due to a direct effect of the drug, or whether it results from its depressing influence upon the circulation, and is analogous to the blindness of excessive loss of blood—to which poisoning by it is compared by Fleming.

III. We have had to combine with the above symptoms our general knowledge of the action of Aconite to give it its true place in ophthalmic affections. Its great power of relaxing arterial tension makes it suitable in acute congestions and in the initial stage of actual inflammation of any of the structures of the eye, especially of those whose engorgement causes pain and sense of enlargement. Thus it has cured active hyperæmia of the lids from over-use of the eyes,‡ and recent amaurosis from exposure to cold ; it is also highly esteemed by oculists of both schools§ for its power of checking incipient inflammation of the eyes after mechanical injury, whether accidental or operative. Look out, says Dr. Vilas, for the ciliary zone in these cases, and directly it occurs put in your Aconite. Drs. Allen and Norton praise it for the acute aggravations of granular ophthalmia.

\* In the original, "ophthalmia quædam lippitudinosa, dolorifica ac horrida." I doubt whether the "causes much pain and fright," by which Dr. Allen represents these two last adjectives, quite expresses the meaning of the latter ; nor do I feel sure, though I follow Hahnemann's rendering, that "lippitudinosa" means "with lachrymation." Dudgeon renders it "with discharge."

† See also Pereira's *Materia Medica* (4th ed.), vol. ii, part ii, p. 690.

‡ *Ophthalmic Therapeutics*, by Drs. Allen and Norton ; *sub voce*.

§ See *Journ. des connoiss. med.-chir.*, 1856, Nos. 9 and 10

Aconite is also of great value in what we used to call sclerotitis—the “rheumatic ophthalmia” resulting from exposure of the eyes to cold. We are now taught that the sclera is rarely inflamed, and that the redness of its hyperæmia appears in patches. But clinically I mean by sclerotitis a *painful* inflammation of the surface of the ball, presenting a crimson and straight-lined injection instead of the scarlet network of catarrhal ophthalmia. Here, when the suffering is a diffused ache (not the shooting pain of Spigelia), Aconite is—*meipso teste*—most effective. It has little influence over rheumatic iritis.

Dr. Dekeersmaecker has lately\* spoken highly of Aconite in glaucoma, when this ocular affection is associated with anæsthesia or neuralgic pain in the parts supplied by the trigeminus, suggesting its own dependence on some disorder at the origin of that nerve. This is a beautiful homœopathic application of the elective action of the drug thereon, as ascertained by Schroff.

*Ears*.—I. The sole critical remark I have to make on this section is, that S. 358 has to be expunged, as clinical only.

II. Aconite seems to exert hardly any direct elective action on the auditory apparatus. The numerous cases of poisoning collated in vol. x furnish no aural symptoms whatever. Of the twenty-one which constitute the section “Ears” in vol. i, seven describe various forms of tinnitus. Their explanation is afforded by S. 356, in which the buzzing immediately preceded faintness; and by Schroff’s experiments, in which (with vertigo) it accompanied the dull headache of the second period after the pulse had fallen. The sensations in the ears which make up the other fourteen symptoms were all very transitory, and can hardly be assigned any significance, save S. 338, which rather belongs to the Eustachian tube. Nor can we, without better evidence than that assigned, accept the “purulent discharge from the ear,” given by Petroz as an effect of *A. lycocotum*.

III. The only therapeutic experience with Aconite in ear diseases I can find is that of Dr. Bayes, who speaks highly of it in acute otitis. He finds it necessary, however, to give from two to five drop doses of the first decimal, saying that higher dilutions are of no service. It is, therefore, in all probability its physiological action which is exerted here.

\* *L'Hom. Militante*, i, 271.

*Nose.*—I. In S. 362 “furuncles” should read “furunculus.” There was but one boil in this situation.

II. Aconite showed no influence on the nose as it is part of the face, unless the “itching on the nose” and “the skin of the nose is cracked” of Petroz’ *A. lycoctonum* are to be accepted, and they are trivial. It is otherwise with the mucous membrane, where the drug sets up much congestion, which may result in sanguineous or serous flux. To the former we refer the compressed feeling and dryness noted in S. 359, 360, 361, and 363 of *A. napellus*, and S. 39 of *A. lycoctonum*. Epistaxis appears in S. 364 and 365 of the former; and coryza, of fluent character, is manifested in most of the remaining symptoms of either. Twice, in the Austrian provings, coryza is noted as supervening upon a general febrile condition (S. 777 and 782 in Dudgeon’s collection). S. 380 (Hahnemann’s)—“great sensibility of the olfactory nerve, bad smells have a powerful effect”—is starred and heavy-typed by Allen, but it hardly corresponds with the general action of the drug upon the sensory nerves.

III. Aconite is specific in congestive and feverish colds, *i.e.* those beginning in the circulatory sphere, local or general; and will often so subdue the vascular disturbance that no “organ-remedy” is required. The presence of blood here favours its choice, but it is rarely called for in pure epistaxis.

*Face.*—I. That S. 411 and 412 should be expunged as merely “clinical,” is all I have to say in this section by way of criticism.

II. There are three capacities in which the face manifests (or experiences) the action of Aconite; first, as it is the organ of expression; secondly, as it is the visible portion of the surface whereon are perceived the changes wrought in the blood and circulation; thirdly, as it is the seat of the ramifications of the fifth nerve. In the first capacity, we see there in the subjects of poisoning by the drug the anxiety, fright, and other signs of emotional tension so characteristic of its action. In one such case, recorded in vol. x, it is noted that “the patient had for several days the expression of one astonished.” The colour of the face in poisonings is either pale or bluish, according as the depression of the heart’s action or the embarrassment of the respiration is most marked; and therewith is coldness of the surface, sometimes with clammy sweat. The opposite condition—redness and warmth—is seldom or never seen here (in one case only of

Allen's collection is the face said to have been "flushed"), but in the provers it predominates. In those who took *A. cammarum* under Schroff's superintendence it is noted, "the temperature of the skin during the first half hour after the dose was elevated; especially the head and face were very warm;" and in the Austrian provers redness often coincided with heat. In one of Hencke's the face was hot, the hands and feet cold; and "several" are said to have felt a cold sensation in the face, though it was hot to the touch. The action of Aconite upon the trigeminus, in both its sensory and motor portions, is very marked, and suggests the nucleus of the nerve as its seat. The sensory trigeminal disorder induced by the drug is best seen in Schroff's provers of *A. cammarum*, though some of the older symptoms shadow it fairly forth (see S. 419—421 and 428—431 of *A. napellus*). It begins with a sense of "crawling" (which is felt also more or less generally); it is "not like formication, pricking, or tickling, but rather a mixture of all these." Then comes "a drawing, tense sensation, at times also a feeling of pressure, followed by single shooting-jerking pains along the course of the isolated nerves; the pain changing about, till at last it became fixed." The face may ultimately become quite insensible. Of a piece with this an- and dysæsthesia is the sensation as of being swollen (S. 409, 410, 422), which is often associated with numbness and tingling of a part. The involvement of the motor portion of the fifth is suggested by the "sensation of distortion of the face," mentioned by Schroff in connection with the crawling, and particularly experienced by Peters as a result of the large dose he swallowed (S. 455, 456\*). In S. 440—444, and 1624, it is seen in actual twitching, distortion, and rigidity, which in the last case took the form of recurring trismus. Whenever these sensations or phenomena are localised, they are referred to the jaws—the seat of the distribution of the trigeminal as distinguished from the facial motor nerve. The skin of the face shows hardly any eruptive symptoms, S. 445 of *A. napellus* and S. 51 of *A. lycoctonum* being the only exceptions; but one of Schroff's provers found it desquamating after the crawling sensation had gone off, which suggests the trophic nerves as affected.

III. As the characteristic countenance of *Belladonna* is red,

\* The numeration here is incorrect, 450 being prefixed to S. 447; but I am counting from S. 460 backwards.

turgid, and excited, so that of Aconite is pale and anxious. Should it be bluish, as in cholera, the indications for the remedy are only the more patent. Redness and heat of face in Aconite cases are part of general fever, and are rather seen in the cheeks than over the whole visage. The trigeminal symptoms of the drug show that the high repute it has always enjoyed in facial neuralgia must be credited to homœopathic action, and encourage us to its more frequent use. The tincture of the *root*, prepared with rectified spirit, should always be prescribed with this view, as its proportion of Aconitine is so much greater. The affection of the motor branches of the fifth makes Aconite exquisitely homœopathic to trismus, whether tonic or clonic. It does not appear whether the facial nerve is similarly affected, so we cannot pronounce upon its applicability to "tic non-douloureux"—the "histrionic spasm of the face."

*Mouth.*—There are here also two clinical symptoms to be expunged, S. 468 and 537. S. 525 belongs to Greeding's ninth case. The symptoms of the lips should properly have been inserted in this section, and those of the jaws (S. 469, 470) referred to the previous one.

II. The sensations caused by Aconite in the lips, mouth, and tongue, are mainly the result of its local irritant influence. They are those of burning; they come on almost immediately, extend to the throat, œsophagus, and stomach, and last for some hours. It is here, however, that the trigeminal sensory disorder of the drug, as shown by crawling, numbness, and sense of enlargement, begins. The crawling (says Schroff) always observed a definite order. It set in about forty minutes after the dose had been taken, when the pulse had fallen one quarter, and just before the headache and faceache. "Its first indication was a biting and cooling sensation on the tongue," compared by some to that which peppermint causes, "always associated with increased secretion of saliva, after which came on the crawling. It appeared first on the tip of the tongue, then over the upper surface of the tongue and on the lips, extending to the back of the mouth, then began in the tips of the fingers, then in the face, &c."

In one of these two categories all the really buccal symptoms of Aconite may be placed. The various alterations of taste noted at the end of the section are probably of sensory origin,

as only in Schneller, who took large doses of what must have been a very weak extract, was the tongue furred. It was so, indeed, in Schroff's proving of *A. ferox*, but that is a strong local irritant. The teeth were sensitive to the air in one proving, and suffered some (shooting) pain in a few others, but far less frequently than with such drugs as Belladonna, showing the dental branches of the fifth to be less affected by the drug than its higher offsets.

III. Aconite has little or no therapeutic relation to the mouth, and is seldom useful in toothache, unless fever be present, and then only to reinforce Belladonna.

*Throat.*—I. By way of criticism, I have only to expunge S. 543, which is part of S. 245 in the "Head" section, where—as I have shown—"throat" should be "neck;" and for "ears" in S. 547 to read "ear," *i.e.* that of the same side.

II. I am not at all sure whether Aconite has any elective affinity for the fauces. They share with the mouth the burning and dryness which speedily result from the local irritant influence of the drug, but the crawling which supervenes later does not extend to them. In the Austrian provings I find no observations of inflammatory sensations or phenomena, save when substantial doses of the tincture were swallowed; and this suggests a corresponding origin for slight symptoms of the kind recorded by Hahnemann. There is such a variety, however, in the dysæsthesia referred to the part by the provers that the drug may affect it in another way. An observation of Pereira's, that the subjects of poisoning by Aconite often grasp at their throats was confirmed by one of Schroff's provers, who found himself constantly inclined to do this; and it seems to be connected with respiratory embarrassment, and may result from slight constriction of the glottis due to the excitant influence. Dr. Harley has found it to exert on the upper portion of the motor nervous tract.

III. If Aconite can do anything for inflammatory affections of the throat, it must be by its influence on the circulation. It is only useful, as Dr. Ringer points out, when the thermometer shows fever to be present. It is rarely used here, Belladonna practically superseding it. It should be borne in mind, however, in the "nervous sore throats" we often encounter, and for which it is well to have another remedy besides Lachesis, Ignatia, and Ambra.



*Stomach.*—I. A good deal of criticism is required for this section. S. 604 should read “in the morning” instead of “mornings;” the hiccup only occurred on one occasion. So with S. 608, 609, and 610; “eructation” and “rising” are singular in the original. S. 605 is purely clinical. S. 611, representing the “pyrosis” of the French original, should be rendered “heartburn” instead of “waterbrash.” In S. 622 “Ekel” should hardly be rendered “nausea,” which is elsewhere used for Hahnemann’s words signifying inclination to vomit; “loathing” or “disgust” would be better. In S. 640 “mucus” should be “substance;” there is no word corresponding to it in the original. In S. 641 “After” should be “During.” Authority 17 is appended to both the “pains in the stomach” of S. 656 and the “pressive stomachache” of S. 658: his one word for both is “cardialgia.” In S. 659, Hahnemann’s language conveys the idea of the præcordial pain gradually involving constriction of the chest, rather than changing into it. S. 687 should have “attacks of” before “dyspnœa.” As to Greeding’s symptoms, I would say that S. 629 and 649—651 belong to his first case, and S. 604 to his eighth. S. 627 occurred in several of his patients, but the group given in S. 616 I can find (at least, as regards the heat and thirst) in none.

II. Aconite is a specific nauseant and emetic, like Antimonium tartaricum and Lobelia. It is also locally irritant, and its general febrile condition is accompanied with loss of appetite and thirst. The great majority of its stomach symptoms receive their explanation in one of these ways. S. 597—600 show that under some circumstances Aconite can increase the appetite to an even morbid degree. S. 661 and S. 679 occurred together, after a dose of fifteen drops of the mother-tincture. S. 607 and 672—676 suggest some spasmodic condition of the walls of the stomach, which is also seen in the toxic symptoms of vol. x, and in Heinrich’s provings of *A. cammarum*.

III. Aconite has probably no direct action upon the stomach. The case of gastritis I have cited in my *Manual of Therapeutics* (2nd ed., ii, 68) well shows how powerless it is for the local malady, in contrast with the immediate effects of Arsenic. A case of the vomiting of pregnancy checked by it is on record (Gaspari, *Ann. d. h. Kl.*, i, 150, quoted by Dudgeon, *op. cit.*).

*Abdomen.*—I. My chief critical remarks concern S. 726 and

728—80. In Richard's case of poisoning, to which the first is referred, we read, "erant præcordia cum dolore et duritie tensa," which Hahnemann renders, in his 193rd symptom, "the upper abdomen below the ribs is the seat of a tense, painful swelling." So Dr. Allen gives it, as his S. 702. S. 726, however, is "the flanks more tense, painful, and felt hard;" and to this there is nothing else corresponding in Richard's narrative. Dr. Allen probably got it from S. 130 in Dr. Dudgeon's arrangement, in which it is erroneously given thus (probably from having passed through Gerstel's German). S. 726 must therefore be expunged. Again, both Richard and Matthiolus mention that their poisoned criminals had their belly swollen, as if they had dropsy there. Hahnemann's 194th symptom is, "Swollen, distended abdomen, as in ascites," and is referred to these two authorities. Dr. Allen, however, makes three symptoms out of the one, referring the first (728) to Richard, the second (729) to Matthiolus, and the third (730)—which he gives in Hahnemann's words—to Richard and Hornburg, the latter of whom has no such observation. Besides these points, I would note that in S. 697 "pinching" should be in brackets, with a query; that in S. 705 the burning went over the patient, not over her umbilical region; that in S. 706 "sensation" should be "pain;" that in S. 708 it should appear that the drawing was from both sides of the abdomen towards the navel; that S. 717 has no authority assigned, unless the "(19 d.)" is meant for 19<sup>d</sup>.; and that S. 746 should be joined on to S. 745, or introduced by some phrase signifying that it was a concomitant thereof.

II. The abdominal symptoms of Aconite fall mainly into two divisions—those of tension and distension, and those of inflammation. The former predominate, and occur in many provers. Only in the two cases of poisoning mentioned above was the distension general; it is usually localised, painful, and (when sufficiently high up) obstructive of respiration. Spasmodic and irregular peristaltic action is suggested by it. A moderate degree of inflammatory action appears in S. 713—715 and 719—724; the peritoneum seems more affected than the intestines themselves.

III. Aconite would always be used in incipient peritonitis; but it merits more employment than it has received in colic, in which,

of course, it would be especially suitable if the attack was due to exposure to cold.

*Rectum and Anus, and Stool.*—I. These two categories must be classed together, as, though separated by Dr. Allen, they run into one another. By way of criticism on them, I have but to expunge S. 781 and 782, as merely clinical, and S. 762 as not occurring in the *human* subjects of Dr. Jousset's experiments.

II. Aconite is undoubtedly capable of acting as an aperient as well as emetic, though it does not often do so. The cases of poisoning collated in vol. x present no instance of it, but Hahnemann, Hencke, and two of the Austrian provers, report its occurrence. In the fourth prover of the second-named it was urgent, and accompanied with tenesmus; and this condition was experienced to a high degree by Dr. Deschere, after touching the tincture with the tip of his tongue (S. 1706 in vol. x). The opposite condition of constipation may occur, as in S. 784—789. The whitish stools more than once noted will come before us again when among the skin symptoms we encounter "jaundice." In the rectum and anus we see the congestive and spasmodic symptoms so constant in the action of the drug (S. 762—760). Those of weakness of the sphincter which follow are somewhat dubious. In S. 764 and 765 the involuntary evacuation occurred in a convulsive fit and a faint respectively, and in S. 762 in the rabbits poisoned by Jousset shortly before their death. There remain only Hahnemann's two—"transient paralysis of the anus, involuntary evacuation," and "thinking to pass merely flatus, there occurs an unexpected evacuation of thin fæces." These probably describe the same single occurrence, and it is too common a one to have any special significance. It is supported, however, by S. 794.

III. Acute hæmorrhoidal attacks, and diarrhœa with tenesmus, are the morbid conditions of this division to which Aconite is suitable. Its value in the former is well known. The watery stools it causes fill up the picture of its homœopathicity to cholera, but the main extent of the canvas is occupied with its action on the circulation and temperature, of which I have yet to speak.

*Urinary Organs.*—I. S. 832 is clinical only, and needless, as it merely confirms S. 816. Greiding's symptoms (811—814) are from various patients, diuresis being a frequent and genuine

effect of the drug ; but the muscular symptoms associated with it in S. 813 are valueless, as they occurred in patient No. viii. S. 795 also has been bracketed, as the patient's bladder was previously unhealthy ; and S. 802 obviously should have been so treated.

II. The diuresis noted by Greeding was observed by Schroff in his provings, and more especially from *A. ferox*. Hirtz also has obtained it by experiment (S. 1707), and it seems to be the result of the direct action of the drug upon the kidneys. Scarcely any other evidence of such action is afforded by Dr. Allen's symptoms ; but in a case of fatal poisoning given by Dudgeon (*op. cit.*) the kidneys were found congested ; and in one communicated to the *New York Medical Journal* for April, 1875, the urine, at first very scanty, was for a time "loaded with albumen and fragments of casts" (see *U. S. Med. Inv.*, ii, 414). There is more evidence of irritation of the neck of the bladder, and even of the urethra and glans penis (S. 791—793, 797—806), but it is rather neurotic than inflammatory in character. The urine, when profuse, was of course watery ; but in the provers in whom fever was developed it presented the usual features seen in that state. In cases of poisoning it is liable to be suppressed, and Hahnemann records blood (S. 816) as having been observed in it.

III. The renal symptoms of the case above cited will give us fresh encouragement in combating with Aconite incipient congestion and inflammation of the kidneys, such as that which arises from cold or in the course of scarlatina. It would accordingly be suitable in all cases of acute renal dropsy. The suppression of urine it causes is another element in its homœopathicity to cholera, but its diuresis is too transient an effect to give it any place in chronic maladies of this kind. In recent strangury from cold, and inflammatory gonorrhœa, it is very effective.

*Sexual Organs.*—I. Three of the symptoms of this section (847, 868, and 869) are merely clinical, and must be expunged accordingly. S. 862 and 863, though not so marked, are obviously of the same character, and are condemned by Dr. Allen in his "Examination." The "lasciviousness" of S. 849 is hardly a good word for expressing nothing more than increased sexual desire ; Dudgeon's "amorousness" is better. At the end of S. 862 "copiously" should be added. S. 851 and 867 are bracketed

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ALLOPATHIC IGNORANCE OF HOMŒOPATHY.

Two communications published in the *Times* of the 15th and 18th April, from a "Correspondent," on the subject of homœopathy, are worthy of notice as giving a very fair idea of what our allopathic friends do not know about homœopathy. These displays of allopathic ignorance, we are informed, proceed from the pen of a distinguished representative of the old school. As he undertakes to enlighten the public on homœopathy he should know something about the system he writes upon with such *ex cathedra* imperiousness. The grotesque unverity of his statements about homœopathy might lead us to presume that he was some obscure and unintelligent onhanger of the dominant school, but the circumstance that his first lucubration received the honour of large type in the columns of the *Times* might make us suspect that his position in the orthodox school was not undistinguished. We are all the more pleased to know that he is an illustrious leader in the allopathic school. If the leaders are thus blind it is no wonder that the led are as blind as we find them to be. Hence we may regard the opinions of this writer as in a manner the representative opinions of the allopathic school respecting homœopathy. All the more is it necessary to give categorical replies to the misstatements, misconceptions, and errors of the *Times'*

“Correspondent.” These would have more appropriately appeared in the newspaper, but though the first communication of this “Correspondent” was sufficiently replied to in the *Times*, the discussion in that paper was summarily stopped, and no answer appeared to the second communication, though we believe many were forwarded.

We propose to make a few comments on the principal errors contained in these two communications, rendered important by their conspicuous insertion in the *Times*, and by their attribution to a leader of allopathic thought or want of thought—hardly otherwise deserving of notice. Thinking is too troublesome an operation for the ordinary practitioner, so he is glad to let that little matter be done for him by others, and provided those who assume that duty express themselves with sufficient *aplomb* and dogmatism, they are readily accepted as the leaders of allopathic thought, that is to say, of providing others with opinions they are too lazy or indifferent to take the trouble to think out for themselves.

The “Correspondent” (whom for brevity we shall indicate by the letters “B. C.,” which may stand for “Blundering Correspondent,” “Befogged Critic,” or anything else the reader chooses), with whose maunderings about homœopathy we have to do on this occasion, is a fair type of the modern style of hostile critic of homœopathy. The time has long gone by when a critic of homœopathy thought it desirable to look a little into the writings of Hahnemann and his followers in order to ascertain what they did say and what homœopathy really is. That time may be looked upon as antiquity. The allopathic opponent has no need to potter over homœopathic works in order to find out what homœopathy is. He knows all about homœopathy without that. Oral and written tradition has made him thoroughly well acquainted with all the main characteristics and many of the minute details of the homœopathic system, so he writes about it as confidently as though he had assisted at its birth, and had watched it through its infancy and adolescence to its full maturity. To be sure the presentment of homœopathy he has given us is but a queer burlesque of the original, but he is so thoroughly

satisfied with it that he resents every attempt on our part to correct his caricature.

Taking "B. C." in this communication to the *Times* of the 15th and 18th April as the exponent of homœopathy as seen through "orthodox" spectacles, we find that "the system called homœopathy sprang into existence at a time when the practice of medicine had been shaken to its foundations by physiological investigations of various kinds, when old methods were being distrusted and new ones tried, and when nearly everything relating to the use of drugs was being re-examined from a more scientific basis than had formerly existed." This is the "orthodox" legend as to the time when homœopathy was promulgated. Let us see how the legend accords with the facts. Hahnemann's first essay "*On a new Principle for ascertaining the Curative Powers of Drugs*" was published in the principal periodical organ of medicine in Europe, *Hufeland's Journal*, in 1796. At that time, and for half a century afterwards, the "orthodox" practice of medicine was much as it had been for a century before. The favourite methods of treating disease consisted of bleeding, blistering, the actual and potential cautery, purgatives, mercurialization, sudorifics, emetics, alteratives, tonics, sedatives, stimulants, and other perturbing and spoliative procedures. In 1828 a new periodical of orthodoxy was established in this country and became the leading organ of medical opinion. It took for its name *The Lancet*—the instrument of venesection—as though it would say, "bleeding is the chief remedial agent of medicine, the *sine quâ non* of scientific, rational, orthodox medicine, the one method which must always remain the mainstay of the practitioner in the most serious diseases." And that the belief in the excellence of bleeding was not weakened for many years after this we have ample proof in the outcry, raised some fifteen years thereafter, against Mr. Kingdon, the distinguished London surgeon, for venturing to state at a meeting of the Medical Society, that *Aconite*, whose virtues he had learned from the homœopath, Dr. Quin, was such a powerful remedy in inflammation, it would cause our lancets to be laid aside; "rust in their cases," was his

expression. The Dogberry who directed the journal called after the threatened instrument, pronounced this idea of Mr. Kingdon to be "flat burglary," and called on the Medical Society to expel the heretical member—if he did not recant.

Even so lately as the year 1840 Sir John Forbes wrote of orthodox medicine that it was so bad "it must either mend or end."

It was not until several years after this that orthodox medicine did begin to mend. But the amendment did not begin from within the old school, it was forced on it from without. Patients found that they got well with greater certainty and rapidity under homœopathy and hydropathy, and refused to submit to the painful, uncertain, and injurious methods of "scientific" medicine. So the old school, finding their clients leaving them in shoals in pure fear of their cherished methods, executed with wonderful quickness a turning movement ("advanced with enormous strides," as "B. C." puts it), and forthwith discarded their traditional methods of bleeding, salivation, and the like, and adopted a more or less expectant treatment, which they found to be so much more successful than their ancient plans that they forthwith proceeded to disparage and denounce the very methods which a short time previously they had lauded as the only rational and scientific ones. But it was speedily perceived by some of the leaders of the orthodox school that their claim to infallibility would be seriously compromised if they were to admit that they had been all wrong in their former treatment. Some device must be invented to make it appear that their former treatment by bleeding and other spoliative methods was just as wise as their present treatment by mild remedies of a tonic or gently stimulant character. It would never do to allow that they had changed their system in obedience to outside pressure, or in consequence of the teaching and example of the detested homœopaths. In a moment of inspiration they invented the celebrated "change-of-type-of-disease" theory. It was diseases that had changed, not they. Diseases of a few years ago were characterised by plethora, erethism, excessive strength, and consequently required all sorts of antiphlo-



gistic and depressing remedies. Now-a-days diseases are characterised by debility, anæmia, nervous exhaustion, and so forth, and consequently require tonics and stimulants. The sagacity of the medical world perceived at once this complete change of type in diseases, and changed their remedies to meet the altered circumstances. A few candid friends among their own ranks ventured to pronounce this "change-of-type" theory all humbug, but their voices were drowned amid the jubilation with which this ingenious plan for escaping a confession of fallibility was received by the general medical profession.

We are next told that "its originator, one Hahnemann, had no pretensions to scientific knowledge, and was probably even too ignorant to perceive the full absurdity of his own teaching." "One Hahnemann" is good, as though we should say "one Galileo," "one Harvey," "one Newton," Hahnemann occupying the same position towards medicine as these three illustrious "ones" occupied respectively towards astronomy, physiology, and physics, all being A 1 in their several domains of science. That is not, of course, what "B. C." means, but it is nevertheless the truth. Each was a revolutionary reformer in his own sphere, and the annals of medicine may be searched in vain to discover a name comparable to that of Hahnemann for the influence he has had on the practice of medicine. Truly he had "no pretensions to scientific knowledge;" his scientific acquirements were too real to be a matter of pretension. "One of the most learned physicians of Germany," Hufeland called him, and Hufeland was his pronounced antagonist and the champion of the system Hahnemann overthrew. "A man of genius and a scholar," says Sir John Forbes, in his critical essay on homœopathy.

"Too ignorant to perceive the full absurdity of his own teaching." Yes, indeed, he was too ignorant of the advantages to the sick of the heroic treatment employed by the orthodox, the bleeding, blistering, mercurialising, in common use, to perceive the absurdity of his own rational specific medication.

"The doctrine of similars was apparently founded upon

nothing more or less than a mistranslation of one of the maxims of Hippocrates." This would seem to refer to the saying of the author of *The Places in Man*, one of the so-called Hippocratic treatises, that "although the general rule of treatment be *contr. contr. cur.*, the opposite rule also holds good in some cases, viz. *sim. sim. cur.*"\* Whether this is a mistranslation or not is of no consequence, for it is utterly incorrect to say that Hahnemann's system was founded upon it. The foundation of the doctrine of similars was *experience*, as Hahnemann has elaborately informed us, and so much is this the case that he originally gave to his system the title of the "Medicine of Experience," to distinguish it from the systems then in vogue, which were for the most part founded on conjecture. The medical system-monger started with a hypothesis regarding the nature of diseases and a hypothesis regarding the virtues of medicines, and as both hypotheses were generally wrong, the treatment founded on them was useless or injurious. It was by experimentally ascertaining the exact powers of medicines, and by the exact observation of diseases, that Hahnemann was enabled to deduce his therapeutic rule *similia similibus curentur*—let likes be treated by likes. Certain drugs had been empirically ascertained to be curative in certain morbid states; morbid states of a similar character were found to be caused in healthy persons who "proved" these drugs on their own bodies; this was observed to be so invariably true as regards many diseases and drugs that Hahnemann suspected it might be a general therapeutic rule, and his suspicion was gradually changed into certainty by finding that medicines employed in this way effected cures *tuto, cito et jucunde*. The pseudo-Hippocratic maxim, correctly or incorrectly translated, had nothing to do with Hahnemann's discovery of the therapeutic rule, which was a pure deduction from experience, and the first recorded instance of the application to therapeutics of the Baconian method.

"Hahnemann asserted that the potency of any drug increased in proportion to the smallness of the quantity which

\* See Adam's *Hippocrates*, vol. i, p. 77.

was administered." This is a very common orthodox legend; of course it is the exact contrary to what Hahnemann did assert. He diminished the dose of the medicine for curative purposes in order to diminish its potency and to obtain its therapeutic, without its pathogenetic effects. Here again he was guided by experience, which showed him that if he administered in disease a homœopathic medicine in a large dose it was apt to cause aggravation of the symptoms of the disease, or to develop its own pathogenetic effects, either of which interfered with or might even altogether prevent its curative action. Experience also taught him that the diseased organism was much more sensitive to the similarly acting medicine, and hence a much smaller and therefore absolutely weaker dose was required than would be needed to cause a medicinal action when no homœopathic relation betwixt drug and disease existed. The only thing in homœopathic pharmaceutics that lends a shadow of verisimilitude to this legend is the experimental discovery of Hahnemann that some substances, as charcoal, flint, and metals, which in their crude state have little or no effect on the human body, develop medicinal powers when triturated to a minute condition of subdivision along with an indifferent substance, like milk-sugar. In this case the potency of the smaller portion of the drug is greater than that of the larger portion, but then the potency is acquired by the pharmaceutical process of trituration with the milk-sugar. Such a phenomenon was not altogether unknown to the old school, for they were accustomed to rub up the non-medicinal quicksilver with chalk, and thus make the highly medicinal *Hydrarg. c. Cretâ*. It was Hahnemann's merit to improve on this hint and carry out the process on a good many other substances which he suspected to have, like quicksilver, the promise and potency of medicinal action.

"Those who called themselves homœopaths were persons who treated actual disease . . . by precisely the same methods as ordinary practitioners." This is a very common statement, and has this amount of truth in it, that many of the methods of the two schools are alike now-a-days, but they were not so a few years ago. The cause of this present

likeness is, however, not that we have adopted old-school methods, but that old-school practitioners have adopted our methods, and as they are not informed by those who introduce these methods to their notice that they have been purloined from the homœopathic school, they naturally imagine that the new practice is of orthodox growth.

If we could fancy an orthodox practitioner disregarding the fulminations and anathemas of the British Medical Association, the Universities of Aberdeen and St. Andrew's, the King's and Queen's College of Physicians, the Royal College of Surgeons in Ireland, the Medico-Ethical Societies, the Liverpool Medical Society, and the frowns of the whole tribe of medical baronets and K.C.B.'s, and venturing to hold a little professional conversation with a "reputed homœopath," he might find that the practice of the latter was pretty much the same as that which he had learned from the most unexceptionable orthodox authorities. As thus :

*Orthodox Practitioner.*—What medicine do you give in inflammatory fever ?

*Reputed Homœopath.*—Usually *Aconite* in drop doses.

*O. P.*—Why, that is precisely what was prescribed by Mr. Brudenell Carter in the case of Dr. Anstie, as recorded in *The Practitioner* for October, 1874.\*—What do you do in acute gastritis ?

*R. H.*—I would probably give *Arsenic* in small doses.

*O. P.*—But that is just what Dr. Black recommended some years ago in the *Lancet*.—How do you treat dysentery ?

*R. H.*—Generally with small doses of *Corrosive sublimate*.

*O. P.*—But Dr. Sydney Ringer in his 'Handbook of Therapeutics,' 4th edit., p. 223, advises 100th of a grain of *Corrosive sublimate* in such cases.—What do you give in suppuration of the cervical glands ?

*R. H.*—Very small doses of *Hepar sulphuris*.

*O. P.*—That is our *Sulphide of Calcium*, the very remedy Ringer advises for such cases in  $\frac{1}{10}$ th of a grain.—What is the homœopathic remedy for whooping-cough ?

\* Only the disease being pyæmic, and not inflammatory fever, *Aconite* was not the right remedy, as any homœopathic tyro might have informed him,

*R. H.*—Drop doses of *Drosera rotundifolia* as a rule.

*O. P.*—But that is precisely the remedy lately vaunted by Dr. Murrell, who says, moreover, that small doses are much better than large ones.

And so on with fifty other remedies for fifty other diseases. The inquiring orthodox practitioner, finding that "homœopaths treat actual diseases by precisely the same methods as ordinary practitioners," might, unless otherwise enlightened, go away with the impression that homœopaths have adopted orthodox methods, whereas the reverse is the case, and it is the orthodox who have adopted, without the slightest acknowledgment, the methods of the school of Hahnemann.

The next allopathic legend adopted by "B. C." is that "homœopaths employ the resources of modern chemistry in order to facilitate the administration of the most powerful remedies in small bulk," which is a pure invention, as homœopaths as a rule give their medicines in the forms presented to them in nature, in place of in the alkaloids obtained from them by chemical manipulations. Thus, they give *Aconite* in preference to *Aconitine*, *Digitalis* rather than *Digitaline*, *Belladonna* rather than *Atropine*, *Nux vomica* rather than *Strychnia*, *Opium* rather than *Morphia*, *Hyoscyamus* rather than *Hyoscyamine*, *Veratrum* rather than *Veratrine*, *Stramonium* rather than *Daturine*, *Cocculus* rather than *Picrotoxine*, and so forth. As Hahnemann himself says: "Homœopathy concerns itself only with whole, undivided medicinal substances, as they exist in the natural state." (*Mat. Med. Pura.*, Preface to *Opium.*)

"The regular practitioners maintain that there are no homœopaths, and that the whole system of doctrine and practice died out many years ago." True, the regular practitioners have declared ever so many times during the last score of years that homœopathy was dead, but their present anger against it is because it is only too much alive, for we cannot suppose that all these colleges and societies, and illustrious baronets, and able editors of medical journals, would engage in the unprofitable task of flogging a dead horse. "B. C." would scarcely say that the discussion he raised in

the *Times* was "calculated to scatter the whole system of the so-called homœopaths to the winds" if it were already many years dead. In his second letter he endeavours to give the *coup de grace* to this too lively homœopathy in a manner familiar to controversialists. He first evolves from his inner consciousness a homœopathy of his own, and then proceeds to bowl it over.

Homœopathy, he says, "rests upon three great principles." That is true; the three great principles are:—  
 1. Proving medicines on the healthy to ascertain their precise effects. 2. Giving medicines in disease whose ascertained effects on the healthy correspond to the totality of the symptoms of the disease. 3. Administering the remedy in a dose strong enough to produce its therapeutic effects, but not so strong as to excite any perturbing accessory effects. And a fourth may be added. 4. Giving one medicine at a time, not mixing a lot together, as is the fashionable method of "rational" practitioners.

But "B. C.'s" "three great principles" are very different. "The first principle was that all disease was essentially suppressed itch." Hahnemann's theory of the origin of *some* chronic diseases from *psora* is merely a pathological hypothesis nearly identical with some current at the time in the orthodox school, notably with that held by Antenrieth, but the statement of "B. C." respecting it is only remarkable for its ludicrous inaccuracy.

"Hahnemann did not know that itch is produced by a parasite which infests the skin." In 1792, *i. e.* exactly eighty-nine years ago, consequently a long time before the era of "B. C.," Hahnemann wrote:—"The cause of itch given above [*viz.* 'small living insects or mites which take up their abode in our bodies beneath the epidermis'] is the only true one, the only one that is founded on experience. These exceedingly small animals are a kind of mite. Weichmann has given a drawing of them; Dover, Legazi, and others have observed them; Linnæus, however, thinks that the dry itch has a different variety of mite from that attending the moist itch." The whole article may be read in our twenty-first volume, p. 671, and shows that Hahnemann was tho-

roughly well acquainted with the origin of itch from the *Acarus scabiei*.

"The second principle was that the more any medicinal agent was diluted the greater became its power." We have already exposed the inaccuracy of this assertion, so need not dwell upon it further.

"The third principle was the so-called law of similars." The law of similars is no doubt a principle of homœopathy; it is the rule for the selection of the remedy, but it is merely a therapeutic rule, not an explanation of the *modus operandi* of drugs in diseases, as "B. C." and many of our opponents insist on saying we assert it to be. All "B. C.'s" arguments on this assumption are mere idle fighting with shadows. We do not give medicines for the purpose of increasing the symptoms of the disease; we select a remedy for a disease that is capable of developing on the healthy in large doses symptoms similar to those presented by the disease, and we administer this remedy in doses so small that they shall not be able to aggravate the symptoms of the disease nor cause collateral heterogeneous symptoms. The editor of the *Lancet*, in a recent article, imagines he has made a great discovery when he says that, though the rule of selection of the remedy may be according to the maxim *similia similibus*, the *modus operandi* of the remedy in the disease is *contraria contrariis*, and he thinks he has given the death-blow to homœopathy by this discovery. But previously the same view has been held and maintained by many of the adherents of homœopathy, who never for one moment considered that they thereby imperilled the soundness of the homœopathic therapeutic rule.

"From the days of their founder to the present time there has never been a single instance in which a professing homœopath has enlarged, in however small a degree, the boundaries of science, or has added one iota to the sum of human knowledge." In our last number, when reviewing Koeppel's work on *Homœopathy*, we showed that homœopaths had added a very fair quota to the sum of human knowledge in the departments of physiology and pathology, and we may here add that if the contributions to therapeutics by homœo-

pathists were removed from the materia medica of the orthodox school—if remedies pilfered from the homœopathic materia medica were eliminated from the standard orthodox works of Ringer and ex-homœopath Phillips, the orthodox practice would be shorn of its most efficacious remedial agents, and the “enormous strides” of regular medicine would be reduced to a few stumbling steps—mostly in a backward direction. The more ignorant the “regular” practitioner is of the immense debt his own practice owes to homœopathy, both negatively and positively, the more scornful he is of his homœopathic colleagues.

“As blind men use to hold their noses higher  
Than those that have their eyes and sense entire.”

But even in his scorn, “B. C.” can afford to be magnanimous to his despised brother: “It is never too late to mend,” he writes, “why cannot the homœopaths even now take advantage of the late events to admit that their professions are no longer tenable, and everything which is true in the doctrine of similars is the property of all the world?” As if the whole object of our labours were not to make the doctrine of similars the property of the whole world! to make all participators in its benefits! This concluding sentence of “B. C.” reminds us of the last verse of Burns’s “Address to the Deil:”

“But, fare ye weel, auld Nickie-ben!  
O wad ye tak a thocht an’ men’!  
Ye aiblins might—I dinna ken—  
Still hae a stake—  
I’m wae to think upo’ yon den,  
Ev’n for your sake!”

Perhaps “B. C.” may find on inquiry that homœopathy, like the personage alluded to in these lines, is not so black as it is painted, and that it is his own system, rather than ours, that stands most in need of mending. His admission that there is something true in the doctrine of similars that is of advantage to the world is a hopeful step in the right direction.



## ON CONSULTATION BETWEEN ALLOPATHIC AND HOMŒOPATHIC MEDICAL MEN.

By DR. DRYSDALE.

THE first principle to be laid down is that there can be no right to refuse absolutely to consult with any qualified medical man unless he has been cut off from the rights and privileges of the profession by any criminal or other conduct morally *contra bonos mores*, such as is generally brought before the Medical Council, and that therefore to refuse to consult with him is tantamount to an accusation of infamous and immoral conduct. The only proper plea on which any one can refuse consultation is that it would be practically of no use to the patient. This plea, it must be acknowledged, is capable of being made in good faith, and any one making it should explain to the patient and friends why consultation is not likely to be of any use, at the same time carefully explaining that there is no absolute reason against it, and that he is merely pointing out that by withdrawing this request useless trouble and waste of time and disappointment will be avoided. If this was done in every case by allopathic consultants no objection could be made, and no fault found. Everything, however, depends on the facts being correctly stated, and due candour manifested in respect to the existence of any common ground on which consultation may be possible. The question is not settled against the allopaths in every case by the statement, that of course when it is a question of specially homœopathic prescription, no homœopath would expect or desire the opinion of an allopath, and that, therefore, whenever a homœopath consents to a consultation the presumption is that consultation is possible to an honest and candid allopath, owing to the existence of some neutral ground on which they can hold a discussion for the benefit of the patient. In general, the mere fact of a homœopath consenting to ordinary allopathic consultation may be taken as sufficient, but there

may be difficulties as said in some cases; in all cases, however, the onus must be thrown on the allopath of showing that by refusal he is not using that refusal as an engine of persecution of a medical scientific doctrine instead of simply wishing to spare useless discussion in the particular case. Now, there are many cases which openly bear the interpretation of persecution on the face of them; and others where presumed difficulty of agreement on some points of practice, though true enough in certain cases, is simply the pretext on which persecution is really intended and actually carried out. All *a priori* rules instituted by ethical societies, or medical clubs or associations, in which consultation in general is absolutely interdicted, are of course persecution of scientific opinion by perversion of a rule originally intended for moral delinquency; and of course are immoral and irreligious. Against this there is no remedy but the spread of a higher religious and moral tone amongst the profession, or a demonstration of the truth of the homœopathic principle. But as to persecution *a posteriori* and in detail, something would be gained if in all cases the consultant admitted at the outset that he never had any right absolutely to refuse to go, and would not in fact refuse to go, if the patient still wished, after hearing his explanations. This would be a great gain, and would open the door for a better understanding as to what were the common grounds on which we could meet. Now, there are many cases in which the refusal is palpably persecution, while there are others more complicated in which consultations might be said to be incompatible with the duty of the consultant to the patient as regards a whole class of diseases, while in the particular case the consultant if candid must acknowledge that the symptoms indicating this incompatibility are not present. For instance, take the case of specialists and setting aside purely surgical treatment, a physician cannot be expected to be equally skilled with an oculist in regard to the diagnosis of eye diseases, or of eye indications of general disease by the ophthalmoscope; he would therefore naturally call in an oculist to aid him, without in the least wishing to abandon the case to the oculist, and in respect to the

ophthalmoscopic indications he would be the proper person to use them and not the oculist. The homœopath has the same right to the services of the oculist and all other specialists as the allopath, and of course so has the patient. Hence here to refuse would be a palpable act of persecution, not only of the homœopathic doctor, but of the patient also. The specialist is therefore bound to give his services equally to both, and that also without fear of sharing the responsibility of the treatment. It is true that, if in the case of the treatment of the disease, say of the eye, he disapproves, he is at liberty, and I think bound, to make this known to the patient, and thus to be absolved of responsibility. But in the case of ophthalmoscopic diagnosis he is not responsible at all. In cases of surgery and midwifery, such as passing a catheter or operating for strangulated hernia where immediate operation is necessary, and giving aid in difficult labours, to refuse or even delay assisting a homœopath on the pretext of consulting colleagues whether help should be given, is palpably an offence against morality and humanity, is, in fact, persecution of a medical opinion by endangering the life of third parties, *i.e.* the patients.

In other cases, where the consultant is not a specialist, it will in most cases be possible for an uncandid allopath to make the incompatibility a pretext for refusal. But if he is a candid man, there are numerous individual cases of a great variety of diseases where he may render inestimable service to the patient by attending a consultation with a homœopath, while allowing the latter the command of specific medication. In continued fever, for example, we all know that the majority of consultants place no faith in drug treatment, but all or nearly all in general management and stimulants, in both of which, and also in occasional drug auxiliaries, the homœopath can meet him on equal ground. Is it not ridiculous for an allopath who gives no medicine himself, and scorns the idea of any action at all of the 3rd dilution of *Arsenic* or *Rhus* to object to give his advice as to the proper time and dose of stimulants, because the homœopath proposes also to add the dose of *Rhus* or *Arsenic*? A refusal here would simply be a transparent

pretext for persecuting the homœopathic doctrine as a whole. It is obvious such pretexts are more difficult to uphold in individual cases, each to stand on its own merits, than when a general rule is made by a body of men acting in concert on the well-known principle that corporations have no soul to be damned and no body to be kicked. So we may expect benefit for our cause by constantly ventilating our grievance among the public, and thus bringing their influence to bear on this immoral combination of the allopaths to persecute a medical doctrine. As individuals we could contend successfully with individual cases of refusal, and easily expose the pretexts on which nine tenths of refusals really hinge; but as individuals and as a small and weak body numerically, we are unable to contend against a banded union or corporation, and hence we must desire the subject to be brought before the public from time to time.

I see the *Lancet* attempts to excuse allopathic refusals in the eyes of the public on the ground that the consultant does so at his own loss, and this shows that he must be actuated by some very high and honourable motive in so doing, adding "It is past comprehension that this is not universally recognised." This is really laughable! It may be past the comprehension of a hired anonymous partisan writer for a purpose, but unfortunately it will only be too plain to any one of common sense that the risk of loss to a consultant from one or two homœopathic cases is as nothing to the loss of the cases sent by the mass of ignorant and bigoted allopathic general practitioners whom the *Lancet* is doing its best to keep away from him if he consents. Every one sees this at a glance, and the obvious effect is to put the consultant on his defence against being actuated by ignoble and interested motives in refusing to meet the homœopath. He is in fact in a state of subservience to medical terrorism. All this would be saved by the simple resolution to acknowledge the right of patients to consultation with eminent medical men of all schools—at the same time allowing the consultant in individual cases to urge the inutility of it for reasons given applying to his particular case. I perceive that in one letter to the *British Medical Journal* it is proposed to withdraw

the general rule of prohibition, so a more reasonable spirit seems to be making itself manifest, and I trust will ere long spread through the profession. But we must ourselves second it, and not exhibit any signs of the narrow sectarian spirit we are just deploring in the opposite party. We ought always to make it plain that we are only in a temporary position and acting under compulsory exclusion till the time arrives when the homœopathic principle comes to be admitted into medicine as a whole, and the separate name will then cease to exist. As an instance of the refusal of allopaths to consult being a mere pretext for persecuting a doctrine, I may quote a case where advice was sought on the question whether a patient labouring under incipient insanity should be put under restraint or not. The allopathic consultant refused to go on the plea that he could not give an opinion before he knew that proper medicine (*i.e.* allopathic) might not prevent the necessity by curing the patient. The reply of the homœopath was that, when he saw the case and thought he knew of any such medicine, he was welcome—nay, bound—to tell his friends of it, and leave them to decide, but he was not justified in refusing the patient that chance by not going to see him; whereas the homœopath showed he was acting in good faith for the good of the patient by giving the opportunity. Who can doubt that if each case stood on its own merits the consultant would have gone? while being under the ban of a medical trade's union rule he was terrified into persisting in his refusal. The same happens in all questions of change of climate. How seldom can any allopath conscientiously say that his treatment adds much to the chance of keeping the patient safely at home!

On the other hand, let us remember how greatly the common ground for consultation is extended by the adoption of many of our remedies by the allopaths and, unhappily, by the mere *usus in morbis* indications in our own body.

I repeat that our true policy is to maintain with perseverance that no medical man has a right under any circumstances to refuse to meet another duly qualified practitioner if desired by the patient, in spite of representations of the

probable inutility of the said meeting drawn from reasons applying to the individual case, which, however, the consultant is allowed or even bound to make. This receives additional illustration from what may happen in our own body, in which vast differences of opinion and practice exist. Let us suppose a consultation proposed between Dr. Kidd and Dr. Dudgeon. Dr. Kidd's practice is homœopathic, allopathic, and empirical, in certain proportions; the same can be said of Dr. Dudgeon's, though in different proportions; and the same may be said of Hahnemann's, although again in different proportions, for he also recommended emetics and stimulants on certain exceptional indications, *i. e.* allopathic treatment, and animal magnetism of whose action he and we know nothing, and therefore empirically. If, therefore, Dr. Dudgeon's patients wish Dr. Kidd called in he ought not to refuse absolutely to meet him, and ought to do so if finally it is insisted on, but he would, I apprehend, explain to the patient that it is unlikely that they two could go on together for any time in that harmony which is necessary between the consultant and consultee, as he would feel bound to keep more strictly to homœopathic indications, and unless yielded to he would be obliged to retire from the case, for it is not the part of the family practitioner to abnegate his judgment and become the mere servant of the consultant, as would happen if the consultor carried out treatment against his judgment. I am told this is pretty much what happens when consultation with Dr. Kidd is proposed in London. The more strictly homœopathic of our body simply prefer to retire and leave the case in Dr. Kidd's hands. Again, there is the other extreme involving those who call themselves Hahnemannists, but whose point of distinction is the using of the highest dilutions, which Hahnemann did not use or sanction. If called to consult with them, we cannot of course refuse absolutely, but we should be compelled to explain to the patients that we are not likely to agree on the important point of the dose, which, if wrongly adjusted, must neutralise our otherwise best chosen drug selection. So, therefore, I think we can put forward, as the *modus vivendi* on this subject, which will apply both to our inter-

course with allopaths and to that with different varieties of our own body, the simple principle—that we are never justified in refusing absolutely to meet any properly qualified medical man who has not forfeited his position by infamous conduct, on the ground of homœopathy or any other medical theory or practice, however scientifically erroneous it may appear to us. But we are at liberty in each case to point out the inutility of our meeting as far as the medical prescriptions bearing on that special case are concerned. But then, if the patient still insists, the consultant is bound to go and give his opinion on the case, and if the two cannot agree on treatment the consultant has no further responsibility. By this simple principle the present unseemly display of mere trade's-union practices would be put a stop to, and the dignity of a liberal profession would be regained by the medical body as a whole.

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## EPILEPSY.

A TREATISE on epilepsy forms a considerable portion of Dr. Bojanus's work on *Operative Surgery*, which we have reviewed in another place. As this is quite distinct from the main body of the work, we shall give to it a separate consideration. In this work Dr. Bojanus gives us the results of his practice in all cases of epilepsy that came before him, and he does this in such a thorough and minute manner that we know of no treatise in the whole homœopathic literature that can compare with it in these respects.

The total number of cases he treated was 54; of these 22 were cured, 11 left off treatment after having been considerably benefited, 21 only came once.

Of the 22 cured, 10 were males, 12 females; of the males, 3 were children of from nine to fourteen years, of the females 2 were children.

We have not space to give the full histories of these cases, not even of the 22 cured cases, but we cannot forbear

reproducing the author's *résumé* of the cases which he gives under the heading of the medicines that cured or improved them.

1. *Rana bufo* alone.

*Cured.*

CASE 1.—A man of 43, of robust constitution, without hereditary predisposition or apparent exciting cause. Ill for a year. No aura. Four or more attacks in the month. Face livid; bites his tongue. *Bufo* 6, one dose per diem, continued for four months. After taking the medicine no more fits, and two years later had had no relapse.

CASE 2.—A man of 27; robust constitution, no hereditary predisposition; exciting cause: gymnastics. Had had an attack without apparent cause when six years old. Ill for ten years. Aura: timorous, given to start. A power compels him to think of other things. From four to nine fits in the year, generally at the new moon. Face livid; bites his tongue. *Bufo* 12, one dose per diem. The year following had two fits without aura, falling, or loss of consciousness; a slight fit the next year. For twelve years thereafter no fit. *Bufo* was given for five years, one dose a week.

CASE 18.—A woman, aged 34; delicate constitution; no hereditary predisposition; exciting cause the occurrence of the menses. Ill for twenty years. Aura: flickering before the eyes, feeling of weakness as if about to faint. Fits every week, or one to two fits every third week. Bites the tongue; passes urine. *Bufo* 12 dec., one dose per diem. Three years afterwards had had no relapse.

CASE 20.—A boy of 11; pretty strong constitution; no hereditary predisposition or ascertainable exciting cause. Ill six months. Not known if there was an aura. One to four successive fits in one day, once a week. Fit with cry; bites his tongue. *Bufo* 6, two doses per diem. No fit after one month. *Bufo* 6, one dose per diem. Six months afterwards no fit, and two years later no relapse.



*Improved.*

**CASE 23.**—A man, aged 63; robust constitution; no ascertainable hereditary predisposition. Excessive drinking the exciting cause. Ill five years. In the aura, some palpitation of heart, determination of blood to the throat with constrictive sensation. Daily fits; bites his tongue. *Bufo* 6, one dose daily. Three months afterwards fits rarer, without falling or loss of consciousness; seven months afterwards fits only once a week, and no fit the last three weeks. *Bufo* continued all this time, henceforward one dose a week. No relapse a year afterwards.

**CASE 25.**—A man of 35; good constitution; without hereditary predisposition or known exciting cause. Ten years ill. No aura. Fits of two kinds; the great fits are chiefly at night; bites his tongue; hurried speech, something intermediate between stuttering and quick speaking. *Bufo* 12 dec., two doses per diem. In the next two months he had four small fits, which occurred on four successive days; the next three months three fits on three successive days; thereafter for two months he had neither the great nor the smaller fits. After this the patient ceased attendance.

**CASE 30.**—Boy of 15; middling constitution; no hereditary predisposition or obvious exciting cause. Ill for a year. No aura. Fits weekly or fortnightly. Bites tongue, passes water, vomits. *Bufo* 6. In the following two months one fit without loss of consciousness. Not seen thereafter.

**CASE 31.**—Boy of 15; good constitution; no hereditary predisposition or obvious exciting cause. One year ill. Whether aura or not uncertain. Two fits per month. Livid complexion; bites tongue. *Bufo* 6. A month afterwards a slight fit; after another month no fit. Did not return after this.

**CASE 32.**—Girl of 6; robust constitution. No hereditary predisposition; no ascertainable exciting cause. Ill one year. No aura. Two fits per month; bites tongue; passes urine. *Bufo* 6, one dose daily. Two months afterwards three fits. The following three months two fits without falling or loss of consciousness. During the two next months no fit. Did not come back after this.

2. *Rana bufo* and *Salamandra*.*Cured.*

CASE 5.—Man, aged 28 ; good constitution. Hereditary and exciting causes not ascertained. Ill since childhood. Aura, anxiety, and confusion of mind. One fit per month, at night and in the morning hours. Fit: marble coldness of extremities ; bites tongue. Convulsions chiefly in the upper extremities. *Bufo* 6 dec., two doses per diem. Five weeks afterwards a slight fit. Next three weeks two fits in one day. *Salamandra* 6 dec., two doses per diem. The next four months no fit, instead thereof, headache. The next six weeks one fit. No fit for five years after this.

CASE 7.—Man, aged 65 ; robust constitution. No hereditary predisposition. Exciting cause : exposure to a steam kettle. Six years ill. Aura, heaviness in head, and stupidity. One fit per month, at various times of the day, more at night. Fit: redness of face, then paleness ; bites tongue. Ulceration of nails on hands and feet. *Bufo* 6 dec., two doses per diem for eight days, then pause for a week. The next two months two fits without loss of consciousness. During the next two months one severe fit. *Bufo* 12 dec. for a week, then pause for a week, then *Salamandra* 12 dec. for a week, then pause for a week, then *Bufo* repeated, and so forth, alternately. No relapse after three years.

CASE 11.—Woman, aged 25 ; robust constitution. Hereditary predisposition. Exciting cause : childbirth, forceps employed, injury to womb (?). Ill four years. Aura. Cries, short convulsions, protrusion of tongue. One, sometimes four, fits per month ; fifty-two to fifty-four fits in a year. Convulsive movements chiefly on the left side. Face dark red, livid, swollen. *Bufo* 12, and *Salamandra* 12, two doses per diem, each for a week, and a week's interval between each, for seven months. Fits slighter and rarer, thereafter no fits for seventeen years.

*Improved.*

CASE 29.—Unmarried woman, aged 26 ; constitution,

muscular, strong. No hereditary predisposition. Exciting cause; acute disease, typhus (?). Ill for six years. Aura: stretching of left arm, as though making rotatory movements with it. At first every six, afterwards every three, and now every month, fits at uncertain times. Irregular heart's beats. *Bufo* 6, two doses daily for three days, then pause for three days, then *Salamandra* 6, for three days, and three days' pause, and so on, alternately. Since then no relapse for a year and a half. Still under treatment.

*Bufo*, preceded by *Lachesis* and *Sulphur*.

*Cured.*

CASE 4.—Man, aged 50; robust constitution. No hereditary predisposition. Exciting cause: suppressed hæmorrhoids (?). Ill three years. At first, yearly one to two fits, afterwards every two or three months, always at night. No aura. No biting of tongue. Face livid, swollen. Ecchymoses and petechiæ; erection and seminal emissions. *Lachesis* 30, one dose daily. The next six months no fit; hæmorrhoidal bleeding six times. *Lachesis* 30 dec. and *Sulphur* 30 dec., one dose weekly, alternately. A month later four hæmorrhoidal bleedings and a fit as usual. *Lachesis* 200, for a week in divided doses. The next three months a slight fit, without complete loss of consciousness. The next four months one slight fit. *Lachesis* continued as above, with weekly pauses. The next five months two severe fits and disappearance of the hæmorrhoidal bleeding. *Bufo* 12 dec., two doses daily, continued for a long time with intermissions. Since then, for twelve years, no fit and no bleeding.

*Bufo* preceded by *Ignatia*.

*Cured.*

CASE 10.—Unmarried woman, aged 32; robust constitution. No hereditary predisposition. Exciting cause: concussion of brain. Aura: sad, heaviness of head, aphasia. Ill for eleven years. Two to three fits weekly. Constant

lachrymose disposition. *Ignatia* 12, two doses per diem, then pause for a week, and so on. No fit for six months. The next four months two slight fits, which recurred the following months. *Bufo* 12. Thereafter two slight fits, and since then, three years, no more.

*Belladonna* alone (in one case *Atropine* also).

*Cured.*

CASE 15.—Woman, aged 31; good constitution. No hereditary predisposition. No ascertainable exciting cause. Duration, five years and a half. Aura: fear and anxiety. Two months after the birth of her fourth child, several fits in rapid succession, then a pause, and three months afterwards three fits. Bites tongue. Pale face. Convulsions chiefly in the lower extremities. All the symptoms of hyperæmia of the brain. *Belladonna* 6 dec., four times daily. One month later one fit, and then one fit in six months. *Belladonna* 6 dec., two doses per diem for a week, then pause for a week. No fit the next three years.

CASE 21.—Boy of 14; strong constitution. No hereditary predisposition. No ascertainable exciting cause. Duration, one year. Aura: headache. Two to three fits per month at indefinite times. Bites tongue, flow of urine, vomiting. *Bellad.* 3 dec., two doses daily for a week, then pause for a week, for three months, going up to the 12th dec. One month afterwards one fit, then no fit for two years. *Bellad.* 3 dec., as above. After these two years, regularly at the time when the fit used to come on, headache without a fit. *Atropine* 4 dec., two doses daily, with weekly pauses as above. After this neither headache nor fit for five years.

*Belladonna* and *Argentum nitricum*.

*Cured.*

CASE 17.—Woman, aged 24; excellent constitution; no hereditary predisposition. No ascertainable exciting cause. Aura: longing for music and incense. Duration, since infancy. Fits of two characters; the small fits one or two a

week, the great fits irregular, seldom, only at night, without aura. Bites tongue. Desire to attach herself to a man without sexual excitement; delusions of taste, smell, and hearing; fear. *Bellad.* 200, two doses daily every other day, and on the alternate days *Argent. nit.* 3 dec., three doses daily. The next five months no great fit, and the small fits weaker. In the course of the next year one slight fit of the great kind, and three small ones. The medicines were continued for a fortnight, with a fortnight's pause. No relapse for five years.

*Belladonna and Cicuta.*

*Improved.*

CASE 24.—Man, aged 45; strong constitution; no hereditary or exciting cause. Duration one year. Aura: turning of the head, looking upwards and sideways. Fits almost every day at irregular times. Bites tongue. The fit may be prevented by applying cold water to the occiput. All symptoms ameliorated by cold. Had previously had scabies and furunculosis. *Bellad.* 30, one dose daily for three days, then three days' pause. The next two months no fit, after another month three slight fits, the following three months no fit, the next three months two slight fits, the next month a severe fit. *Cicuta* 30, one dose every fourth day. The next three months no fit. He then ceased attendance.

*Belladonna and Calcarea.*

*Improved.*

CASE 33.—Girl, aged 8; robust constitution. No hereditary predisposition. Exciting cause supposed to be a fright during sleep. Duration four years. Aura: anxiety, bellyache, or pain in the left leg; obliged to go to her mother. One to three fits monthly. Bites tongue; urinary and fæcal discharge; convulsions in the form of tetanus and opisthotonos. Discharge of flatus and eructations prevent an attack. Very loquacious and greedy. *Calc. c.* 30, once a

day, and *Bell.* 3 dec., when she complains of anxiety. The next four months no fit; the loquacity and greediness gone. The *Belladonna* always immediately removed the feeling of anxiety. The next two months one fit. She ceased attendance.

*Cicuta* alone.

*Cured.*

CASE 3.—Man, aged 35. Constitution tolerably good. No hereditary predisposition. Exciting cause: blow on the occiput, causing concussion of the brain. Duration, two years. No aura. One fit per month, at uncertain time. Bites tongue; headache at the injured part after fit. *Cicuta* 3 dec., two doses per diem. During the next month one fit without headache. *Cicuta* 6 dec., with weekly intervals. After this no fit for fifteen years.

CASE 6.—Man, aged 19. Constitution delicate, anæmic. No hereditary predisposition. Exciting cause: a fall, causing concussion of the brain. No aura. Duration, ten years. Fits of a twofold character; the great fits every two or three months; the small ones, of a minute and a half duration, several times a day. Bites tongue. Very dilated, mobile pupils. Attacks of colic, like lead colic, without diarrhœa, two or three times a year (whether connected with the epilepsy?). *Cicuta* 3 dec., two doses per diem. The next four months no great fit, but six small ones. *Cicuta* 6 dec. The next two months a short, weak fit from small fits. The next four years no fit.

*Pulsatilla* alone.

*Cured.*

CASE 8.—A girl, aged 18. Constitution good. No hereditary predisposition. Exciting cause: amenorrhœa for six months, venesection. Duration, six months. Aura: sad, pale as death; chewing movements. One fit per month at the menstrual period. *Pulsatilla* 6, one dose per diem. The next month the menses returned; no fit, and four years later no fit.

CASE 12.—Girl, aged 14. Robust constitution. No hereditary predisposition. Exciting cause: delayed menses. Duration, a year. Aura: self-willed, angry, stands on one spot, stares into vacancy, stamps her foot. One great fit per month (at the menstrual period?), small fits daily. Cries, deathly paleness, biting tongue, flow of urine, continuing the occupation she was engaged with at the commencement of the fit. *Pulsatilla* 30, one dose a day. Some weeks afterwards a slight fit. A month later the menses came on for the first time, no great fits, small ones rare. *Puls.* 30, one dose every week. For a year after this no great fit, the small fits very rare. A month after this a great fit. *Puls.* 30, as above. No great fit for two years, small ones only occasionally. The next eighteen years neither great nor small fits.

*Ignatia* alone.

*Cured.*

CASE 16.—Woman, aged 34. Constitution good, slight make. No hereditary predisposition. No ascertainable exciting cause. Duration, five years. Aura not determinable. Fits twofold, three to four great fits per annum, always at night, with biting of tongue, &c.; several small fits per month, in the form of cardialgia, always at night. Disposed to start, lachrymose. It seemed to her that not she herself, but another, was ill; very sensitive to medicine. *Ignatia* 12 dec., two doses for a week. This caused amelioration for a week. *Ign.* 12 dec., one dose per diem. For a month afterwards only once transient pains. *Ign.* 30, one dose per week. For two years no recurrence either of the fits or the cardialgia.

CASE 19.—Boy, aged 9. Robust constitution. No hereditary predisposition. Exciting cause: a fright in sleep. Duration, five years. Aura not determinable. Irregular fits, sometimes one fit in a month, sometimes five in one day. Bites tongue, thumbs turned in, melancholy disposition. *Ignatia* 12. At first frequent fits, afterwards rarer. The next two years no return.

*Lachesis* alone.*Improved.*

CASE 27.—Woman, aged 60. Robust constitution. Bronchial catarrh, emphysema, bronchiectatic caverns. No hereditary predisposition. Exciting cause: unknown. Duration, many years, without ascertainable cause. No aura. Fits twofold; at first one to two great fits per annum, afterwards every two or three months at irregular times, small fits several times a day. Peculiarities: curious movements of the lips, wandering about, saying prayers, going on with her occupation during the small fits, livid swollen face, movements mostly in the right half of the body. No biting of tongue, flow of urine, luxation of the right humerus and fracture of the neck of the right femur. No remedy except *Lachesis* had any effect, and after this the great fits were rare, only once in a year; the small fits came every two to three months, five or six per diem. The treatment lasted fifteen years.

CASE 28.—Woman, aged 59. Strong constitution. A nephew epileptic. No ascertainable exciting cause. Duration, thirty years. No aura. Thirty years ago three fits, one per month. The next twenty-seven years no fits. The following three years two to three attacks per month. Cries, livid face, biting of tongue; fits only at night during sleep, without waking. *Lachesis* 6 dec.; thereafter diminution of frequency and intensity of fits.

*Causticum* alone.*Cured.*

CASE 9.—Woman, aged 25. Robust constitution. No hereditary predisposition. No ascertainable exciting cause. Duration six months. Aura: as if intoxicated and aphasia. Two to three fits per month. Bites tongue. *Causticum* 12, two doses daily, with weekly pauses. The next four years no return.



*Sepia* alone.

*Cured.*

CASE 13.—Unmarried woman, aged 24. Constitution excellent. A sister suffers from erotomania. Exciting cause: dysmenorrhœa. Duration, six years. Aura: depressed spirits, lazy. Fits twofold; great fits two or three times per annum, chiefly in winter and autumn, mostly before menstrual period; small fits, several in one day. Movements chiefly on the left side of the body. Variable humour. Bulimy alternating with anorexia. Pain and swelling of left ovary. Leucorrhœa. Aggravation in the cold. *Sepia* 3, one dose daily for four days, then pause for two days, and so forth. A month afterwards more copious menses and a small fit. The next month no fit. *Sepia* 6, one dose every other day. The next five years no fits.

*Cocculus* alone.

*Cured.*

CASE 14.—Woman, aged 27. Constitution delicate. No hereditary predisposition. No ascertainable exciting cause. Duration, two and a half years. Aura: twitchings in the left half of the body, especially the extremities, with cold feeling and numbness of fingers. Fits, sometimes every fortnight, sometimes every two months. Peculiarities: all the movements mostly in the left half of the body; pleurosthotonos. No biting of tongue. *Cocculus* 3 dec., two doses daily, with weekly pauses. The next month two fits, slighter and shorter. The following two months no fit. *Cocculus* 6 dec., as above. The next four years no return.

*Cuprum metallicum* alone.

*Cured.*

CASE 22.—Girl, aged 10. Robust constitution. No hereditary predisposition. No ascertainable exciting cause.

Duration, three months. No aura. Three to four fits in two and a half months. Convulsions in the carpal and tarsal joints. Face deathly pale. Opisthotonos. Remains fixed in tetanic stiffness. Flow of urine. *Cuprum* 6, two doses per diem, with weekly pauses. No fits for two months, then pneumonia, and during that mania. *Stramonium* 3 dec., three doses; thereafter sleep for forty-eight hours. No return of fits for eight years.

*Nux vomica* alone.

*Improved.*

CASE 26.—Man, aged 43. Good constitution. No hereditary predisposition. No ascertainable exciting cause. A previous history of syphilis, abuse of mercury, suppressed hæmorrhoids, and abuse of spirituous drinks, with wild life. Duration twelve years. Every alternate month two to three fits. Livid face. Fits only at night. After the fit raging headache. *Thuja*, *Natr. sulph.*, and *Calc. iod.* without effect. *Nux vom.* 30, one dose per diem. The next two and a half months no fit, which had never occurred before. Still under treatment.

We regret we have not space to give more than the above meagre abstracts of Dr. Bojanus's cases, or to reproduce here his minute analysis of the cases. The whole work would be well worth translation, as it is the most practical account of the homœopathic treatment of epilepsy we have yet met with.

## REVIEWS.

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*Die Homöopathische Therapeutik in ihrer Anwendung auf die Operative Chirurgie.* VON DR. CARL BOJANUS, Stuttgart, 1880.

THIS is essentially two books included under one title, but the title only indicates the character of one of the books. The first 320 pages consist of an account of the author's experience of homœopathy in its application to surgery in the Apanage Hospital of Nishny-Nowgorod, during the years 1855—63, during which period Dr. Bojanus was the head, if not the sole, medical officer. The remaining 120 pages are occupied with the treatment of epilepsy. This second part has been published as a separate work.

The main body of the work is preceded by an introduction, which gives an interesting history of the author's difficulties and sorrows in getting the Russian edition of his surgical work published. As a rule, as we observed in our review of Dr. Bojanus's work on *Homœopathy in Russia*, the difficulty of getting a homœopathic work published in Russia is very considerable, unless one would do it at his own expense, and even then the censorship might find something disagreeable to say and do on the subject. But if he desires to get a work on homœopathy taken up by a publisher he will be miserably disappointed, for these gentlemen, while quite ready to publish works against homœopathy, are strongly opposed to publishing anything in favour of Hahnemann's method.

Dr. Bojanus having, up to 1860, collected a large number of data during his service at the Nishny-Nowgorod Hospital, was desirous to have them published, not at his own expense, but at that of the department of state to which his

hospital belonged. He travelled to Petersburg in January, 1860, and had an interview with the Apanage Minister, General Murawieff, in order to persuade him to grant the necessary funds for the publication of his work. His Excellency expressed his readiness to do this, provided the manuscript were submitted to the medical faculty and a favourable report were received from them upon it. The manuscript was accordingly handed to the medical faculty, who recommended the professor of surgery of the Medico-Chirurgical Academy of Petersburg to report upon it.

The report of Professor Kieter, which is given by Dr. Bojanus, was so unfair, so full of prejudices and misrepresentations, that Dr. Bojanus could not do otherwise than give a rejoinder to the report, pointing out the errors and misstatements of the reporter. This rejoinder is likewise reproduced in the introduction. The issue was that a fortnight afterwards Dr. Bojanus received a grant of 800 roubles to enable him to publish the report. We should have liked to have given here this specimen of the unfairness and undisguised partizanship of the medical faculty of St. Petersburg, together with the admirable and thorough reply to it by Dr. Bojanus. It is, however, too long, and our readers are probably sufficiently familiar with the injustice practised towards homœopathy by the Faculty in Britain to care much about seeing how admirably the western civilization is imitated in the north-east of Europe.

After the publication in Russia of this work, Dr. Bojanus was requested by a colleague to send a presentation copy of it to the Physico-Medical Society of Moscow. The society commissioned one of its members, Dr. Nitikin, to make a report on the work. Dr. Nitikin's report was as follows :

“ Dr. Bojanus's work must be regarded as a purely scientific one, in which the author records the results of his very extensive surgical practice, which he carried on, not only with a thorough knowledge of his subject, but also with a perfect acquaintance with modern auxiliary medical science, especially anatomy and surgery. The reporter directs the attention of the Society very particularly to the merits of

this part. Regarded from a therapeutic point of view, in respect to the employment of the homœopathic method, Dr. Nitikin thinks he perceives therein an anomaly of the author's medical treatment. For his own part, he regards the homœopathic treatment as purely indifferent; but he points out that even in this respect Dr. Bojanus's work may be very instructive, as showing the advantages of the expectant treatment. Considering the value of the work in both these respects the reporter thinks that Dr. Bojanus deserves to be elected a corresponding member of the Physico-Medical Society." This proposal excited much opposition, and though it is usual for a society to be bound by the report of the member who has been appointed by themselves for that purpose, on this occasion those who had not read the book professed to be better judges of its character than he whom they had selected to examine and report upon it. The soundness of Sidney Smith's advice to a young critic not to read the book he intended to review for fear he might be prejudiced in favour of the author, seems to have received a practical confirmation in the conduct of the Moscow Society, for the only member who read Dr. Bojanus's book was evidently prejudiced in favour of the author, whereas those who did not read it had no prejudices of the sort, quite the contrary.

The first part of the book is a general account of the cases treated in the Nishny-Nowgorod Hospital from 1855 to 1863, especially during 1860-3.

From 1st November, 1859, to end of June, 1863, 484 operations were performed on 461 individuals; death occurred in 40 cases, and 421 recovered. Thus the mortality in the surgical cases was 8·67 per cent., or 1 to 11·52.

Of the total number of cases treated in the hospital during that period, amounting to 703 (447 men, 183 women, 73 children), there recovered 624, improved 7, dismissed uncured 5, and died 67. The mortality was therefore 9·53 per cent., or 1 in 10·49, accordingly somewhat less favourable than for those operated on alone. The reason of this is, that sixteen cases were brought in dying, *i. e.* they lived less than twenty-four hours after reception. Had it

been possible to refuse these cases, the mortality would have been 7·25 per cent, or 1 in 13·72.

In the whole period of nine years Dr. Bojanus treated 1766 patients of whom 147 died. The total mortality was therefore 8·32 per cent., or 1 in 12·01.

Dr. Bojanus gives copious tables detailing the diseases treated and the result of treatment from 1860 to 1863, as also comparative tables of the (allopathic) town hospital of Nishny-Nowgorod and of the hospital of the University of Kasan during the same period. We have only space for one short *résumé* of the total figures.

	<i>Town Hospital.</i>	<i>Kasan Hospital.</i>	<i>Apanage Hospital.</i>
Proportion of operated to total number of cases . . .	1 to 97·1 = 1·02%	1 to 9·19 = 10·87%	1 to 2·09 = 47·79%
Mortality of the operated 1 to	6·86 = 14·57%	1 to 10·70 = 9·33%	1 to 11·40 = 8·76%
Total mortality 1 to	10·61 = 9·38%	1 to 14·39 = 6·94%	1 to 12·01 = 8·32%

The second part is entitled *Urolithiasis in Russia*, and gives an account of the number of cases of stone in the bladder operated on by Dr. Bojanus between 1860 and 1863. He gives numerous tables illustrating these cases in every possible way. The total number operated on, chiefly by the bilateral section, was 72, of whom 61 recovered and 11 died. He also gives tables showing all the cases of stone, with the chemical composition of the stone, observed in the whole nine years, amounting to 143 cases. The results of the years previous to 1860 had already been published in detail in 1863 in German, and a French translation was published at Brussels in 1864. The details respecting all these cases are interesting to those engaged in lithotomy operations, but would be out of place in our columns. We may, however, give Dr. Bojanus's remarks as to the therapeutics of the disease and operation.

"The chief object of the preliminary treatment is to prevent serious reactive diseases and to reduce the inflammatory condition of the bladder to a minimum. The former will be effected by giving *Arnica* in repeated doses,

the latter by *Cantharis* and *Nux vomica*. I usually preferred *Cantharis* in those cases where the urine is passed by drops after long painful efforts, during which the patients, especially boys from six to thirteen years of age, often run about holding their penis in their hand, and doing as though they would milk the urine away; at the same time erections often occur, the urine is sometimes coloured with blood and comes away either by drops or in an interrupted stream. In this state, which often lasts half an hour and longer, it is of no use asking the patient anything, we must wait until the bladder is emptied and he has become quiet; then he will complain of a severe ineffectual urging in the vesical region, burning in the urethra, pains in the kidneys and abdomen, along the course of the ureters. *Cantharis* is particularly suitable for such cases. It is scarcely credible the relief that it affords, whilst the cause of the suffering, the stone, is still there. And yet it always relieves, often for days, sometimes even for weeks. Hence *Cantharis* is indispensable before an operation. . . . The sphere of action of *Nux vomica* is much more limited. In my experience it is chiefly suitable for adults in whom the bladder, more than the kidneys and ureter, is affected, where there is hæmorrhoidal complication, where the patients have suffered from ague, and where the sufferings are aggravated by cold, damp, or cold drinks. . . . *Arnica* is of great importance in reference to the pyæmic and septic symptoms which are apt to occur after all operations, and its prophylactic effects in regard to these diseases is so well-marked that for a long time past I would not undertake any operation without a preliminary administration of this remedy for several days. . . . For the peritonitis and cystitis so frequent after lithotomy operations, the chief remedies are *Acon.*, *Bel.*, or *Atrop.*, *Opium* or *Morphia*, *Canth.*, and *Arsen.* Immediately after the operation *Arnica* 3 is given every hour, but if the slightest febrile symptoms occur, *Acon.* 3 is alternated every hour with the *Arn.* If pain is experienced in the bladder, *Canth.* takes the place of *Arn.* in hourly alternation with *Acon.* . . . As long as the inflammation is con-

fined to the bladder *Canth.* is indicated, and I have never had occasion to give another remedy. Thus in eleven cases where cystitis was the sole disease of the reaction, all these recovered, and I ascribe the successful result chiefly to *Canth.* Peritonitis is a more serious complication. When the pains are severe from the first and especially on touching, and when there is slight meteorism, *Bell.* or *Atrop.* (I prefer the latter) is the chief medicine together with hot compresses. If the meteorism is, however, great, *Opium* 1st trit., in frequently repeated doses, is best. . . . If there is purulent exudation, evidenced by rigor, *Chinin.* and *Chinin. arsen.* should be given; they have sometimes succeeded, but if collapse supervenes medicine is useless."

The third part refers to the resections, amputations, and exarticulations performed by Dr. Bojanus. Of the most remarkable of these he gives detailed histories, and the atlas of photographic illustrations that accompanies this work gives representations of many of the diseases and of the patients after their cure by operation.

Dr. Bojanus makes a comparison of the relative advantages of galvano-caustic and the *écraseur* in his operations, and concludes in favour of the former when it can be used.

The fifth part gives an account of the plastic operations undertaken by Dr. Bojanus, and he gives a minute description of all the chief plastic operations for the restoration of the lower lip, accompanied by woodcuts. In this chapter he enters on a detailed consideration of the antiseptic occlusive treatment of wounds carried out by Lister. He gives a host of opinions *pro* and *con*, and compares it with the open method of treating wounds advocated by Cohnheim; but on the whole he prefers the treatment by *Arnica* and *Arsenic.* He also mentions incidentally that he has found the administration of *Arnica* three times a day for a fortnight before expected delivery, and the same dose every hour after delivery for a few days, to be a complete prophylactic against milk fever, hæmorrhage, and all other puerperal affections.

The sixth part treats of the other operations, performed



in the hospital, that cannot be classed under either of the two last heads.

The seventh part describes the eye operations.

The eighth part is devoted to the minor operations, performed on the out-patients of the hospital, and to the other diseases treated among the out-patients. The total number of these from 1860 to 1863 was 9694, of these 3986 are reported as cured, 135 relieved, 5153 came only once, 418 left off attendance, 2 died.

The book concludes with an essay on epilepsy. This is such an interesting and important subject, and is treated in such a masterly manner by Dr. Bojanus, that we have given an extended account of it in another part of this number.

On the whole, we consider this work of Dr. Bojanus as one of the most important contributions to homœopathic literature that have appeared on the Continent for many years. The parts we have reviewed, it is true, have more to do with operations and treatment after operations than with diseases commonly so called; but as a proof that a follower of Hahnemann can also be an excellent surgeon, and, indeed, remarkable for the originality and skill and variety of his operations, we consider this work as one we may well be proud of reckoning among our homœopathic literature. Taken along with the previous book published by Dr. Bojanus in 1863, which, unfortunately, we have not seen, a full history of the active life of a skilful surgeon in charge of a large and important hospital is displayed, and no one who reads this work attentively can fail to be impressed with the conviction that Dr. Bojanus is a man of very superior attainments, great originality, and great fertility of resources.

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*Eaton on Diseases of Women.* New York : Börlicke and Tafel.  
*Gaillard Thomas on Diseases of Women.* London : Kimpton.

THE really classic work of Dr. Eaton which lies before us, marks an era in our literature. It is the first attempt made by any member of our body to present the profession with a treatise on the Surgery as well as the Medicine of Gynæcology. As such, then, it is "a new departure," and would therefore call for our courteous consideration, if it did not, as it does, command our commendation.

It is most creditable to our transatlantic brethren, that they should have anticipated the old country in producing a presentable volume by a good pathologist, as well as by a sound practical physician. The surgery of the book is advanced surgery, and throughout the text, we find evidence that Dr. Eaton, whilst giving due value to the work of others, is not weighted by authority for mere authority's sake.

If we point out a few corrections to be made in the next edition, which we feel sure will soon be called for, we are certain that the painstaking author will accept our well-meant criticisms in good part.

And what strikes us first is that, though the numerous small cuts are good and add much to the interest and attractiveness of the work, the larger anatomical plates, with the exception perhaps of the lightly-clad lady who figures as a frontispiece, are really bad. They are bad even after allowing the broadest margin for their being intentionally diagrammatic, or as Dr. Gaillard Thomas delights to call such things, "schematic."

For instance, Plate I purports to show us a front view of uterine (?) organs in their normal position. The uterus and its appendages are here represented as being not in the pelvis at all, but in the abdominal cavity!

The fundus is quite as high as it would be at the end of the third month; the ovaries are correspondingly elevated.

The twelve plates which serve to exhibit various faults of position, also are useful as displaying grave anatomical errors. Plate II is a type of the most objectionable features in these

illustrations. It represents the four potential cavities of the pelvis as actual cavities and as large cavities too; this is sadly misleading, not only to the student, but to some who are not students.

Dr. Gaillard Thomas, whilst calling attention to this very serious defect in works on pelvic anatomy, oddly enough himself shows the unoccupied rectum as a real tube, instead of as a flaccid one with coalescent sides. All modern books, Gray's *Anatomy* for example, seem to have been copied, where they deal with pelvic matters, from that most delusive of diagrams which figures as a vertical section of the pelvis in Erasmus Wilson's *Vade Mecum*.

Dr. Savage's pelvic plates are far above the average, but they are not all free from this failing. Perhaps Pirogoff's *Typographical Anatomy*, and some more modern drawings made from the frozen cadaver, are the least open to cavil.

Plate XXIII, representing one form of prolapsus, is probably a much nearer approach to the natural state of things than Plate II, which is supposed to show us the normal relations.

It is worthy of note that the only illustration in which the uterus approaches the actual state of things, *i.e.* the anterior wall adjacent to the posterior, is the woodcut at p. 710, marked "subinvolution;" this is the only one where it would have been natural and legitimate to figure it as a large and definite cavity!

It was scarcely needful to devote two full page illustrations to the delineation of such an unimportant and self-evident affection as labial hypertrophy.

At p. 552, Dr. Eaton makes the excellent remark that the student should first familiarise himself with the normal condition of the uterus and its appendages. To this it is impossible to take exception, but we can hardly congratulate Dr. Eaton on the success of his efforts to aid the typical student in his praiseworthy efforts.

It is but fair to remember that at p. 554 the author explains that these cavities, though represented as distended, are not so during life, especially naming the vagina. But illustrations should not demand an explanation, for how many who never read the text look at the pictures, and receive a permanently erroneous impression.

On commencing to read the text we are met *in limine* by the astounding statement that "pelvic diseases are on the increase to an alarming extent!" Of course this may be true of the States, and if so we should do well to warn our lady friends not to seek a residence in the States, especially and above all not in the State of Ohio.

Dr. Eaton's remarks on the causes of prolapse and of proci-dentia are extremely good. They are thoughtful and scientific, and will well reward perusal. As predisponents he omits, however, two powerful factors, cervical hypertrophy and emphysema, so often seen acutely increased during delivery by violent and unsuccessful efforts of the muscles of extraordinary respiration.

The influence of emphysema in predisposing to prolapse was pointed out, we believe, by Dr. Edward Blake in his communication read before the Congress at Liverpool in 1877. Dr. Eaton's book is eminently a practical work, but we note an important omission. When it is needful that the finger or instrument be passed through the cervix, the uterus should be either drawn down or pressed down, because of the peril of tearing it from its vaginal attachments.

Dr. Eaton is certainly not a disciple of Henry Bennett's school; he inclines to the physical view of dysmenorrhœa. On this point he makes an excellent remark, in which we entirely coincide. It is this, "that few cases of dysmenorrhœa exist without more or less concomitant endometritis."

We think it a pity to make a distinct heading for membranous dysmenorrhœa, which is now looked upon as a fortuitous complication of endometritis.

Dr. Eaton speaks highly of *Phosphorus* in the treatment of D. membranacea, that *bête noire* of medicine. On *à priori* grounds one would expect benefit from *Phos.* in a fatty degeneration.

As a term, "chronic acute inflammation" looks a little odd and Irish, reminding one of "hot cold water," or of a "fine wet day." Is it accurate to speak of the "occiput or top of the head;" and can there be "flashes of heat," as we see on five occasions?

Dr. Eaton does not appear to be clear as to the nature of hydatids, which are said by him to arise from endometritis (p. 225), and are classified by him as a form of polypus (pp. 252,

253). Also at p. 87 the author finds fault with Emmett for omitting all notice of hydatids, but the fact is nobody now believes in their existence,\* those cases which have been described under that name being now recognised as dropsy of the chorion. Chapter IX, on Areolar Uterine Hyperplasia is especially good, showing that the greater number of so-called cases of metritis are either simple subinvolution or one of the many forms of hyperplasia. Perineal rupture as a frequent cause of subinvolution is omitted.

Dr. Eaton speaks of "thickening of the peritoneal covering of the ovaries," forgetting that no peritoneum has ever been demonstrated to exist on the ovarium, but, on the contrary, the diagnosis of tubal dropsy from the ovarian cyst is made by the presence or absence of peritoneum. This error is repeated at pp. 266 and 267.

Amongst the causes of cellulitis at p. 115, Dr. Eaton, whilst introducing such out-of-the-way predisponents as protracted over-distension of the bladder, and unsatisfied sexual passion in widows, omits any direct reference to general blood-poisoning from faulty hygienic conditions.

Dr. Eaton drags in at p. 161 a sphygmograph, for no conceivable reason, ignoring the clinical thermometer, which is of such extreme value in diagnosing various uterine diseases, markedly distinguishing pelvic cellulitis from retro-uterine hæmatocele.

What is the meaning at p. 123 of "colorless or Tr. iodine?"

In child-bed fever, Dr. Eaton follows other writers on puerperal fever in recognising the results as if they were the primary condition. He ignores the fact that its supposed varieties have probably a common origin in uterine lymphatitis, thence branching off into those various forms, the result of mere accidental anatomical extension. With regard to the causes of this most preventable of diseases, we should like, for the sake of students, to have seen more prominence given to local and general insanitary conditions. Doubtless the great predisposing elements are breach of surface, want of local cleanliness, and the introduction by instruments, by the hand of the attendant, or possibly by the atmospheric air, of certain organic germs in an unstable condition. Most men would have given precedence to antiseptic

\* Excepting as quite a pathological curiosity.

injections, and attention to fresh, pure air, rather than to the use of a foot bath!

At p. 198, Dr. Eaton gives some interesting cases of acquired closure of the hymen apparently inducing lung disease; most of us would indeed diagnose them as examples of pulmonary disorder leading to anæmia.

The indications as to origin of the different forms of leucorrhœa are misleading. White and watery discharges are said to be vaginal. This is opposed to common experience, which teaches that a curdy white flow shows cervical catarrh, whilst a serous discharge usually suggests subinvolution. A rush of discharge indicates abscess, but much more frequently pyometra from temporary occlusion of the os.

Dr. Eaton speaks of inflammation of the ovaries as quite common. We know that any sort of persistent pain in the cæcum or in the sigmoid flexure is called "ovaritis," but in this country true ovaritis is far from common, indeed, apart from gonorrhœa it is unquestionably rare. This condition arising from bruising against the bony pelvis (p. 268) is rather chimerical.

When, at p. 268, Dr. Eaton speaks of ovarian abscess as quite ordinary, we cannot help thinking that cellulitis and other diseases, especially pyometra, must have been mistaken for it.

Dr. Eaton's notes on the plastic operation, with the exception of the perineorrhaphy are particularly good. In the last-named procedure, Dr. Eaton recommends *Opium*, which Dr. Bantock's experience has proved to be quite needless. He suggests the self-retaining catheter, which is both dirty and detrimental, and still sticks to the old-fashioned quilled-suture, now entirely given up by the best plastic surgeons.

There is no positive advantage in performing the operation for complete rupture at two distinct periods (p. 636).

Organic sutures are much to be preferred to wire, owing to the want of elasticity in the latter.

We are disappointed to see no notice of acupressure in the breast operations.

Acupressure is one of the most remarkable improvements of modern surgery. Like Listerism and so many other good things, it hails from Scotland; it has been disgracefully neglected in this country, possibly through jealousy.

Can there be a greater triumph than to see, by the aid of acupuncture, a capital operation heal without a simple particle of pus?

"Colloid," at p. 701, is described as a form of cancer, instead of as a mere mode of degeneration of tumours, notably of those prone to take on malignant action.

In speaking of the differential diagnosis of pelvic hæmatocele, two very vital elements are omitted, temperature and the pseudo-icteric tint which soon appears in the skin as a result of absorption of the colouring matters of the blood.

At p. 762, Dr. Eaton omits to remind the student that abdominal paracentesis should be always preceded by the use of the catheter, *even in cases where the urine has been constantly passing.*

There are some most noteworthy remarks deprecating in strong language (but not too strong) the general use of cold vaginal injections. They are certainly most pernicious where the faintest trace of hyperæmia exists (p. 746).

We fancy that English women would resent Dr. Eaton's rule that a weekly bath is sufficient for purposes of cleanliness even in cool weather!

Dr. Eaton echoes a curious fallacy, that an early commencement of the catamenia is usually followed by an early menopause.

We most cordially endorse the views of the doctor at p. 513, as to the use of *Ergot before delivery*, but the practice has been long abandoned by thoughtful men in this country, and has been replaced by a careful and judicious use of the forceps.

Male syphilis and lithotomy, whilst they serve to show the author's intimate acquaintance with important subjects, scarcely belong to the domain of gynæcology. Their presence leads to the omission of needful matter.

In a country where credulity is certainly not the besetting sin, it is refreshing to find a man who still has faith in the power of water-closets to transmit the venereal virus (p. 656).

We fancy that most English surgeons will demur to the teaching that simple vaginal catarrh arising in a woman from "chill, dirt, or over-venery," will induce genuine gonorrhœa in a man (p. 650). Is the rash of secondary siphilitis usually shiny and yellow?

Here is a terrible name—"Perivaginitis phlegmonosa dissecans;" surely a shorter title could be found for a form of pelvic cellulitis.

Amongst the ordinary causes of sterility ovarian prolapse is omitted.

Köberle's drainage tube, a smooth glass pipe extending from the lowest point of Douglas' pouch through the abdominal incision, from which liquid is withdrawn frequently by a syringe in ovariectomy cases, is not named.

Nor is Molesworth's capital dilator, invaluable in miscarriage, spoken of, though it is an American invention.

At p. 599 the commonest cause of anteversion in cases of cervical hypertrophy is omitted. During the act of coition the male organ forces the enlarged cervix back, and owing to the want of tone in the vagina it does not tend to return.

We are a little surprised to see at pp. 391, 392, elytrorrhaphy recommended rather than perineorrhaphy for bad cases of cystocele and rectocele; where this fails we have another resource in tearing the vaginal mucosa with longitudinal lines by means of a Paquelin's cautery.

Dr. Eaton certainly simplifies matters pathological by cutting down the cancers of the uterus to two forms, scirrhous and encephaloid, ignoring both sarcoma, and by far the most common kind, epithelioma, which he calls syphilitic fungus. This would certainly lead to social awkwardness.

Dr. Eaton, at p. 452, follows Dr. Barnes in a curious error. He says, "the seat of constriction is usually at the external os in stenosis, rarely at the internal os."

It is possibly true that acquired or inflammatory stenosis is most frequent at the external os, but no man who has examined a large number of tents after the removal from the cervix can doubt that the most constricted point is at the *ostium internum*.

Laceration of the cervix is now known to play a much more important part in the drama of pelvic pathology than was formerly supposed. Emmett has made a curious observation that laceration occurs on the left side in the proportion of 67 out of 164 cases, as contrasted with only 23 on the right.

It would be natural to suppose this accident to be due to hasty delivery, and to the use of forceps, but the converse appears to be the case (p. 543).



At p. 555 *et seq.* there are some excellent remarks on the influence of the superincumbent abdominal pressure on the pelvic organs.

Dr. Eaton might have gone further, and have indicated the influence of thoracic enlargements in depressing both abdominal and pelvic contents.

At p. 586 Dr. Eaton draws our attention to a common condition much misunderstood and often wrongly called "abscess of the uterus."

It is when muco-pus is pent up in the organ by a flexure of the neck and suddenly relieves itself by a gush.

Dr. Eaton has a rooted objection to non-yielding pessaries. He says, "how many ulcerations, fistulæ, and inflammations they have produced the judgment day can only reveal!"

With regard to the treatment employed, Dr. Eaton by no means ignores mechanical measures, though he is opposed to all violent surgery.

#### REMEDIES.

In the treatment of amenorrhœa *Nux vomica* and *Ferrum* merit a more prominent position.

At p. 45, whilst enumerating the remedies for uterine hæmorrhage, *Platina*, *Crocus*, and *Secale* are omitted, oddly enough, whilst *Merc. iodat.*, *Bry.*, and *Phos.* are introduced. In dysmenorrhœa the best remedy *Cocculus*, is omitted, whilst *Puls.* appears at the head of the list. A prominent place is given to *Ether* and *Chloroform*, whilst *Cauloph.* is sent to the rear, and *Platina* dismissed altogether. We could wish that so good a physician as Dr. Eaton had given us the medicines which he had himself found useful in leucorrhœa, instead of copying Dr. Leadam's terrible long list, itself so strangely like that of Croserio, we will not say copied from that author.

Similarly with regard to Dr. Hale and the sterility remedies.

In the treatment of ascites we note that whilst the comparatively inert *Apocynum* is admitted, *Sulph.* and *Apis* find no place.

For vaginal hyperæthesia, all notice of *Hamamelis* is omitted, and indeed, we are much disappointed to find so little notice of

native remedies, concerning which we looked for much valuable and practical information.

All notice of *Nux vomica* is omitted in cervicitis, and *Platina*, *Vinca*, *Crocus*, and *Sabina* from the hæmorrhage medicines.

At p. 194 no less than thirty-three remedies are given for vaginitis; how terrible for the inquiring allopath!

We observe that in the displacement remedies, whilst *Acon.* and *Hyosc.* are named, *Secale* and *Plat.* are omitted, and similarly in the thirty remedies proposed for prolapsus, *Plat.* and *Pod.* find no place, whilst *Aurum*, *Calc.*, *Lycopod.*, and *Phos.* receive notice.

At p. 670, *Calad.* is omitted in the treatment of pruritus vulvæ.

Dr. Eaton, at p. 663, views the sickness of pregnancy as always due to the natural prolapse of the uterus.

In the majority of cases this is doubtless true, for it ceases in the lying posture and often entirely disappears after quickening has taken place, but this will not account for the remarkable relief afforded to some patients by gentle digital dilatation of the cervix.

Dr. Eaton, at p. 666, considers that the remedies for pregnant tic are the same "as though the cause was something else." He does not name *Colocynth*, nor does he speak of the importance of a brown-bread diet. A good palliative for the acidity which is so trying under these circumstances is a teaspoon of a powder consisting of equal parts of charcoal and bicarbonate of soda.

We do not observe any mention of *Hamamelis* in the treatment of puerperal phlebitis, nor of *Calcarea*, *Caulophyllum*, and *Sulphur* in combating subinvolution.

Neither *Nux vomica* nor *Hydrastis* is named for maternal thrush, and *Borax*, *Honey*, and *Charcoal* are the only topical applications that find a place.

*Caladium* is entirely ignored as a remedy for nymphomania. It certainly adds to our respect for our author when we find that he can succeed in inducing his nymphomaniacs to study geology!

In the management of mania, that invaluable ally, the hot blanket pack, is not noticed.

*Cocculus* and *Nux vomica* are not alluded to in the medical treatment of cervical stenosis (p. 453).

We had marked for notice a large number of orthographic and other errors in Dr. Eaton's work, but must limit ourselves to the following: he robs the word *perinæum* of one of its vowels, but with characteristic honesty he returns it to the word *peritoneum*, which he prefers spelling "*peritonæum*," and as this is repeated on no less than fifty occasions it can scarcely be considered a clerical error. Amongst other evidences of the peril of spelling by analogy is "*postpartem*" hæmorrhage, p. 206, "*antivert*" and "*antiflex*" at p. 343, "*intro-uterine*," p. 593, "*enemæ*" for "*enemata*" (nine times), "*cystomæ*" for "*cystomata*," p. 292, "*hyppocratic*," p. 86.

We must say nothing of "*center*," "*fiber*," or of "*labor*," "*tumor*," "*vigor*," and "*odor*," because though they look curious they are not wrong, and Dr. Eaton has a good authority for their use in the poet Spenser. But he will hardly find such, for "*tendonous*," p. 27, "*atresia*," p. 39, "*conula*," p. 148, "*compatibility*," p. 259, "*polycists*," pp. 275, 277, 299, "*entritis*," p. 288, "*collasping*," p. 292, "*refill*," p. 438, "*dullness*," p. 291, "*skillful*," pp. 303, 314, 564, 574, 738, "*unskillful*," 561, 566, 692, "*woolen*," p. 319, "*vilous*," p. 301, "*siege*," p. 323, "*non-penunculated*," p. 347, "*labia*" for "*labium*," pp. 385, 406, "*vulva*" for "*vulvæ*," p. 623, "*peristalic*," p. 529, "*cicatrice*," p. 537, "*pedalic*," pp. 539, 629, 631, "*hyperlasia*," p. 540, "*synonomous*," p. 563, "*apthaus*," p. 670, "*Silicia*" for "*Silica*," p. 659, "*os vaginam*," pp. 532, 605, 607, 630, 657, "*Cloral*," p. 645, "*patinum*," p. 86, "*ligate*," pp. 645, 704, "*pretense*," p. 757.

"*Gastronomy*," p. 322, is spelled correctly, but evidently "*gastrotomy*" is intended. There is such a thing as a placental soufflé, but we never heard of a "*placental chord*," p. 378.

We regret that Dr. Eaton enjoins his patients to "*lie quietly*," for that means to tell untruths in a peaceful way. This curious replacing of an adjective by an adverb is carried to an odd extreme, as we see in "*illy chosen*."

"*Reversion*" for "*reversal*" p. 684.

"*Explorative*" for "*exploratory*," p. 716.

On four occasions the term *retro-flexion* is used as if it were convertible with *retroversion*, pp. 377, 378, 587, 588.

For "*fundus*" read "*corpus*," at p. 598.

Of Dr. Thomas's work we shall say nothing, except that it is the

best work on pelvic diagnosis in the English language, and it should be found on every physician's shelves.

*Physicians and Homœopathy, a reply to a letter in the 'Leeds Mercury,' from "A Leeds Surgeon,"* by S. H. RAMSBOTHAM, M.D. London: Simpkins, Marshall, & Co.

THIS pamphlet is an outcome of the Kidd-Jenner-Quain controversy on the case of Lord Beaconsfield.

A very temperate and liberal letter from "A Leeds Surgeon" appeared in the *Mercury*. The author gave the homœopaths all credit for sincerity of conviction and honesty of purpose; admitted the approximation of the practice of the two schools; recommended that they should sink their differences, and stated it as his opinion that if Dr. Ramsbotham would seek election to the Leeds Medical Society he would be unanimously elected. He, of course, could not omit a sneer at the homœopathic attenuations, and thought he had given an unanswerable *reductio ad absurdum* when he compared our sixth dilution to a drop of the mother-tincture put in at one end of the Woodham Moor Reservoir and a teaspoonful of the water taken from the other end, and he says, "infinitesimal doses are so absurd that no one with any reasoning powers can maintain them."

Dr. Ramsbotham replies to this courteous correspondent—so different from the famous *Times*' "Correspondent"—by pointing out the rationality of the homœopathic practice, and quoting the remarks of established orthodox authorities in corroboration of almost all the peculiarities of the homœopathic system. He shows that putting a drop of a mother-tincture into an immense quantity of water, like a reservoir, would never produce anything like a homœopathic dilution, and in proof of the power of small doses, he quotes Dr. Paris, who speaks of "the error of supposing that the power of a remedy always increases in an equal ratio with the dose." He mentions that one grain of gold can be spread out so as to cover 1400 square inches of silver, so as to make the whole surface appear like gold. A morsel of silver  $\frac{1}{100}$ th of a cubic line in size, when dissolved in nitric acid, will

cause distinct turbidity in 500 cubic inches of a solution of common salt. Each particle of silver which thus renders its presence perceptible to the senses is not larger than the billionth of a cubic line. The familiar instance of the immeasurably minute quantities of *Musk* and *Ipec.* that will cause powerful effects is mentioned. The inconceivably small quantities of matter that convey the contagia of measles, smallpox, scarlet fever, &c., are pointed out, and the heightened sensitiveness of the diseased organ to its proper stimulus, as shown in the powerful effects of light on an inflamed eye, is alluded to. Then, again, as to the principle *sim. sim. cur.*, Dr. Ramsbotham shows how Hahnemann was led to it. He quotes Trousseau as follows: "Experience has proved that a multitude of diseases are cured by therapeutic agents which seem to act in the same manner as the cause of the disease to which we oppose the remedy." And Graves: "It is well-known that some active remedies have a tendency to produce diseases somewhat analogous to those they cure." He shows that Ringer's work is full of instances of the doctrine of similars. With regard to the proving of drugs on the healthy, he mentions that at the British Association Meeting in 1865, Dr. Acland read a paper on the subject, and that a memorial urging its prosecution was adopted and presented to the General Medical Council in the following year. He shows that though Hahnemann's theoretical views may be all wrong, the correctness of his therapeutic rule is not affected by their refutation. He mentions that the "psora theory" has recently reappeared in France under the title of "*diathèse dartreuse*" (we would suggest "*dartreuse*"). By-the-bye, why does Dr. Ramsbotham say that the "*psora* theory" is that "all diseases have their origin from the itch"? He must know that Hahnemann never said this, but only that "many chronic diseases are caused by itch or *psora*."

He quotes Christison in favour of the elective affinity of drugs for special organs or tissues.

He is strongly in favour of the notion of the contrary action of large and small doses, which, we think, is a misconception; at all events this contrary action is relative and conditional, not absolute. We would recommend him to read again Fredault's paper, § 4, at p. 110, of our last vol.

In an appendix Dr. Ramsbotham replies to the fallacies of the *Lancet's* editorial article on "The Fallacy of Homœopathy," and refutes the author from his own admissions and assertions.

We are much pleased with this well written and interesting pamphlet, and trust it may obtain a wide circulation among allopathic doctors and unconverted potential patients.

*Diseases of the Nervous System.* By C. P. HART, M.D., New York : Boericke and Tafel.

THIS is a useful addition to our homœopathic literature. It commences with an introductory part, giving an account of the physiology of the cerebro-spinal centres, compiled from the most recent authorities. Part II, Sect. 1, treats of derangement of the motor functions, and includes convulsions, epilepsy, hysteropilepsy, chorea, tetanus, hydrophobia, catalepsy. Sect. 2 relates to paralytic disorders, including paralysis in general, hemiplegia, paraplegia, infantile spinal paralysis, facial paralysis, diphtheritic paralysis, progressive bulbar paralysis, general paralysis of the insane, progressive muscular atrophy, progressive locomotor ataxy, paralysis agitans, scriveners' palsy, aphasia, paralytic aponia. Part III is devoted to derangement of the sensory functions, and includes, neuralgia, hemicrania, neuralgia trigemini, intercostal neuralgia, sciatica, angina pectoris, gastralgia, neuralgia of the female genitals, spinal irritation. Part IV relates to derangement of the mental functions. Sect. 1 treats of moral disorders, and includes hysteria, hypochondriasis, melancholia, moral insanity. Sect. 2 treats of intellectual disorders, including mania, dementia, cerebral exhaustion, delirium tremens.

Though, as regards the homœopathic treatment of many of the above affections, not much can be said, the author has brought together much that is useful and interesting regarding the commoner and more curable of them, and we recommend his work as a valuable handbook to the homœopathic practitioner, who will nowhere find collected together such a deal of useful information regarding many diseases, the treatment of which is by no means easy. The author does not limit the treatment to drugs alone, but mentions most of the successful methods that have been employed, and a great number of illustrative cases is

given, whereby the practical value of this work is much enhanced. Of course in a work containing such a vast variety of subjects, it must happen that some of them are imperfectly treated, but when this is the case the fault seem to be more with the imperfection of the medical records than with the author, who has evidently devoted much care and time to his work. We had noticed some points where we believe the information with regard to remedies was not as perfect as might be, but in a condensed work like this it was impossible to expect that the author could give all his reasons for admitting some remedies and rejecting others, so we will credit him with having such reasons, and say nothing that might look like carping criticism in reference to a really valuable and praiseworthy performance.

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*A Treatise on Diseases peculiar to Infants and Children.* By  
W. A. EDMONDS, M.D. New York: Boericke and Tafel,  
1881.

DR. EDMONDS is, he tell us, new to literature, but he is not, for all his newness, destitute of modest assurance. Speaking of his work in the preface, he says, "I send it abroad with a confident assurance of that favourable acceptance at the hands of the profession which merit has a right to expect and demand." It is a great boon to the harassed reviewer that the author saves him the trouble of arriving at an estimate of the book under review by proclaiming its merits in the preface. We are glad to say that a careful examination of the book leads us to form a similar estimate of it. Like every book on the subject of children's diseases it must necessarily repeat much that has been said often before, but Dr. Edmonds' merit is that he tells the old stories in a fresh and interesting manner, and though not always very profound he is always genial. His treatment would occasionally startle our homeopathic purists. Thus, the combination of *Bell.* and *Dros.*, each in the 1st dec. dil., for whooping-cough would scarcely secure countenance even from Lutzé's apocryphal edition of Hahnemann's *Organon*. We observe with pleasure that Dr. Edmonds mentions the tendency of mumps to a metastasis to the testicles, mammæ, and brain, for we think this last-named metastasis has not been sufficiently noticed. No mention of it is made

in R. Russell's *System of Medicine*, nor in von Ziemssen's *Cyclopædia*. In this reviewer's own experience he saw a case of mumps where there was first metastasis to the testicles, and on the subsidence of the swelling there, the brain became affected, causing delirium with homicidal and suicidal tendencies, and he knows of another case where actual suicide was committed in a convalescent from mumps.

Dr. Edmonds is opposed to commencing a child's education until after ten years of age, which seems to be rather late to begin. "Let the first ten years of life," he says, "be given to the culture of the arms, legs, lungs, bone and muscle." Here is a specimen of his emphatic style :

"The belly-band is a hoary nuisance. If applied closely enough to do any supposed good it is sure to do harm, by hindering respiration and abdominal circulation. Its supposed necessity for the prevention of umbilical hernia is about as plausible as a proposition would be to apply a truss to prevent the possibility of inguinal hernia. Nature, as a rule, with rare exceptions, does not make such clumsy blunders as to justify any such important tinkering with her work. How unfrequently do we see umbilical hernia in the lower animals, for which the cord is neither cut, ligatured, or belly-banded."

We have much pleasure in recommending Dr. Edmonds' work, for it abounds in sensible advice and shrewd remarks. It is scarcely exhaustive of its thesis, but may give the practitioner many useful hints.

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*Supplement to Ziemssen's Cyclopædia of the Practice of Medicine.*

Edited by G. L. PEABODY, M.D. London: Sampson, Low, and Co., 1881.

As v. Ziemssen's gigantic *Cyclopædia* occupied several years in publication it necessarily happened that the earlier volumes did not contain the recent additions to those subjects that have been made since their publication. The object of the present volume is to give an account of the progress that has been made beyond the period to which the original volumes brought these subjects. Of course all the subjects treated of in the *Cyclopædia* have not received additions since its publication.



Only those departments in which some important advances have been made are treated of in this supplementary volume, and it is curious to observe what a vast deal has been written upon them since the earlier vols. of the *Cyclopædia* appeared. Of course all that has been written is not new nor true, but the authors of this volume deserve our thanks for giving this *résumé* of what has actually been added to our knowledge of many important diseases. When the promised volume of skin diseases, and the much needed general index shall have been supplied, we shall have in Ziemssen's *Cyclopædia* the most complete work on special pathology and therapeutics that is to be found in any language. Being written by Germans its therapeutics is tainted by the prevalent scepticism of the physiological school, but that is no loss to the adherents of the school of Hahnemann, who do not look into medical works of the orthodox sect for information with respect to the treatment of diseases.

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*Kinetic Jottings.* By Professor A. GEORGII. London: Renshaw, 1880.

A MELANCHOLY interest attaches to this work, as we received it on the same day on which the tidings of the sudden death of the author reached us. Georgii was the first to introduce Ling's system of therapeutical gymnastics into this country, or if not the first in point of time, at least the foremost in point of ability and knowledge of the subject, which he had studied and practised for many years in the Royal Gymnastic Institution of Stockholm. The present work is a pleasant gossiping and yet learned account of the application of movements and mechanical agencies for the use of internal disorders in all times and in many countries. Many useful hints may be derived from it and it is well worthy of the attention of the general practitioner, who will find in its pages much useful information with regard to the simple and efficacious treatment of many diseases which prove difficult of cure by the ordinary drug treatment. The wonderful efficacy of the scientific application of Ling's system, more especially in spinal curvatures, deformities, and paralysis, we can testify to, from having witnessed its effects under the able hands of Professor Georgii himself and of his skilful pupil Dr. Roth.

*Transactions of the Thirty-third Session of the American Institute of Homœopathy.* Philadelphia: Sherman, 1880.

THIS is a very interesting volume. The annual address was delivered by Dr. T. P. Wilson, of Ann Arbor. It is chiefly occupied with matters concerning the institute and the state of homœopathy in the United States. On the fourth day an address of a very different sort was delivered by Dr. Macmanus, of Baltimore. It is a genial, gossiping account of his own conversion to homœopathy and the difficulties that attended its practice forty years ago.

Before the reports of the various Bureaux are given, an obituary notice is given of all those who have died during the year.

The report of the "Bureau of Materia Medica, Pharmacy, and Provings," commences with a series of papers on proofs of the presence and power of drugs in dilutions above the 6th dec. Dr. Breyfogle gives such proof from chemistry. His conclusions are that such attenuations are beyond chemical tests, but that they still contain medicine enough to cure disease. Dr. C. Wesselhoeft examined attenuations with the spectroscope. He saw the sodium band in the 7th dec. dilution of salt. *Lithium sulph.*, which was the other substance examined, showed no characteristic red lines above the 3rd dec. Dr. Sherman treats the question from the physiological standpoint. He shows how unsatisfactory the results of the provings of *Sepia* 3, 30, and 200, under the direction of Carrol Dunham, are, what an immense array of symptoms was produced by blank powders of milk sugar in Dr. C. Wesselhoeft's tests, and how futile the attempts to determine the medicine in the 30th dilution were in the famous Milwaukee test. We think, however, he is wrong in his suspicion that because the 30th dilution produced no physiological effects recognisable by the provers, that therefore it cannot have any therapeutic effect. Similar experiments were instituted by Dr. Sherman with low dilutions (3rd, 5th, 6th, 7th, 8th, 9th, and 10th dec.) of *Acon.*, *Bell.*, *Ars.*, and *Phos.* The results were:—Of five trials with the 3rd dec. dilution of *Acon.* and *Bell.* four were successful. Three trials of the 5th of *Ars.* and *Phos.* were all correctly answered. Seven trials of the

6th dec. of *Acon.*, *Phos.*, *Bell.*, and *Ars.*, were guessed correctly in six cases. Two trials each of the 7th, 8th, and 9th dec. dilution of *Ars.*, *Bell.*, and *Phos.*, were answered half correctly. Two trials of the 10th dec. of *Phos.* were both guessed wrong. Dr. Dake considers the question from the point of view of analogy with the action of morbid agencies. He adduces numerous instances of the disease-producing power of minute quantities of certain well-known natural agencies, such as vegetable emanations, miasmata, contagia, gases, electricity. Various other papers on this and kindred subjects are given. The whole furnishes materials of a valuable kind for determining the appropriate dose.

The report of the Bureau of Clinical Medicine is chiefly occupied with the subject of scarlatina. The contributions are by Drs. Plasson, Lilienthal, Pomeroy, Mills, Baer, and Lippe.

The report of the Bureau of Pædology contains papers on acute gastritis, stomatitis, and thrush, and one on the diet in infantile diseases.

The report of the Bureau of General Sanitary Science, Climatology, and Hygiene, is occupied with a consideration of the question of quarantine.

The report of the Bureau of Psychological Medicine treats of the remedy for insanity, imbecility, and the *Opium* habit, of method in psychological medicine, and of morbid vision.

The report of the Bureau of Obstetrics contains articles on ecdysis, improvements in obstetrics, placenta prævia, and the Cæsarean section.

The report of the Bureau of Gynæcology treats of laceration of the cervix uteri, the influence of homœopathic treatment on the development of ovarian cysts, the mode of action of medicines on the female generative organs, and the use of the stem pessary.

The report of the Bureau of Surgery contains papers on intussusception, peritonitis, hernia, injuries of the abdomen, prolapse and foreign growths of the rectum, anal fissure and fistula, sphincterismus and staphylorrhaphy.

The report of the Bureau of Ophthalmology has papers on diseases of the palpebræ and lachrymal apparatus.

The report of the Bureau of Microscopy and Histology has

papers on a new microscopic stand and on particles and molecules.

The report of the Bureau of Organisation, Registration, and Statistics, is occupied with statistics of the state of homœopathy in America.

This is altogether a most interesting and valuable volume, many of the papers in it being of great importance. It is worthy of a place in the library of all homœopaths.

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*Transactions of the Homœopathic Medical Society of the State of Pennsylvania, Sixteenth Annual Session, 1880.*

THIS volume contains many valuable papers contributed by the members of this flourishing society.

The methodical manner adopted by many of the American societies of appointing Bureaux for the different departments of medical science is followed by this Society, and many interesting articles are contributed by specialists in the several departments. In this volume, as in the one reviewed above, the subjects treated of by the authors are further elucidated by the discussions that took place upon them, which add undoubtedly to the value of the papers themselves.

These two volumes impress us forcibly with the zeal and scientific knowledge of the practitioners of homœopathy in the United States, and when we see the variety of subjects treated of and the thorough manner in which many of them are handled, we feel a pang of shame that our own contributions to the development of homœopathy are so insignificant in comparison with those of our American colleagues.

A word of praise we must give to the getting up of these volumes. The paper is beautiful and the type excellent, the volumes strongly and elegantly bound, and, as is the case with all American books, the edges are cut by machinery, thus saving the great labour to the reader of cutting up the leaves with a paper cutter. We might well imitate these excellences in our own publications, though we fear it will be long before we can

furnish such varied and valuable contributions to medical science as are annually published by the chief American homœopathic societies.

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*Wood's Library of Standard Medical Authors.*

UNDER this title the publishing firm of Wood and Co., of New York, are bringing out a series of valuable treatises on various medical and surgical subjects by some of the best authors. One work is published every month and the annual subscription is only fifteen dollars. For this sum the subscriber receives twelve volumes printed in small but distinct type, and containing each from 250 to 400 pages, quite equal to ordinary medical works of 500 to 800 pages. The volumes are not to be had separately. The publishers have courteously forwarded to us nine volumes, comprising seven distinct works, some translations, some original works by American authors, illustrating their publications for 1879, 1880 and 1881. The volumes for 1879 are two in number, and are the two volumes of Rosenthal's *Clinical Treatise on the Diseases of the Nervous System*, a classical work, which was published in French under the auspices of Professor Charcot.

The volumes for 1880, are:—1. *The Venereal Diseases*, by E. L. Keyes, M.D. 2. *Diagnosis and Treatment of Ear Diseases*, by Albert H. Buck, M.D. 3. *A Treatise on Foreign Bodies in Surgical Practice*, by Alfred Poulet, M.D. 4. *A Treatise on Common Forms of Functional Nervous Diseases*, by L. Putzel, M.D. 5. *Minor Surgical Gynæcology*, by Paul F. Munde, M.D.

One of the works for the current year has also reached us; it is *A Treatise on the Materia Medica and Therapeutics of the Skin*, by Henry G. Piffard, M.D.

Those who are desirous of obtaining a good library of standard modern works at a reasonable price, we would strongly advise to subscribe to this admirable collection.

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*Encyclopædie des Impfens und seiner Folgen, aus dem Englischen übertragen.* Hannover : Hahn, 1880.

FROM the publication of this large book, a translation from an English original unknown to us, we must infer that Germany also has its anti-vaccinationists ; indeed we know this from other sources, for several adherents of the homœopathic system in Germany are strongly prejudiced against vaccination, and we are occasionally favoured with their writings on the subject. As we are thoroughly convinced of the benefits vaccination has conferred on the world, we can only regret that so many persons should be found to conspire against the due employment of a valuable means of warding off human suffering and death.

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*Sick Nursing at Home.* By S. F. A. CAULFORD. London : "The Bazaar Office."

SOME sensible directions for sick nursing, combined with some directions for treating diseases of an opposite or allopathic character.

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## OUR FOREIGN CONTEMPORARIES.

GERMANY.—We have considerable arrears to make up with the periodical literature of our German colleagues, and we commence with the 99th vol. of the *Allg. Hom. Zeitung*.

The first and many subsequent volumes contain a minute examination of the homœopathic preparations under the microscope by Dr. Buchmann. He is very much opposed to the views of Dr. Wesselhoeft (*vide* article on "Triturations" in this Journal for October, 1880) and his articles contain a thorough criticism of the latter.

Goullon, junr., relates the case of a child affected with ophth. neonatorum, stoppage of the nose, and extensive stomacace, which was cured by a few doses of *Merc. iod. flav.*

Huber continues his essays on the therapeutic and physio-

logical action of *Mercury* in diseases of the organs of motion ; he gives copious illustrations from the records of homœopathic medicine.

A short article follows on the contradictory evidence as to the remedial power of *Blatta orientalis* in albuminuria. The cases related by Hafner, where the medicine did good, were acute, those related by Budde, where it was useless, were chronic.

In No. 3 *Salicylic acid* is recommended as an efficient medicine for expelling tapeworm.

In No. 4 Goullon draws attention to the remedial power of *Aurum mur. natr.* in leucorrhœa, and he gives a case of very obstinate leucorrhœa which came on in a young married lady after a very rough journey through the Hartz and a subsequent brutal treatment by a surgeon, who diagnosed contraction of the vagina, and subjected her to a lengthened treatment by dilating instruments, which caused torture and brought on vaginismus. She was cured in a few weeks by the 3rd dec. trituration of the medicine.

In No. 6 Grubenmann gives his experience of an epidemic of diphtheria in St. Gall, in which he found excellent results from *Merc. cyan.* from the 15th to the 30th dilution. In an epidemic of croup he got very good results from *Iod.* and *Brom.* 15. He also relates a case of carcinoma uteri in a woman of 38, in which he had resolved on an operation, but, yielding to the patient's request to try the effect of medicine, was gratified to find that under *Hydrastis* 6 internally, and a weak solution of the tincture as an injection, the disease was completely cured. He gives also the history of a case in a lady, aged 55, of tumour of a very suspicious character, situated above the clavicle, which after many different kinds of treatment was finally cured by *Conium* 15 internally, and 3 dec. externally.

Nos. 7 and 8 contain a report of the meeting of the Homœopathic Society of Westphalia and Rhineland at Dortmund in 1879. Dr. Krummacher contributed a paper, in which he related the case of a coppersmith who, as a consequence of a chill, got a severe headache, as if a hoop were bound round his head ; the contraction gradually increased to a high degree of intensity and then gradually declined. *Stannum* 12 soon relieved him after several other remedies had proved useless. Hendricks

related a case of syphilitic cerebral affection, which came on soon after the cure of a chancre. The headache was throbbing, burning, shooting, and was continual, but worst at certain times especially at night, when it often drove him out of bed. Gradually there occurred stupefaction, inability to think, or to do any mental work, so that the patient felt he should go mad. He was subject to all manner of strange thoughts. *Merc. corr.* did no good, but a persevering use of *Merc. biniod.* 2 dec. cured him completely. The same remedy cured a severe case of lupus hypertrophicus syphiliticus in three months. A very chronic case of ulceration of the vulva, aggravated after every menstrual period, accompanied by obstinate constipation, yielded to the same remedy, after a long course of allopathic treatment and several homœopathic remedies had in vain been used. In an epidemic of whooping-cough the alternate employment of *Atropin. sulph.* 4—3, and *Ant. tart.* 1 dec. proved very successful.

Dr. Orth related three interesting cases. 1. A man, aged 31, had suffered for many years from a varicose ulcer of the leg, which resisted all internal treatment, and was healed at length by the application of a plaster recommended by an old woman. Soon after this he fell into ill health, weakness, anorexia, diarrhœa, which prevented him working. After five months he presented the following symptoms:—Pale, miserable complexion, great weakness, vertigo, complete anorexia, diarrhœa, and a feeling on swallowing as if something stuck in his throat. The sufferings increased daily, he became emaciated, perspired profusely, especially at night, great exhaustion, and almost constant drowsiness. Under treatment the difficulty of swallowing diminished, the diarrhœa improved, and the appetite returned, but some perspiration and weakness remained. After a while the dysphagia increased, and on the left side of the neck below the angle of the jaw a hard swelling, the size of a pigeon's egg, deeply seated, could be felt. *Sulph.*, *Puls.*, *Phos. ac.*, *Lach.*, *China*, *Ferrum*, *Cal. c.* were employed, but without effect. On the 11th of November he was in a desperate state; he could not swallow a drop without the greatest agony. *Ars.* 3 dec., a dose night and morning, was prescribed. In a few days the swelling disappeared, the swallowing became easy, and by the 8th of



December all the marked symptoms had disappeared. The patient got quite well, and there was no reappearance of the ulcer.

2. A woman, aged 30, after some menstrual irregularities, became affected with some drawing pains in the left side of the belly, almost like labour pains; the abdomen swelled. Several physicians pronounced her to be affected with ovarian tumour, and all advised an operation. This she would not consent to. On the 10th November her condition was: confined to bed, distorted countenance, very emaciated, pulse very small, 90, tongue dry, red, irritable throat, little appetite, costive bowels, urine scanty but free from albumen; abdomen much distended, hard, fluctuating, showing considerable ascites; no tumour could be discovered. Examination showed prolapsus of vagina and anteversion of womb, os tinæ patulous, so that the point of the finger could be easily introduced. After previous pregnancies subinvolution of uterus had remained. The patient thinks she is pregnant two months, as she has had vomiting for that period. She got *Arsen.* 30, then 5, 3, 2, till the middle of December. Under this treatment she rapidly improved, the pains went off, the size of the abdomen decreased, her appetite returned, and she regained her strength. She then got *Apis* 3 and 2 until the beginning of February, when she had quite recovered and in June was safely delivered of a child.

3. A woman, aged 38, came under treatment 16th April, 1878, with lupus of the face. Two years previously she had got syphilis from her husband, after which she had syphilitic sore throat. In the summer of 1877 there appeared on the right ala nasi a small, red, shining lump, which eventually suppurated. In spite of medical treatment other similar lumps appeared, which also ulcerated. The woman put herself under the care of a quack, who mistreated her sadly. When Orth saw her, the whole nose was one irregular mass covered with thick scabs, the alæ nasi were gone, the chin was affected, and both cheeks to a considerable extent, also the forehead and left temple. The large ulcerated places were covered with thick scabs, and round them were numerous new hard shining lumps. Various mercurials were given without improvement; indeed the disease continued to advance. From the 2nd October she got *Arsen.* 5, 4, 3, 2, 1, with-

out intermission, with such good results that now (May 1879) she is almost completely cured.

In 8 to 13 there is a report of the 47th meeting of the Homœopathic Central Society of Germany at Hanover. This report gives us a most melancholy position of the state of homœopathy in Germany. After the necessary business of the Society, much of the time of the meeting was occupied in personal squabbles, and little of a practical character or tending to promote the development of homœopathy was done besides the address of the President, Dr. Walz, and a communication by Dr. Buchmann on the microscopic examination of homœopathic preparations. Our German colleagues seem to be sadly deficient in their ancient zeal. Thirty-four members were present.

In No. 9 Goullon relates a severe case of typhoid fever, which was brought to a successful issue chiefly by the administration of *Arnica* in various doses.

In No. 10 Mossa gives a case of paralysis of the bladder, which was rapidly cured by *Cantharides*.

In No. 13 Goullon records a case of chronic conjunctivitis with catarrhal symptoms in a young girl, in which an aggravation always ensued when the patient was exposed to the open air. Here *Nitr. acid* 6 was of great use, followed by *Hep. sulph.*

In No. 15 there is a report of two meetings of the Austrian Homœopathic Society. Dr. Porges detailed the case of his wife, who was affected with ovarian tumour, from which thirteen pints of fluid had been tapped off, but had soon collected again. She was cured by *Bryonia* 1, four drops four times a day for four weeks, which caused profuse diuresis, during which the abdomen diminished greatly in size; afterwards *Sulph.* 30.

Fröhlich saw an ovarian cyst, the size of a child's head, grow much smaller under *Belladonna*.

Dr. v. Marenzeller related a good many cases of primary, secondary, and tertiary syphilis, which were cured by various preparations of *Mercury*, *Aurum*, and *Kal. hydriod.*

This No. contains an account of a wonderful new remedy discovered by Dr. A. Nelolitzky, and communicated to the *Prager Wochenschrift*, viz. vapour of *Bromine* in croup. It rather detracts from his merit that his townsman, our homœopathic colleague, Dr. Kafka, had employed and recommended this

treatment ten years previously, but of course Dr. Nelolitzky knew nothing about this.

In No. 21 Köck relates a case of severe pain, apparently from gall-stones, that was unaffected by *Atropin* and *Morphia*, but that yielded speedily to *Tabacum* 8 internally, and the tincture of *Tabacco* mixed with almond oil rubbed in externally. Dr. Hilarus gives an interesting case of headache. A gentleman, aged 50, complained that every four to six weeks he was disturbed at night by an indescribable pain in the left side of the occiput, which did not allow him to go to sleep again, and was only gradually allayed after he got up. The pain was as if the occipital bone would burst. The first time he had this pain was when he was a young man after taking a "header" in the water. As soon as he came to the surface he felt the pain, which on this occasion lasted for several months. About six years after this he felt the pain during coitus and since then it had occurred every few weeks at night. The painful part occupied about a square inch just at the seat of the transverse sinus. On searching for a remedy he found under *Zinc met.* in the *Chr. Kr.*, S. 105, "pain like pressing asunder in the right side of the occiput" and S. 106, "painful pressing asunder in the left side of the occiput near the spinal vertebræ." He therefore prescribed *Zinc met.* 6, two drops at night, twice a week. This he continued for two months, and he never again had a recurrence of the pain.

No. 22 contains an obituary notice of Professor Joseph Buchner, of Munich, one of the most distinguished disciples of Hahnemann in Germany, well known by his many contributions to homœopathic literature, some of which we have noticed in former volumes. The death of Dr. Liedbeck, of Stockholm, is also noticed.

In No. 23 Dr. Pröll relates at some length the history of a case of aggravated follicular pharyngitis which was mistaken for phthisis, and was cured by the use of *Kal. lich.* in various dilutions. Dr. Goullon gives a case in which bee-stings on the hand were followed by the production of a large carbuncle on the back. The satisfactory announcement is made of a gift of 60,000 marks by Dr. C. von Hoffmann for the erection of a homœopathic hospital in Leipzig.

In No. 24 we find a statistical account of the results of the

treatment of pneumonia in three allopathic hospitals of Vienna for ten years. During that time 11,442 cases of pneumonia were treated; the mortality ranged from 21 to 24 per cent. An obituary is given of Dr. Peter Salsler, one of the most energetic practitioners of homœopathy in Switzerland.

In No. 25 Dr. Gerstel gives three cases of functional hepatic affections of remarkable severity, which were all cured by *Chelidonium* 3 and 2.

In No. 26 Dr. Crüwell says that in enuresis he has found Schüssler's remedy, *Kali phosph.* 6, of great service. Goullon gives a case of what he calls pernicious infantile diarrhœa which yielded to *Merc. corr.* and *China*. The death of Dr. J. F. Baumann, of Memmingen, an old and distinguished homœopathic practitioner, is announced.

Vol. c, No. 1, is chiefly occupied with the history of the *Allg. Hom. Zeitung*, and is adorned with portraits of the three original founders, Rummel, Gross and Hartmann, with a likeness of Hahnemann in the middle. We learn from this account that this, the oldest homœopathic periodical, was founded by these three well-known practitioners—now, alas! all dead—in 1832. In 1847 Gross died, and the journal was carried on by Rummel and Hartmann until the death of Hartmann in 1853, whose place was taken at the commencement of vol. xlvii by Dr. V. Meyer, of Leipzig. Rummel died one year after Hartmann, and Meyer continued to edit it for eighteen years, till his death in 1872. Kafka, of Prague, succeeded Meyer, but resigned his post at the end of vol. xciii, since which time it has been conducted by its present editor, Dr. Lorbacher, aided by Dr. Tritschler.

In No. 2 Goullon relates an interesting experience of the therapeutic action of the poison of the bee administered in the form of bee-sting, which was made on his own person by Surgeon Thornech, of Stettin. After a long journey on foot he got an erysipelatous inflammation of the right foot, which confined him to bed for four weeks. A year later he had a similar affection of the left foot, and every year after this he had a recurrence of the disease, especially after walking much in the heat. He tried all sorts of treatment without effect. The disease next attacked his knee, and he frequently had several attacks in the year. He reckons that this tiresome malady kept him alto-

gether three years in bed. In despair, he got three bees and made them sting him on his foot. The following morning he inflicted on himself two more bee-stings. By the afternoon he was free from all pain, and since that time has never been troubled with his obstinate disease. Another death is announced, that of Dr. May, of Grossröhrsdorf, after a long illness.

In No. 3, and several subsequent numbers, Dr. Schlegel relates his experience of the curative power of *Calcarea carb.* 30. A woman, aged 30, had long suffered from cough with purulent expectoration. She was frequently confined to bed in consequence of stitches and pains in her chest. *Calc.* 30 cured her rapidly. A man, aged 21, pale and delicate, had suffered for eighteen months from his chest. He has a tendency to congestions of blood to the head, has suffered for fourteen days from constant headache of a peculiar character that was worst when at rest and in the evening, as also after a meal. No appetite. Cough with purulent expectoration. Frequent pains in the chest. The feet have ceased to perspire for a week. *Calc.* 30. Seen again in a fortnight—he was quite well and the perspiration of his feet had returned. A youth, of 18, had suffered from a chest affection with yellow expectoration for a year. This was cured by homœopathic treatment, but for the last eight days he had a return of his cough and expectoration, and was visibly emaciated. Morning aggravations and night sweats. The inspiratory sounds were loud at the back of both lungs. After taking *Calc.* 30 for ten days he was well. A case of chronic phlyctenular ophthalmia, with affection of the cornea and photophobia, after whooping-cough, was cured by the same remedy. Several other interesting cases are given illustrating the curative power of *Calcarea*.

We regret to notice that Dr. Müller has retired from the post of physician to the Sechshaus Hospital in Vienna, and that an allopathic physician is to succeed him. The death of Dr. C. Hering is announced, but prematurely.

In No. 4 Dr. Mayntzer continues his papers (commenced in vol. xcviij) through several numbers on "The Scientific and Rational Character of Homœopathy." Dr. Mossa gives a case of urticaria of severe character evidently produced by excessive allopathic doses of Fowler's Solution of *Arsenic*.

In No. 7 we are told that Dr. von Hoffmann's gift is not for the support of the homœopathic hospital in Leipzig, but only for the maintenance of three incurable patients in it until the end of their lives. The money is not given to the Central Society, but deposited in a bank and the interest is to be employed for the object stated, and any excess above what is required for the maintenance of these incurables is to be applied to the general purposes of the hospital, which is not quite the same thing as endowing the hospital with the money.

The foundation of a small hospital for children in Nice by Dr. Pröll is announced. It is not, however, open all the year, but is closed from 1st May to 1st November.

In No. 8 we are informed that the homœopathic hospital of Munich, founded by Drs. Buchner and Quaglio in 1858, has ceased to exist. It appears that the hospital was regarded by Buchner as his private property, and when he died he left it by his will to his widow, who immediately turned out the patients and sold it for 40,000 marks, to the great consternation of Dr. Quaglio and the regret of all friends to homœopathy.

Crookes's discovery of "radiant matter" could not fail to set some minds to work in order to find therein an explanation of the power of small doses. This has been done by Dr. Schlegel in No. 9, who talks of radiant matter and infinitesimal doses as being a "fourth state of aggregation" analogous to the "fourth dimension of space" surmised by some philosophers. His articles on the subject are ingenious, but too theoretical to admit of their introduction in this place. Kempel directs attention to the curative power of *Sepia* in pleurisy, and gives several cases in which it seemed to be of great use. Mossa points out the homœopathicity of *Ferrum* in stomach affections characterised by vomiting of food, and gives some striking illustrative cases.

In No. 11 Buchmann compares the homœopathic high potencies to Crookes's radiant matter. Lorbacher has some interesting remarks on the value of *Phosph.* 30 in tubercular infiltration of the lung, and also in chronic catarrh and ulceration of the stomach.

In No. 12 we find a denunciation by the Central Society of the secret remedies of Count Mattei, and a denial of any connection of his nostrums with homœopathy. The value of *Eserin* in

glaucoma is noticed in a short paragraph by Lorbacher, who also gives some cases of conjunctivitis, keratitis, and iritis cured by *Belladonna* 30.

In No. 14 Kisch has some useful practical remarks on the appropriate diet in patients taking a course of Marienbad waters. An interesting case of rapid cure of diphtheritis by *Apis* is communicated by Mayntzer. In this number we find a notice of the forthcoming International Convention to be held this month in London.

In No. 15 Goullon, senr., points out that long before Schlegel he had called attention to the fourth aggregate state of matter, corroborated by the discovery of Crookes, and he concludes that the homœopathic dilutions belong to this fourth state, and that this is a reason why infinitesimals should be preferred to crude drugs in the homœopathic treatment of disease. Kunkel contributes a paper on articular rheumatism, and gives the indications for the employment of *Natr. mur.* and *Sepia* in this affection.

In No. 16 Lorbacher relates the case of a man who ten days before being seen had got a severe chill when in profuse perspiration. He had first symptoms of catarrh of the fauces, then came diarrhœa, confusion of head, weakness and coldness of the extremities, with delirium. There was great tremor of the hands, weakness, and partial paralysis of the lower extremities, so that he could hardly stand, complete sleeplessness with nocturnal aggravation of the delirium, fits of fury, so that he could scarcely be kept in bed, deafness, dryness of throat, complete anorexia, pulse small and quick, temperature slightly elevated, constant movement of the limbs, alternating with slight tetanic symptoms. In his lucid moments he complained of severe pains in the head and painful drawing in the limbs. Diagnosis: meningitis cerebro-spinalis. *Hyoscyamus* 3 every three hours had a good effect in twenty-four hours, and after three days of this treatment all the cerebral symptoms were gone, he slept well and the appetite returned. The paralytic symptoms of the lower extremities and the great weakness yielded to a prolonged employment of *Rhus* and *Causticum*.

The retirement of Dr. Tritschler from the Leipzig Homœopathic Dispensary, where he had long occupied the post of medical officer, is announced. A very angry note from Dr. C.

Hering about C. Wesselhoeft's microscopic investigations is given.

In No. 17 is an address by Lorbacher, in which the discovery by Crookes of "radiant matter" is mentioned in very complimentary terms, and its bearing on homœopathic dilutions pointed out. In a note appended to the address the discovery is alleged not to be due to Crookes but to the German scientists, Goldstein, Hittorf, Kundt, and others. Crookes' sole merit is stated to be that he placed the German discovery in the right light. Grubermann directs attention to the utility of *Coca* in chronic catarrh of stomach and dyspepsia.

In No. 18 Schneider has something to say about "radiant matter," and he is of opinion that all medicines in high potencies become "radiant matter." Lorbacher commences a paper on the treatment of chlorosis, and gives the indications for *Iodine* in this disease. The deaths of Drs. E. H. Loescher and Pabst are announced.

In No. 19 (erroneously numbered 18), Lorbacher continues his article on chlorosis, and gives the indications for *Sulphur*. The report of a meeting of the Austrian Homœopathic Society is given, where Weincke stated that in muscular rheumatism he often gave *Ranunc. bulb.* with curative results, and in one case *Cimicifuga rac.* cured. Parotitis he had successfully treated with *Baryta carb.* Marenzeller had treated a glossitis acuta with *Bell.* and *Apis* without effect; scarifications were afterwards made. Alb said that in one case *Bell.* was of no use, but that *Merc.* continued for a considerable time was, and Marenzeller said he had found *Phos.* and *Silic.* useful in chronic glossitis with induration. In chronic pharyngeal catarrh Weincke found *Dulc.* useful. Gerstel cured a case in a female singer who had been fruitlessly treated allopathically with *Senega*. Porges cured a very obstinate case with *Ant. crud.* In chronic tonsillitis Huber found *Sulph.* and *Calcar. iodat.* in alternation of use. Gerstel gave the following indication for *Cocculus* in cardialgia:—"Empty eructation followed by eating." Marenzeller for the same remedy: "Empty feeling, or sensation of something alive in the stomach." Weincke for *Ignatia*: "Spasm relieved by eating."

In No. 21 Kunkel relates a most extraordinary case of a tumour in an infant of nine months cured by *Thuja* 300. The



tumour was in the left side of the abdomen extending from the left hypochondrium down into the abdomen, of irregular form, about four inches long, and above the symp. pubis, about one and a half inch in breadth, going towards the right side. The tumour was developed very rapidly. All the functions were out of order, great flow of urine, obstinate constipation, bulimy alternating with anorexia, no growth of hair, excoriation about the genitals. Under the *Thuja* the tumour rapidly subsided and four or five pustules like vaccine pocks appeared near the anus. Kunkel believes that the disease was owing to lues gonorrhœa inherited from the parents—the child had not been vaccinated—and that the parents had got this lues from having been vaccinated. Of course Kunkel has a perfect right to hold this opinion or any other, but we believe he would have a chance of getting more to agree with him if he would hold some other opinion. Goullon gives a case of pollutiones nocturnæ cured by *Digitalis*  $\phi$ .

A further notice about the Munich Homœopathic Hospital appears. By the energy of Dr. Köck the suppression of this hospital by Buchner's heirs has for the moment been delayed, if not altogether prevented, and there are hopes of its being again carried on.

In No. 22 Buchmann relates a curious symptom produced in a patient by taking globules of *Calcarea* 30. On three different occasions after taking a dose the patient got very soon afterwards—the same day or the next—vesicles on both auricles. Crüwell gives three cases of asthma cured or very much benefited by *Lachesis*.

Marenzeller advises *Ran. bulb.* in intercostal neuralgia. Weincke relates a cure of ague by *Eucalyptus* 1. Marenzeller advises *Ipec.* in Bosnian intermittent fever. Müller had got excellent results in this disease from *Nux vom.* 2. He recommends *Ipec.* in quartan and *Pulsatilla* in quotidian fever. Seidl and Porges also advise *Ipec.* in ague.

Schlegel writes to say that he made no claim to be the originator of the idea of a fourth state of aggregation of matter (the four states being: 1st, solid; 2nd, fluid; 3rd, gaseous; 4th, ethereal), and that Goullon is mistaken in thinking that he had. It does not much matter which, if either, has the priority to the

idea, it would be more to the purpose to prove it to be true, and even then it is still only a hypothesis that a homœopathic high potency corresponds to the fourth state of aggregation, that is to say, is a drug in an etherial condition.

In No. 23, at a meeting of the Austrian Homœopathic Society, Dr. Müller lauded the efficacy of *Cupr. met.* in many different kinds of cardialgia. He said that in certainty and quickness it resembled the action of the hypodermic injection of *Morphia*, and surpassed it in permanence, as it was a real curative agent and not a mere temporary subduer of pain. He mentioned the case of a young lady who had been fruitlessly treated allopathically for severe cardialgia for six years. *Cupr. met.* 3, three times a day, cured her in a few weeks. Porges mentioned that the late Dr. v. Taubes cured a case of cardialgia in a young woman by *Cupr. met.* 30. Müller said that he had found *Cupr. met.* a sovereign remedy in neuralgia of the par vagum, and after *Puls.* in the cardialgia of chlorotic females; he had also found it efficacious in the sacral and scapular pains accompanying round ulcer of the stomach. Porges said he had cured three cases of cardialgia with *Argent. nit.* Müller said that the chief characteristics of round ulcer of the stomach were hæmatemesis, neuralgia, vomiting, anæmia, and dyspepsia. He treated the hæmatemesis with large doses of *Ferr. sesquichlorid.* When the hæmatemesis was subdued he gave *Ferr. sulph.* 2. Müller recommended *Cupr. met.* in the neuralgia accompanying round ulcer, *Ipec.* in attendant sickness, and *Calc. carb.* in the anæmia. In the latter case Marenzeller gave *Arsen.*, and in the accompanying dyspepsia *Phosph.* Fröhlich often had cured severe epistaxis with *Ambra* 30. He said he had expelled tapeworm with high dilutions of *Sulph.* and *Lycop.* Alb saw a case of tapeworm cured and the head expelled by tincture of *Fragaria vesca*, and in four other cases, though the worm was not expelled, the symptoms were removed by the same remedy. Fröhlich expelled a tapeworm with pumpkin seeds. Marenzeller stated that tapeworms had often been expelled by large doses of *Quinine.* Seidl said he had never failed with large and repeated doses of *Kamala.* Hüber had expelled a tapeworm with *Kamala*, two others with *Extr. filicis mar.*, and one with a mixture of the last-named drug with *Brayera anthel.* Fröhlich had treated 103 cases

of ague in ten weeks at Rohitsch. *Natr. mur.* was his chief remedy, the next best were *Ars.*, *Ipec.*, *Nux v.*, and *Quinine* 30. Marenzeller had treated very many agues, all with *Ipec.*, chiefly in the 1st. dec. dil., but some with other potencies even as high as the 30th.

In Nos. 25 and 26, C. Wesselhoeft has an essay on medicinal dilutions on the light of "radiant matter."

At a meeting of the Austrian Society, Marenzeller, speaking of medicines useful in dyspepsia, said *Lycop.* was useful in water-brash, *Calc. carb.* 30 in heartburn, sometimes also *Sepia* and *Natr. mur.*, in distension of abdomen *Natr. mur.*, *Sepia*, *Carb. v.* Müller mentioned that his father had treated a case of carcinoma ventriculi that had long been under allopathic treatment, and the symptoms all subsided under *Phos.* and *Arsen.* Three years afterwards the patient had a relapse and died. At the post mortem, besides new cancerous formations, there were found old scirrhus masses behind the pylorus that had become calcified. Czary cured a case of carcinoma mammæ with *Arsen.*; during this treatment the patient had two large anthracoses. Fischer (of Sydney) considered *Arsen.*; the chief remedy in carcinoma arising in the mucous membranes. *Hydrastis* was also a good remedy in such cases and in scirrhus. He saw good results from *Con. durango* in a case of scirrhus of the stomach.

(To be continued.)

## CLINICAL RECORD.

*Albuminuria.* By THOMAS ENGALL, M.R.C.S. Eng.

In the July No. of the last vol. of this Journal, you kindly published a case of albuminuria, in which the relative value of *Arsenicum* to *Mercurius* in its treatment was uncertain.

As tending to settle this question in favour of the *Mercurius*, Dr. Buck has kindly furnished the following case, in which although there was no dropsy, as in mine, skin symptoms were likewise developed.

In both cases large doses of low trituration were employed. May not this practice be necessary in every case where there is, not an increase of a natural product, but the formation of an abnormal one? Take, for example, the deposit of diphtheria, where six grain doses of the 1x of *Bin. Iod. of Merc.* every three hours, has been generally successful in my practice for years. And thus in cases of sciatica from deposit of oxalate of lime, doses of eight drops of *Bell. φ* three times a day have usually been successful in removing the pain and the oxalate. In none of these cases have I ever seen aggravation or any physiological action produced.

It may be supposed that the external applications to the skin suppressed the eruption and produced the albuminuria, but as the albumen disappeared without the reappearance of the eruption; this could not probably have been the case. As the albumen continued so long after the delivery, its existence could not have been dependent upon the pregnant condition.

Mrs. E—, æt. 26, married. Has one child. First seen December 18th, 1879, when she was about six months advanced in pregnancy. She complained of great irritation of the skin, the only objective symptom being a slight redness and abrasion from the constant scratching. The irritation was worse at

night, so much so that she was compelled to walk about the room. The irritation I noticed always became worse upon inquiries being made respecting it, and she would at once commence scratching. Her manner was nervous and excitable. The pulse normal, but increased upon the slightest exertion; tongue clean, but frothy along the sides. *Sulph., Calc. carb., Ehus tox., Mezereum* and *Arsenicum*, were the medicines given, and locally *Borax* and *Glycerine, Calendula* vapour and warm baths, *Ointment of Zinc*, and, as suggested by Mr. Engall, an *Ointment of Camphor and Adeps* to be well rubbed into the skin. The application of the various remedies considerably relieved the irritation, and on April 6th, she was delivered of a male child. The labour was natural, but after the birth she had considerable hæmorrhage; the pulse instead of becoming normal as is usual after delivery, continued at about 120 to 130, at the same time she complained of a continuous pain in the back and along the lower portion of the spine. The pain was much increased when the uterus contracted, and was accompanied with a rush of blood. Pressure to the back and along the spine gave relief.

I remained about two hours after the child was born; the pulse was then higher than usual, but the pains were abating.

April 7th. The next morning, she was in less pain, had passed water freely, and at the same time some large clots. The pulse and temperature were now normal.

She appeared to do very well for the next few days; the milk was secreted and the baby was able to obtain sufficient nourishment, but the mother complained of headache, and the nurse told me that she was very fanciful and peculiar in her manner; her nights were also restless, and the water was very thick and dark coloured. The lochia was plentiful and nothing to remark respecting it, the abdomen and uterus were free from tenderness.

14th. Eight days after delivery she became a good deal excited, having seen a few of her relatives. The pulse rose to 130, the temperature to 101°, she complained of headache and cold chills down the back, and pain in the eyeballs. Abdomen quite soft. Lochia still continuing, but was free. Restless nights, and at times delirious or talking nonsense, as the nurse said.

15th. Tongue coated, constant thirst. Pulse 130; temp. 101°. Gave *Aconite, Belladonna*. No abatement in the symptoms; the

## MISCELLANEOUS.

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### *The Lancet and Homœopathy.*

OUR trenchant contemporary has been lately airing its views on homœopathy in editorials of enormous length. In the course of its investigations it discovered a notable mare's nest, viz. that homœopathic remedies, though they might be selected in accordance with the rule *similia similibus*, did not cure in accordance with that rule, but on the principle *contraria contrariis*. Having made this great discovery it triumphantly exclaimed that it wondered what homœopathists could say to that, for it was undoubtedly true, and being so homœopathy must needs be false. Several homœopathists replied, admitting that it might well be true that the actual *modus operandi* of the homœopathic remedy was *contraria contrariis*, that many homœopathic writers had already alleged this to be the case, but that that did not affect the truth of the so-called homœopathic rule, which was merely a rule for the selection of the remedy and not an explanation of its mode of action. The homœopathic rule was expressed by the formula *similia similibus curentur*, let likes be treated by likes, which, of course, referred only to the principle of selection of the remedy. All this might be admitted and yet homœopathists remain as staunch to their colours as ever, these colours being as has been over and over explained:—1. The proving of drugs on the healthy. 2. The selection for the cure of a disease of a drug that is capable of manifesting on the healthy symptoms similar to those of the disease. 3. The administration of such a medicine alone and in a small dose. Thus, it will be seen that the whole essence of homœopathy consists in rules for treatment, and that the word does not imply any theory of disease or any theory of medicinal action whatever. The *Lancet* seems to have been very much taken aback by being thus

informed that its supposed discovery had long since been discounted by the homœopaths, so, though it magnanimously published the letters that showed the futility of its objections, it curtly put an end to the discussion in its columns in the following editorial, which is more remarkable for its display of unreasoning ill-temper and mortification than for any other quality :

“*Homœopathic Remedies*’ do not act *Homœopathically*.—The medical profession and the public will be interested to learn, on the highest authority, that homœopaths do not themselves believe that what are called ‘homœopathic remedies’ act *homœopathically*. It seems that no homœopathist has of late years ever pretended that the drugs he employs cure disease on the principle *similia similibus curantur* ! This dogma is simply a statement of the so-called ‘principle’ on which the homœopathist selects his remedies ! This is obviously a minor consideration, and one in which the public has little, if any, interest. What the patients of homœopathic practitioners expect from these gentlemen, and fee them for, is homœopathic *treatment*. It is a matter of perfect indifference to the sick man or his friends how the physician *selects* his drugs. The only practical question is how he treats his cases, and in what manner the drugs act. Having elicited a frank confession of the facts as to the action of drugs we can only appeal to honest men still connected with the so-called ‘Homœopathic School’ to abandon openly a position which they admit does not exist, and which is, therefore, only a name, full of meaning to the lay public, but of no significance to themselves. We do not wish to speak strongly on the subject, but it is certainly the reverse of candid to retain a name which means nothing and deludes the public. With the publication of the letters which appear in another column the discussion must end. The truth is now at length before our readers on the admission of leading homœopaths, and the only possible inferences are writ large and plain.”

We wonder who informed the *Lancet* that our patients are not concerned as to how we select our remedies, a subject on which we are all agreed, and which constitutes the peculiarity of our system, but only as to how these remedies act, a subject on which the greatest diversity of opinion prevails and always has prevailed. This is an afterthought of the *Lancet*, and is only

introduced for the purpose of enabling it to retire from a contest in which it has been worsted with a pretence of an unanswerable objection, which can deceive none who have paid the slightest attention to the controversy, but may serve to throw dust in the eyes of those who have not. The fact is that all along the *Lancet* has been deceived by its own erroneous interpretation of our formula *similia similibus curentur* or *curantur* as it reads it. It has thought that this means "likes are cured by likes," and that it conveys an explanation of the mode of action of our remedies. It cannot yet take in the true meaning of the Latin motto, which is "let likes be treated by likes" or "likes are treated by likes," which merely prescribes the way in which drugs are to be selected for diseases, but gives no hint of their mode of action. When told of its mistake the *Lancet* cannot conceal its irritation that homœopathy is not what it had ignorantly supposed it to be, and it vents its ill-humour on us, as if we could help it that the *Lancet* knew nothing about the subject on which it chose to write *ex cathedra*. It is, however, rather too bad that the *Lancet* should exclaim "*habemus confitentem reum*" when it should be humbly saying "*peccavi*."

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### *The Ethics of Mongrelism.*

OUR colleagues who are suffering from that "bee in the bonnet," the high dilution mania, have a craze for giving themselves extraordinary names. At one time they are "Hahnemannists," then "homœopathicians," then members—or knights, perhaps—of the "Legion of Honour," and now we have still another name assumed for his practice by Dr. Skinner, viz., "mongrelism," the ethics of which he professes to set forth in a pamphlet of twelve pages, which he intends as a supplement to the defunct *Organon*, the paging of the last and only number for this year of which it follows. It seems rather a pity that Dr. Skinner should only have found the appropriate name for the very peculiar practice he endeavoured to engraft on homœopathy in his periodical, *The Organon*, after that publication had ceased to exist. The editorial



chair of *The Organon* must have been rather an uneasy seat, we should imagine, for all except Dr. Skinner and his transatlantic *alter ego* Dr. Lippe; for we find that during its brief existence of three years and a quarter its editorial staff was changed several times. The first two and a half volumes were carried on more or less harmoniously by Drs. Skinner, Berridge, Lippe and Swan. With the third number of Vol. III the tetrarchy became a triumvirate by the defection of Dr. Swan, and in the first and only number of Vol. IV the *personnel* of the editorial triumvirate was changed by the substitution of Dr. Bayard for Dr. Berridge. Though lost to the editorial staff Dr. Berridge still continued his connexion with *The Organon* as a contributor, but since its decease—perhaps from sorrow at its premature extinction—he has taken to writing on “Euthanasia” in *The Homœopathic World*.

“Of comfort no man speak,  
Let’s talk of graves, of worms and epitaphs.”

About the appropriateness of the term “mongrelism,” as applied to the singular practice of Dr. Skinner and his associates, there can be no two opinions. Hahnemann’s homœopathy we know, his directions are precise and unmistakable, and it is astonishing how an advocate of the high-potency “mongrelism” can claim at the same time to be one of the “upholders and true followers of Hahnemann.” It is hardly sufficient to say one is a true follower of Hahnemann if in practice one departs so far from the rules laid down by Hahnemann, but this we suppose is an illustration of the “Ethics of Mongrelism.”

Hahnemann, as we know, was very anxious to establish a uniform dose for all medicines, and he fixed on the thirtieth dilution as the standard potency, beyond which it was not desirable to go, even though he admitted the activity of still higher potencies. “I do not approve,” he wrote in 1829, “of your dynamizing the medicines higher (as, for instance, up to XII and XX [thirty-sixth and sixtieth dilutions]). There must be some end to the thing, it cannot go on to infinity. By laying it down as a rule that all homœopathic remedies be attenuated and dynamized up to X (thirtieth dilution), we have a uniform mode of procedure in the treatment of all homœopathists, and when they describe a cure we can repeat it, as they and we operate with the same tools. In one word, we would do well to go on uninterruptedly in the

beaten path. Then our enemies will not be able to reproach us with having nothing fixed—no normal standard.” From this it is evident that the attenuation of medicines up to the 10,000th, 100,000th, 1,000,000th, 10,000,000th, and higher potencies is in direct contravention of Hahnemann’s explicit directions, hence an anti-Hahnemannian deviation, in fact, a “mongrelism.”

Again, Hahnemann lays down with reiterated distinctness, that each dilution should be made with two strong succussions to the diluting phial, performed by means of the forcible downstroke of a powerful arm, in order to obtain a perfect mixture of the medicine and attenuating medium. But in making their “high-potencies” our new-fangled potentizers omit this process altogether, and the attenuating fluid is allowed to run through the diluting phial with more or less velocity. This being completely opposed to Hahnemann’s directions, is another example of anti-Hahnemannian “mongrelism.”

Hahnemann is careful to insist on a fresh phial being used for each attenuation, but our modern high-potentizers make all their dilutions in one phial—another piece of anti-Hahnemannian “mongrelism.”

Hahnemann directs that each potency shall be made with *Alcohol*. Our “Legion of Honour” \* men make their dilutions with common spring or river water, the service waters laid on by the water companies in their respective towns, which as every one knows are very far from pure, indeed, contain a notable quantity of organic and mineral impurities which must destroy or adulterate the minute medicinal matter contained in their exalted attenuations. This was pointed out by Hahnemann himself in his paper on “Small Doses” in the sixth volume of his *Materia Medica*. He there says: “Were we to attempt to impregnate only a moderate quantity (*e.g.* a hogshead) of water with one drop of medicine . . . the constant internal changes of the component parts of the water continually going on and the chemical impurities always present would destroy and annihilate the medicinal power of a drop of vegetable tincture in the course of a few hours.” But in

\* If these self-constituted knights of the “Legion of Honour” have not yet adopted a motto for their new order, we would recommend this old one, “Self-praise is no recommendation.” We usually attach the idea of vast numbers to a legion. “My name is Legion, for we are many.” But, apparently, these legionaries have adopted the name because they are few; at least, very few names of adherents have yet been published.

making the 100,000th (o.m.) dilution considerably more than a hogshead of water is used, and in the 1,000,000th (m.m.) dilution the original drop of medicinal tincture is passed through nearly thirteen hogsheads of water! We can imagine Hahnemann's consternation could he know that those who thus flagrantly set at defiance his plain and explicit directions, insist on being called "upholders and true followers of Hahnemann."

The administration of what they call "nosodes," or the supposed morbid matter of diseases, is a favourite practice of the sect to which Dr. Skinner belongs. Dr. Skinner himself has given us cases treated by them. In the first number of the *Organon* he gave a case of caries of the spine, treated by *Syphilinum*, not one symptom of whose pathogenesis he knew, except one so-called "keynote," told him by Dr. Swan "aggravations, no matter what the disease, if they occur at night." Hahnemann, we know, says that the homœopathic remedy is that in whose pathogenesis the greatest similarity to the collective symptoms of the natural disease is discoverable, and he gives no countenance to such royal roads to the drug selection as so-called "keynotes." The search for a medicine corresponding in its pathogenesis to the totality of the disease or symptoms is of course a much more tedious business than selecting a remedy on the one symptom plan of "keynotes," and to those who advocate this "mongrel" system we would recommend a perusal of this extract, from the footnote to § cxlix of the *Organon* (not Dr. Skinner's, but Hahnemann's): "But this laborious, sometimes very laborious, search for and selection of the homœopathic remedy most suitable in every respect to each morbid state, is an operation which, notwithstanding all the laudable books for facilitating it, still demands the study of the original sources themselves, and at the same time a great amount of circumspection and serious deliberation, which have their best reward in the consciousness of having faithfully discharged our duty. How could this laborious, careful task, which alone can render possible the most effectual cure of diseases, please the gentlemen belonging to the new mongrel sect, who assume the honourable name of homœopathist, and even seem to employ medicines in form and appearance homœopathic, but used by them without the slightest deliberation," to wit, on the mere concordance of some possibly immaterial, or at all events very common, condition, such as "nocturnal

aggravation"—which is common to upwards of one hundred of our remedies.

Hahnemann, whenever he alludes to medicine of the "nosodes" kind, such as *Syphilinum* and its congeners, says something disparaging of them, and deprecates their use. Thus, in the last edition of the *Organon*, introduction, p. 102, note, he says: "That the saliva of a mad dog given to a patient labouring under hydrophobia *is said* to have cured him—that '*is said*' would not seduce any conscientious physician to imitate such a hazardous experiment, to construct a so-called isopathic system, so dangerous and so highly improbable in its extended application, as has been done by its eccentric supporters." And at the end of the first vol. of the *Chr. Kr.*, Hahnemann says: "The antipsoric medicines in the following volumes contain among them no so-called *isopathic* remedies, as their pure effects have not been nearly enough proved (not even those of potentised itch-miasm—*psora*) to enable us to employ them homœopathically," so that Hahnemann would not encourage the employment of those "nosodes" unless they were first proved on the healthy subject, like other medicines. But on the whole Hahnemann does not conceal his dislike to the whole business as being a bastard or mongrel sort of homœopathy that his true disciples had better not meddle with.

In his *Materia Medica* and *Chronic Diseases* Hahnemann has shown us the kind of substances that should be proved for homœopathic purposes; vegetable, animal, and mineral substances, either well known for their medicinal powers, or likely to possess such power. He certainly neither proved nor advised to be proved ordinary articles of food, such as *skim milk* and *loaf sugar*, but the apostles of "mongrelism" have endeavoured to persuade us that these are valuable drugs, and they have also given us a wonderful remedy, the potentised milk of—ahem!—well, a female dog, but whether

Mastiff, greyhound, mongrel grim,  
Hound, or spaniel, brach or lym,  
Or bob-tail tyke, or trundle-tail,

they do not inform us; most likely a *mongrel*, to correspond with the practice on which Dr. Skinner has appropriately bestowed the name of "mongrelism."

What Hahnemann would have thought of the transcendental

remedies introduced by the mongrels, such as *Sol*, *Luna*, *Nix*, the C.M. dilution of *Magnet*, and other similar vagaries, we can well guess; assuredly he would not have admitted them among the remedies of his *Materia Medica*.

Dr. Skinner may have proved that his dilutions are centesimal, and we willingly grant that he has, but in so doing he has impaled himself on one of the horns of the dilemma we offered him, for he has told us most emphatically that he can recognise no difference in the potencies made on Swan's and Fincke's plan and those made with his centesimal fluxion potentizer. But as Swan's 1000th attenuation has been shown to be Hahnemann's 5th, and Fincke's 1000th to be Hahnemann's 151st, if Dr. Skinner's 100th is really Hahnemann's 1000th, then it follows that 5th, 151st, and 1000th dilutions act exactly alike, hence every reasonable man would prefer to use the 5th and spare himself the trouble of making 151st or 1000th. If the "ethics of mongrelism" require us to use the 1000th dilution in preference to the 5th, when both act without perceptible difference, so be it; for our own part we would prefer to be guided by a code of ethics which did not require us to act so entirely contrary to the dictates of common sense.

Dr. Skinner is surprised that we should call Swan's and Fincke's dilutions "unreal." But if Swan calls 1000th what is actually the 5th dilution, and Fincke calls 1000th what is actually the 151st dilution, we are at a loss to know how to characterise them if we are precluded from calling them "unreal." That they are real dilutions we will not care to deny, but that they are really what they profess to be, viz. 1000ths, Dr. Skinner will not assert, so they are decidedly "unreal," as being dilutions very different from what they are said to be. Call them 5th and 151st they are real, but call them 1000ths they are manifestly "unreal."

Dr. Skinner has a little obscure joke about "Jupiter-Maximus," which seems to afford himself great enjoyment, as he repeats it three times in two pages. It would appear that he applies the name to the supposed author of the article on "Dilutions" in our January number, which has roused his wrath. The resemblance of this writer to the classical Jupiter was probably suggested by the legend that one of Jupiter's transformations was into a bull, a creature with two horns, and the writer presented Dr. Skinner

with two horns of a dilemma to impale himself on—but the likeness is altogether too farfetched, and the joke, if joke it be, would require a very serious surgical operation to get it into the head of either a North or South Briton. Dr. Skinner seizes hold of one horn of the dilemma presented to him and calls it a “brilliant syllogistic *denouement*.” We have not the remotest idea what this expression means, and our only hope is that Dr. Skinner himself does not know what it means, for any one who could understand it must be possessed of quite an “uncanny” amount of superhuman intelligence.

Dr. Skinner finds fault with some of the expressions in our letters as “unparliamentary and unbecoming.” We deny the soft impeachment, and think it strange that such an adept in strong language and invective should be so sensitive to a mild remonstrance on his insolent language to others. *Quis tulerit Gracchos de seditione querentes?* He trusts we will withdraw them. That reminds us of the old story in which one of the characters said: “*que MM. les assassins commencent.*”

*Proposed Testimonial to Lord Ebury.*

SOME gentlemen, lay and medical, interested in homœopathy, felt that it would be a becoming act to invite the friends of homœopathy in Great Britain to unite in presenting a Testimonial to Lord Ebury—who in the present year attained his eightieth birthday—in token of their appreciation of his great services to homœopathy.

Ever since the introduction of homœopathy into Britain, now more than half a century ago, Lord Ebury has been its steady and consistent supporter, and has at all times been ready to use his influence, in both Houses of Parliament, to promote its interests, to defend it from the attacks of its foes, and to obtain redress for the wrongs they might have succeeded in inflicting on it.

During the prevalence of cholera in London in 1854, the President of the Board of Health, desiring to collect statistics showing the results of the various methods of treatment pursued,

appointed a Medical Council to assist him. The Council received reports from all establishments where cholera patients were treated, among the rest from the London Homœopathic Hospital, then in Golden Square; but the returns from this institution were suppressed by the Medical Council in their general report, which was presented to Parliament. Lord Ebury, at that time Lord Robert Grosvenor, M.P. for Middlesex, obtained a special return of the suppressed report of the Homœopathic Hospital, together with the correspondence that had taken place with regard to this suppression. This was presented to Parliament as a special Parliamentary paper, and was of great value to the cause of homœopathy, showing, as it did, the vast superiority of the homœopathic treatment of cholera to that of the system approved of by the Medical Council.

In 1855 Lord Ebury headed an influential deputation of noblemen and gentlemen to the Secretary of State for War, in order to induce him to appropriate some portion of the hospital accommodation in the East for the purpose of giving our sick and wounded soldiers the benefit of homœopathic treatment.

When the Act of 1858, "to regulate the Qualifications of Practitioners in Medicine and Surgery," was passing through Parliament, and when it was on the point of being read for the third time in the House of Lords, it was discovered that it afforded no protection against the rejection of candidates for degrees and diplomas if they were suspected of homœopathic leanings. Lord Ebury was communicated with, and cordially lent his valuable assistance in drawing up a clause for insertion in the Bill, which should effectually protect candidates from incurring any injury in consequence of their medical beliefs. This new clause—the charter of the rights of homœopathy—Lord Ebury succeeded in getting inserted into the Bill on its third reading; and Clause XXIII of the Medical Act will ever remain to testify to the zeal and ability displayed by Lord Ebury in defence of the rights and liberties of the homœopathic student and practitioner. Without the powerful assistance of Lord Ebury on this critical occasion, the candidates for degrees and diplomas in this country, who had faith in homœopathy, might have been altogether precluded from obtaining the legal qualification to practise. That this is no idle fear, is evident from the facts that, before this protection was afforded, a candidate was

rejected by the Edinburgh Faculty on account of his homœopathic belief, a graduate of St. Andrews, was commanded to return his diploma on it being discovered that he practised homœopathically, and a candidate in Aberdeen was refused permission to pass his last examination, though he had passed the previous ones successfully, because he declined to sign a written declaration pledging himself never to practise homœopathy. All this persecution has been put an end to by the clause Lord Ebury succeeded in getting introduced into the Medical Act.

In many other ways Lord Ebury has promoted the interests and contributed to the spread of a knowledge of homœopathy. He has always been ready and willing to lend his aid to the institutions established for disseminating a knowledge or affording the advantages of homœopathic treatment. And this aid he has given in a real and tangible manner, not only by presiding gracefully and efficiently at public meetings, but by taking an active part in the business meetings of Managing Committees, and rendering important services to these institutions by his counsel and experience. And all this he did at a great sacrifice of time and trouble, which, amid all his other many and important engagements, he never grudged when he could in any way contribute to promote the interests of homœopathy. Those who have been associated with him in these matters can testify to his never-failing urbanity, his inexhaustible patience, and his rare tact. The English Homœopathic Association, The Hahnemann Hospital, the London Homœopathic Hospital, and the London School of Homœopathy, are the chief institutions which have benefited by his active and invaluable co-operation, cordially given during many years, and still continued with unabated vigour, more especially in connexion with the London Homœopathic Hospital, at a period of life when most men would be unable or unwilling to sacrifice their ease to the assiduous and often harassing labours which Lord Ebury still performs, and it is hoped may long be spared to perform, with immense advantage to the institutions with which he is connected.

At a meeting held at the London Homœopathic Hospital on the 26th of May, a few gentlemen constituted themselves a committee to appeal to the friends of homœopathy, medical and non-medical, for subscriptions for this proposed Testimonial. They resolved to limit the sum to be subscribed by each con-



tributor to one guinea, believing that the number of subscribers, rather than the greatness of the individual subscriptions, would constitute the value of the testimonial in the estimation of its recipient.

Dr. Yeldham, 10, Taviton Square, was appointed treasurer to the fund, and subscriptions should be sent to him without delay. The subscription list will be soon closed.

### *New Remedies.*

Mr. Heath informs us that he has prepared *Sepsin* or *Pyresin* according to Dr. Drysdale's directions and can now supply it in any dilutions. He has likewise received a stock of the following medicines:—*Aspidium athamanticum*, recommended for tapeworm; *Calotropis gigantea*, for rheumatic fever; *Euphorbia pilulifera*, for asthma; *Ehus aromatica*, for diabetes, cystitis, &c.; *Tarantula cubensis*, for carbuncle, tonsillitis and painful abscesses; *Vernonia antihelmintica*.

### *Experiments with Digitalis.* By Dr. DUDDEON.

AT Dr. Black's suggestion I made a few experiments, with a view to determine the action of *Digitalis* in small doses on the pulse. The subjects I operated on were two girls, aged respectively, M. 14, and Z. 12, both in good health. I made my experiments with the sphygmograph, which would detect any alteration in the quality of the pulse not ascertainable by the finger. The sphygmograms lie before me.

M.'s pulse before commencing was 84. One drop of *Dig* 1. taken.

1st minute, pulse 84.

5th " " 90—then second drop taken.

7th " " 78.

10th " " 84.

12th minute, pulse 78—the third drop taken 9' after this.

20th " " 75.

23rd " " 75.

30th " " 72.

37th " " 72.

Z.'s pulse before commencing was 96. Two drops of *Dig. φ* taken.

5th minute, pulse 90.

10th " " 84.

15th " " 78.

20th " " 80.

The character of the pulse in all these experiments remained the same, as testified to by the sphygmograms.

For purposes of comparison I observed the pulse at intervals on a day when no medicine had been taken in M., and also in G., a boy of 13.

M.'s pulse was at first 84.

5 minutes later, 78.

10 " " 78.

15 " " 78.

25 " " 78.

G.'s pulse was at first 72.

10 minutes later, 60.

15 " " 66.

23 " " 60.

The sphygmograms of M.'s pulse are very similar throughout; those of G.'s pulse show considerable varieties in rythm and quality.

These experiments do not show much, they are in fact purely negative. M.'s pulse varied considerably in the number of its beats while taking the first centesimal dilution, but with some alternations it certainly became slower, from 84 to 72; but so did Z.'s after taking the mother tincture, from 96 to 80. But G.'s pulse, who took nothing at all, fell in twenty-three minutes from 72 to 60. M.'s pulse, when taking nothing, fell the first five minutes after settling down, from 84 to 78, at which it remained unaltered during the whole twenty-five minutes the experiment lasted. That the sphygmograph did not reveal any alteration in the character or quality of the pulse while taking the *Digitalis* seems to show that it really had but small effect on the pulse,

and probably the variations in pace noticed were due to "expectant attention," weariness, or some other cause, and not to the medicine at all.

In order to arrive at a conclusion as to whether the pulse is affected by these minute doses of *Digitalis*, we should require a large series of experiments. We should so conduct them that the person should not know when he was taking the medicine and when not, for anything that calls the "expectant attention" into play is very apt to vitiate the experiment, and lead us to form erroneous conclusions.

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*Apis Mellifica.*

THE January number of the *Sammlung Wissenschaftlicher Abhandlungen aus dem Gebiete der Homœopathie*, is occupied by an article from the pen of the industrious Dr. H. Goullon, jun., of Weimar, on the homœopathic uses of the poison of the bee, which formed his contribution to the World's Convention in Philadelphia. We purpose to lay before our readers the essence of this important monograph, which contains all or almost all that is known of the therapeutic uses of this remarkable medicine.

*Various modes of preparing the Apis mellifica for therapeutic purposes.*—The polyglot pharmacopœia directs living bees to be introduced into a bottle, made angry by shaking them, and then drowned in five times their weight of strong alcohol, macerated for eight days, during which the bottle is to be shaken twice a day, and then the clear tincture poured off for use.

Dr. Hale made an infusion of 10 to 12 living bees by pouring hot water on them in a cup. This infusion he gave in tablespoonfuls.

He describes a mode of making a trituration of them by taking the whole bee or the posterior third of it, and tritulating it with sugar of milk, 10 bees to 90 grains of milk sugar.

Or he makes a mother-tincture of *Apis* by pouring 9 drachms of hot distilled water on 10 bees. To preserve the tincture  $\frac{1}{10}$ th of alcohol should be added. Hale imagines that alcohol destroys

the undiluted virus. If this be so then both the process recommended in the German and that of the English *Homœopathic Pharmacopœia* should be rejected, but it is probable that Hale is mistaken. Hering says that alcohol dissolves all the active parts of the poison.

Dr. Altschul says the bees dried and powdered have been chiefly used in dropsies and bladder affections. He, like the *B. H. P.*, recommends diluted alcohol to be used in preparing the tincture, as the poison is not soluble in strong alcohol, for it is coagulated by it.

The swarming time is the best for making the tincture, as then the bees are angriest and their poison most virulent.

Dr. Lukowski scorns to make any tincture or trituration of the bees, but makes the bee sting his patients on their skin. By this method he cured, in 1858, two tertian and one quotidian fever and an intermittent gastralgia, and relieved an obstinate gastrodynia.

Dr. Alb draws out the sting with its poison bag attached and triturates this with sugar of milk.

Mayländer seizes the bee with a forceps and introduces the drop of poison that exudes on its sting into alcohol of 60°. From this he prepares the subsequent dilutions.

Hartlaub catches the bees as they are coming out of the hive, puts them into a bottle, shakes them well, pours alcohol on them, and shakes them several times during a week; the clear tincture to be decanted has a yellowish tinge.

Marcy put the bees into a closed vessel, dried them at a temperature of 90°, then reduced them to a powder. Five grains of this powder was rubbed up with 100 grs. of milk sugar for an hour, and a grain of this trituration was a dose. He found it of great use in ascites and hydrothorax. Hering ridicules Marcy's employment of bees.

Hering mentions that an old midwife in Tennessee used to cure strangury with bee-tea.

Hering directs that the poison should be collected, by seizing the bee with pincers and making it deposit the drop of poison that it thrusts forth with its sting, on a watch-glass or piece of sugar. He is aware that alcohol coagulates the poison, but he says it dissolves the active part, so that it is quite suitable for diluting. It is best when collecting the poison to have a separate

bit of sugar for each bee, as they will sometimes discharge the contents of their bowels on the sugar and spoil it for medicinal purposes.

According to Dr. Graf sur Lippe, "the poison of the queen bee is the most powerful remedy for jealousy; probably, however, she is the most jealous animal in the world." What a pity Desdemona had not possessed this wonderful remedy.

Dr. Goullon says he does not know how much truth there may be in the statement, but he can vouch for another equally extraordinary fact, viz. that the tincture of *Apis* exhales or exudes a sticky substance, which we may observe on the exterior of the bottle containing it.

Hering in his article on "Bee-poison" in the *Amer. Arzneifur.* gives 1350 symptoms and observations more or less germane to the subject, but Dr. Goullon passes them over in a rather contemptuous fashion,\* and only details a number of cases of the effects of the sting of the bee. He summarises these histories in the following schema:

*General* (Case 1.)—Syncope and death-like faintness (lasting half an hour), accompanied by great anxiety and a disagreeable feeling in the pericardium, by oppression of the chest (dyspnœa), short quick breath, quick pulse, nausea and vomiting of yellow bitter masses, forty-five minutes after the sting.

Sensation of an electric shock that seemed to go out at the ends of the fingers and toes (after a sting in nose).

Sudden faintness with coldness; great dyspnœa; then flushes of heat, nausea, vomiting, and severe watery diarrhœa.

(Case 2.)—The whole body seems shaken as by *nervous trembling*, whereupon an insignificant stiffness of the nape came on. Painful contraction at the lower part of the sternum; sudden fatiguing vomiting; whereon all the dangerous symptoms disappeared.

(Case 3.)—Feeling as if he must die. Falls down in a faint, paleness; constant sighing; cold skin. (Death.)

(Case 4.)—Dies with all the signs of *rabies*. Tortured by excruciating pain he repeatedly jumps out of bed. (Dyspnœa).

(Case 6.)—After a sting on the knee, *crawling all over the*

\* "We refuse to give in our monograph a *complete* reproduction of the symptoms said to be produced by the internal administration of *Apis* and *Apisin* in God knows what potencies," he says, and so he gives none of them.

*body*, so that he did not know how to contain himself. A shuddering feeling through all the nerves.

(Case 7.)—Frightful anxiety; real death agony; feels near his end.

All over the body violent itching and burning, so that he could not scratch enough.

Jumps out of bed, whither he has gone in his anxiety, and runs about the room (careless who is present); vomiting, first of food, then of greenish masses; thereafter short syncope, at last bilious diarrhœa.

Expression of anxiety in the countenance (goes off at last).

(Case 8.)—Restlessness and feverish excitement.

*Sensorium* (Case 1.)—Confusion of thoughts. Head heavy and confused. Complete insensibility, followed in half an hour by flushes of heat, alternating with shivering. After three hours consciousness returned; the headache also went off gradually, but he remained weak for some weeks; he dared not strain his mind; the head was confused when he studied or read; he had also attacks of vertigo and blindness. He could neither think nor express himself clearly.

(Case 2.)—Could only speak with difficulty.

(Case 4.)—His consciousness left him four hours before death.

(Case 6.)—A strange confusion in the brain. An unconscious state came on.

(Case 7.)—Spoke a lot of senseless and unconnected words. Delirium lasted five minutes, whereupon the reason returned.

*Skin* (Case 1.)—Slight swelling of the skin (which, however, went off in a few hours). The skin very sensitive to the touch, painful on the slightest touch; he could not bear the sheet upon him; red and white stripes on the body and the extremities, like *nettle stings*.

Case 5.)—Whereas formerly in a woman the parts swelled where they were stung, this did not occur on the last occasion, where death ensued.

(Case 6.)—The whole body swollen, and immediately afterwards eruption of blisters (wheals?). This occurred with the greatest rapidity. No part remained exempt.

(Case 7.)—Face red and swollen. Wherever he looked he observed great pale wheals on the highly reddened skin (urticaria).

(Case 8.)—After violent itching and pinching the whole skin becomes inflamed and wheals appear, which change at last into blisters the size of a sixpence.

(Case 9.)—In spite of cooling compresses of vinegar, swelling of every stung place, and in the course of the day, of the whole body, even the tongue, hands, and feet. Itching and burning all over the body.

(Case 10.)—Formation of a carbuncle on the back, preceded by intense itching that prevented sleep. Intolerable itching and burning.

*Head* (Case 1.)—Excessive pain through the head. Head heavy and confused.

(Case 2.)—Bursting and *stretching* pain in the head (with vertigo). Headache when reading and studying. Since then, whenever he exerts himself the stretching pain in the head (with vertigo and palpitation of the heart) returns.

(Case 9.)—Headache (and dreadful heat of the whole body).

*Throat* (Case 5.)—Throat swollen outside and inside; the veins on the neck also swollen.

(Case 7.)—Throat swollen.

*Heart and vascular system* (Case 1.)—Palpitation so great that he hears it himself and those about him hear it. No pulse in the radial artery; the blood stagnates under the nails of the fingers and toes. Ears purple. After a subsequent sting, radial pulse extinguished for twenty minutes. Quick weak heart's beats.

(Case 3.)—Pulse scarcely to be felt.

*Eyes* (Case 1.)—Attacks of vertigo and *blindness*.

(Case 6.)—It commenced to be dark before the eyes, so that he asked if there was nothing to be observed about them, and he was told that the white of the eyes was suffused with blood and quite red.

*Tongue* (Case 6.)—The tongue refused to perform its office, and swelled to such an extent that he was unable to speak. This occurred after a sting on the knee.

(Case 9.)—Swelling of the tongue.

*Upper and lower extremities.*—(Case 1.)—Spasmodic contractions of the extensor muscles of the thighs and calves, and involuntary twitchings of most of the muscles of the extremities. The face and *upper extremities* were covered with cold viscid slime.

(Case 5.)—Paralysis of the arms (aft. 5 days). Thereafter of the legs.

(Case 9.)—Itching and burning (externally all over the body), especially of the hands and toes.

(Case 10.)—Left hand and right forearm much swollen.

*(To be continued in our next.)*

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### *Too-too.*

OUR readers need not be alarmed, we are not about to write an article on the latest shibboleth of the aesthetes ; our "too-too," it is only the native name of a plant, known to botanists as *Coriaria ruscifolia*, indigenous to New Zealand, and much dreaded by the stock-rearers there in consequence of its poisonous effects on sheep and cattle. Dr. Hanson, of Dunedin, has sent us a tincture of it, and gives us a scanty list of some of its pathogenetic effects, but on whom, or under what circumstances they were observed, we have no information. "Subacute inflammation of throat, gullet and stomach ; epigastric pain and great feeling of sickness ; intermittent vomiting ; great agitation of spirit and much flushing of face ; intolerable heat lasting for hours ; pure tetanic convulsions and spasms—intermittent ; feeling of suffocation ; palate feels insensible and rough ; accelerated respiration ; twitching of extremities ; tremors ; intermittent tetanic spasm, increased by the least noise ; perfect consciousness, severe convulsions, with fæces involuntarily expelled ; dread of moving from one position to another ; grinding of teeth ; frothing of mouth."

These symptoms seem to give promise of a powerful medicinal agent, but they are altogether too meagre and too vague to enable us to make as yet a therapeutic use of this poisonous herb.

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### *Sarved them right !*

ON the 10th of June, at Leipzig, Dr. Heinze, editor of the *Vereinsblatt* was fined 100 marks with costs, and required to publish his punishment in the periodical edited by him, for having printed in it the invectives against homœopathy of Dr. Rigler, of Berlin.



On the 16th of June, at Berlin, in the Court of Appeal, the condemnation of Dr. Rigler, for invectives uttered against homœopathy, by the Superior Court was confirmed, and Dr. Börner, the editor of the *Deutsche Med. Wochenschrift*, in which Rigler's calumnious speech had appeared, and who had been acquitted by the court below, was also condemned to fine and costs.

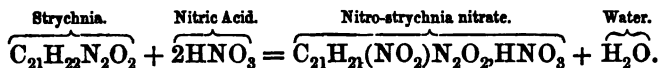
## CORRESPONDENCE.

## STRYCHNIA AND NITRO-GLYCERINE.

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

GENTLEMEN,—As the so-called "strychnic nitrate" of the *British Homœopathic Pharmacopœia*, 1870, has come into such extensive use, and now that the normal nitrate of strychnia has been regularly proved, and an account of its symptomatology published in Allen's *Encyclopædia*, it becomes important that the attention of your medical readers should be called to the difference of chemical composition existing between the two preparations.

Ignoring the well-known products of the reaction of the nitric acid and spirit of the pharmacopœia process, this difference is similar to that between *glycerine* and *nitro-glycerine (glonoine)*, the strong nitric acid producing a nitrate of a new base, *nitro-strychnia*, the presence of which is manifested by the yellow colour of the solution. The reaction may be represented as follows:



In view of these facts the pharmacopœial solution should always be prescribed as "Strych. Nit. B. H. P., 1870," to distinguish it from the pure neutral salt of strychnia referred to in the provings.

We are, gentlemen,

Yours faithfully,

E. GOULD AND SON.

59, Moorgate Street, E.C.

June 13th, 1881.

## BOOKS RECEIVED.

*The Venereal Diseases.* By E. L. KEYES, A.M., M.D. New York: Wood & Co. 1880.

*Diagnosis and Treatment of Ear Diseases.* By ALBERT H. BUCK. New York: Wood & Co. 1880.

*A Treatise on Foreign Bodies in Surgical Practice.* By ALFRED POULET, M.D. 2 vols. New York: Wood & Co. 1880.

*A Treatise on Common Forms of Functional Nervous Diseases.* By L. PATZEL, M.D. New York: Wood & Co. 1880.

*Minor Surgical Gynecology.* By PAUL F. MUNDÉ, M.D. New York: Wood & Co. 1880.

*A Treatise on the Materia Medica and Therapeutics of the Skin.* By HENRY G. PIFFARD, A.M., M.D. New York: Wood & Co. 1881.

*A Clinical Treatise on the Diseases of the Nervous System.* By M. ROSENTHAL, Prof. of Dis. of Nerv. Syst. at Vienna. 2 vols. New York: Wood & Co. 1879.

*Essay XLIII.—Predisposition.* By W. SHARP, M.D., F.R.S. London: Gould & Son. 1881.

*A Guide to the Clinical Examination of Patients.* By R. HAGEN, M.D., translated by G. E. GRAMM, M.D. New York; Boericke and Tafel.

*Kinetic Jottings.* By Prof. AUG. GEORGI. London: Renshaw, 1880.

*A Critical Examination of our Materia Medica.* By T. F. ALLEN, M.D.

*The Dengue Fever of 1880 in Savannah, Georgia.* By LOUIS T. FARRAGUT, M.D. Philadelphia. 1881.

*Physicians and Homœopathy.* By S. H. RAMSBOTHAM, M.D. London: Simpkin & Co.

*The Homœopathic Therapeutics of Diarrhœa.* By J. BELL, M.D. 2nd edit. New York: Boericke and Tafel. 1881.

*The Homœopathic Courier.* *The North American Journal of Homœopathy.*

*La Reforma Medica.* *The New England Medical Gazette.*

*Boletin Clinico del Instituto Homeopatico de Madrid.* *El Criterio Medico.*

*The Medical Counsellor.* *L'Art Médical.*

*The Homœopathic News.* *Bulletin de la Société Méd. Hom. de France.*

*St. Louis Clinical Record.* *Allgemeine homöopathische Zeitung.*

*The American Homœopath.* *The Homœopathic World.*

*Revue Homœopathique Belge.* *The Homœopathic Times.*

*The Monthly Homœopathic Review.* *L'Homœopathie Militante.*

*The Hahnemannian Monthly.* *The Medical Herald.*

*The American Homœopathic Observer.* *The Medical Record.*

*The United States Medical Investigator.*

by Hahnemann as dubious, and should have had the same mark here. That S. 865 belongs to Greding's second patient, who was a maniac, is sufficient to condemn it; and the note to be supplied from p. 44 will explain why S. 866, from Stoerck's seventh case, must share the same fate.

II. The sexual appetite, with its manifestations, is a thing naturally so variable that symptoms belonging to it must not readily be ascribed to any drug their subject may be taking. On the whole, however, it would seem as if Aconite were excitant rather than the reverse in this sphere. "Bruised pain in the testicles" is noted by three provers, and in a rabbit poisoned by the drug at Vienna these organs, with the spermatic cord, were found congested.

III. Aconite benefits acute circulatory disorder in the genital organs, as elsewhere; but it can hardly be said to exert any specific local influence upon them. Its value in recent suppression of the menses, from a chill or mental emotion, was mentioned by Hahnemann, and has been frequently verified since.

*Respiratory Apparatus.*—I. S. 876 and 917 are merely clinical. In S. 877 Hahnemann adds "sensation of having gone to sleep" to that of numbness in the trachea. In S. 881 the bracketed words should be "paralytic attacks," and should have a note of interrogation after them. In S. 899 and 919 "Luftröhrkopfe" is translated "epiglottis:" it should rather, I think, be "larynx." S. 915 should be bracketed, as in the original; and S. 927 seems wrongly ascribed to Ahner, nor can I find it elsewhere. S. 953 ("breath hot") is referred to Schneller in Roth's *Mat. Med.*, but is not to be found in his record, or in Roth's extracts therefrom; it was, however, observed by one of the Austrian provers, Schwarz (see S. 780 of Dudgeon's arrangement). The same is true of S. 946.

II. There seem to be three ways in which Aconite can affect the respiratory apparatus.

1. The first is that exhibited by Schroff's provers, who took strong single doses of the alcoholic extract. With these the respiration itself was disordered, probably through its nervous supply. The symptoms induced are best read in vol. x, p. 250. "In the beginning there was frequent yawning, afterwards oppression, anxiety, gasping for air, with a feeling as if the chest and throat would be constricted. At this time there was a very

disagreeable feeling in the throat, so that the prover very frequently and involuntarily put his hand to the throat, where the hindrance to the breathing seemed to be. (Pereira mentions this motion—as observed in cases of poisoning—without being able to account for it.\*) Previous to vomiting the respiratory movements were the slowest and most difficult, and the anxiety of breathing the greatest (associated with the greatest retardations of pulse); in one case the respirations fell to eight in a minute: after vomiting they became more frequent, more rapid indeed than normally. The respiratory movements were very short, weak, and in shocks.”

2. While symptoms of this kind (especially the constriction and *anxietas*) were not wanting among Hahnemann's provers, one is most struck among them with the irritability induced in the mucous membrane of the larynx. A short, dry, tickling cough is frequent, and the least irritation—as that of the accustomed tobacco-smoke—will excite it to much severity. Two of his observers also noticed unwonted tendency for fluids to “go the wrong way,” as from a paretic state of the epiglottis.

3. The Austrian provers exhibit the same laryngeal sensitiveness as do Hahnemann's; but their full and repeated doses of the tincture seem so to have affected the pulmonary arterial circulation as to set up congestion of the lungs, with fever. Schwarz's observation, to which I have already referred, well illustrates this. After a large dose (400 drops) he had rigor, followed by hot breath; quickened breathing: on inspiring deeply there was oppression, anxiety, and painful stitches between the shoulders; the pulse was strong, full, and quick. Then came heat and slight perspiration, and the urine was hot and dark-coloured for several days. Expectoration of blood occurred in several of these provers, as also in one of Hencke's, with the cough.

III. The phenomena now detailed amply account, on the principle of similarity, for the value of Aconite in incipient catarrh of any part of the respiratory mucous membrane, in (catarrhal) croup, and in acute hæmoptysis and pulmonary congestion. I

\* Dr. Harley has found (*St. Thomas's Hospital Reports*, vol. v) spasmodic dysphagia and dyspnoea caused by Aconite in animals, and infers that it affects the upper portion of the cranio-spinal axis as Strychnia does its whole extent.

must agree, however, with Kafka and Jousset in ascribing to it very little power over true croupous pneumonia. It does what venesection used to do here, viz. relieve any incidental engorgement of the thoracic cavity and oppression of the heart's action; but I find it powerless to stay the inflammation or reduce the fever.

*Chest.*—I. S. 968 is a mere repetition of S. 959. In S. 969 "tight" should be "tightening" (einengender). In S. 1021 Dudgeon's "digging" seems better than Allen's "scraping:" "wühlender" could only mean scraping *up*.

II. The chest symptoms of Aconite are of three, possibly of four kinds. S. 959—970 are various statements of the constriction produced, which has already come before us under the head of "Respiratory Apparatus." S. 971—990 and 1028—1032 are sensations of oppression, pressure, weight, heaviness and fulness, and heat, caused by the congestion we have also previously noted. S. 991—1027 belong to the walls of the chest. They are mostly stitches, and from the accessory symptoms seem seated in the nerves and muscles; but a few—as S. 1001 and 1012—suggest the pleura as implicated.

III. Aconite is often very effective in relieving the asthmatic paroxysm, when provoked by dry coldness of the air. It is always indicated in the incipience of pleurisy, when the symptoms, local and general, are acute, and may often blight the whole attack.\* Dr. Bayes speaks highly of it in infra-mammary pain occurring in girls and young women of sanguine temperament.

*Heart and Pulse.*—I. S. 1066 has no authority affixed. It is taken from a case of poisoning with the extract recorded by Dr. Pereyra, of Bordeaux, which may be read in Hempel. As given here it is utterly wrong. The mucous rôle in the chest has nothing to do with it; "vena cava" should in both instances be "ventricle;" and "not" should be inserted before "synchronous." "But one beat of heart," also, should be explained as felt against the chest wall. The last part of this symptom is given (correctly) as S. 1063, and the first part as S. 1062. S. 1071 should not have<sup>1</sup> (Hahnemann) among its authorities. S. 1092 is clinical only. S. 1078 is wrong through my fault. Dr.

\* See case in *Monthly Hom. Rev.*, xx, 671.

Allen had originally given it rightly, apparently from Dudgeon, who points out that Hahnemann's presentation of it is incorrect. In his notes at p. 44, however, he directs us to read instead of "as long a duration" "of long duration." He does so because I had referred him to my presentation of the cited symptoms of Aconite in vol. xvii of the *Monthly Homœopathic Review*, as containing all needful corrections; and in that I have inadvertently rendered Hahnemann's symptom as it stands. S. 1078 is therefore correct as first given. The reporter means to say that the pause occupied as long a time as the three rapid beats taken together. S. 1055 I cannot find in Maschauer's proving, to which it is referred, or elsewhere.

Dr. Allen has collected in this category all the symptoms, scattered throughout Hahnemann's pathogenesis, which mention the state of the heart or pulse. In so doing he has (I think) somewhat confused the subject by introducing pulse conditions which belong to fever, and have no significance as to the direct action of Aconite on the heart and arteries. Such are S. 1064, 1065, 1068, 1069, 1070, 1071, 1073, 1075, and 1076; which must therefore be dismissed from consideration for the present. On the other hand, he has omitted the striking cardiac symptoms of the Austrian prover, "N. N." (No. 25 among his authorities), which had the significant feature of alternating with tearing pain in the limbs. Dudgeon's S. 494, which relates them, should be supplied.

II. The influence of Aconite upon the circulation is somewhat complex, and requires unravelling. As regards frequency, it appears that doses sufficient to produce a marked effect either on the heart itself or the system at large retard the pulse, probably through the vagi. In cases of poisoning, a subsequent stage of great acceleration may occur, when the controlling nerves are exhausted. Very small doses, if the patient is susceptible to them at all, quicken the pulse, perhaps through the sympathetic supply of the heart. In some experiments of Dr. Lillie's (§ 1722—1727) this result seems, in several persons, to have followed the administration of the 30th dilution. Diminished cardiac impulse and arterial tension attend all but the last-named actions of Aconite upon the heart. The sphygmograph, as observed by Dr. Nicholson (§ 1721) shows early tendency to dicrotism. In poisoning cases the patient is often pulseless, as

in cholera. Weight, oppression, and anxiety about the heart, with palpitation, are frequent among the provers, and seem to show a direct action upon the cardiac muscle. This was especially seen in the Austrian prover to whom I have referred; and the suggestion of his symptoms is confirmed by Dr. Jousset's experiments on rabbits, four of whom, slowly poisoned with the extract, exhibited infiltration into and fibrinous deposition upon the mitral (and to some extent the tricuspid) valve. Irregularity of the heart's action is not an uncommon symptom; and in one observation (S. 1063) there was a convulsive independent action of the left auricle, coincident with the pulse.

III. I do not think that the direct action of Aconite upon the circulatory apparatus has much, if anything, to do with its virtues as an antipyretic, at least as we homœopathists administer it. In old-school practice its physiological effects in retarding and depressing the circulation are sought, and—with their doses—obtained; but some other *modus operandi* must be hypothecated when we use doses of attenuations from the 3x to the 30th. Of this when we come to the "Fever" section. As regards the heart itself, the influence of the drug upon its nervous supply is often brought usefully to bear in embarrassed states of the organ, in palpitation, and to relieve the distress of hypertrophy; while its inflaming power over the endocardium, and general analogy with the rheumatic poison, make it an exquisitely homœopathic remedy in rheumatic endocarditis. In pericarditis, also, it is often very effective.

*Neck and Back.*—I. In S. 1094 the words "would not support the head" are an interpretation rather than a translation; they should be "had no firmness." In S. 1113 "back" should be "spine" (Rückgrate). S. 1120, 1128, 1129, 1130 and 1141 exhibit two different kinds of misrendering (as I think it) of Hahnemann's "Kreutz": in the first four it stands as "small of the back" and in the fifth as "loins," whereas in all it should be "sacrum." The "Kreutz und Hüft-Gelenks" of S. 1130 seems to make this certain. In S. 1122 "spine" should be "dorsal vertebræ" (Rücken-wirbeln), and in S. 1140 for "vertebræ" read "vertebra." S. 1134—1137 seem rather to belong to the urinary organs.

II. Pains in the back are common to all medicines and to all provers. There is nothing distinctive about those of Aconite,

and they seem to have been very transient. S. 1093, 1120 and 1121 are the only ones that seem noteworthy. In the first (a case of poisoning) the stiffness of the nucha coincided with distortion of the eyes and mouth (see Dudgeon's S. 501). S. 1120 and 1121 (the latter given more fully in vol. x, p. 642) picture a pretty acute though short lasting lumbago.

III. In recent torticollis and lumbago, of atmospheric origin, Aconite—at any rate if given in about the 1x dilution—will do everything that can be desired.

*Extremities.*—Dr. Allen makes three sections of this, “extremities in general” (under which head several of Hahnemann's generalities find place), “upper extremities” and “lower extremities.” For the purpose of my survey, I shall throw them together.

I. In S. 1157 the “*feel paralysed*” is unwarranted” by the original, which is “*uno brachio et præterea crure resoluto.*” In S. 1166 the “as if the bed had been too hard” is an alternative to the “as from a contusion,” not an addition to it. S. 1174 occurred in Greeding's eighth case, and so is quite inadmissible: S. 1235 in his seventh, who was a man, not a woman. In S. 1176 before “pain” read “slight” (*légère*). In S. 1182 “almost only” should be inserted before “on every motion.” In S. 1183 “tumour” should be “swelling” (*Geschwulst*). In S. 1183 for “feels as if it would” read “tends to”: for all that appears, the tendency might have been seen rather than felt. In S. 1242 for “cold” read “cool.” In S. 1257 “sprained” would seem better than “dislocated.” In S. 1287 a comma should come after “fatigue,” to show that “in walking” conditions the whole symptom. In S. 1296 and 1297 (and the same remark applies to S. 1160) “Unfestigkeit” would seem better rendered “laxity” or “want of firmness”; and in the first “and unsteadiness” should be added, to represent “*und Unstätigkeit.*” S. 1304 is clinical only. S. 1319 has no authority. If it is one of Arneth's symptoms (under whom alone Dudgeon gives it) the “and bent” has no warrant.

II. Symptoms of the extremities, especially sensations, are very numerous under all medicines; and Aconite has its full share of them. The dysæsthetic influence displayed by it in the trigeminal region is manifest here also, in the numbness, tingling, and actual pain experienced by many of the subjects of its



influence. Robinson's symptoms 1218 and 1220 are very significant in this way; they came on while he was taking the mother-tincture in full doses. The twitching, tension and cramps occasionally produced speak of a similar action on the motor centres; which may even go on to temporary hemiplegia, as in Richard's and Matthiolus' cases of poisoning (S. 1157—8). In the latter we have the curious feature of the loss of power shifting from one side to the other. The vaso-motor nerves of the limbs are evidently so affected as to cause the arterioles to contract (S. 1159, 1182, 1232). Pains in the joints are not uncommon; and were very constant in one of Schroff's provers of *A. cammarum*.

III. Aconite will often cure recent sciatica, especially where its numbness and tingling are present. Dr. Kidd relates an interesting case of a year's standing cured by it in increasing doses of the mother-tincture, relief—which was permanent—setting in as soon as the dose reached seven drops.\* In incipient cerebral hemiplegia Dr. Hempel esteemed it highly, and gives several instances of its rapid effect. The numbness and tingling of the drug are seen here; and the researches of Liegois and Hottot, as also those of Ringer and Murrell, suggest that their origin is intra-cranial, as in the morbid state itself. The joint pains it causes make it perfectly homœopathic to such rheumatic or gouty arthritis as it can remove; but its use of this kind rather lies in "rheumatic fever," of which I have yet to speak.

*Generalities.*—Under this head are ranged, by Allen as by Hahnemann, such symptoms as belong to no particular region or function of the body. The section is thus a very miscellaneous one; and a better distribution of its contents were much to be desired.

I. The symptoms from Greding, 1350 and 1438, are quite inadmissible. The former is taken from his eighth case, and the latter was the precursor of death in his seventh. In S. 1373, "dizzy" is a mistake: the "bursting" of Dudgeon's version should be substituted.

II. S. 1349—1359 of vol. i, and 1745—1753 with 1756 of vol. x, describe the convulsions of poisoning by Aconite. They are rather tetanic than epileptic; and in two cases (S. 1745, 1755) there was much pain in the spine. In S. 1358—1362 we have some

\* *Laws of Therapeutics*, 2nd edit., p. 128.

more illustrations of the restlessness and nervous tension induced by the drug, of which I have already spoken. S. 1363—5 describe great sensitiveness to cold air, and S. 1366—7 feeling as of having taken cold. S. 1368—1373 and 1754—5 speak of tremors; S. 1374—1394 of exhaustion; S. 1395—1399 of faintness; and S. 1400, with 1404, of anæsthesia, with numbness and tingling. S. 1403 mentions again the hemiplegia of S. 1158, noting its shifting from side to side; S. 1045—6 are sensations of soreness, stiffness, and weight in the muscles; S. 1407—9 of swelling, and S. 1410—11 of anxiety. The rest are hardly to be classified. S. 1747—1788 of vol. x relate in detail cases of poisoning by the drug, and are full of instruction. Their main features, as also the symptoms enumerated above, have been or will be discussed in the section to which they more properly belong.

III. Aconite has several times proved curative of traumatic tetanus itself, and would be specially suitable to the idiopathic form, and to the "tetany" of Trousseau.

*Skin*.—I. I have no critical remarks to make on this section, save that S. 1444, referred to Stapf and Gross, in the *B. A. M. L.*, is not to be found there.

II. The first two symptoms of this section describe the yellowness of the skin occurring in two instances of jaundice produced by Aconite. The first is simply given by Hahnemann under that name (S. 191 in *B. A. M. L.*); the second is a case of medicinal poisoning by the drug, extracted by Dudgeon (S. 679) from Otto's *Reisen*. The jaundice was accompanied by cerebral symptoms and fever, and the patient died. The sensations of the skin which follow are compounded of the tingling and other dysæsthesiæ due to the action of Aconite on the sensory nerves, and of the coldness and dryness of the arterial contraction induced by it. This last was prominent in Schroff's provers. That Aconite is irritant to the skin would not be demonstrated by S. 1447—8 and 1450, as my note to them will show; but vesicles appeared on the surface in the case of more than one Austrian prover, and Heinrich, in Schroff's experiments, had some blisters on the lower extremities, filled with serum and very painful. Itching is not uncommon, and desquamation of the skin is noted, both by Hahnemann and by Schroff, at the parts affected by the drug.

III. Tessier was led to recommend Aconite in malignant jaun-

dice, and Dr. Jousset testifies to having seen several recoveries under its use. Dr. Gonnard has recently put on record\* another case in point. All used the mother-tincture. In ordinary cutaneous affections the drug has found no employment, but the symptoms noted make it perfectly homœopathic to acute exanthemata, whether febrile or not.

*Sleep and Dreams.*—I. S. 1463 was partially incorrect at first, and is now rendered wholly so by the alteration ordered in the appendix to vol. iii. It is Hahnemann's 423rd, and should read "interrupted yawning—she cannot yawn thoroughly," and be within brackets. In S. 1490 after "hand" should come "flat." S. 1490 should be in the singular, "restless night." In S. 1508 Dr. Allen's rendering conveys the idea that the turning in bed was painful; but Hahnemann implies that the patient's "pains" led him to toss about there. In S. 1513 "bleating" should be "butting" (Stossen). In 1510 "with a start" should be "in affright." S. 1511 is a repetition of S. 1497.

II. In the pathogeneses of all medicines we find some degree of abnormality of sleep—now in the *plus*, now in the *minus* direction. In that of Aconite, however, the minus very decidedly preponderates—in the proportion, indeed, of twenty-nine to nine. Under its influence, moreover, the patient is not only wakeful or sleeping lightly, but restless, agitated, his sleep broken by startings and terrors. We see here the same nervous tension as that we have encountered elsewhere.

III. Dr. Bayes justly praises† Aconite 12 in the insomnia of aged persons and of some fevers. Next to Coffea it is my own chief aid in this trouble.

*Fever.*—I. That S. 1541 is merely clinical is my only critical comment on this section.

II. The febrile symptoms of Aconite are of especial interest, owing to its known therapeutic value in similar conditions; and it is impossible, I think, to read over the 120 comprised in this section without acknowledging genuine power on its part of producing them. They are most marked among the Austrian provers, but are quite recognisable in Hahnemann's. All the three stages of fever are present, though the chill and heat are best marked.

\* *Bull. de la Soc. Méd. Hom. de France*, xix, 656.

† *Applied Homœopathy*, sub voce.

III. The history of the use of Aconite as an antipyretic is a very interesting one; and I have related it fully in the last edition of my *Pharmacodynamics*. I have shown that it was an original discovery of Hahnemann's, made by him between 1805 and 1822, and therefore long before any thought of the kind occurred (if it ever did occur at first instance) to a practitioner of the old school. I have also endeavoured there to define the sphere of its action in this capacity. The fever in which it is specific is the synocha of the old authors, and finds its best illustration in that which results from a chill. It is neurotic, not toxæmic or sympathetic, in nature. The drug has little or no control over a fever which is symptomatic of a fully-developed inflammation—still less when the character of the local mischief induces hectic, or the pyrexia of pyæmia or septicæmia. It does not influence the malarious fevers, or those in which blood poisoning is an important factor. Its sphere is the nervous system and the circulation; and just so far as fever belongs to those portions of the organism, so far can Aconite induce it in the healthy and remove it in the sick.

Putting this together with what we know of the pathology of fever, it would appear that Aconite is antipyretic, not by diminishing the hyperoxidation on which (ordinarily) depends excessive heat-production, but by regulating the apparatus provided for heat-liberation.\* It is in the fevers brought on by a chill, and in whose cold and hot stages alike the skin is dry and the cutaneous vessels tense, that it displays its greatest powers. And hence, on the one hand the rapidity, on the other the short duration, of its action. When once the tension of the nervous and circulatory systems has been relaxed, and the pent-up heat liberated, Aconite has nothing more to do; but this admits of being done in a very short time, and Aconite can do it. We do not continue this remedy for days together, as we do with Belladonna and Arsenic. Hahnemann's single dose, or the frequent repetitions of the later practice of most of us, accomplish this

\* I find that on this point I am not in accordance with Dr. Drysdale (*Brit. Journ. of Hom.*, April, 1880), who thinks that Aconite subdues fever by acting on the disordered protoplasm whence comes the excessive heat-production. The only reason he alleges for his view is the smallness of the dose required for the purpose; but this would harmonise equally well with the hypothesis of a disordered functional state of the heat-regulating nervous centre.

work in twenty-four hours at the most; and then, if necessary, other remedies come in.

#### ACTÆA SPICATA.

I. This is the baneberry. Dr. Allen's pathogenesis is taken from one published by Petroz, as usual without any information as to how it was obtained. To this he adds a few symptoms taken from Linnæus and other old authors by Roth.

II, III. Dr. Allen's own comments on this plant and its symptoms, as given in his "Critical Examination," supply all that can be said on the subject. He shows the rheumatoid character of its pains; refers to the only recorded instances of its use, in prosopalgia and local articular rheumatisms; and mentions his own successful use of it in true rheumatic gout ("rheumatoid arthritis" of Garrod). "In several cases" he writes "most prompt and truly remarkable (for this usually very obstinate arthritis) cures have been wrought by the drug." He has used the third centesimal dilution.

#### ADELHEIDSQUELLE.

I. This is the water of a spring at Heilbrunn, containing the usual alkaline ingredients, but with the addition of some minute portions of Iodine and Bromine. Dr. Bethmann has made two provings of it, in sufficient dosage, on a man and a girl of 12 respectively.

II, III. The Adelheidsquelle has been reputed for hundreds of years in scrofula, goitre, enlarged glands, &c. The man, who only suffered from chronic catarrh, had his thyroid gland much swollen, and his testicles became sensitive. The girl, who was already goitrous, twice had epistaxis.

#### ÆSCULUS GLABRA.

I. This is the "buckeye." Fifteen symptoms are given as pathogenetic effects of it, two of them being starred, but without

difference of type—a notation unexplained in the preface. On referring to the only authority assigned—"Hale's New Remedies"—it appears (from the second edition) that these symptoms were partly observed on cattle who had eaten the fruit, partly by two students who attempted to prove it—in what strength is not stated. The two starred symptoms now appear to be simply clinical, though "constipation" is noted both in men and animals. The remaining symptoms are mostly very inaccurate reproductions of those given by Hale: they are possibly taken from the confused and faulty symptom-list of the latter's third and fourth editions, which I have not at hand.

II, III. The buckeye seems to have the same popular reputation in piles as that enjoyed by the *Æsculus Hippocastanum*; and, like that, to have had its antihæmorrhoidal virtues verified by some homœopathic practitioners. Its cerebral symptoms, especially its vertigo, are very marked; and Dr. Hale calls attention to the possible significance of the wry neck it has produced in cattle.

#### ÆSCULUS HIPPOCASTANUM.

I. The horse-chestnut has a much more extensive pathogenesis. It has been proved by seven persons in Germany and eight in America, nearly all taking substantial doses; and 696 symptoms are the result. The value of the several provings has been estimated by Dr. Allen in his "Examination," with the result of establishing all save those of Drs. Cooley and Lee. He shows that the phenomena noted by the latter are very unlike those manifested by the other provers, and that the tonsillitis and high fever from which he suffered were more probably the effects of a chill;\* while the symptoms of the latter are apparently copied therefrom, and must be provisionally set down as "bogus" provings. As Dr. Cooley has not appealed against this verdict (given in the *North American Journal of Homœopathy* for February), it must be held to lie against him; and his symptoms must follow Dr. Lee's into extinction.

II. Dr. Allen has given (in his "Examination") a capital account of the detailed provings on record, and Dr. Dyce Brown,

\* I had already expressed the same opinion (*Brit. Journ. of Hom.*, xxiii, 250) in 1865.

in the twentieth volume of the *Monthly Homœopathic Review*, has supplied a detailed study of the pathogenesis as it stands in the *Encyclopædia* which really anticipates all I could have said here. *Æsculus* is clearly capable of producing a subacute catarrh of the respiratory and digestive mucous membrane, with portal (especially hæmorrhoidal) congestion, and the general symptoms appertaining to such a state. As symptomatic thereof I must regard the lumbo-sacral pains induced in two or three of the provers, being quite unable to agree with Dr. Allen in regarding the backache of Dr. Burt's proving as evidence that its subject "suffered from hyperæmia of the spinal meninges almost resulting in inflammation." I pointed out, when first (sixteen years ago) commenting on the pathogenesis of *Æsculus*, that in all the heroic provings for which we have to thank this physician the backache appears. In Dr. Burt's own "Physiological *Materia Medica*," just published, he considers that *Æsculus* produces its abdominal effects through the lower segment of the spinal cord, but appears to regard the backache in which it is indicated as either secondary to hæmorrhoids or symptomatic of "spinal exhaustion."

III. In the article on *Æsculus* in the last edition of my *Pharmacodynamics* I have spoken of its great value in "blind" hæmorrhoids, and of its efficacy to some degree in follicular pharyngitis, in abdominal congestion generally, and where its backache—especially when situate at the sacro-iliac symphysis—is present. Of recent testimonies to its value in piles I may cite Dr. Burnett and Dr. Chargé. The former, in his excellent "Diseases of Veins," gives some good illustrations of its value, and speaks of it as "decidedly one of our most powerful remedies for piles and constipation." He agrees with me as against Dr. Hale in regarding the latter symptom as very characteristic of it. Dr. Chargé (*Bibl. Hom.*, February, 1881, p. 213) cites Dr. Dibot as stating that "for a long time past the natives of the East Indies have recognised in the fruit of the horse chestnut a prophylactic against hæmorrhoidal sufferings;" and extracts the following narrative from Dr. Montègre's article on piles in the *Dict. des So. Méd.*, xx, 447:

"A member of the Institute, of florid complexion and bilious sanguine temperament, his father a *hæmorrhodaire*, had several times experienced, in his youth, irregular attacks of piles.

Towards the age of twenty-eight to thirty, he became their victim for two years together, suffering atrocious pains and having a continual discharge, so abundant that he wondered he could stand it. At the height of his pains, being one day in the country and passing through an avenue of horse-chestnut trees, he was recommended to put some of the nuts into his pocket, which would (he was told) cure him. He smiled at this singular remedy, but consented out of complaisance to gather and pocket five of them. Next day, having quite forgotten the chestnuts, he was agreeably surprised at finding no increase of pain—as was usual—after the action of the bowels, and he altogether suffered much less. As one might imagine, the recollection of his chestnuts came to his mind, and he was careful not to throw them away. The progressive amelioration was so rapid that at the end of three or four days he found himself completely cured. Since then—that is to say, for twenty-six years and more, for he is now fifty-seven—he has not experienced the least attack, and enjoys excellent health, in spite of continual desk-work and no small share of worry.”

This curious mode of administering the Hippocastanum for piles is not unknown in England; and its relative, the *Æsculus glabra*, is employed in the same manner in America. Those who believe in the action of infinitesimals taken internally can hardly deny its possible efficacy.

#### ÆTHUSA CYNAPIUM.

I. In his first volume, Dr. Allen gives a pathogenesis of this drug containing 523 symptoms. They are taken from the proving contained in Hartlaub and Trinks' *Annalen*, to which all the symptoms but two were contributed by Nennung—the “Ng” of so many symptom-lists; from a pathogenesis of it published by Petroz, as usual in mere schema-form, without explanation; from Roth's *Matière Médicale*, which embodies the above and adds some symptoms from poisonings; and from two single observers—Didier, about whom no information is given, here or elsewhere, and Bigler, whose report is made from an observation on a patient (malady not stated) who took a dose of the 3rd decimal. The rest have simply the “t” of “toxicological.”



Before the appendix to the tenth volume appeared, Dr. Harley's experiments with *Æthusa* had been published, which seemed to prove the genuine plant entirely inert, while his analysis of the reported cases of poisoning proved them very untrustworthy. Dr. Allen repeated his experiments with the same result; and has therefore given us, in the appendix, a "Revision of *Æthusa*," omitting all the toxicological symptoms, but retaining the provings of Hartlaub and Trinks and of Petroz, to which he has added some of his own made with small doses. "Didier" also disappears (silently) from the list of authorities, but Bigler remains; and with him are found Brugmans (who "took a few grains"), Tournon (who "ate some in salad"), and Roques (who observed "effects in a woman").\*

I think that Dr. Allen has been wise in what he has omitted, but hardly so in that which he has retained. The specimen he gives of Petroz' symptoms shows something in the highest degree imaginary, and the list of Dr. Bigler's is such that we cannot but coincide with Dr. Allen in saying—"Dr. Bigler feels certain that these symptoms were produced by *Æthusa*; with our present knowledge of the plant we feel equally certain they were *not*." He expresses himself "not satisfied with the account of the preparation used by Dr. Brugmans, nor with the identification of the plant eaten by the patients of Drs. Tournon and Roques," and says "we might as well throw out all these." We wish he had done so.

Nenning's symptoms and his own alone remain for examination. The latter are of course unexceptionable. The former require a more detailed statement on this first occasion of their appearance in the *Encyclopædia*.

Nenning appears in the *Ökonomischen Krankheiten* as "Ng." Hahnemann, in using his symptoms to make up the pathogenesis of Alumina, there remarks:—"With merely these two letters (anonymousness indeed!) Drs. Hartlaub and Trinks designate a man who has furnished the greatest number of symptoms for their *Annalen*, but these often expressed in a careless, diffuse, and indefinite manner." He goes on to say that he has extracted that which was useful from his contributions, believing him to be a truthful and painstaking person; but that it was not to be expected that in so delicate and difficult a process as drug-

\* See vol. x, p. 270, for these.

proving, the homœopathic public would place confidence in an unknown person designated simply as "Ng." This note of Hahnemann's has led to a good deal of mistrust of the symptoms of the anonymous observer in question,—which has been increased by their excessive number, Dr. Roth having counted more than eleven thousand in the several contributions furnished by him to the *Materia Medica* between 1828 and 1836. Dr. Roth also says that he has found great sameness in his pathogenetic lists. So far has confidence been lacking, that the compilers of the earlier parts of the *Cypher Repertory* have felt themselves warranted in omitting "Ng.'s" symptoms from the materials they have indexed. But there are important considerations on the other side. Dr. Hering has satisfactorily explained the anonymousness, in the note contained in the appendix to Dr. Allen's third volume. He also shows that the symptoms were obtained by genuine provings on healthy subjects. Nennig himself has given, in the *Allgemeine Hom. Zeitung* for 1839, a similar account, to explain the number of his symptoms. "If I have, perchance," so he writes, "made too many provings, for it is remarked that I have furnished too many symptoms, that should, in my opinion, deserve sympathy rather than ridicule. The exhortation of Hahnemann not only to enjoy but to put our hand to the work animated my soul, and the active support of Hartlaub rendered it possible for me to do that which perhaps strikes Hahnemann as surprising. A number of persons, partly related to me, and partly friendly,\* were gathered together by me, and, in consideration of board and payment,† made experiments. Along with them were also my two daughters, and, with complete reliance on the honesty of them all, I gave one medicine to one and another to another, writing down all that they reported. It was a matter of conscience on my part also not to omit the smallest particular; and that thereby frequent repetitions have arisen I grant readily, but I thought that just

\* They were millinery pupils of his wife's.

† To this Hahnemann probably refers in the note to § 148 of the *Organon* (5th ed.). "In recent times, distant and unknown persons have been employed in proving drugs for payment, and their reports have been printed. But this most important business, destined to lay the foundation for the only true healing art, and demanding the most positive moral certainty in its results, seems to become ambiguous and untrustworthy by such practice, and to lose all its value."

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TWO INTERNATIONAL MEDICAL CONGRESSES.

Two comets of rare effulgence have succeeded one another on successive months in our northern skies, delighting some by their rarity and splendour, filling others with dismal forebodings of sinister future events. In like manner two great International Medical Congresses have occurred on successive months in our northern metropolis, which were hailed with delight by many, while by others they were no doubt regarded as of dire omen.

The Homœopathic Convention was first in point of conception and in date of meeting. At the World's Homœopathic Convention at Philadelphia in 1876, it was resolved that another World's Convention should be held this year in London. The idea of an International Medical Congress only occurred to our orthodox brethren at the Sixth Session of the International Medical Congress held at Amsterdam in 1879. The Homœopathic International commenced on the 11th and lasted until the 16th July. The Allopathic International began on the 2nd and lasted till the 9th August. The attendance of medical men at the Homœopathic Congress was about 130, that at the Allopathic Congress was about 3000. Compared with the respective numbers of the British representatives of the two systems the Homœopathic Congress was out of sight more numerously attended proportionately. The number of prac-

tioners of the orthodox method in this country is in round numbers a hundred times as many as those belonging to the homœopathic school. Consequently, if the Homœopaths were represented by 130, the Allopathists should have assembled to the number of 13,000. Indeed, the disproportion in the numbers was actually much greater. For it must be remembered that the Homœopathic Convention was concerned with therapeutics alone, whilst the Allopathic Congress included representatives of all the branches of medical science, and all the specialties of medical and surgical practice. However, there is no need to compare the two important gatherings further. Let us consider them separately, and as the Homœopathic Convention was the first in point of time and the foremost in point of importance, we shall give it the first consideration.

The preliminary reception by the President, Dr. Hughes, and the daily meetings of Congress were held at the Aberdeen Rooms, Argyll Street.

The daily meetings took place in the afternoons, but supplementary meetings to discuss various special subjects were held in the mornings. As the papers sent in were very numerous and some of considerable length, it was decided that they should not be read, but that they should be printed and given to the members who desired to discuss the subject of the papers. This plan answered very well and saved the Convention the pain of hearing a large number of long papers read, while it kept up the interest of all by an animated discussion on all important points.

After the President's address, the Convention proceeded to elect a Vice-President, the choice falling upon Dr. Pope by a large majority. Dr. Talbot, of Berlin, Dr. Breyfogle, of Louisville, Dr. Meyhoffer, of Nice, and Dr. Drysdale, Liverpool, were elected Honorary Vice-Presidents by acclamation.

The President then gave a brief outline of the papers that had been sent in relation to the history of homœopathy during the last five years in the various countries of the world. Reports had been received relating to France by Dr. Claude, Belgium by Dr. Martiny, Germany (not, alas! by a German, though one had been promised by Dr.

Goullon, of Weimar), Spain by Dr. Tuckey, Great Britain and the Colonies by Dr. Pope, Russia by Dr. Bojanus, Italy by Dr. Arnulphy, the United States by Dr. Talbot. Canada was well reported by Dr. Logan for Ontario, Dr. Nichol for Quebec, and Dr. King for New Brunswick and Nova Scotia, India by Dr. Sircar, Australia by Mr. Martin. The papers sent in which on the several days formed subjects of discussion were as follows :

1. Thoughts on the Scientific Application of the Principles of Homœopathy in Practice, by Dr. T. Hayle, of Rochdale.
2. Generalisation and Individualisation, by Dr. B. Hughes, of Brighton.
3. A New "Similia," by Dr. A. W. Woodward, of Chicago, U.S.
4. On the Alternation of Medicines, by Drs. Martiny and Bernard, of Brussels.
5. Drug Attenuation, its Influence upon Drug Matter and Drug Power, by Dr. Jabez P. Dake, of Nashville, U.S.
6. A Plea for a Standard Limit of Attenuated Doses, by Dr. C. Wesselhoeft, of Boston, U.S.
7. The Question of Doses, Hahnemannism and Homœopathy, by Dr. Cretin, of Paris.
8. On the Differential Diagnosis and Treatment of Yellow Fever, by Dr. Holcombe, of New Orleans, U.S.
9. Indian Dysentery and Cholera, by Dr. P. W. Carter, of Sydney.
10. Homœopathy in the Treatment of Diseases prevalent in India, by Dr. M. L. Sircar, of Calcutta.
11. Malarious Fever in India, by Dr. P. C. Majumdar, of Calcutta.
12. On Cancer, by Dr. Gutteridge, of London.
13. On the Place of Mechanical Measures in Pelvic Disease, by Dr. E. Blake, of London.
14. On the Treatment of Chronic Metritis, especially that form known as Endocervicitis, with Ulceration of the Cervix, by Dr. D. Dyce Brown, of London.
15. On the Treatment of some Affections of the Cervix Uteri, by Dr. G. M. Carfrae, of London.
16. Surgical Therapeutics, by Dr. J. C. Morgan, of Philadelphia.

17. Surgical Observations, by Dr. Watson, of London.
18. The Therapeutics of Iritis, by Dr. Vilas, of Chicago.
19. Notes on Some Homœopathic Remedies in Aural Disease, by Dr. R. Cooper, of London.

Besides these original papers, Dr. Bojanus sent to the Convention a copy of his book on *Homœopathic Therapeutics in its application to Operative Surgery*, and the Central Society of German Physicians sent a copy of Dr. Buchmann's prize essay on the *Microscopic Examination of Triturations*, together with an illuminated address to the Convention.

At the extra meetings in the morning several special subjects of interest were discussed. At one of them Dr. Roth, of London, read a paper on "Hygiene," which was listened to with interest and excited an animated discussion.

The British Homœopathic Society, through its President, Dr. Pope, invited the members of the International Convention to a *conversazione* at the Rooms of the Society of British Artists in Suffolk Street, where they were entertained by excellent specimens of the sister arts, music and painting.

The British members entertained the foreign delegates at dinner at the Criterion, and a very pleasant evening was passed and great cordiality prevailed.

The Convention that has just met, the second of the proposed quinquennial International Conventions (the third is fixed to be held in Brussels in 1886), was a very decided success. Naturally the numbers who attended it were not so great as those present at the first of these International Conventions in Philadelphia, but we must remember that while the number of homœopathic practitioners in the United States is over 6000 (probably two or three thousand more) our own little island can only boast about 270 avowed practitioners of the system. America was largely represented, no less than thirty-one practitioners having crossed the Atlantic in order to be present, among them some very representative men, such as Talbot, of Boston, head of the Medical School of Boston University; Helmuth, the great

surgeon of New York ; McClelland, the expert operator of Pittsburg ; Dr. Dake, of Nashville, so well known to the readers of homœopathic literature ; Dr. Breyfogle, of Louisville, the President-elect of the American Institute of Homœopathy ; Dr. Bushrod James, of Philadelphia, whose name is familiar to all readers of homœopathic literature ; Dr. Sawyer, of Monroe, by whose instrumentality the Michigan Homœopathic School was engrafted on the University ; Dr. de Gersdorff, whose name recalls the contributions of his father, the Freiherr von Gersdorff, to the original provings of Hahnemann's *Materia Medica Pura* and *Chronic Diseases* ; the brothers Wesselhoeft, of Boston, two pillars of homœopathy—*par nobile fratrum* ; and others of scarcely less eminence than these.

Besides these American colleagues, whom we could scarcely regard as foreigners, so little foreign do our transatlantic kinsfolk appear to us, we had five representatives from *la belle France* : Claude and V. L. Simon, of Paris, Meyhoffer, of Nice, Casal, of Mentone, and Stephens, of Cannes ; one representative from Italy, Cigliano, of Naples ; one from Russia, von Dittmann, of St. Petersburg ; and one from Australia, Martin, of Melbourne. Germany, the motherland of homœopathy, was conspicuous by the absence of any representative.

The work got through by the Convention during its five days' session was very great. It would be invidious to specialise any of the papers as excelling the others in merit, when all gave evidence of much thought and some of great labour. When they appear in the volume of Transactions they will repay a careful study by all interested in the development of homœopathy.

It was gratifying to see in the flesh and to interchange ideas with so many of our colleagues from the provinces and from abroad, and for this reason, as well as from the real work done in the Convention, this great meeting will long be remembered by those who were fortunate enough to assist at it.

The vast gathering at the International Medical Congress of course eclipses in point of numbers, and of the public

excitement and demonstrations that attended it, the previous Homœopathic Convention. The branches of medical science were divided into fifteen sections, each presided over by some eminent authority on the subject considered by the section. The two sections of "Materia Medica" and "Medicine" correspond to nearly the whole business of the Homœopathic Convention, the other sections being directed to the collateral subjects of medicine—*anatomy, physiology, pathology, surgery, obstetrics, and special diseases, besides dentistry, state medicine, and military surgery.* The number of contributions to "Medicine" was thirty-four, not twice as many as the papers contributed to the Homœopathic Convention on "Homœopathic Medicine." We have carefully looked through the abstracts of these papers, and only in one single case do we find the remotest allusion to treatment, viz. in a paper by Dr. W. Roberts "On Bacteruria," *i. e.* the occurrence of bacteria in the bladder, which every one in the habit of using the microscope much has occasionally seen in patients otherwise well, where the author says that these organisms may be got rid of by thirty grains of *Salicylate of Soda* twice a day, for how long not mentioned. It seems rather an infinitesimal outcome of the great International Medical Congress, with its 3000 members and its delegates from every quarter of the globe, that the only mention of medical treatment is a prescription to get rid of microscopic organisms in the urine that cause no inconvenience to the person possessing them. The same lack of therapeutic matter was displayed in the discussions of the section. In the Materia Medica Section some observations were offered on the physiological action of some old and new drugs, but no attempt to show their utility in disease, if we except one short paper by Dr. Fothergill, in which he lauded the expectorant action of *Strychnia*. This is about all that was done for medicine proper, *i. e.* the healing art, in this great international assembly of medical men. There was more of practical therapeutics—more of what is really useful for the cure of non-surgical diseases—in the proceedings of any one day of the Homœopathic Convention than in the whole series of



the meetings of the fifteen sections of the International Medical Congress.

Homœopathy was not altogether unrepresented at the International Congress. About a dozen practitioners of homœopathy were members of the Congress, and were very diligent in their attendance in the sections in which they were chiefly interested. At the *Materia Medica* Section, on the 7th August, an opportunity offered for them to take part in the discussion, which they were not slow to avail themselves of. It happened in this way. A paper was contributed to the Congress by Dr. Wood, of Philadelphia, "On the Nature and Limits of Physiological Antagonism." In the abstract of this paper, after explaining his conception of the difference betwixt antidotal and antagonistic actions of medicines, he stated that a medicine may seem to have opposite actions in different doses. Thus *Veratroidia* in large doses paralyses the pneumogastric, while in small doses it stimulates that nerve. "If the distinction," he says, "between antagonism and antidotism be clearly borne in mind, the mixed falsity and truth of *similia similibus curantur* is seen."

Dr. Wood was announced to begin the discussion on the views expressed in his paper, but the hour passed and Dr. Wood was waited for in vain. The President of the section, Professor Fraser, of Edinburgh, therefore stated that as Dr. Wood was not present the discussion must be allowed to go on without him, and he called on Professor Sydney Ringer to open the discussion. This Professor Ringer declined to do, and as none of the others whose names were announced as likely to engage in the discussion responded to the President's appeal, Dr. Dudgeon requested to be allowed to say a few words on the subject of Dr. Wood's paper. Permission being accorded—

Dr. Dudgeon proceeded to criticise Dr. Wood's views as to antidotism and antagonism, which the author had differentiated in these words:—"A physiological antidote puts aside or relieves symptoms that cause death (*Woorara* and *Strychnia*). A physiological antagonist acts in direct opposition to some other substance (*Ohloral* and *Strychnia*)." He showed that this was in

most, if not in all, cases a distinction without a difference, and that the author was aware that his distinction was not very clear, as he said the two actions were liable to be mistaken for one another. He (Dr. D.) stated that the supposed opposite actions of large and small doses, which Dr. Wood had alluded to, had been lately asserted by the *Lancet* as accounting for the cures effected by homœopathic remedies; but he contended that it was altogether a mistake, and that the circumstances under which the two different doses acted were different, the large dose producing its symptoms in health, the small dose effecting its apparently opposite action in disease. Thus, *Ipecacuanha* in large doses caused vomiting, and Dr. S. Ringer told them that in small doses it cured vomiting; *Corrosive sublimate*, as was well known, caused dysenteric diarrhœa, and Dr. Ringer told them that in doses of one hundredth of a grain it cured dysentery; *Pilocarpin* in large doses caused profuse perspiration, and again Dr. Ringer told them that in doses of one tenth of a grain it cured profuse perspiration. The same with *Veratroidia*; as Dr. Wood had informed them, in large doses it would paralyse the heart, in small doses it acted as a stimulant to a weakened heart. But in all these cases the conditions under which different doses acted were different, and their opposition was not absolute but relative. In the same conditions, *e. g.* in the healthy state, both doses, if they acted at all, acted in the same way, *viz.* they altered the health in their own specific manner. He did not see how the mingled falsity and truth of the therapeutic rule, *similia similibus curantur*, could be seen by bearing in mind the distinction between antagonism and antidotism. *Similia similibus curantur* was merely a rule of practice deduced from experience, and by experience alone could its truth or falsity be determined. Its truth or falsity could not be affected by the correctness or otherwise of any theory adopted to explain it. It did not imply or presuppose any pathological theory whatever, and therefore its truth or falsity could not be determined on theoretical grounds."

The next that spoke was Dr. Dujardin-Beaumetz, who spoke in French, and did not allude to the points touched on by the previous speaker. He was followed by Dr. Carfrae, who said:

Dr. Wood proposed to discuss, among other things, the *antago-*

nistic actions of medicines. It seems to be a pretty generally recognised doctrine that medicines have a double action, and that this is in the direction of antagonism or opposition. Dr. Dudgeon has referred to an article which appeared in the *Lancet* a few weeks ago, in which this double or opposite action of medicines is discussed at some length. I quite agree with the writer of the article referred to when he states, as a recognised fact, that a medicine given to a healthy person in a large dose will produce a certain train of symptoms or a disease, which it will cure if given in a smaller dose to a person suffering from these same symptoms, provided they have not been produced by a poisonous dose of the medicine in question. Thus, *Aconite*, if given in a large dose, will cause pyrexia; if given in a smaller dose to a person suffering from pyrexia it will cure the fever, provided always that the attack has not been produced by *Aconite* to begin with. *Nuxvomica* in the same way produces certain dyspeptic symptoms, which it speedily cures. *Belladonna* produces sore throat, and in a smaller dose cures it, and so on. As Dr. Dudgeon has pointed out, these are not true examples of the double or opposite actions of medicines. They are good illustrations of the direction in which we are to look for the curative actions of medicines, but totally misleading as examples of their opposite actions. To be exact, the small dose and its effects on a *healthy* person ought to be recorded, and we have no proof or evidence to show that is in the direction of opposition or antagonism. *Alcohol* in a large dose produces, as is well known, delirium, followed by coma. It is an error, in my opinion, to look upon the coma as a secondary or opposite action to the delirium, it is the cessation of action. If you apply a lighted match to gun cotton the result is an explosion thereof—there action ceases. If heat be applied to water under certain well-known mechanical arrangements for collecting the steam generated thereby, motion is produced—in a steam engine, for example. When the supply of steam is exhausted there is cessation of motion. No one would think of calling that cessation an alternative or other action of the steam. So it is in living tissues; apply galvanism to a muscle and it contracts; thereafter comes relaxation, but no one would call the relaxation a secondary action of the galvanism, it is the cessation of action; and whatever mode of stimulation be applied—galvanism, the normal nervous action, or the toxic action

of a drug—you have only this one action, contraction of the fibre, contractility being, as we know, the function of muscular fibre. The action varies, in other words, in degree, but not in kind. This applies to every tissue and every organ of the body, and, if we keep it in our recollection, the erroneoussness of the idea of opposite action of medicine becomes patent. Speculation as to the *modus operandi* of medicines is legitimate and useful, but it seems to me that if we confine ourselves meantime to a careful observation of the ascertained facts we have referred to above, we shall do more to advance practical medicine than by speculating how medicines cure. It is a fact that all medicines have an elective affinity for special tissues or organs—have a specific sphere of action when given in large doses in health. It is also now an admitted fact that their curative action is exerted on these same organs or tissues. The more we recognise and act upon these facts the more we shall do to further that which should be the end and aim of all our studies—the cure of the sick.

Dr. Hayward (of Liverpool) said :

That it is very important in the discussion of such a subject as this to bear in mind that there are “drugs” and there are “medicines.” That substances capable of deranging the natural actions of the body may be either drugs or medicines, that is, when used for the purpose of deranging the healthy actions of the body, or any part of it, they are not medicines but poisons—drugs; and that when used for the purpose of correcting some unhealthy action of the body, of remedying some abnormal action, some diseased condition, then they are medicines in the proper sense of that term. Drugs produce diseases, medicines cure them. And he would remind the section that the physician's duty is to cure, not to produce disease, and that as physicians we have to do especially with medicines. But he would also remind the section that every drug is also a medicine; that, in fact, it is admitted on all hands that unless a substance has power to produce disease it has no power to cure. This paradox has been fully explained over and over again, and not more distinctly of late years than by Professor Ringer, who has shown that the same substance in large quantities is a drug, and in small quantities a medicine; that, in fact, drugs in small doses are medicines, and they are medicines for

the morbid states like those that in large doses they will produce. For instance, small doses of *Ipecacuanha* for vomiting, small doses of *Corrosive sublimate* for dysentery, small doses of *Colocynth* for colic, and so on. Now, this is the case with all drugs, and this is, he supposed, what the writer of the paper, Dr. Wood, calls antidotism, when he says a medicine may be antidotal to itself.

He was followed by Dr. Wilberforce Smith, who gave a long and rambling statement of his views regarding morbid and medicinal action, which he contended was merely a mode of motion. Dr. Smith was listened to impatiently; he is, as is well known, a renegade from homœopathy, and his remarks did not cause us greatly to regret his secession from our ranks.

Dr. Edward Blake next spoke to the following effect :

The question as to whether drugs possessed the power of acting in a mutually antagonistic way could only be settled by approaching the subject in a much more strictly accurate and scientific way. When we do this the problem receives a prompt solution. We are misled by still employing for convenience sake the false phraseology of an age gone by, an age which attributed mysterious spiritual properties to certain substances of which the composition was entirely unknown. How can we contemplate the idea that drugs, which are themselves bodies endowed with no vital properties, can have the power to *do* anything? How can inert masses be said to *act* on living tissues, excepting in so far as they may act chemically or else mechanically? The more accurate method of stating the case is that *the tissues act on the drug*. That action is repulsive and is due to something which, whilst we do not understand, we are pleased to call the "instinct of self-preservation." We know that the first action of the organism is usually explosive. Then comes a reaction of torpor, improperly called secondary action. After a time the tissues recover their normal irritability and we get what is commonly known as the third action; it is in reality a second effort to get rid of obnoxious material by some more circuitous route, as in the case of *Cantharis* by the kidney, *Iodine* by the Schneiderian, *Mercury* by the parotid, *Arsenic* and *Antimony* by the skin. This is evidenced by the fact that these drugs have been actually detected in those respective localities. If, then, it be seen that

drugs do not act on the tissues, it is plain that contrary action can only exist as a phrase. For the impossibility of mutual antagonism flows as a simple deduction from the preceding position. That which we call "antagonism" is usually only complementary action. The fact is, the word "opposite" is a mechanical term, and is therefore essentially inapplicable to processes purely vital. There is no opposite of any function. There may be *increase*, *decrease*, *continuity*, and *abolition*, but we cannot rationally suppose the existence of an opposite. The phraseology drawn from mechanics is inappropriate on that account. Hence no two writers define the idea of drug antagonism in the same way. This is simply because no writer has a distinct notion of what he really means by those words.

Dr. Murrell then detailed a number of experiments made on the hearts of frogs, whereby the antagonistic action of various medicinal substances was shown in tracings made on smoked paper by means of a very delicate cardiograph.

Dr. John H. Clarke (of London) said :

That it was not right to argue about the human body as if it were a mere machine. Such reasonings were sure to lead to false conclusions. Nor was it right to apply with any confidence the results of experiments on lower animals with drugs to human physiology, as factors enter into the one and not into the other. In regard to a statement found in the abstract of Dr. Wood's paper, that supposing the heart to have been paralysed by an excessive dose of *Veratroidia* or some similarly acting drug, it could not be expected that minute doses of *Veratroidia* would restore the action, he (Dr. Clarke) said that though *Veratroidia* could not restore it if it were itself the cause, it was not right to infer that it would be unable to do so if some *similarly acting drug* were the cause of the paralysis. In support of his statement he quoted a case in which a habit of opium taking for many years had resulted in obstinate constipation. This constipating action was completely antagonised by a similarly acting drug—*Asculus hippocastanum*—in minute doses, although the habit of taking the narcotic was continued all the time, and the quantities of the two drugs taken were out of all proportion.

Dr. Eaton, of Cincinnati, made some observations on

the desirability of eliminating theoretical speculation from our inquiries as to the powers of drugs, and held that we should consult nature and be guided by carefully performed experiments on the living human organism. This terminated the discussion, and Professor Fraser, who was manifestly annoyed by the turn the discussion had taken, remarked, with a singular absence of the courtesy his position demanded, that the observations of most of the speakers were very much behind the actual state of medical science. From this sweeping censure he doubtless excepted the experiments of Dr. Murrell on the frog's heart, which he evidently thought were quite up to the present state of medical science. Possibly his opinion will not be shared by most of our readers, who will think that the effects of drugs can be studied with greater advantage to suffering mankind or the living human organism than on the isolated heart of a reptile kept in action by a solution of dried blood in water, as was the case in Dr. Murrell's experiments.

This was not the only occasion on which the flag of homœopathy was raised in the fortress of allopathy at the International Congress. At the meeting of the Section for Materia Medica and Pharmacology on Monday the 8th August,

Dr. L. D. Waterman, of Indianapolis, introduced the subject of "The use of *Colchicum autumnale* as an Antipyretic." He said that for some years he had been in the habit of using *Colchicum* in all cases of fever, and he thought it the best antipyretic yet discovered, especially for hyperpyrexia. In these cases he gave it in teaspoonful to tablespoonful doses of the *Vinum colchici*, and sometimes every half hour, until the fever was reduced. He had collected a number of cases illustrative of this power of *Colchicum*, and he intended to publish them.

Dr. Hayward remarked that doubtless *Colchicum* was useful in some febrile states, such as those of gout and rheumatic gout, but he doubted its power as a general antipyretic. Every medicine will relieve febrile states, just as all drugs will produce febrile symptoms, but one medicine will not cure all fevers. There are some definite specific fevers, and there are many febrile states; and it would have been more instructive to the section had Dr. Waterman individualised somewhat, and pointed out the

kind of fever or febrile state for which he held *Colchicum* to be a specific remedy, because, if *Colchicum* be given in fever indiscriminately, and in teaspoonful or tablespoonful doses of the wine every half hour, it might be attended with serious consequences, at least if given in inappropriate cases; and he himself did not know any specific fever that *Colchicum* would subdue in a time that it would be safe to go on giving it in such doses. He thought it a pity the doctor had not furnished the section with the cases on which he had based his high opinion of *Colchicum* as an antipyretic.

Again, at the meeting of the same section on Tuesday, the 9th August, Dr. Hayward again bore his testimony to the scientific method to be pursued in the investigation of the physiological action of drugs and the therapeutic deductions therefrom. The opportunity was offered by

Dr. Gaskell, of Cambridge, who introduced the subject of "The action of *Atropin* and *Muscarin* upon the Heart of the Frog." He laid stress on the power of some of the alkaloids, such as *Aconitin*, *Digitalin*, *Atropin*, and *Muscarin*, over the heart; by *Muscarin*, he said, the action of the heart might be slowed to perfect stoppage.

Dr. Hayward wished at this, the last meeting, to express the pleasure he had had in attending this section; he thought that, though perhaps the least attended section of the Congress, still, of all the sections, and of all the important matters brought forward during this Congress, the subjects discussed in this section were the most important to the practical physician; and especially such experiments as had just been given, showing, as they did, the locality and kind of action of drugs in health. He thought the experiments detailed and the drug-effects referred to were highly valuable to the physician as showing him that each drug had a particular sphere of action in the body in health, and what kind of action it had there; but he saw great danger in using them for the purpose of producing these effects in the sick—of giving *Muscarin*, for instance, when the action of the heart was too rapid, with the object of slowing it, for, as had already been pointed out, susceptibility differed and idiosyncrasies existed, and death might be produced by the action going further than was intended. He preferred to avoid this danger by using these



physiological effects as mere indications for using drugs for the opposite purpose, viz. the removal of these conditions when they existed in patients ; for instance, the slowing power of *Muscarin* over the action of the heart as an indication for its use in morbidly slow heart action ; the vomiting of *Ipecacuanha* as an indication for the use of *Ipecacuanha* in vomiting ; the cutaneous irritation of *Arsenic* as an indication for the use of *Arsenic* in skin disease, and so on.

Homœopathy was touched upon in no complimentary manner by Dr. Virchow in his address to the International Medical Congress in St. James's Hall. The following is the passage taken from the very vile translation of his address published in the *Lancet* of August 6th :

"How, then, can we expect any great results for the art of healing if we cut off the experiments on animals? For a long time no drug has received greater recognition and wider application than *Chloral*, the effects of which were discovered and established in my laboratory, by Mr. O. Liebreich, by experimental means. How would it have been possible to learn to know those effects without experiments on animals? The friends of the animals say, 'Try the new remedies on yourselves.' They refer us to the provings of medicines by the homœopaths. But even disregarding the fact that the drug provings of the homœopaths have not discovered a single new remedy which could be distantly compared with *Chloral*; these provings, even in regard to the remedies already known, do not even satisfy the most modest demands of a scientific investigation, they therefore may not be set up as models. Yet no one could seriously demand that very different, possibly poisonous, bodies should become the object of physicians' experiments on themselves, or on human beings at all."

It will amuse "homœopaths" to be told that they have never introduced into medicine any remedies comparable in utility to *Chloral*, for this is what Virchow implies in the above paragraph. General medicine owes to the provings of the despised "homœopaths" its knowledge of the most important uses of *Aconite*, *Arnica*, *Phosphorus*, *Podophyllum*, *Corrosive sublimate*, *Arsenic*, *Nux vomica*, *Hepar sulphuris*,

*Drosera*, and a host of other substances which are now in daily use in the old school for precisely those affections for which homœopathy first taught their indications. These medicines have contributed greatly to the success of the modern treatment of the old school, and have been the means of saving a great amount of suffering and even life; and what has chloral done? We venture to assert that the mischief done by this powerful narcotic vastly outweighs the benefit it has conferred in a few cases, a benefit that has been limited to the temporary alleviation of pain in a few cases, but we doubt if it has ever cured any serious disease in the enormous doses in which it is generally administered. On the other hand, we know of many cases in which it has done irremediable mischief, and not a few cases are recorded in which it has caused death. Old physic must, indeed, be in sad straits to have no better apology for its preference of physiological experiment on animals to the testing of medicinal substances on the human organism than this boasted discovery of such a dangerous drug as *Chloral*.

We may remark that it was hardly consistent with the spirit of liberality and enlightenment that led the Committee of the International Medical Congress to invite "professed homœopaths" to become members, and certainly not very polite, of some of the coryphæi of that Congress in their addresses to speak of homœopathy in the terms employed by Dr. M. Reynaud and Professor Owen.

In the address of the former, which (owing to his compulsory absence in another world) was read by his friend Dr. Féréol, occurs the following passage:

"We hear much of the progress of enlightenment, and I do not wish to contest it; but if the truth be told, very little of it is perceived in the subject which now occupies us. If we look around us we find the same ignorant infatuation, the same mixture of the most unreasonable scepticism with the most infantile superstition, the same intelligence, at once jesting and credulous, which believes nothing because it believes all, which rejects scientific medicine and accepts unreservedly table-turning, spiritualism, and homœopathy without any other rule than pure fancy. And this singular disposition of mind is not found either wholly nor prin-

cially among the lower classes. We observe it in the upper classes, in the most instructed and cultivated intellects, sometimes even among scientific men. I am not speaking, be it understood, of France only, for I have heard it said that sober England herself is not exempt in this respect from the infirmities of human nature."

In Professor Owen's address on the "Scientific Status of Medicine" we read :

"Are there, then, we may ask, at the present date, practitioners, professors of curative methods, analogous in medicine to the astrologers and alchemists at former periods of astronomy and chemistry? Do they, in like manner, obtain countenance and support, as did those empirics, from prime ministers and non-scientific people of rank and fortune? In the degree in which the unlicensed dentist, the bone-setter, the mesmeriser, and homœopathist may flourish or get means of subsistence, may be estimated in some degree the stage at which inductive medicine has reached, in its rapidly advancing career, to the status of a science."

Professor Owen is no doubt a very clever man in his own branch of science—comparative anatomy—but we never heard that his opinion was of any particular value on medical subjects, and we are at a loss to understand how he should have been selected to deliver an address on the scientific status of medicine. Had he given the subject the same amount of study as he has devoted to zoology, he would have known that the only medical system that can lay claim to the character of an inductive science is the homœopathic, and that the only parallel in medicine to the heroes of astronomy he lauds, Copernicus, Galileo, Kepler, and Newton, is Samuel Hahnemann, who alternately suffered the "persecution of Galileo" and the "cold neglect of Kepler." But of course we cannot expect one whose life has been spent among the "dry bones" of palæontology to know much about the living soul of medicine—therapeutics.

The International Medical Congress no doubt utterly eclipsed the International Homœopathic Convention in numbers and in the noise it made, but for good useful work in that most important of the physician's duties, the discovery and improvement of means for the alleviation of human suffering, the smaller meeting accom-

plished more than the larger assemblage with its fifteen sections, its feasting, its junketings, its civic entertainments, its garden parties, and its special services in Westminster Abbey and St. Paul's Cathedral.

The concluding paragraphs of Prof. Huxley's address at the Congress describing the desiderata of medicine and the mode in which they are to be obtained, unconsciously describe so well what is aimed at and has been to a considerable extent accomplished by the despised followers of Hahnemann, that we have pleasure in calling attention to them.

"Pathology is the analogue of the theory of perturbation in astronomy; and therapeutics resolves itself into the discovery of the means by which a system of forces competent to eliminate any given perturbation may be introduced into the economy. And, as pathology bases itself upon normal physiology, so therapeutics rests upon pharmacology; which is, strictly speaking, a part of the great biological topic of the influence of conditions on the living organism and has no scientific foundation apart from physiology.

"It appears to me that there is no more hopeful indication of the progress of medicine towards the ideal of Descartes than is to be derived from a comparison of the state of pharmacology, at the present day, with that which existed forty years ago. If we consider the knowledge positively acquired, in this short time, of the *modus operandi* of urari, of atropia, of physostigmin, of veratria, of casca, of strychnia, of bromide of potassium, of phosphorus, there can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physician with the means of affecting, in the desired sense, the functions of any physiological element of the body. It will, in short, become possible to introduce into the economy a molecular mechanism which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched.

"The search for the explanation of diseased states in modified cell life; the discovery of the important part played by parasitic organisms in the etiology of disease; the elucidation of the action of medicaments by the methods and the data of experimental physiology; appear to me to be the greatest steps which

have ever been made towards the establishment of medicine on a scientific basis. I need hardly say they could not have been made except for the advance of normal biology.

“There can be no question then as to the nature or the value of the connection between medicine and the biological sciences. There can be no doubt that the future of Pathology and of Therapeutics, and therefore that of Practical Medicine, depend upon the extent to which those who occupy themselves with these subjects are trained in the methods and impregnated with the fundamental truths of biology.”

THE FIVE EDITIONS OF THE ORGANON.

ON a former occasion\* we gave an account of the first edition of the *Organon*, comparing it with the fifth now in our hands. We now propose to give a tabular view of the aphorisms as they stand in the five editions, noting the subjects of those which present variations of any importance. The growth and modifications of the work will thus appear at a glance.

1st edition.	2nd edition.	3rd edition.	4th edition.	5th edition.
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\* See *Brit. Journ. of Hom.*, of Oct., 1877, and J an., 1878.

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\* § 9-16 of ed. 5 expounded the doctrine of the "vital force."

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\* § 48—64 of 2nd and 3rd eds. contain substance of argument afterwards expanded into first part of introduction in eds. 4 and 5.

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\* This portion of the *Organon* contains Hahnemann's pathological views, which varied much as time went on.

† § 74—76 of 5th ed. speak of medicinal diseases.



1st edition.	2nd edition.	3rd edition.	4th edition.	5th edition.
74	101	101	88	95
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84	111	111	99	106
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169	208	208		
170	209	209		
171	210	210	196	199

1st edition.	2nd edition.	3rd edition.	4th edition.	5th edition.
172	211	211	197	200
	212	212	198	201
173	213	213	199	202
174	214	214		
175	215	215		
176	219*	*219		
177	220	220	200	203
178			201	204
179	221	221	202	205
180	222	222	203	206
181	223	223	204	207
	224	224	205	208
182	225	225	206†	209†
183	226	226		
184	227	227		
	228	228		
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186	229	229	207	210
187	230	230	208	211
188	231	231	209	212
189	232	232	210	213
190	233	233	211	214
191	234	234	212	215
192	235	235	213	216
193	236	236	214	217
194	237	237	215	218
195	238	238	216	219
	239	239	217	220
			218	221
			219	222
			220	223
196	240	240	221	224
197	241	241	222	225
198	242	242	223	226
			224	227
n. to 198	243	243	225	228
	244	244	226	229
	245	245	227	230
			228	231

\* The numeration here is incorrect, Nos. 216—218 being omitted.

† This section embraces Hahnemann's views as to chronic disease and local treatment.

1st edition.	2nd edition.	3rd edition.	4th edition.	5th edition.	
199	246	246	229	232	
	247	247	n. to 229	n. to 232	
	248	248			
	249	249			
	250	250			
	251	251	230	233	
			231	234	
		252	252 } 253 }	232	235
		253		233	236
		254	255	234	237
		256	256	235	238
		257	257	236	239
				237	240
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				238	243
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200	258	258 } 259 }	240	245	
201	259				
202	260	260	241	246 247 248*	
	261	261	242		
203	262	262	243		
204	263	263	244		
205	264	264	245		
206	265	265	246		
207	266	266	247		
208	267	267	248	249	
209	268	268	249	250	
210	269	269	250		
211	270	270	n. to 250	251	
212	271	271			
213	272	272			
214	273	273	251		
215	274	274	252	252	
216	275	275	253	253	
217	276	276	254	254	
218	277	277	255	255	
	278	778	256	256	

\* Directions for repetition of dose, widely different from those of previous editions.

1st edition.	2nd edition.	3rd edition.	4th edition.	5th edition.
219	279	279		
220	280	280		
221	281	281	257	257
222	282	282	258	258
223	283	283	259	259
224	284	284	260	260
225	285	285	261	261
226	286	286	262	262
227	287	287	263	263
228	288	288	264	264
229	289	289	265	265
	290	290	266	266
230	291	291	267	267
231	292	292	268	268
	293	293	269	
				269
				270*
232 } {	294	294		
233 } {	295	295		271
	296	296		
234	297	297	270	272
235	298	298	271	273
236	299	299	272	274
237	300	300	273	275
238 } {				
239 } {	301	301	274	276
240 } {	302	302	275	277
241 } {	303	303	276	278
242 } {				
243 } {				
244	304	304	277	279
245				
	305	305	278	280
246	306	306	279	281
247 } {				
248 } {				
249 } {	307	307	280	282
250 } {	308	308	281	283
251				
252				

\* § 269 and 270 of 5th ed. propound, for the first time, the theory of dynamisation by trituration and succussion.

1st edition.	2nd edition.	3rd edition.	4th edition.	5th edition.
253	309	309	282	284
	310	310	283	285
	311	311	284	286
	312	312	285	287
254	313	313	286	288
255	314	314	287	289
256	315 316 317 318	315	288	290
257		316	289	291
258		317	290	292
259		318	318	
		319	291	293
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**HOMŒOPATHIC PATIENTS AND OPERATING SURGEONS.**

By **R. E. DUDGEON, M.D.**

THE intolerance so frequently shown by physicians and general practitioners towards their colleagues whose practice is based on the rule of therapeutics discovered by Hahnemann, has never, at least in London, been practised by the so-called pure or operating surgeons. In the course of a

\* The last two aphorisms of the 3rd, 4th, and 5th eds. treat of animal magnetism.

† § 260—271 of 1st ed. treat of palliative remedies.

practice in the metropolis, extending over more than a third of a century, I have always received the most cordial aid and co-operation from the most illustrious operating surgeons of the day, whenever I have required it on behalf of any of my patients for whom accident or disease might have rendered some surgical operation necessary.

The feelings and conduct of an influential number of physicians towards homœopathy and its practitioners have, in recent times, greatly improved. Even the *Lancet*, which in former years could find no terms too opprobrious to hurl at our heads, has lately been roaring "as gently as a sucking dove" at us, and has attempted to argue the question in a scientific spirit; has even admitted into its columns replies to its arguments from several avowed adherents of homœopathy.

A still more significant sign of the altered tone of the orthodox school is shown in the proceedings of the last annual assembly of the British Medical Association, that great representative body of the rank and file of general practitioners which, thirty years ago, passed a resolution excluding from its membership all practitioners of homœopathy, and all who ventured to hold professional communication with such practitioners. The President, Mr. Barrow, in his address, speaking of the homœopathic practitioner, said :

"He practises a system of medicine (although I have no belief in it)—nevertheless it is a *system*, and, if carried out in its purity, as laid down by the founder of the system, and as long as the homœopath adheres strictly thereto, I fail to see how he can be called a quack or why he should be tabooed by the profession, as it were cut off from a position among medical men, forbidden to gather together with them, and prevented from discussing publicly his system, and hearing the contrary from those practising legitimate medicine. The benefit would be mutual, and these discussions would be of benefit to the public, and an additional proof to them that their weal was uppermost in our minds."

And Dr. Bristowe, who delivered the address on medicine, devoted it entirely to a calm, I will not say impartial, but at all events a respectful, examination of the doctrines



and practice of Hahnemann. At the end of his address he says :

“ That all homœopathists are honest men is more than I would venture to assert, but that in large proportion they are honest is entirely beyond dispute. . . . It is absolutely certain that many men of learning and ability are contained within their ranks. If you care to dive into homœopathic literature you will find in it plenty of literary ability, and I have perused many papers by homœopaths on philosophical and other subjects unconnected with homœopathy which prove their authors to be men of thought and culture, and from which I have derived pleasure and profit. . . . When homœopaths are honest and well informed, and legally qualified practitioners of medicine, they should be dealt with as if they were honest, and well informed, and qualified. I shall not discuss the question whether we can with propriety or with benefit to our patients meet homœopaths in consultation. I could, however, I think, adduce strong reasons in favour of the morality of acting thus, and for the belief that good to the patient would generally ensue under such circumstances. I shall not consider at length whether the dignity of the profession would be compromised by habitual dealing with homœopathists. But I would observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride. . . . Breadth of view and liberality of conduct are the fitting characteristics of men of science.”

Mr. J. Hutchinson, who delivered the address on Surgery, spoke in a similar sense as to professional intercourse with homœopathists.

The committee of representative medical men who made the arrangements for the late great International Medical Congress, though they were illiberal enough to vote the exclusion of qualified medical women from participating in the meetings of the Congress, were sufficiently enlightened to invite qualified medical men practising homœopathy to become members, an invitation which was accepted by about a dozen

“professed homœopaths,” several of whom took part in the discussions, principally in the section of *Materia Medica* and *Pharmacology*, and were listened to with respect.

I may mention, as a matter more personal to myself, that I was invited to exhibit at the International Medical Congress an instrument designed to facilitate the diagnosis of disturbances of the circulation I have lately introduced into medical practice, and I may add that this instrument has been spoken of in laudatory terms by all the orthodox medical periodicals of this country, and by some of the chief representative organs of orthodox medicine on the Continent.

I have already stated that I have hitherto received the cordial aid of eminent operating surgeons whenever I have required it, and that not only in cases where surgical operations were needed, but also in cases where a surgical opinion on the advisability or otherwise of surgical interference was desired. I may particularly mention the names of Mr. R. Quain and the late Sir William Fergusson, both Presidents of the Royal College of Surgeons, as having attended surgically for prolonged periods cases in which they left the medical treatment unreservedly to me, and both watched the medical treatment pursued by me with interest, and were pleased, not only to express their approval of the medical treatment—always homœopathic—I adopted, but also to say, not to myself only but to the patients, that they were surprised at the efficacy of the medicines prescribed. I may especially mention one case of a gentleman, upwards of seventy years of age, affected with paraplegia and popliteal aneurism, for whom I sought the advice of Sir William Fergusson as to the advisability of an operation. As the patient had lost a considerable portion of his big toe by senile gangrene, Sir William Fergusson decided that any surgical operation was inadmissible, and when, under homœopathic treatment, the aneurism underwent “spontaneous” cure by the coagulation of the blood in its cavity, Sir William cordially congratulated the patient on this unexpected good result.

I mention these circumstances to show that not only has it hitherto, in my experience at least, been customary for operating surgeons to meet the regular medical attendant

of a patient who might require their surgical skill when that medical attendant's practice was homœopathic, but that the most representative physicians of the old school are beginning to speak of their homœopathic colleagues with courtesy and respect, and even to inculcate the advisability and propriety of admitting them to full professional intercourse, thereby inferentially condemning the opposite course of studied abuse, detraction, and professional ostracism which has heretofore been the habitual treatment by the dominant majority of the minority of their colleagues who think differently on therapeutics.

I am quite aware that Sir William Fergusson, when a candidate for the Presidency of the College of Surgeons, weakly yielding to the pressure brought to bear upon him, retracted in the columns of the *Lancet* his previous declaration that he would meet any qualified member of the profession irrespective of his therapeutic practice; but I know that he did not act on this enforced retraction, for he frequently met me and other homœopathic colleagues thereafter. I remember him telling me of a provincial operating surgeon who said he would not perform an operation, however urgently demanded to save a patient's life, if he was attended by a homœopathic practitioner. "I told him," said Sir William, "that such conduct said much for his ideas of medical etiquette, but very little for his humanity."

If the recent experience I am about to relate be not exceptional, which it is to be hoped for the credit of a liberal profession it is, it would seem that the large and liberal principles of conduct which used to guide our great operating surgeons, have given place to a narrow sectarian spirit which leads to the adoption of a line of conduct towards colleagues whose therapeutic practice is not to the taste of the operator that is not only insulting to inoffensive colleagues, but fraught with peril to the health and even the life of patients.

A few months ago a gentleman, whom I had attended medically from his early childhood and seen through some severe and dangerous illnesses, in one of which, as surgical aid was required, Mr. Quain had attended along with, and

in perfect harmony with me for many weeks, caught his foot in stepping over one of the newly-erected low iron railings in Hyde Park and fell heavily on his outstretched right hand. On being called in I perceived that the elbow was dislocated, whereupon I immediately sent for one of the chief operating surgeons in the metropolis, who had previously, at my request, operated on a patient of mine. I do not mention the name of this eminent surgeon, and doubtless he will appreciate my reticence. He saw the patient within two hours after the accident, administered chloroform, and reduced the dislocation. The case proved to be not so simple as it at first appeared, for, more than three weeks after the accident, the surgeon discovered that there had been a fracture, which, having improperly united, prevented the free movement of the elbow-joint. He found it necessary to break anew the wrongly-united fracture, which he did the same day under chloroform. But as, notwithstanding this, the joint still remained imperfectly mobile, the surgeon decided to cut down on the fractured bone in order to remove any splinters that might be interfering with the perfect mobility of the joint. This he did ten days after the unsuccessful second fracture. Though I was present and assisted at the former operation, for reasons to be presently stated I was not present at the last operation. I may mention that during the whole period of our common attendance on the patient there was no question or need of any medical treatment whatever.

Three days before the performance of the last operation I received from the surgeon a note to the following effect :

“I assure you it is with great regret that I have to say anything which may seem to you uncharitable ; but as I learn, what I had been previously quite ignorant of, that you are a homœopathic practitioner, I fear it will be necessary for us to act independently of each other in our dealings with Mr. —.”

This was tantamount to saying that the writer refused to hold any professional intercourse with me, and would not do his surgical work in the presence of the life-long medical attendant of the patient, because my therapeutic views differed from his, though the case was a purely surgical

one, and no medical treatment was required or even suggested. It was as though he had said in so many words: "You must cease to visit professionally this patient for whom you sought my surgical assistance, or I will."

Of course, had I merely consulted my own feelings I would have accepted the alternative offered by withdrawing my patient from this surgeon, and sending for one whose sense of what is due to a colleague was more consonant with true medical etiquette and with those principles of toleration for the opinions of others which ought to characterise the members of a liberal profession; and of such I know there are many in London. But my first duty was towards my patient, and I considered that it would be more for his advantage to refrain from making a change; moreover, for obvious reasons it would have been hardly fair to another surgeon to ask him to undertake the case.

But I could not sit down quietly under the insult that had been passed upon me, so I wrote to the surgeon to express my surprise at the unprecedented treatment I had received from him; for though our views upon the subject of selecting medicines for disease might differ, this was not a case in which any question of giving medicine was likely to arise; and I wished to know what right an operating surgeon had thus virtually to insist on the dismissal of a duly qualified medical man who had sought his aid for a patient whose regular medical attendant he was, as the condition on which he would perform his surgical work; thereby making it appear to the patient that he considered me a person unfit to be treated with the ordinary courtesies of professional life.

To this remonstrance I received the following reply:

"I must beg you to believe that my conduct was dictated solely by a sense of duty, at great sacrifice of my own personal feelings. I cannot draw any sharp line of distinction between medicine and surgery. The same great laws of pathology and practice apply to both; and the surgeon ought, I conceive, to be guided by the same principles as the physician in his relation to any therapeutic system."

The vague expression, "sense of duty," requires some

further elucidation before it can be accepted as satisfactory. Duty to what or to whom?

The duty of a medical man towards his patient is to do all he can to contribute to his cure or relief. But this object will assuredly not be promoted by depriving the patient of the solace of the presence and support of his trusted medical attendant during his period of trial and suffering, and by refusing to communicate with the only person who could give him information respecting the constitution and pathological history of the patient. Evidently, then, duty towards the patient did not dictate his conduct to me.

The duty of a medical man towards a colleague who calls him in for consultation or surgical assistance, forbids him to do or say anything that may tend to lower that colleague in the esteem and confidence of the patient; but the refusal to hold the slightest professional intercourse with the colleague, as though some moral stigma attached to him, is nothing less than an attempt to degrade him in the eyes of the patient, and to undermine the patient's confidence in his hitherto trusted medical adviser. Assuredly, therefore, duty towards his colleague was not the motive of this surgeon's conduct.

The duty of a medical man towards his College might require him to conform to the laws and by-laws of that College, provided these laws or by-laws did not run counter to his higher duty to his patient or colleague. But the Royal College of Surgeons of England, to whom this surgeon owes allegiance, has no law or by-law requiring its members to refuse their co-operation with practitioners holding particular therapeutic opinions. On the contrary, it has always steadily resisted all solicitations to enact any such law, probably for the reason that such refusal would contravene the surgeon's higher duty towards patients and colleagues. So it cannot be duty towards his college that dictated this surgeon's conduct towards me.

Thus, the threefold duty of a medical man, to his patient, his colleague, and his College, is utterly opposed to the conduct I complain of.

The duty of one gentleman to another would prohibit

such discourtesy. But this duty has no defined code, and if not felt may not be enforced.

Is there, perhaps, in the absence of any avowed authority, some secret *Vehmgericht* within the profession that prohibits a surgeon to render the assistance of his surgical skill to the patients of a practitioner—however duly qualified—whose medical practice differs from that of the majority? And is it a “sense of duty” to this irresponsible tribunal that dictated my correspondent’s conduct towards me? If this be so, the profession, and especially the patient world, should know who are the guiding spirits of this hidden Inquisition, and what are the grounds on which they dictate a course of conduct which is at once an outrage to the hitherto accepted canons of professional courtesy, and a probable source of danger to the well-being and even the life of their suffering fellow creatures, who fancy they have a claim to the services of every skilful surgeon in their accidents and diseases.

It is a matter of notoriety that some physicians—conspicuous among whom are a couple of medical baronets—have recently officiously announced that they would refuse to meet practitioners of homœopathy in consultation. But it is most unlikely that any true practitioner of homœopathy would desire a consultation on any question of medical treatment with an allopathic physician. So we might retort on these gentlemen: “Wait till you are asked!”

It is also true that several Medical Societies, both at home and abroad, have passed rules against the admission to their membership of practitioners of homœopathy and decreeing the expulsion of members who meet such practitioners in consultation. A rule of this nature was lately acted on by a Medical Society in New York, who expelled one of their members for meeting professionally a homœopathic practitioner, said practitioner being his own wife whom he had helped in a difficult labour. This case shows that the Society at all events permitted a considerable amount of social intercourse between its members and heretical practitioners, as it did not expel the member for marrying a homœopathic doctor but only for meeting her professionally.

It is also true that a couple of Colleges in Ireland many years ago passed resolutions forbidding their members to practise homœopathy or to meet homœopathists in consultation. One of these Colleges a short time since, finding that their resolutions—which were still in force (?)—had proved utterly impotent to check members from becoming homœopathists or from meeting homœopathic practitioners in consultation, met together in solemn conclave to see what could be done; but they could devise nothing better than to re-enact the futile resolutions of former years. But then that was an Irish College.

No English or Scotch College, as far as I am aware, has yet done anything so utterly silly as to attempt to stereotype the practice of the day by forbidding its members to adopt any method of treatment they may think best for their patients, or from meeting in consultation practitioners whose therapeutic views may differ from their own. But certain examining boards in Scotland did attempt to reject candidates for degrees and diplomas on the ground of their homœopathic proclivities, until they were warned by the 23rd clause of the Medical Act that they could only do so at the risk of being deprived of the power to grant degrees or diplomas at all.

And yet it is ignorantly supposed by many, who should know better, that the Royal College of Physicians of London has a by-law prohibiting its members from practising homœopathy or holding consultations with homœopathists. Of this I had a striking instance some time ago. The friends of a patient affected with general paralysis, were desirous of having the opinion of an eminent physician who was supposed to have made such affections his special study. This physician happened also to be a conspicuous office-bearer in the College of Physicians. I called on him and asked him to meet me for the purpose of diagnosis—the case was hopeless, so treatment was not the question. He said he was very sorry he could not meet me, as a by-law of the College prohibited consultations with homœopathists, and as he held high office in the College he could not set the bad example of breaking its laws. I said that I believed he



was mistaken and that no such law or by-law existed, and I begged he would show it to me. He confidently took up the book of the laws of the College, but after searching through laws and by-laws he was compelled to acknowledge that he had been mistaken, and as his objection to meeting me was thereby removed, the consultation took place and was quite satisfactory. But this bright obverse has a dark reverse. Shortly after this I asked this physician to meet me for diagnostic purposes about another case of nervous disease, but he declined, alleging that though there was no law of his College against meeting homœopaths, there was "an explicit understanding" (this was his expression) among its members not to hold professional intercourse with any practitioner who treated his patients homœopathically. Thus a vague and indefinable "explicit understanding" forbade what was not forbidden by any more tangible obligation.

But the position of the operating surgeon towards his homœopathic colleague is very different from that of the physician. Here there can be no clashing of opposing views with respect to medical treatment. Surgery is a common ground on which practitioners of all varieties of medical practice may meet harmoniously. When a physician calls in a surgeon to perform an operation on his patient, he entrusts that patient fully and unreservedly to the surgeon's care; but at the same time he has a right to demand that the surgeon will observe the customary professional courtesies towards him, and refrain from doing anything calculated to degrade him in the eyes of the patient, or lessen the patient's confidence in him.

But this is not the view of my late correspondent. Starting from the questionable premiss that physicians are justified in refusing to meet practitioners from whose mode of practice they differ, he says, "I cannot draw any sharp line of distinction between medicine and surgery;" and then he hazards the remarkable assertion, as though it were at once a confirmation of his statement of the identity of medicine and surgery and a justification of his refusal to meet me: "the same great laws of pathology and practice apply to both."

Clearly he thinks that the homœopathic school has some special laws of pathology of its own, different from those acknowledged by general medicine. Had he known anything at all about homœopathy, he would have known that it has actually nothing to do with pathology, but is merely a rule for selecting the remedy. Homœopathic practitioners study and acknowledge the same pathology as do the adherents of the old school, they accept all the discoveries of pathological science, and the various pathological theories that are current in the medical world—for which, I presume, “the great laws of pathology” is a euphemism—have each their adherents among the practitioners of homœopathy. It is a noteworthy circumstance that avowed believers in homœopathy have held the Chairs of Pathology in the Universities of Edinburgh, Montpellier, Heidelberg, and the Josephinum of Vienna, viz. Henderson, D’Amador, Arnold, and Zlatarovich, and the orthodoxy of their pathology was never questioned, however they may have been attacked for their therapeutics.

This ignorance of what homœopathy is is not peculiar to my correspondent. Many, if not most of those who have distinguished themselves by their animosity towards homœopathy, seem to have judged it as Carlyle did the evolution doctrines of Darwin. “Wonderful to me,” says the Chelsea Sage in his *Reminiscences*, “as indicating the conspicuous stupidity of mankind; never could read a page of it, or waste the least thought upon it.” From the serene height of their ignorance, never having read a page of a homœopathic work, or wasted a thought upon the subject, they inveigh against the stupidity or worse of colleagues who have devoted many years to its study and incurred many sacrifices in its practice, and treat them as though they were too vile to be admitted to any professional intercourse. If they merely thought we were in error in believing homœopathy to be a true rule of practice they would not treat us as they do, for the medical world is remarkably tolerant of error; and those who differ on almost every point of theory and practice associate cordially, while each thinks the other’s views to be utterly erroneous. The

whole history of medicine is a history of therapeutic errors, held and defended by the greatest names in medicine, from Galen to Broussais and Todd. If we are in error we err in a goodly company of more than 10,000 duly qualified men throughout the civilized world, many of whom have taken the highest honours our schools can bestow. Our error is shared by hundreds of thousands of the most intelligent, most cultivated and highest placed in every civilized country, who are under the delusion that their diseases are cured *tutius, citius et jucundius* by homœopathy than by any other method. The statistics of our scores of hospitals and our hundreds of dispensaries show that diseases are cured in larger proportion, with greater rapidity, and at less expense than in the similar institutions of the old school. Truly we have ample excuse for our error—if error it be—and with all this weight of evidence to confirm us in our delusion surely our brethren who have never strayed from the fold of orthodoxy need not treat us as unfit to receive the common courtesies of professional intercourse, especially when they reflect that all the greatest names of the past history of medicine they now venerate are more or less connected with exploded therapeutic errors. But the very different treatment we receive from that accorded to all the promoters of erroneous medical doctrines in the past and the present shows that homœopathy is not regarded as a mere therapeutic error, otherwise the worst treatment it would receive would be contemptuous toleration. Whence all this abuse, calumny, persecution, ostracism, denial of professional intercourse, exclusion from medical societies, refusal to allow a reply to attacks in the medical periodicals of the dominant school, refusal to admit advertisements of homœopathic works or of works on other subjects written by “*professed homœopaths*” in these periodicals, and lastly, refusal of an operating surgeon to give his surgical aid to a patient unless the homœopathic medical attendant is dismissed? That is not the manner in which mere therapeutic error has ever been treated in the history of medicine. The fact is, that homœopathy is felt to be a revolutionary reform of medicine itself, and hence we see

arrayed against it all the powerful conservative instincts of the party in power, who have everything to lose and nothing to gain by a reformation; all those who have grown grey in routine and who object to commence *de novo* their medical studies; all who have committed themselves by their writings and teachings to the traditional methods of treating disease; all who hold appointments of honour or emolument in the old school; in short, all who are interested in the maintenance of the *status quo*, with which they are content. Though they may see and lament the imperfections of their medical practice, still, they would "rather bear the ills they have, than fly to others that they know not of."

As for "the great laws of practice" alluded to, I would at once challenge the writer to say what these are and where they can be found. The only great law of practice known to this century is that discovered by Hahnemann and acknowledged by his disciples. The old school, by the confession of its own most eminent partisans, has no laws of practice, great or small; each practitioner is a "law unto himself," as is proved by the infinite variety of treatment recommended for every different disease, in the standard works on practical medicine. Every method of treatment, from pure expectancy to the most heroic employment of powerful drugs and methods, may be recommended for a disease, and will pass current as orthodox treatment—save and except the homœopathic method; and even that may pass muster as "legitimate" medicine, provided the name of homœopathy is not mentioned, as witness the extremely popular *Handbook of Therapeutics* by Professor Sydney Ringer. Some eminent surgeons, as the late Mr. Liston and Mr. Kingdon, have had the courage to employ homœopathic medicines in certain cases, and the honesty to acknowledge the source whence they derived them. With what truth, then, can it be said or implied that "the great laws of practice" that apply to surgery are opposed to homœopathy?

The refusal of one or of a score of eminent operating surgeons to give their aid to a patient who preferred to have his maladies treated homœopathically, unless his ordinary medical attendant were first dismissed, would matter little

in a place like London, where there are many surgeons equally eminent who would not feel themselves compelled by a "sense of duty" thus to insult a colleague. But every town does not possess such a wealth of surgical talent as London, and patients in a town where there was but one operating surgeon might be placed in a very awkward and even hazardous position, supposing this surgeon were to insist on the dismissal of the ordinary medical attendant before he would condescend to give his surgical aid. There are many thousands of persons in this country who prefer homœopathic treatment for their diseases, and who entrust the health and lives of themselves and families to duly qualified practitioners who have studied and who practise the method of Hahnemann. Will they allow an operating surgeon, whose services they may need to set a fracture, reduce a dislocation, or pass a catheter, to dictate to them what medical treatment they must employ, by refusing to hold any communication with their ordinary medical attendant, who alone could give that information respecting the constitution and morbid tendencies of his patient, which it may be desirable even for an operating surgeon to possess? Should the individual who happened to break his arm be a doctor of homœopathic proclivities, what would an operating surgeon, with a "sense of duty" similar to this eminent London surgeon, do? Would he require his victim to sign a formal abjuration of his homœopathic errors before proceeding to operate? There might be some difficulty about this supposing the right arm was the injured one, as in the case of my unfortunate patient.

If operating surgeons would follow the advice given by Dr. Bristowe to all medical men to deal with their colleagues who acknowledge the truth and value of the homœopathic rule of practice "as if they were honest, and well informed, and qualified," to act towards them, in short, as gentlemen to gentlemen, they would find that conduct dictated by a "sense of duty" would involve no "sacrifice of their personal feelings," which must ever be the case if one gentleman treats another with unmerited discourtesy and insult.

## REVISION AND RECONSTRUCTION OF THE MATERIA MEDICA.

By FRANCIS BLACK, M.D.

NOTHING gives a more exalted and truer estimate of Hahnemann's genius, knowledge, and industry than a careful study of his *Materia Medica*, but such an investigation also reveals various imperfections. These are due mainly to the manner in which Hahnemann has arranged the symptoms of the medicines, and partly to some of the sources from which he drew them. The evils of the former are manifest in his *schema* or artificial arrangement of the pathogenesis of a drug; and the errors of the latter are seen in the recording of symptoms as pure effects which arise in the administration of the drug to diseased persons when the phenomena are wholly independent of the drug, or are modified by the disease. They are also shown when every symptom occurring in the prover, no matter how small the dose, is recorded as evidence of pathogenetic action.

The deficiencies of Hahnemann's arrangement were very soon noticed after the appearance of his *Reine Arzneimittellehre*, and from time to time they have been commented on by various writers. They were the main cause of the formation of the Hahnemann Publishing Society, whose *raison d'être* was the need of a new materia medica. It is now thirty years since this Society was established, and, unfortunately, its special work has only embraced five medicines, *Acon.*, *Ars.*, *Bell.*, *Kali bich.*, *Uranium*.\*

Though there has been remissness in the past, it is all the more pressing that there be diligence in the future, and there is every hope that in the spring of 1882, a volume containing eight more medicines will be published.†

\* Its activity has been shown in the publication of the *Cypher Repertory*, and lately in an admirable translation of the *Reine Arzneimittellehre* by Dr. Dudgeon, rendered still more useful by a painstaking revision by Dr. Hughes of the original sources referred to by Hahnemann. In this edition the English student of pharmacodynamics has a valuable addition to his library.

† *Crotalus*, by Dr. Hayward, *Conium*, by Dr. Ker, *Digitalis*, by Dr. Black,

If our pharmacodynamics are to keep on a level with advancing science, our *Materia Medica* demands not simply revision, but reconstruction. Because we have long been accustomed to our present *Materia Medica*, therefore no change is needed, frames an argument most prejudicial to progress.

“What custom wills, in all things should we do 't,  
The dust on antique time would lie unswept,  
And mountainous error be too highly heaped  
For truth to over-peer.”

In America the great work of *Allen's Encyclopædia* is a decided advance on the *Materia Medica* of Hahnemann; but it still possesses many of the faults peculiar to Hahnemann's arrangement, and to doubtful sources—deficiencies to which the able author seems fully alive.\* To the talent, industry,

*Iodine*, by Dr. Hughes, *Nux vomica*, by Drs. Dudgeon and Black, *Phosphorus*, by Dr. Burnett, *Plumbum*, by Dr. Black, *Secale*, by Dr. E. Blake.

Few may have leisure and inclination for this task, but all may contribute their assistance by subscribing to the heavy publishing expenses. Many might also assist in giving carefully considered hints as to the special therapeutic uses of these drugs, and in pointing out, either from personal knowledge or authentic sources, the pathogenetic action. It is very desirable to stimulate throughout our body a general feeling that careful revision and reconstruction are necessary. Dr. Yeldham, in his Presidential Address to the British Homœopathic Society (1881), commends this work. “If,” he says, “it could be made to appear that the undertaking would be set about and pushed on with reasonable activity, I feel persuaded that it would not languish for want of funds. Every man amongst us would feel that there was a good time coming for homœopathy, and would cheerfully lend a helping hand, in brain or money, to hasten its advent. The great advances made of late years in physiology and pathology, have paved the way for such an undertaking, and until it is accomplished, homœopathy will never have fair play, nor take its proper place in medical science.”

\* The revision of Allen, commenced in this Journal by Dr. Hughes, shows the need of such work. Dr. Dake, alluding to erroneous sources of the *Materia Medica* says, “And yet, strange as it may appear, they are all displayed in *Allen's Encyclopædia of Pure Materia Medica*. When will our book-makers learn that quality is of greater importance than quantity. False facts, in regard to drug influence, once put on record in our journals are copied into books on materia medica, arranged in repertories, displayed in works on practice, and so perpetuated for generations. Though never verified by clinical experience, the compiler does not dare to deny them a place, for fear the peculiar cases, the possible opportunities for their verification may yet appear.

and research of Dr. Allen, all who know the value of a good *Materia Medica* cannot be too grateful.

In France, the deficiencies of the *materia medica* have lately been exciting increased attention. Jousset and several of his colleagues have felt for long that the Hahnemannian arrangement of the effects of a drug in a purely anatomical order deprived the pathogenesis of its real character, and pulverised, so to speak, the symptoms which in the proving had a natural succession and special association. This conviction has induced them to commence a revision of the *materia medica*.

Dr. Jousset has published *Digitalis* as a specimen, and he invites criticism of his work.\* This invitation has led me to restudy *Digitalis* (a medicine on which I published a paper in 1845), and to present it as a contribution to the Hahnemann Publishing Society.

Jousset has performed the task ably, as was to be expected from his high character; he has limited himself to a statement of facts, avoiding all speculation, and he has arranged them in a scientific form, so that the student is enabled to judge much more easily and clearly of the value and sequence of symptoms than he can do in Hahnemann's schema of *Digitalis*. His work is, however, marred by the omission of references, and by the introduction of symptoms which a study of the original sources would have shown to be erroneous. A perpetuation of error in a revised *Materia Medica* depreciates the value of the revision. Jousset's idea is to describe the symptoms of a drug action nosographically, and he thinks this will suffice in most cases without having recourse to particular observations. He gives first the pathogenesis in its forms and evolutions, then, secondly, an analysis of the symptoms proper to each region.

We talk and write much of the false theories of our allopathic brethren, and yet we are cherishing false facts enough in our *Materia Medica* to seriously hinder, if not effectually to defeat, the applications of our great therapeutic law.—*Mat. Med. as a Science. Trans. of World's Convention at Philadelphia, June, 1876.*

\* Since then, in *L'Art Méd.*, Juin, 1880, he has given *Arsenic* as another contribution; and he hopes by 1882 to publish a volume "*qui ne sera pas honteusement étranger à la science médicale.*"



Dr. Hughes is satisfied with Jousset's arrangement so far as phenomena are concerned, but considers it a want that he refrains from explaining the symptomatology of the drug so as to give the student an opportunity of knowing something of the significance of the phenomena. With this criticism I mainly agree, with the proviso that purely physiological explanations are not in all cases satisfactory, in so far as the physiology is imperfect. I have given much time to the careful study of the numerous physiological theories of the cardiac action of *Dig.*, and my impression is that they are all incomplete, and their number alone militates against their accuracy. I am, therefore, not surprised at George Lewes writing :

"It would be out of place here to consider the conflicting evidence which at present renders the question of the movements of the heart one of the most unsatisfactory in the whole range of experimental physiology. After devoting much time to it, and after writing a long chapter on it, I suppress what I had written."\*

But with all this it is desirable to try and give the student, as far as possible, the meaning of the facts before him, remembering here the caution not to mystify the facts by overloading them with explanations. Latham, in his clinical lectures, illustrates this well by the anecdote of a clergyman, who, desirous to benefit spiritually an old woman, presented her with a copy of Bunyan's *Pilgrim's Progress*, carefully choosing an edition full of notes. Some time after he asked the old woman how she liked the *Pilgrim's Progress*? "Well, sir, I think I could have understood him but for them notes, they be blinding like."

This anecdote is applicable to much of the interpretation of the symptomatology of *Bell.*, which Dr. Espanet has lately given as illustrating a plan for reconstituting the *Materia Medica*. The synoptic and pathogenetic table given by Dr. Espanet, does most certainly, under the headings, "direct electivity, reflex electivity, sphere of action, and character," present the physiological explanations carried to excess.†

\* *The Physical Basis of Mind*, Lond., 1877, p. 300.

† *Essai d'une Constitution scientifique de la Mat. Méd.* (*Bull. de la Soc.*

The true corrective to all explanations is a section devoted to provings, either in detail or in abstract, with correct references to all original sources. Both Jousset and Espanet seem advocates more of rearrangement than of revision; the latter places full confidence in the exactness of all Hahnemann's symptoms. He does not advise revision or fresh experimentations, but to rest satisfied with what we already possess, "*à chaque jour suffira sa tâche!*"

It may be safely said, were Hahnemann now commencing his great work, the *Materia Medica*, it would not present the form and arrangement it does. Remember the backward condition of physiology in Hahnemann's day, and the purely hypothetical character of pathology which his genius led him to reject, and you will understand the bias he gave to the purely objective working of his system.\* He wisely insisted on the symptomatic observation of disease, but he unfortunately did not quite conform his arrangements of drug symptoms to the same rigid rule. He puts together the varied symptoms of various persons into an artificial category where sequence and association are often entirely lost, and this scheme would have been still less helpful than it has been were it not that, even in its present state, it gives many valuable single and small groups of symptoms, and Hahnemann's occasional introductory remarks, together with traditions, have afforded a key to the importance and connection of others.

*Hom.*) Jousset has little faith in Espanet's physiological explanation of the action of drugs. In this he considers there is an error and a danger.—*L'Art. Méd.*, xlix. In a previous number, drawing attention to the change of physiological views as to the action of the iris, he says, *Les explications physiologiques durent . . . ce que durent les roses.*

\* "So far as medicine is concerned, I am not sure that physiology, such as it was down to the time of Harvey, might as well not have existed. Nay, it is perhaps no exaggeration to say, that within the memory of living men, justly renowned practitioners of medicine and surgery knew less physiology than is now to be learned from the most elementary text-book; and, beyond a few broad facts, regarded what they did know as of extremely little practical importance. Nor am I disposed to blame them for this conclusion; physiology must be useless or worse than useless to pathology, so long as its fundamental conceptions are false."—*Huxley, Address on Biology, at the International Medical Congress, London, August, 1881.*

The more our present *Materia Medica* is carefully studied the stronger I believe will become the conviction that we are far from having arrived at accuracy in the true effects of drugs or of clearness in arranging them for ready reference by men engaged in active professional work. If there be one claim stronger than another in specific medicine it is that of individualising, but the condition of the *Materia Medica* is such that careful search becomes a great and often impossible labour; thus routine is stimulated, and then the efficacy of the homœopathic law is curtailed in its successful application. The more accurately we depict the natural and the medicinal disease the greater is the probability of the relief. To secure a real, not an apparent, a specific, not a generic, resemblance, all these symptoms must be obtained and ranked in their due order, connections, and value. Physiology and pathology have improved so much of late years that certain constantly recurring groups of symptoms have received certain names, *e.g.* pneumonia, scarlatina, variola, cholera, &c. The same knowledge that has led to this accurate grouping may also do the same task in pharmacodynamics, and when this is done the labour is diminished, for search can then be confined to the summary of the physiological action of a drug such as Jousset gives us in *Dig.* and such as Dr. Hughes has given us with so clear and masterly a hand in his very comprehensive *Pharmacodynamics*. But even here more aid is often required, for a special cause, such as the virus of scarlatina or cholera, may produce certain minor changes in certain cases not in others, the species the same, the variety different. Here the summary of action may sometimes suffice, but oftener may necessitate a search in the general proving of the medicine.

Such search becomes still more necessary when disease does not take this concrete form, but assumes the diversities in which especially chronic disease presents itself in individuals under the various circumstances of age, temperament, epidemic influence, climate, and country.

In clinical research, whether of natural or drug disease, our course must be either summary or in detail, according

to the degree of light that is brought to bear upon them from a general pathological principle. Until the latter stands clearly out we must patiently deal much in detail, in order to secure a true knowledge of the phenomena.

The arrangements, as followed in the few medicines published by the Hahnemann Publishing Society, present, to my mind, with some minor modifications, all the needful requirements for the reconstitution of our *Materia Medica*. It ought to comprise—

1st. The natural history, chemistry, and pharmacy of the drug.

2nd. An historical sketch, with bibliography.

3rd. The detailed experiments on healthy persons, with such cases of poisoning as illustrate the pathogenesis.

4th. On these experiments is founded a summary of the physiological action, together with what is necessary to explain its significance.

5th. After this follows the schema or artificial arrangement of the symptoms which are recorded in the provings. To this portion brief comments, principally therapeutic, can be added after each anatomical section.

The keystone to all is the physiological provings; these, if patiently studied, are the true channels for conveying to the mind the real character of a remedy. These well mastered, the general summary of action impresses them still further on the memory, so that students go to the schema prepared to treat it as an artificial aid to the discovery of certain symptoms. I am convinced that there is no better exercise than the actual provings themselves. One medicine thus well examined paves the way to a readier knowledge of the other, just as the acquirement of one language greatly facilitates the study of others. The careful study of the actual provings gives in time a facility in discovering the character of a drug which poring over a schema rarely procures. It is this peculiar *tactus eruditus* which Hahnemann possessed in so great a measure, and which no doubt prevented him seeing the difficulties of the schema to his followers. With him it was merely an index, with us it is all we possess in too many instances.

Let me advise those commencing the study of pharmacodynamics to limit their attention at first to two or three medicines, to the provings of which they have access ; master these before running over the great number of remedies we now possess. Remember the old saying—

“ Nor was he wise at all,  
For many arts he knew,  
And badly knew them all.”

The fundamental object of a *materia medica* is first to give a faithful narrative ; secondly, to arrange it in such a form that each symptom may be found at once ; for a faithful narrative it is essential that the pathogenesis be drawn from pure sources, and reported with care. Experiments made with infinitesimal doses require the utmost care and winnowing. Symptom-hunger is a disease our school is especially prone to, and provings with unusually minute doses give a fruitful field for its development.

There is a general stream of sensations which constitute life, but which we do not notice unless our attention is especially turned to them. Commence a proving, then things of which we were scarcely sensible become noticed by us ; sounds, feelings, muscular movements, unnoticed in health, are now entered as morbid phenomena, and if the prover is of a gushing disposition you have no lack of symptoms, which are more characteristic of his ideation than of the action of a drug.

The evil of such experiments is tenfold worse when they are conducted on the sick, any new symptoms occurring under these circumstances being recorded as an addition to the pathogenesis of the medicine administered. All symptoms drawn from such source I hold as utterly useless. Even when medicines are given in such large doses in disease as to manifest their presence by certain symptoms supposed to be independent of the disease, they ought to be accepted with caution, and in some instances rejected ; at the best they are often to be regarded as confirming, not establishing, a pathogenesis.

All symptoms which arise after the administration of a

drug are not always to be considered as the specific or direct effect of that drug; and in this growth I believe the pruning knife of the future will do much useful work.

A rock is thrown down a hill, and goes bounding on its course, but the ricochets which it makes are due to other factors than the original force which hurled the rock. So in the pathogenesis of a drug other factors come into play, and it is their presence which increases the difficulty of choosing a simile in complex diseases.

For example, lead is said to set up gout in workmen engaged in lead manufactories, but there are other factors at work—alcohol and food; for it is found to arise in London in men, and not in the female workers, who do not drink, and rarely in French lead workers.

Lead predisposes to gout, but Charcot shows very clearly that gout is not a direct effect of lead.

Again, alcohol sets up organic diseases of liver and kidney, but you attribute these results to dietetic influence; so ought we also to reject from the pathogenesis of *Secale*, or at least accept with great doubt, many of the symptoms which are drawn from *morbis cerealis*.

There is a class of symptoms arising from changes in the pabulum, outside the sphere of the vital actions, though seriously affecting them, which are probably not of value in applying the homœopathic formula, and which in all provings ought to be carefully distinguished. For instance, ether, chloroform, lead occasionally produce a kind of jaundice, but this has been shown to be due to the solvent action of these agents on the blood-corpuscles, thus causing a hæmatogenous jaundice, but not a hepatic icterus.

I will now briefly show why such a schema as Hahnemann's must partake of an artificial character, and therefore so far be scientifically wrong.

Few diseases can be regarded as strictly local in their character, the morbid processes in one part are inseparably connected with others. We may study anatomy locally, but in physiology, though respiration, circulation, &c., are independent functions, they still act in unison, and one function must be taken in connection with the whole. In

health the hidden connections are united in harmonious working; it is in disease that the jarring of disturbed action shows the sympathy which links the whole body together. In the Hahnemannian schema the fault lies in considering the organism the same as a machine whose various points, however complicated, you can put together and remove without injury to the machine. But the actions of a machine are subordinate, those of an organism are co-ordinate, and in this lies the all-important difference. In the organism the humblest element working in the whole, and the whole in the humblest element, each part of which calls the furthest brother.

Huxley, in his late address on Biology (*loc. cit.*), referring to Bichat, makes the following remarks:—"In fact the body is a machine of the nature of an army, not of that of a watch or of a hydraulic apparatus. Of this army each cell is a soldier, an organ a brigade, the central nervous system headquarters and field telegraph, the alimentary and circulatory system the commissariat. Losses are made good by recruits born in camp, and the life of the individual is a campaign, conducted successfully for a number of years, but with certain defeat in the long run. The efficacy of an army at any given moment depends on the health of the individual soldier, and on the perfection of the machinery by which he is led and brought into action at the proper time; and, therefore, if the analogy holds good, there can be only two kinds of diseases, the one dependent on abnormal states of the physiological units, the other on perturbation of their co-ordinating and alimentary machinery."

The value of most symptoms depends on their sequence and connection; when these are lost then the true nature of the phenomena is diminished or destroyed. True data being carefully collected the difficulty arises how to classify them so as to combine scientific arrangement with facility of reference.

Dr. Drysdale, in his Introduction to the *Materia Medica* of the Hahnemannian Publishing Society, describes clearly and practically the difficulties of such arrangement, and

how they can be met; to this Introduction I refer those who desire to become true and faithful reporters of the facts and observations of drug action.

In Dr. Yeldham's Presidential Address at the Leeds Congress, 1880, you will find ample arguments ably stated for a revision of our materia medica. I shall now only allude to one, but that a most important one, which he has happily illustrated. It is the cumbrous condition of our materia medica, due to the lack of the important art of packing. One cannot but regret that this art of packing, this expunging of the doubtful and the false, and then of reproducing the true in compact dimensions, has been overlooked even in Allen's valuable *Materia Medica*. How easily this "packing" can be done I have tried to illustrate in my schema of *Digitalis*.

While, in order to advocate revision, I have been obliged to comment, not always favourably, on the collection of symptoms given by Hahnemann, let it not be supposed that I do not consider them as contributions of great permanent interest, which have proved in practice to be most valuable. On the contrary, it is a grateful knowledge of their value which urges to the call—revise, reconstruct, in order that that which is now good may be made more perfect, and thus rank as scientific, *i.e.* classified probabilities. "Unless we arrange and classify facts, and condense them into general truths, they soon surpass our memory, and serve but to confuse."

It requires no great insight into the present condition of medicine to see that before long a keen discussion will arise as to the *modus operandi* of drugs, which must have all-important bearings on our therapeutic formula. In this contest I believe our vantage ground lies in a true, not a fancied, knowledge of the pathogenesis of drugs; to secure this, *revision and reconstruction* of much of our materia medica are essential.



## REVIEWS.

*Transactions of the World's Homœopathic Convention, held at Philadelphia, June—July, 1876. Two vols.*

THESE long-desired Transactions have reached us at last, being brought over, in fact, by the delegates to the second International Convention at a five years' interval. Of the delay in their issue, and its causes, we will say nothing now; we will simply thank Dr. J. C. Guernsey for enabling us at length to have access to the wealth of material contributed for the Convention which met in Philadelphia in 1876.

Wealth, indeed, it is, and in every sense of the word. It consists of two large octavo volumes, of 1117 and 1128 pages respectively, the first containing "Minutes, Essays, and Discussions," the second the "History of Homœopathy" as furnished from the several countries. Of the latter we will speak presently; but the former, besides the interesting account of what occurred at the meetings, includes essays from nearly every country in which homœopathy is represented, and these from men like Hering, Sharp, Imbert-Gourbeyre, Goullon, jun., Gerstel, Nuñez, Jousset, Meyhoffer, Chargé, P. P. Wells, Helmuth, Bojanus, Franklin, and Ludlam. To read such a series of essays is an intellectual treat; to have them for reference is a positive gain to our knowledge and capacities.

Dr. Guernsey has inherited the editorial work done by Dr. Carroll Dunham and Dr. McClatchey, the President and General Secretary of the Convention, for which he makes suitable acknowledgment. He must himself, however, receive the general credit of the volume, including the

elaborate "Contents" and Index. With this, moreover, must come the only blame we have to bestow, viz. in respect of the report of the discussions, which is sometimes very unsatisfactory. Few men, indeed, speak as accurately as they write; but a reporter is expected to prune down any irregularities of diction which his stenographic record may contain, or—if he cannot do so—an editor should perform the task. In default thereof, a man like Dr. C. Wesselhoeft is made (p. 276) to quote Hahnemann thus:—"The instinctive vital force, vitality, or whatever you choose to call it, is now the one thing, under the influence of a drug, when given for the purpose of cure, only more intensely diseased." Of course Hahnemann never penned so incoherent a sentence, and Dr. Wesselhoeft never cited him as so speaking; but thus it stands, and Dr. Guernsey might have rectified it. There are many similar *laches* in the reports of the discussions;\* and we would suggest to future editors of Transactions that, if they cannot themselves undertake to make good sense and English of the speeches they publish, they should give the speakers the opportunity of doing it for themselves.

We pass now to the essays themselves.

Our own Dr. Sharp opens the ball with "The Foundations and Boundaries of Modern Therapeutics." Under this title he advocates the views of drug-action he has so diligently impressed upon us in this country, and with all his usual lucidity of exposition. An unfortunate comparison of the phenomena of disease to the forms presented by the kaleidoscope, "organopathy" teaching us to look inside the box, laid him open to obvious criticism, which Drs. Lippe and Farrington were not slow to inflict.

\* I shall be glad if those who possess the Transactions will make the following corrections at pp. 302-3:

At line 31-2 of p. 302 omit from "something" to "as:" at l. 39 for "general palsy" read "true epilepsy:" at l. 40 for "palsy" read "the former:" at l. 3 of p. 303 insert "bromide of" before "potassium:" at l. 18 for "the party improves" read "there is no derangement:" at l. 22 for "alcohol" read "bromides:" at l. 29 omit "low:" at l. 31 omit from "well" to "paper:" at l. 32 for "seldom the" read "a," and after "for" insert "both:" at l. 44 for "external palsy" read "angina pectoris."—R. H.

Next comes a "Memoir on Arnica," by Dr. Imbert-Gourbeyre, in which the drug is handled in his usual learned and exhaustive manner. It will be a mine of knowledge for all who desire a full acquaintance with the drug. In the discussion, Dr. Hering communicated (through Dr. Knerr) some interesting facts concerning the preparations of Arnica, showing that much of its occasional irritant influence is to be ascribed to an insect which deposits its eggs on the flowers, and advocated the avoidance of the same by using the root only.

Dr. Goullou, jun., follows with a paper on "Apis." His presentation of the drug itself is imperfect; but his comparisons between it and other remedies are very full and instructive.

Dr. Gerstel's "Mezereum" is a model study, though it is limited to the influence of the drug on the skin. It should lead all to a wider and to a more precise use of this remedy in cutaneous affections.

"Hydrocyanic Acid, its Value in Epilepsy," from the pen of Dr. Hughes, of England, appears next; and then comes a memoir "On the Therapeutic Effects of Curare," by the late Dr. Pitet, of Paris, which confirms its power in parietic conditions, and shows it to obtain especially in chest affections where the power of expectoration is impaired—the condition, in fact, for which on antipathic principles Dr. Milner Fothergill advocates the use of Strychnia.

"Necessity of the Study of the Characteristic Symptoms in Homœopathic Therapeutics," from Dr. Pellicer y Frutos, of Madrid, succeeds, and contains suggestive remarks. At p. 202 Hahnemann is quoted as saying: "A decided cold inside of the room, or in bed, is in the domain of Nuxvomica," where the language would suggest a stove or a hot bottle as better remedies. Had the editor referred to Hahnemann himself, he might have more truly represented him as speaking of "a cold caught within doors, or while confined to bed."

England now comes forward again, in the person of David Wilson, M.D., who raises his voice in favour of pure

Hahnemannian proving and medication, condemning alike the Austrian re-provings and the teachings of the London School of Homeopathy. The latter may well be content to stand or fall with the former.

Dr. Navarro, of Cuba, then discourses on "Potencies and Doses in Tropical Climates," in doing which he refutes from his experience the notion that infinitesimals are inapt to cope with the hyper-acute diseases met with in these regions.

Dr. C. Wesselhoeft concludes the *Materia Medica Series* with a "Survey of Medical Science prior to the introduction of Homeopathy, the methods prescribed by Homeopathy for its reformation and development, and the modifications which the influence of the new school of medicine has wrought in the practice of the old." This title sufficiently explains the nature of the essay, and its author's reputation is enough to guarantee the able handling of the subject. We are quite sure here that Dr. Wesselhoeft did not write the sentence which has crept into p. 229: "Next to Cullen, Gren, Arnemann, and Jahr deserve mention as authorities," but we fear we must charge him with the error on p. 246, in which he quotes Dr. Rogers as saying of Dietl's experience in pneumonia—"Out of 189 formidable cases he lost only 1 in  $13\frac{1}{2}$ ." It should be—"Out of 189 cases of this formidable disease."

The report of the discussion which followed these papers contains a so-called "speech" from Dr. J. P. Dake, which is really another paper, and which we have been glad to receive in a reprint.\* It would be a bright day for homeopathy, and therefore for the healing art, if its views could be carried out. The other speeches made are fully reported, and are well worth reading.

This brings us to the papers of the second day, on Practical Medicine. They open with one from the veteran Marquis de Nuñez, on the "Genesis and Etiology of Acute and Chronic Diseases, and Deductions for their Treatment." Dr. Nuñez believes that morbid diathetic conditions play a more important part in acute disease than

\* *Materia Medica as a Science*. Philadelphia: Sherman & Co.

is generally supposed, and that the "herpetic" diathesis is that most widely spread. Critical determinations to the skin are therefore beyond all things to be looked for and aimed at. When they fail to occur, and the nervous system is thereby disordered in the direction of agitation, he speaks highly of *Stramonium*. He espouses warmly Hahnemann's dynamism, and (as will have been seen) something very like his psora, but rejects *in toto* the homœopathic aggravation.

The Hahnemannian Society of Madrid follows with a double contribution, on "Miliary Pneumonia" and on the poison of the Tarantula. By the first is intended a form of pneumonia first described by Dr. Nuñez, differing from the ordinary kind, and characterised by terminating in a miliary eruption on the third, fifth, or seventh day. *Aconite* is not indicated, and *Ipecacuanha* takes its place; *Bryonia*, *Phosphorus* and *Sulphur* following, as in the common variety. Nothing new is said about the Tarantula.

Dr. Jousset next gives a short memoir on "Pneumonia in the Aged," showing its latent and dangerous character; and recommending (with an illustration) the use of *Digitalis* among its remedies.

Dr. Meyhoffer discourses on "Primary Congestion of the Lungs" in his wonted manner, *i.e.* in a manner beyond all praise. *Aconite* is his one great remedy for it, with rest, when acute; *Phosphorus*, with respiratory gymnastics, when it is chronic.

Dr. Salzer, of Calcutta, communicates his experience with "Cirrhosis of the Liver." When caused by malaria, and occurring in abstainers, he advises small doses of alcohol as a remedy, but when drinking habits have induced it, speaks highly of *Phosphorus*. *Argentum nitricum* also receives some commendation in the former variety; but its claims are ill-based on the symptoms from Allen's *Encyclopædia*—"cachexia, emaciation, affection of the liver, dropsy," which have not sufficient warrant. *Hydrocotyle* is also suggested, from its power over interstitial inflammations of the skin, as elephantiasis and acne rosacea.

Dr. Salzer incidentally mentions his treatment of ma-

larious fevers, saying that in uncomplicated cases he finds *Quinine* the specific remedy, sometimes even as high as the 6th (dec.) trituration, but more commonly in the 1st, of which he gives two or three grains every two to eight hours during the intermission. Three other writers—Dr. Chargé of Marseilles, Dr. Panelli of Naples, and Dr. Pompili of Rome—treat more directly of this disorder. Dr. Panelli's practice is almost identical with that of Dr. Salzer. In ordinary recent cases he gives the 1st trituration (probably centesimal, though not stated), 5 to 25 centigrammes for a dose, repeated from two to six times a day. He has had to give 15 centigrammes every hour. It is only in cachectic cases, and those in which Quinine has already been used in excess, that he prefers Arsenicum (6th). He gives this good case:—"A Frenchman, about thirty-five years old, presented himself at my clinic; he had been living for some time in one of our provinces infested by intermittent fever, and after having been attacked by it was treated with large doses of Sulphate of Quinine. His condition was really deplorable; face yellow with dull eyes, extreme emaciation, so great weakness that he was scarcely able to stand upon his feet, moreover an insatiable thirst; such were the predominant symptoms of this walking corpse. Arsenic, 6th dilution, three doses a day, worked the usual miracle of restoring him in less than fifteen days to perfect health."

Drs. Chargé and Pompili represent the pure "Hahnemannian" school, and seem to think that almost any drug may cure intermittents. The former gives indications for seventy medicines. The latter adds *Zingiber* to the list, but omits Cinchona and its alkaloid altogether! Both, however, beat a most undignified retreat from their position in the face of pernicious intermittents, and admit that Quinine must be given for them if the patients' lives are to be saved. The excuses they make for this inconsistency are utterly illogical; but we are glad that common sense is too much for their consistency.

Dr. P. P. Wells' essay on "Eruptive Fevers" is marked by all the penetration and discriminative observation which characterise his writings. When, however, he talks of pre-

venting variola from going on to the suppurative stage by a single dose of *Sulphur*, he seems to forget that such is the usual course of the disease in vaccinated subjects.

Dr. Joslin's paper, entitled "Certain Diseases of Children," treats of diphtheria, croup, and gangrene of the mouth. It is thoroughly practical. In diphtheria Dr. Joslin esteems *Kali bichromicum*, first to third trituration, the principal remedy. In gangræna oris he finds one remedy specific, and nothing comparable with it, viz.: *Kali chloricum*. "Until I used chlorate of potash," he writes, "I saw no case cured." Croup he believes distinct from diphtheria. Excluding laryngismus stridulus (another cure of which with Chlorine he mentions), he recognises only one essential "croup," the laryngitis which constitutes it being either catarrhal or membranous according to its severity. His favourite remedies are *Hepar sulphuris* and *Iodine*, especially the former; and he claims a very large amount of success. He gives the second and third triturations, and is satisfied that his success has been greater with these than with the higher, formerly used by him.

Dr. Lippe follows with a paper on "Diphtheria." He espouses Oertel's *micrococcus* theory of its propagation, but uses strangely incorrect language in speaking of bacteria as "vegetable organisms." He gives indications for ten remedies, but does not mention any personal experience.

"Angina pectoris—a symptom," is from Dr. de Gersdorff, and well establishes its thesis.

The present series is concluded by a joint article from Drs. Woodward and Duncan, of Chicago, on the "Modifying Influence of Epidemics on Therapeutics." In this the doctrines of Sydenham and Rademacher about the "genius epidemicus" are carried out to an extent which—it seems to us—puts homœopathy quite out of court. If for twelve months a remedy of such limited physiological action as *Ammonium muriaticum* proves itself "the noblest of polychrests," supplanting *Aconite* and *Belladonna*, and playing the chief part in the treatment of all acute diseases, what becomes of *similia similibus*?

In the discussion which followed, Dr. P. P. Wells corroborated Dr. Chargé's indication for *Menyanthes* in intermittents—coldness of the extremities of the body, extending it to other forms of disorder. Dr. J. C. Morgan gave it as his experience that *Gelsemium* will cure ninety-nine out of one hundred of simple uncomplicated agues (first—sixth potency). Dr. Clotar Müller made some valuable remarks on not allowing our physical diagnosis to determine either our choice of the remedy or our hopefulness as to the issue. Many a patient in whom we thus detect organic change recovers a fair measure of health under treatment directed to his deranged vitality.

The Department of Surgery, including diseases of the eye and ear, occupies the third section. It begins with an essay on "Inflammation of the Conjunctiva," by Dr. George S. Norton, of New York. The indications for remedies are those with which we are now familiar through the "Ophthalmic Therapeutics" since issued by this physician in association with Dr. Allen; but at the time of their communication to the Convention they were largely novelties, and, coming out of the experience gained at the New York Ophthalmic Hospital, they were obviously no fancies.

A paper on "Ophthalmic Therapeutics," by Dr. Woodyatt, of Chicago (whose untimely death we have since had to mourn), treats of inflammations of the uveal tract, and illustrates their treatment, a variety of remedies being employed.

Dr. J. P. Wilson discourses on "Acute Diseases of the Ear—their homœopathic treatment;" and Dr. Houghton, of New York, on "Homœopathic Therapeutics of Aural Surgery." The former deals mainly with principles; but the latter, from his experience at the Ophthalmic (which is also an Aural) Hospital is able to give a number of verified indications for remedies which are of priceless value. Dr. Houghton has reprinted his paper, and those who desire to treat ear cases, and have not access to these Transactions, had best write to beg a copy of him.

Dr. Helmuth follows with a paper of forty pages on "The Influence of Homœopathy upon Surgery." More



than half of it is occupied with a reference to all the cases of cure of surgical affections he can find in our recent literature. Till he had made this compilation, he says, he was himself unaware of the great good homœopathy had accomplished. The list will have, however, to be largely corrected and expurgated if it is to convince opponents as well as to confirm friends. It includes cure of cystic goitre by injection of Iodine (p. 692), and melting down of renal calculus with citrated Borate of Magnesia (p. 690), neither of which can be claimed for homœopathy; and as for the corrections required, their number is legion. The headings are so badly distributed that goitre appears under "Gangrene," "spontaneous hydrophobia" under "Hydrocele," while ovarian cysts are distributed under "Joints, Diseases of" and "Ranula." At p. 697 we have the following:—"Ovarian enlargement; Kali bromid. trituration, a grain night and morning, subsequently Apocynum, Apis, and Arsenicum; every trace of enlargement gone, abdomen normal in size and appearance." This is referred to "Ibid., vol. xviii, p. 787, Dr. Dudgeon." The last work named is the *Transactions of the American Institute*, so that "Ibid." should refer thereto. Dr. Helmuth, however, evidently means this journal, which he had mentioned some little time before. But the case really appears in vol. xxviii; is from the pen of Dr. Hughes; grain doses of the pure bromide were given, and the other three remedies were only administered after ascites had superseded the ovarian dropsy—the cyst having, as it would seem, ruptured into the peritonæum. On the other hand, at p. 679, Dr. Hughes is credited with an observation which does not belong to him; and in a case of carotid aneurism for which he is responsible he is made to furnish the scarcely pertinent statement that "both legs" (presumably the patient's) were of "normal size." Lower down on the same page, for "Cocculus" we should read "Æsculus." Altogether, it is clear that these references of Dr. Helmuth's must be verified before being employed. In giving his own experience, we are glad to find him confirming British experience of the value of *Hydrastia* in cancer, especially the epithelial variety. He

also adds two more to our recorded cases of cure of ovarian dropsy—one being effected by *Apis*, another by *Iodine*.

Dr. Bojanus, of Moscow, follows his no less distinguished New York colleague, and gives us his experience of "Uro-Lithiasis in Russia." His essay was accompanied by seventy-two calculi removed by him; but it contains statistics of a previous series of one hundred and forty-three cases of lithotomy. The mortality among these was 19·58 per cent.; amongst the seventy-two only 15·27 per cent. Full details are given, and much interesting information relative to the causes of uro-lithiasis in the district where the author's practice lies.

Dr. Albert G. Beebe, of Chicago, comes next with an epitome of cases or testimonies in our literature illustrating the "Therapeutics of Benign Tumours." We are afraid that an assertion of his at p. 763 cannot be substantiated:—"In allopathic practice, bromide and iodide of potassium, chlorate of potassa, and oxide of gold, have cured quite a number of cases" of ovarian tumour. Compare with this the negative testimonies of Simpson, Thomas, and Peaslee, at p. 674.

We then have Dr. Franklin on "Homœopathic Therapeutics in Gunshot Wounds and the Sequelæ of Operations," of both of which he is so qualified to speak. His testimony to the value of *Arnica*, *Calendula*, and *Hypericum*, as local applications, is strong and weighty.

The "Homœopathic Treatment of Syphilis," by Dr. McClelland, of Pittsburgh, is a fair statement of the treatment generally adopted in our school, together with the results of his own experience. His statement that "we find" indurated chancre and similar syphilitic manifestations in connection with *Mercurius solubilis* was challenged in the subsequent debate, and explained by him as not intended to convey the impression that these were pathogenetic effects of the drug, which it seems to do. He thinks that our first and second triturations of the mercurial preparations are somewhat too strong, and begins with the third, afterwards going higher. His indications for the use of the various forms of this metal, and of the other antisiphilitics,

are very clear and practical; but no positive evidence is given of their exerting any decided effect on the natural course of the disease. The following case, however, is interesting:—"I remember one case of a lady, aged forty-eight, in whom both tibiæ were bowed out with the bone swelling; extreme nocturnal pains, preventing sleep for weeks. Had taken Mercury by inunction, and iodide of potash (which always produced an eruption over the face and body). Had recently taken bromide of potash, 100 grains in the course of a single night, with little or no sleep. *Asafetida* 30 soon relieved the pains and produced sleep. The nodosities of the tibiæ also disappeared in two or three weeks."

Dr. Minor, of New York, follows with a contribution to "The Medical Treatment of Varicose Veins and Hæmorrhoids." The former he considers not to be amenable to it, regarding which Dr. Burnett's recent *brochure* may be read on the other side. Of the latter he speaks much more hopefully, and in accordance with the experience of most of us. His indications for remedies have already appeared in this Journal,\* and could not be better put.

A case of gunshot wound, in which the ball remained innocuously within the cranium, by Dr. Jenney, of Kansas City, closes the surgical essays.

In the discussion which followed, Dr. McClelland's paper provoked a lively discussion—the only one, indeed, which took place at the Convention. It is very interesting, but too long for epitomising. Many statements as to "cure" are made, but no one seems to grapple with the main question of how far the natural progress of the disease is really modified by our treatment. The others papers are more briefly handled, if at all; but it must be noted that Dr. Helmuth reports a cure of scirrhus of the breast with *Calcarea*, *Conium*, and *Arsenic*; that Dr. McClelland esteems *Calcarea iodata* 30 very effective in fibroid growths; and that another cure of enchondroma by *Silica* is reported, the drug being given in one of Fincke's preparations. Dr. James B. Bell says aptly—"I am

\* Vol. xxxv, p. 141.

reminded of a quotation from a favourite German poet, who, in describing a spring, after giving a glowing description of it, says: 'The old man who has viewed its splendours eighty times stands astonished.' So the man who has a thousand or ten thousand times stood in the presence of a homœopathic cure, stands again astonished."

The next day's work was devoted to Obstetrics and Gynæcology, and begins with a most thorough and philosophical treatise on "Hysteria," by Dr. Davidson, of Florence. The author advocates Briquet's view that hysteria is a neurosis; and as regards its connection with the female sexual system, argues well that woman is woman throughout. The only remedies he thinks radically useful are *Ignatia* and *Tarantula*.

This is followed by a paper on "Metrorrhagic Chlorosis," by Dr. Claude, of Paris. We hardly think the case he cites an instance of this malady, but simply one of metrorrhagia producing anæmia. *Hamamelis* was the curative agent.

Next comes Dr. Cheney, of New Haven, Mass., discoursing on "The Neurotic Element in the Local Diseases of Women," which he handles very wisely.

Dr. Ludlam's paper, "Membranous Dysmenorrhœa from repelled Eruptions," which follows, is of great originality and worth. Of twelve cases of the disease he had seen in the preceding five years, eight were traceable to the origin named; and two of his colleagues who had since consulted him on cases of their own, found on inquiry that such was their starting point. This is obviously a clue worth following up.

Dr. Guernsey's "Homœopathic Treatment of Diseases incident to Pregnancy" is as enthusiastic and positive as all the writings of this amiable physician. The only wonder is that, with himself and Dr. Lippe in Philadelphia, any one dies there save of old age, or any other doctor finds patients.

Dr. J. C. Sanders, of Cleveland, follows with a similar paper, more limited in scope, as confined to the digestive disorders of pregnancy, but within its own sphere much

fuller in its therapeutics. The only new point made, however, is the recommendation of *Chimaphila* in the stomatitis of this period.

"Puerperal Fever," by the late Dr. Woodbury, of Boston, espouses the modern view that there is no specific disease so named, to which Dr. Ludlam also assents. *Veratrum viride* and *Phosphoric acid* seem to be the remedies in which he has most confidence.

Dr. O. P. Baer, also since deceased (alas! to how many of the names mentioned here the same words apply), takes up a branch of the same subject in his "Homœopathic Treatment of Puerperal Fever," but hardly adds much to our knowledge. *Pulsatilla* seems in his hands to have played a larger part here than is generally assigned to it.

A successful case of Cæsarean section, by Dr. Lungren, of Toledo, Ohio, in which the author ascribes much of his success to the use of silver wire sutures, concludes this series.

The discussion\* presents no noticeable features.

The only remaining features of this volume are the President's Address, which appeared at the time in our pages,† and a posthumous "Historical Sketch of Materia Medica," by Dr. Hering, which appears as an appendix, but is hardly worthy of the author's reputation.

We turn now to the second volume of the *Transactions*, which contains the "History of Homœopathy." This is contributed as follows:

Germany, by Dr. Gustav Puhmann.

Great Britain and Ireland, by members of the British Homœopathic Society.

France, by members of the Société Médicale Homœopathique de France.

Austria, by Drs. Huber, Müller, and Gerstel.

\* I must here again take leave to correct the report of my own share in the discussion. At p. 1068, in l. 27, before "an instance," insert "not;" in l. 41 for "Seguir" read "Ringer;" and in l. 42 for "college and hospital" read "University College Hospital." So, too, on p. 1073, at l. 11, before "alcohol" read "the strength of the;" and in l. 14, 15, for "the use of alcohol only in the rectified spirit" read "this point."—R. H.

† See our number for Oct., 1876.

Russia, by Drs. Bojanus and Dericker.  
 Belgium, by Drs. Stockman and Schepens.  
 Spain, by the Hahnemannian Society of Madrid.  
 Sweden and Norway, by Dr. Liedbeck.  
 Cuba and Jamaica, by Dr. Navarro.  
 Cape of Good Hope, by Dr. Kitching.  
 Mexico, by Dr. Herrera.  
 Australia, by Drs. Teague and Collins.  
 Montevideo, by Dr. Korth.  
 New Brunswick, by Dr. C. Preston.  
 Brazil, by Dr. Moraes.  
 Italy, by Dr. Dadéa.

The United States are reported State by State. Names of local practitioners are attached to each, but the editors (Drs. Guernsey and McClatchey) say that they have had to do a great deal of the work themselves. It has been done only too well in point of fulness—its total running through 633 pages out of the 1065 contained in the body of the volume. In our original notice of the Convention\* we pointed out that such disproportion was likely to arise if each State of the Union were reported on as if it were a separate country, and recommended that the several histories should be “boiled down” to one. The most fervid patriot in the States can hardly but feel that a great deal of trivial detail—at any rate, of such as is merely of local interest, has been introduced into a record of an international character. With this reservation, we can commend the American report as warmly as those of most other countries. Those of Austria and Russia have already appeared in part in our pages,† and will give an idea of the rest. The least satisfactory is that of France, which is too baldly statistical. Portugal, Holland and Denmark are not represented at all, though homoeopathy has found some footing in each.

Taking the volume as a whole, it is most valuable as a storehouse of facts connected with the history of our system, and reflects the utmost credit on those who originated, superintended, and co-operated in the work.

\* See our number for January, 1876.

† See our numbers for October 1879 and 1880.

*Transactions of the International Homœopathic Convention,  
held in London, July, 1881.*

THE record of what took place at the quinquennial recurrence of the gathering of 1876 has followed close on the heels of its predecessor ; so that, although on a smaller scale (forming only one volume of 612 pages), it can take credit for speedier appearance. It is divided into four parts :—Minutes of the Discussions (which are very full), the President's Address, Reports from different countries, and Essays and Communications. It has come too recently into our hands to allow of any detailed examination or exposition, so that we reserve our comments on it for our next number.

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*Transactions of the American Homœopathic Ophthalmological  
and Otological Society for 1878, 1879, and 1880.*

THE practitioners of our school in the United States who cultivate as a specialty the diseases of the eye and ear have not been content with working in the "Bureau" assigned to them in the American Institute. They have formed a society of their own, meeting simultaneously with that association, and discussing the special matters of their interest. We have received through the Secretary, Dr. Park Lewis, of Buffalo, who so well represented the Society at our recent Convention, the Transactions of their second, third, and fourth meetings (the first was merely for organisation), and find them full of good material. As of general homœopathic interest, we may mention some more observations by the late Dr. Woodyatt on the influence of medicines—*Natrum mur.*, *Argent. nit.*, *Physostigma*, *Gelsem.*, and *Lilium*—on morbid states of the ciliary and recti muscles ; two cases of cure of optic neuritis by Dr. Norton, one with *Pulsatilla*, the other with *Belladonna* ; a proving

of *Duboisia*, of a very thorough character, conducted under the superintendence of Dr. Deady, of the New York Ophthalmic Hospital; a case of acute glaucoma, by Dr. Campbell, cured by the instillation of *Eserin*; and some cures of chronic catarrh of the middle ear by *Hepar sulphuris*, reported by Dr. Park Lewis.

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*What to do in Cases of Poisoning.* By WILLIAM MURRELL, M.D., M.R.C.P. London: H. K. Lewis.

"I CAN imagine," Dr. Murrell writes, "nothing more painful than to be called in to a case of poisoning, and not to know what to do." For his own guidance in such cases he drew up the memoranda which form this little book, and has good reason to believe that they will be of use to others. They will be so, both from their handy size, and from their including the more precise antidotes for vegetable poisons which recent pharmacological research has brought to light. We doubt, however, whether *Aconitine* would be helpful in poisoning by *Digitalis*, though it has been so *vice versa*. We think, too, that while "mucilaginous drinks" in general are mentioned as aids in poisoning by *Arsenic*, milk should have been specified, as a fluid always at hand, and which in old days often proved most useful. In poisoning by *Belladonna* and *Atropia*, nothing is said of *Opium* or *Morphia*, whose antidotal power is surely well substantiated. These, however, are slight matters. Taken as a whole, Dr. Murrell's manual is one which should be in the hands of every practitioner; and its possession may save many a life.

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*A Batch of Books from Chicago.*

ALTHOUGH the critical notices in our last two numbers have not been few, they have been insufficient to overtake the



tide of homœopathic literature which flows to us from over the Atlantic. We must, to do justice to the numerous American publications which load our editorial table, all of which hail from Chicago, devote a special article to them.

The first is yet another treatise on materia medica :

*Physiological Materia Medica, containing all that is known of the Physiological Action of our Remedies, together with their Characteristic Indications and Pharmacology.* By WM. H. BURT, M.D. Chicago: Gross and Delbridge.

THE object of this handsome volume of 980 large octavo pages is set forth in its title, and more fully in its preface. "Among the many excellent treatises upon materia medica and therapeutics, there was not one," the author thought, "that would give a complete knowledge of the *uses, effects, and mode of preparation* of our remedies; and this information could only be found scattered through a much greater number of books than are available to the ordinary student or practitioner. . . . The design of this work is to fill this hiatus, and to place in the hands of the student of materia medica a text-book so arranged that he can readily find what a drug is, where it is obtained, how it is prepared for medicinal use, how it acts upon the human organism, what tissues it especially acts upon, how it affects them, how much of the drug it takes to produce certain results, and what are its characteristic therapeutics." To accomplish this end Dr. Burt gives a series of articles on about 200 drugs,\* containing brief statements as to their natural history, chemistry and pharmacy; descriptions, chiefly consisting of copious extracts from writers like Stillé and H. C. Wood, of their physiological action; and as numerous citations, mainly from Hering and Guernsey, of symptoms regarded as "characteristic" of or "guiding" to them. These of course exhibit the usual absence of distinction between pathogenetic and curative effects. From his own thought Dr. Burt contributes a special section exhibiting the sphere of action and points of selection of the drug.

\* Why should *Agaricus* be omitted?

This last would be a distinctive feature and special advantage of the book, but for two defects. In the first place, it is based upon the obsolete physiological doctrine of the sympathetic being the nervous system of organic life, and also the *sedes morbi* in all chronic disease,—the cerebro-spinal nerves playing the same part in acute disease; and on the untenable basis of the action of all drugs being primarily on the nervous tissue. We pointed out, on a previous occasion of Dr. Burt's appearance in print,\* the objections to such hypotheses; but they reign here in undisturbed sovereignty. Then, further, there is a want of consistency in the points noted under the several headings. Take, for instance, this of *Hydrastis*, which we give verbatim,—

“Through the organic nervous system, *Hydrastis* has three special centres of action:

I. MUCOUS M. *Copious Stringy Mucorrhœa*; † *Ulceration*.

II. DIGESTIVE O. *Tonic*; *Increased Secretions*; *Constipation*.

III. GLANDULAR SYSTEM. (LYMPHATICS.) *Perverted Secretions*.”

What a strange jumble is here of pathogenetic action, curative action, and pharmacological hypothesis! There is truth underlying it all; but explanation is needed instead of these bald catalogues.

Of the symptoms Dr. Burt says—“I have drawn many from my old ‘Characteristic Materia Medica.’” We must therefore repeat the caution we gave when reviewing that work (vol. xxviii, p. 190), ‡ that the genuineness of the quotations therein cannot always be taken for granted. The very symptoms we there noted as wrongly ascribed to their authority appear here again (pp. 172 and 338) unchanged. Dr. Burt can hardly have been in the habit of reading, at any rate of marking, learning, and inwardly digesting, the criticisms his reviewers have taken the trouble to make.

\* See vol. xxxii, p. 161.

† Why should Latin and Greek be blended in this ill-assorted union, when “blennorrhœa” already exists?

‡ See also vol. xxxiii, p. 167,

It is clear, then, that we cannot unreservedly commend the work before us. We should be sorry for a reader of the old school to take it as a specimen of our literature. On the other hand, it undoubtedly fulfils its object of giving the student in a handy form all the information about drugs he will require for his examination in *Materia Medica* at a homœopathic college. For this purpose we can commend it without hesitation; we regret to be unable to say more in its favour.

Our next volume is a prize essay—

*A Treatise on Diphtheria: its History, Etiology, Varieties, Pathology, Sequelæ, Diagnosis, and Homœopathic Therapeutics.* By A. McNEIL, M.D. Chicago: Duncan Brothers.

THE prize obtained by this work was offered by the publishers, and awarded by a committee of three veteran homœopaths, Drs. Shipman, D. S. Smith, and Small. We are not informed how many competitors there were, but only that the successful essay was marked No. II.

Dr. McNeil professes to have drawn his materials from "every available source," including German literature, with which he is conversant. The history and symptomatology of the disease are fairly given; but the pathology is very imperfect, no real justice being done to the views of those who maintain the local origin of the primary deposit. In therapeutics Dr. McNeil poses as a pure Hahnemannian, indicating "but one way for us to travel, to give the remedy in the minimal dose that corresponds most nearly to the totality of the symptoms." When we come to his "indications," however, we find them mainly "clinical;" none the worse for that, indeed, but not answering to the description here given. We see him, also, quite ready to run off on another tack; and when what he calls the "genus (*sic*) epidemicus" has led him to a prevailing remedy, to give it altogether irrespective of homœopathic relationship to the case. Thus he tells us (p. 110) that because *Gelsemium* had proved the remedy for the malarious and catarrhal

fevers of 1875, he gave it in whooping-cough, from the study of whose symptoms he admits that he would never have been led to it. His Hahnemannianism seems after all to resolve itself into the "minimal" dose.

Let these false pretensions to purity, however, be abated, and we should have nothing but commendation to give to the practical part of Dr. McNeil's book. The remedies mentioned are almost all good ones ("*Lac Canium*"—as he calls it—being doubtfully mentioned), and their indications are fully and clearly sketched. We are glad to see that he questions the homœopathicity of any of the mercurial preparations save the cyanide.

We do not know whether it is the fault of the author or the printer, but the orthography of this volume is most blameworthy. We have marked more than a score of English blunders; and any attempt to indulge in Latin, French, or German has disastrous results—such as that mentioned above, the term "foudraynte" said to be applied by the French to diphtheria maligna, and the German at pp. 24 and 43. We are sorry to have so often to animadvert upon this feature of American books, but it is really a serious matter, disgraceful to us as a school, and which can only be remedied by repeated efforts to get men to see themselves as others see them.

The next treatise takes us out of the sphere of homœopathic therapeutics, though it is written by a well-known homœopathist—

*Electricity: its Nature and Forms, with a Study on Electro-Therapeutics.* By C. W. Boyce, M.D. Chicago: W. A. Chatterton.

DR. BOYCE has reason to think, from his own personal experience, that the theory of the working of electrical apparatus is hardly known as clearly as it should be. This small treatise is published to supply the want; and it does so very lucidly and pleasantly. For any one who merely requires such knowledge of electro-physiology and electro-therapeutics as every educated practitioner

should possess, Dr. Boyce's little book will be amply sufficient.

The same extra-homœopathic character belongs somewhat to the two succeeding volumes:—

*A Treatise on the Decline of Manhood : its causes, and the best means of preventing their effects, and bringing about a restoration to health.* By A. E. SMALL, A.M., M.D. 2nd Edition, revised. Chicago : Duncan Brothers.

WE notice this as an original work, because we have never seen the first edition. It purports to contain the results of the observations of many years' experience, and, indeed, is full of genuine knowledge, obtained at first hand, of the matters of which it treats. These are, of course, spermatorrhœa and sexual debility, with their causes and consequences. Dr. Small gives abundance of sound advice on the points which present themselves in this connection. His medicinal remedies are those usually prescribed, and we notice that he rarely gives any but the third and sixth attenuations—even such remedies of *Hypophosphite of Lime* and *Oxalate of Cerium* seeming to answer their usual purposes in his hands in three-grain doses of the third trituration.

*Surgical Principles and Minor Surgery.* By J. C. GILCHRIST, M.D. Chicago : Duncan Brothers.

THIS volume is intended as an introduction to the *Surgical Therapeutics* of the same author, which we reviewed in our number for Oct., 1880. It is to be followed by one on "Surgical Emergencies," and another on "Surgical Operations;" and the four will then—the author thinks—supply the corresponding years of the student's career with food convenient for him.

The present work describes and figures, in a sufficient manner, the ordinary armamentarium and minor duties of the surgeon; and really gives all the information the beginner requires—all, at any rate, he can get from books. It would be in nothing but some theories advanced that

we should differ from the author, and with these it is needless to trouble our readers. We may mention that, although his standpoint is that of the purist, he recognises the occasional need of venesection "to restore the circulation in profound coma."

The orthography is imperfect here and there, but for this we must probably blame the publishers, who are the same as those who have given us Dr. McNeil's work. Dr. Gilchrist himself, however, must take the responsibility of the following extraordinary pieces of etymology :

"*Diagnosis*, derived from two Greek words, signifying 'I know.'"

"By *etiology* we mean that department of medicine which treats of the causes of disease, being derived from two Greek words, signifying cause and disease."

We come to pure applied science in the next two books before us, though their homœopathic origin is obvious :

*Spectacles and How to Choose Them : an Elementary Monograph.* By C. H. VILAS, M.A., M.D.

THIS is a very pleasant, semi-popular treatise on the different kinds of glasses required to aid the sight, and the conditions which call for them. It tells everything which an intelligent layman or even an ordinary practitioner need know about the anomalies of vision and their correction. It would, we should think, be especially valuable to opticians in towns where no oculist is resident ; and if we know of any such, we could hardly do them a greater service than by bringing it to their knowledge.

*How to see with the Microscope : being useful hints connected with the selection and use of the instrument ; also some discussion of the claims and capacity of the modern high-angled objectives, as compared with those of medium aperture ; with instructions as to the selection and use of American object-glasses of wide apertures.* By J. EDWARDS SMITH, M.D. Chicago : Duncan Brothers.

As its title almost suggests, this is a work of interest to

the thorough-going microscopist rather than to the student or the practitioner who only employs the instrument for clinical purposes. It is, therefore, somewhat out of the range of our critical surveys; and we can only congratulate the "Cleveland Homœopathic Hospital College," at having so scientific and original a thinker as its "Professor of Histology and Microscopy."

Our last Chicago issue is simply a reprint—

*The Prevention of Congenital Malformations, Defects, and Diseases, by the Medicinal and Nutritional Treatment of the Mother during Pregnancy.* By J. C. BURNETT, M.D. Edited by T. C. DUNCAN, M.D. Chicago: Duncan Brothers.

UNDER this title Dr. Duncan reprints the paper our readers will remember as having been read by Dr. Burnett at the Leeds Congress. Dr. Duncan's editing is confined to a preface and postscript, the former containing v. Grauvogl's mode of preventing hydrocephalus by ante-natal treatment, in which (*more* T. C. D.) we read of such medicines as "Calcarea phosphoricum" and "Argentum nitricum," at which certainly v. Grauvogl would have stared aghast.

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*Our Foreign Contemporaries.*

GERMANY.—We continue our examination of the *Allgemeine homöopathische Zeitung*.

Vol. 101, No. 1, contains a report of the Lebenswarth Children's Hospital in Vienna for the year 1879. The number of patients treated was 209; 82 boys and 127 girls. The deaths amounted to 46 = 22 per cent., whereas in two allopathic children's hospitals in Vienna in 1878, the mortality was respectively 26 and 28·30 per cent. Deducting the cases of tuberculosis of lungs, meninges, and intestines, and those of marasmus, there were 177 cases with 21

deaths, not quite 12 per cent. Scrofulosis and rachitis constituted 50 per cent. of the cases received. Of acute diseases there were 14 cases of measles, 18 of bronchitis, 12 of diphtheria, 12 of scarlatina, 16 of pneumonia, 7 each of nephritis, whooping-cough, and pleurisy. The greatest mortality occurred among the cases of pulmonary tuberculosis, 12; tuberculous meningitis, 6; and scarlatina, 5. Some cases are given in detail. 1. *Rheumatismus articularum acutus*.—A girl, aged 10, was admitted 30th December, 1878, with acute articular rheumatism. There were present endocarditis and pericardial exudation. She complained of palpitation and difficulty of breathing, pulse very weak and quick. Under *Aconite* and *Spigelia* the subjective symptoms and the pericardial exudation were removed, but on the 28th January, 1879, there occurred increased fever, violent stitches in the side and cough, and a pleurisy of the left side with moderate exudation was developed, which yielded to *Bryonia* and *Sulphur*, and the patient was dismissed cured on the 24th February. The patient retained a bruit at the apex of the heart indicating mitral insufficiency, which, however, had existed ever since a rheumatic attack a year before. Other five cases without complication got well under *Acon.*, *Bry.*, and *Puls.* 2. *Scorbutus*.—One case, a girl of 5, with bleeding gums and ulcers, was cured in three weeks with *Merc. dul.* 4, and *Sulph. ac.* 4. 3. *Morbus maculosus Werlhoffii*.—A boy of 12, whose whole skin was covered with petechiæ and ecchymoses; he had severe catarrh of the stomach, with violent vomiting, sometimes of blood. Some rheumatic pains in the joints were present. *Sulph. ac.* 3, and appropriate diet, effected a cure in three weeks. 4. *Iso typhus* in a boy of 3 years; temperature never very high (39·5°), slight swelling of the spleen, thickly furred, not quite dry tongue, constipation, meteorism, moderate bronchitis. *Acon.* for two days, then *Bry.* for twelve days. On the 14th day all the symptoms had subsided; *Arsen.* was given for the sickness. As the patient was about to leave the hospital, he became affected with fits of screaming, burying his face in the pillow and showing great anxiety. These symptoms gradually yielded



to *Stramon.*, and he left the hospital quite well on the 35th day. Another case, in a boy of 10 years, was more severe. The evening temperature was as high as 41° C. Violent delirium at night, unconsciousness by day. Swelling of the spleen, violent diarrhoea, abdomen greatly distended, sordes on the teeth, tongue quite dry. Cold ablutions were employed and *Rhus* given. From the 11th day *Bell.* had to be given at night for the delirium. From the 21st day he got *Arsen.*, afterwards *China*, and he left the hospital quite well after eight weeks of treatment. During convalescence he had several metastatic abscesses. 5. *Diphtheria*.—Of ten cases admitted, three died. One of these was brought dying into the hospital. The whole of the soft palate was in a state of sphacelus, the brain much affected, the urine highly albuminous. The larynx was already affected. The second fatal case was a girl, aged 5, with caries, glandular swellings, and ophthalmia. She died on the 2nd day of her illness. The third case had œdematous swelling of the soft palate, which yielded to *Apis*, but the disease went into the larynx, and in spite of *Merc. biniod.* 4 and *Bromine* inhalations she died on the 5th day of the illness. The cases that recovered were treated principally by *Merc. cyan.* and *Merc. corr.* One with great softening of the palate was successfully treated with *Apis*. 6. *Measles*.—There were 13 cases of this disease, all of which recovered under *Acon.* and *Puls.*, except one very rachitic boy, who died.

All the six cases of *meningitis tuberculosa* died. One case of *meningitis spinalis* was cured by *Strychnia* 4. A severe case of *chorea* yielded to *Bell.* and *Cupr.* But the child died at home some months afterwards of acute articular rheumatism, thus corroborating the observation of Roger, that these two diseases often alternate with one another. A case of eclampsia in a scrofulous girl of two and a half years, was cured in fourteen days by *Bell.* 3. One case only out of five cases of *laryngeal croup* recovered under the use of *Spong.* *Whooping-cough* was not very plentiful, only seven cases. *Dros.* was of no use. *Ipec.* did good where there was violent retching and vomiting; *Conium* in nocturnal attacks

and cerebral hyperæmia; *Cuprum* in cyanosis during the fits; *Tart. em.* where there was great accumulation of mucus. The mortality in *pneumonia*, catarrhal and croupous, was four out of sixteen cases = 25 per cent. The seven cases of *pleurisy* were all cured. Remedies chiefly *Aconite* and *Bryonia*, with occasionally *Merc. corr.*, *Canth.*, *Sulph.*, *Apis* and *Iodine*. One case of *peritonitis rheumatica* was admitted. *Acon.*, *Merc. corr.*, and afterwards *Sulph.*, were the remedies. *Nephritis* after scarlatina occurred in seven cases. Six were cured by *Ars.*, *Phos.*, *Apis*, *Merc. corr.*, and two cases in which hæmorrhage from the kidneys was present, yielded to *Tereb.* 6. One case, which was admitted with general œdema, died. One case of *hydrocele* was cured in four weeks by *Sulph. φ.* *Erysipelas* occurred three times, and yielded to *Bell.*, *Rhus.*, and *Apis*, and in one case where suppuration occurred *Merc. sol.* 4 was successfully employed. *Scrofulous eczema* of the hairy scalp and face recovered under *Merc. sol.* in the moist form, *Hep. sulph.* where there was extensive scabs, *Graph.* in the scaly form with rhagades. A case of *impetigo* was cured by *Iodine*, followed by *Calc. carb.* Another yielded to *Merc. corr.*

In No. 2 Goullon has an article in which he endeavours to determine the appropriate dose of *Sulph.* He inclines to think it is most effective in the higher potencies, but he gives some cases borrowed from other authors, in which the lower dilutions, and even the mother-tincture, seemed to have been the most efficacious.

In No. 5 Goullon has an interesting observation of the pathogenetic effects of lead. It is known that lead poisoning has caused soft degeneration of the spinal cord. An unmarried lady of about forty suffered from chlorotic symptoms like those for which *Iron* is generally given. She had great faintness, looked ill, was very sensitive to cold, and yet felt better in the open air. She had besides incontinence of urine and pains in the renal region. She got *Plumb. ac.* 3, a dose night and morning, for about ten days. At the end of this time she said she was certainly stronger, but she had suffered so much while taking the medicine that she begged she might not have any more.

Since taking the *Lead* she could not lie on her back without getting twitchings in the arms. She went to bed dead tired, but then convulsive movements immediately came on, and she grew more and more excited until one o'clock, when she went to sleep. If she lay on her side, the part on which she lay became numb and insensible. She then broke out into profuse sweat with great heat. She said she had "writers' cramp." She found that she would let fall anything she had in her hand. On this account she could not do any ordinary feminine work. After walking she felt very tired first in the arms then in the legs. The night before, the convulsions were so strong she had to leave her bed. Her body feels to her very cold. She evidently was suffering from a kind of spinal irritation. The symptoms much resembled those caused by *Secale* or *Ergotin*.

In No. 6 Lorbacher says that he has found *Nux vom.* 30 and *Sulph.* 30 in alternation very successful in many cases of intestinal catarrh. *Staphisagria* 3 he found of great service in a case of podagra in a man of sixty-two. The swelling was pale, bluish, felt doughy, and was very sensitive to touch. Though a very moderate drinker his face had a coppery and bluish colour. Under the sole use of this medicine the disease, that had lasted many weeks, was cured in fourteen days. A return after five months was cured by the same remedy in a few days. *Apis* 3 was very useful in another case of podagra, in which the patient was suddenly attacked at night with burning and shooting pains in the left big toe, so that he could not hold his foot still nor bear the weight of the bed clothes. The next morning the ball of the toe was swollen, fiery red, very sensitive to touch, and there was oedematous swelling up the dorsum of the foot. *Apis* cured in seven days. Lorbacher has noticed the alternating relations of bronchial catarrh and gout, first pointed out by Meyhoffer. Rhachitis is a very common disease among the children of the poor in Leipzig, who are often reared almost entirely on coffee and bread, and who live in crowded rooms with little light or air. *Calcarea* is the chief remedy. He found this more

efficacious than *Calc. phos.*, recommended by von Grauvogl and Schüssler. *Causticum*, *Lycopodium*, *Silica*, and *Calc. fluor.* were all useful in some cases of white swelling of the knee.

In this number there is a very favourable review of Chap. XVIII of the *Cypher Repertory* by Dr. Theod. Kafka.

In No. 7 Goullon gives a case of very severe hypopion in a brandy drinker seventy years old. There was a considerable deposit of pus in the anterior chamber, with great injection of the eye. He had suffered horrible pain day and night for eight days. *Hepar* internally, and a weak solution of *Merc. nitr.* externally, soon cured him. He relates a very severe case of chronic blepharitis complicated with ptosis and distichiasis which was rapidly cured by *Apis* 3. He gives a very interesting case of pernicious anæmia in a young man, where *Arsenic*, and especially *Plumbum acet.* 30, worked wonders.

In No. 9 the address of the President of the Annual Assembly of the Central Society is given. He first alludes to the death of Dr. Bonhoff, of Cassel, and says that the only accession to their ranks during the year is Dr. Kleinschmidt, of Berlin. He alludes to the jubilee of reception of his doctor's degree by Dr. Groos, of Laasphe. The protest of the Society against Mattei's pretensions is mentioned, and von Hoffman's munificent gift of 60,000 marks for the perpetual treatment of three incurable patients in the hospital, the excess to be applied to the general maintenance of the hospital. As the hospital is not yet established this gift must be looked upon as a promise. The closure of the Munich Hospital and the loss of the Sechshaus Hospital to homœopathy by the resignation of Dr. Müller are deplored. On the whole, he gives a melancholy picture of the state of homœopathy in Germany. The persecution of the old school has revived, and the zeal of the various lay homœopathic societies has cooled, with the exception of the Hahnemannia Society of Stuttgart, which has been conspicuous by its activity. The Society proceeded to consider what they could do for the International Convention to be held in London, and finally

resolved to send an address to their British colleagues, and the wish was expressed that some members should go as a delegation, which as we know remained a wish merely. As a proof of their sympathy it was resolved to send to the Convention Buchmann's essay on the Microscopic Examination of Triturations, in place of any one contributing an original paper. As no essays or papers were offered for the Annual Meeting, it was resolved to discuss certain subjects to be determined. The subjects selected were Jaeger's neural-analysis, the vaccination question, enuresis nocturna, and meningitis infantum. We cannot say that the discussion of these subjects contributed much of a satisfactory character to their elucidation. Nothing new was said regarding the neural-analysis. It was proposed to advance 100 marks for the investigation of the subject, but it was found that the proposal came too late, so nothing was done. The discussion about enuresis nocturna was of a very desultory and unsatisfactory character. The President, Dr. Weber, is a warm opponent of vaccination; he was supported by Dr. Walz, of Frankfort u. O., and the only defender of Jenner's great discovery was Dr. Groos, of Laasphe. The discussion of the last subject chosen, meningitis infantum, adds nothing to our knowledge. Perhaps we ought not to expect much from this meeting at Cologne, as the Society has lately been distracted by internal dissensions, and peace and unanimity were restored at this meeting, which may lead us to hope for better results from the Assembly this year at Berlin.

Sager gives his experience of the curative and prophylactic power of *Variolin* dec. (what is dec.?) in an epidemic of smallpox. He states that none of those to whom he administered *Variolin* as a prophylactic took the disease, though some of them were exposed to infection, and he gives a case of severe smallpox with violent delirium in which *Variolin* and *Belladonna* in alternation effected a rapid cure.

In No. 11 Mossa relates a very remarkable case of angina pectoris, which got worse and worse under allopathic treatment, until at length the patient was absolutely confined to

bed, not being able to make the slightest movement without intense pain and dyspnoea. The medicines given were *Cactus* 3, *Nux vom.* 6 and 30, and *Carb. veg.* 30. The improvement was remarkable, and he was soon able not only to leave his bed but to walk a little, and at length to walk a considerable distance without any attack.

In No. 13 Köck relates the efforts that have been made to re-establish the homœopathic hospital in Munich, which, it will be remembered, was seized by Dr. Buchner's widow and sold for 40,000 marks (=£2000). The sum already collected for the new hospital amounts to 20,000 marks (= £1000), and when a sufficient sum has been subscribed it is proposed to establish a new hospital. Leave to build a hospital has already been granted by the municipal authorities.

The death of Dr. Müller, of Copenhagen, is announced.

In No. 14 Billig gives a case of vomiting and diarrhoea caused by a chill, in a young woman of twenty years; the attack was accompanied by urticaria, with violent itching, and yielded to a few doses of *Dulcam.* 2. He relates a case of severe gall-stone colic which, after several remedies had been used in vain, or with merely temporary relief, was speedily allayed and ultimately apparently cured by *Morph. acet.* 1 in water, a dose every half to every hour. This, of course, he does not put forward as homœopathic treatment.

There is an interesting account, taken from the *Wiener Med. Presse*, of Dujardin-Beaumetz's experiments with discs of wood used, like the metal plates of Burq, to restore the sensibility in hysterical anæsthesia. Hughes Bennett had already published some experiments of the same sort, in which he ascribed the curative effect to the expectant attention of the patient. But Beaumetz asserts that the curative effect depends on the kind of wood used; that discs of cinchona, thuja, rosewood, mahogany, fir, walnut, elder, and apple tree, restore the sensibility, whereas discs of poplar, ash, palisander, and sycamore have no effect, nor have discs of marble or any other stone. The discs of those woods that restore the sensibility cause a redness and increase of temperature on the skin. He further says that

the wooden discs restore the sensibility much quicker than the metal plates of Burq.

In Nos. 15 and 16 v. Villers combats the views of Schüssler, and denies that they have anything in common with homœopathy.

Billig gives some cases of fistulous ulcers in the neck and breast which were rapidly cured by *Silica* 6. He also gives a case of very large and numerous warts on the hands which disappeared under the external employment of *Thuja* 1x.

In No. 17 the death of Dr. C. H. Kallenbach, in his eighty-sixth year, is announced.

Kunkel relates several cases of cure by *Ac. phos.*—1. A young man of scrofulous family had, for three weeks, a gonorrhœa that came and went spontaneously. Discharge ordinary, some cutting pain. After *Sulph.* 200 and *Thuja* 30 there was bloody discharge from the urethra, for which *Ac. nitr.* 6 was given. The discharge went away nearly, but he got swelled testicles, morning sweat in bed, ill-smelling turbid urine, bad taste, depression of spirits. He got *Ac. nitr.* 30. The symptoms improved, but a cure was not effected until *Ac. phos.* 6 and *Ac. nitr.* 6 were given alternately. 2. A child, aged three, after cholera, had diarrhœa, motions greyish white, urine like milk on standing, crossness, pains in the legs, emaciation. *Ac. phos.* 30 was rapidly helpful. 3. A case of extensive necrosis of the tibia, was treated by *Ac. phos.* 200, and recovered after several months, but it is not clear that the medicine helped the recovery. Two other cases are related, but neither seems of interest.

Gerstel gives two cases of severe cardialgia cured, one by *Nux vom.* 3, the other by *Arsen.* 9; the latter was characterised by burning pains in the stomach, which was sensitive to the touch.

In No. 18 Gerstel relates some more cases, especially one of bitter eructations after eating, in which *Lycop.* was curative; and a case of gastralgia after smallpox that yielded to *Cocculus* 3, and another of gastralgia cured by *Arnica* 3.

In No. 21 Billig relates a severe case of cholera nostras rapidly cured by *Verat.* 1, given at frequent intervals.

The vomiting and purging of watery stools were very severe and the pain great; they were accompanied by cramps in the calves, pale countenance, and great prostration. The death of the well-known homœopathic apothecary, T. A. Margraf, of Leipzig, is announced.

No. 22 announces the formation of a society in Stuttgart under the name of Hahnemannia, the object of which is to increase the number of homœopathic physicians in Germany. Huber, in a continuation of his papers on the action of *Mercury*, mentions the physiological experiments showing its power to produce diabetes mellitus; but he says that our homœopathic records are negative as to its action in this disease. We believe, however, that some of our colleagues have found it useful in certain cases of diabetes.

No. 24 announces the deposition of Dr. Tritschler from his posts as physician to the Leipzig Dispensary and Secretary to the Central German Homœopathic Society, apparently in consequence of his departure from recognised homœopathic treatment. This number contains an editorial appeal to the homœopaths of Germany to defend themselves against the recent attacks upon them by Rigler, of Berlin, and Koeppé. The attack of the first named, if we may judge from the specimens given, is mere coarse abuse and calumny, unworthy of a scientific man or a gentleman. The Berlin Homœopathic Society, as we know, successfully prosecuted its author and the publisher of the periodical in which it appeared. Koeppé's diatribe against homœopathy is altogether in a better spirit; we have already endeavoured to give our readers an idea of his line of argument.

In No. 25 Bergh, of Mentz, relates the case of an unmarried lady who had for three years suffered much from periodical vomiting, which had been allopathically treated for a long time without benefit. Some years previously a similar attack had been cured by an odd prescription, viz. the administration of *fine sand*. When Bergh first saw her she was pale and emaciated, very weak, so that she was almost confined to the sofa. Tongue white, with ulcerated papillæ and red borders, no appetite, and after almost every meal there occurred vomiting of thick mucus and bitter-



sourish bile. The gastric region was very painful and the liver enlarged, reaching almost to the spine of the ilium. Bowels very confined, evacuations of large dark-coloured lumps being only obtained by repeated enemata. Urine scanty, dark coloured, and with uric acid sediment. *Ipec.*, *Ver.*, *Sulph.* &c. were given without result. The patient was ordered milk diet, but on one occasion she took other food, and this caused violent inflammation of the bowels, lasting nearly three weeks, and only at last relieved by *Acon.*, *Bry.* and *Merc.* The vomiting continued, and in addition to the mucus coagulated blood was often thrown up. The pulse remained over 100, the strength declined more and more, and at last *Chin. arsen.* gave relief; the patient regained some strength and was able to bear more nourishing food. Then the constipation gave place to violent diarrhœa, the evacuations consisting of mucus, blood, and a blackish-green fluid of abominable odour. The pains in the stomach and liver completely disappeared, though the appearance of purulent matter in the evacuations seemed to show that ulceration of the intestines was present. Many remedies were tried without effect; at last *Chin. arsen.*, and especially *Kreas. 2*, effected a marked improvement in the evacuations. But scarcely had this improvement occurred when the feet became œdematous, and the œdema rapidly extended up to the thighs. *Apis.* and *China* removed this; the patient got a ravenous appetite, her strength returned, she gained flesh, and she was finally dismissed cured after six months of continuous treatment.

In No. 26 Bergh continues his clinical observations and relates the following:—The patient was a warehouse porter; he had been two years under allopathic treatment. He was pallid and emaciated. The right tibia was much swollen throughout its length, particularly just below the knee. About the middle of the tibia was an ulcer, the size of half-a-crown, easily bleeding, and with unhealthy-looking granulations. The bone itself was very tender to the touch all over, and the patient could hardly crawl about the room. To the probe the bone felt smooth and hard. The allopathic attendants had proposed splitting the tibia or using

the actual cautery. *Bry.*, *Merc.*, and *Sulph.* in a few months produced a very favourable change. The ulcer was nearly healed, the inflammation of the periosteum completely subdued, but the swelling of the bone remained. Under *Calc. fluor.* this subsided rapidly, till nothing but a small elevation at the upper part of the tibia remained. The patient and his friends believed that the treatment had had something to do with the result, but an allopathic doctor, who had witnessed the case, knew better. He said to the patient: "My good man, the medicine given you by the homœopathic doctor did nothing, nature did it all; the worthy doctor was incapable of doing you any good."

In vol. cii, No. 1, the venerable Dr. Hirsch relates his own case of pruritus senilis, which is instructive, though, like the hare with many friends, he had rather a superfluity of advisers. In September, 1878, he was attending a lady patient seventy-five years old for pruritus senilis, when, to his surprise and dismay, he began to be himself affected with itching of the back and neck, which when scratched developed wheals the size of beans, which only slowly subsided. The itching was mostly at night, depriving him of sleep, and making him walk about his room for hours. His health was otherwise not affected. His friend Buchner, of Munich, advised him to take *Ars.* 6 night and morning, and to use a lotion of tepid water containing a few drops of *Ars.* 3, at the same time to rub in glycerine. After six days of this treatment without relief, he went to Gräfeuberg to get instructions from Dr. Schuller there about hydropathic treatment. But he was unable to follow all the directions, as they took up too much time, and he had to attend to his practice. He confined himself to cold rubbings down with a soft brush. This always procured him a few hours of respite. But after using this remedy energetically for a fortnight he felt, after rubbing himself with the brush, an ebullition in the chest, and immediately blood began to pour from nose and mouth in great quantities, apparently coming from the lungs. For this he used ten drops of *Acid. sulph.* in a tumbler of water, a teaspoonful every quarter of an hour. This checked the violence of

the hæmorrhage, only about a teaspoonful of blood being expectorated every five or ten minutes. His friend, Dr. Bernstein, hearing of his illness, begged him to take some drops of *Tinct. ferr. chlor.* in water, and to apply cold compresses to his chest. This causing no alteration in the frequency or extent of the hæmorrhage, Dr. Jaksch insisted on his taking *Plumb. acet.* in small doses, but after taking this medicine very unwillingly through the night without any good effect, he prescribed for himself a weak tea of *Achil. millef.* made with a small teaspoonful of the herb to a cup of hot water, two teaspoonfuls every half hour. After three doses the hæmorrhage diminished, and by the evening only some slightly tinged mucus was expectorated. The night passed without cough, but was disturbed by the recurrence of the itching. During the hæmorrhage his diet was restricted to milk and raw white of egg. Altogether he had lost not less than two litres of blood. He was consequently very weak, so he took *China* 3 and more nourishing diet. With returning strength the pruritus again became intolerable. He tried glycerine inunctions, *Apis* and *Acid. nit.*, but they were only of temporary benefit. Going to Vienna he saw his old friend Gerstel, who recommended *Dulc.* 3, which caused some relief but it was only temporary. His friend Seegen next tried his hand. He prescribed *Urtica urens* 3, and instead of glycerine advised washing with cocoa-nut oil soap. This was of the greatest use. After washing with the soap the itching went off for from twelve to sixteen hours and his nights became far more tolerable. But after fourteen days the relief ceased, and as he had fully developed cataract of the right eye, and the left showed signs of becoming affected, he selected remedies for the skin which had likewise a reputation for stopping the development of cataract. These were *Calc.* and *Con.* He also began to use inunctions of cocoa-nut oil. The effect of this was gratifying. The itching yielded immediately to the rubbing in of this oil, and he is now almost quite free from his troublesome disease. If ever a slight itching returns he has only to rub in this oil and it is gone. The patient who had pruritus simultaneously with himself he

cured with *Carbol. ac.* 1 twice a day, and inunctions with cocoa-nut oil. He tried *Carbol. ac.* on himself, but could not bear it.

An allopathic discovery is announced. In Nos. 88 and 89 of the *Allg. Med. Central Zeit.* of Berlin, Drs. Annuschat and Rothe announce that they have found *Cyanide of Mercury* of great use in diphtheria. They state that it was first recommended by Erichsen, of St. Petersburg, in 1877; but this is a slight mistake, for Dr. von Villers, then of St. Petersburg, first recommended it in *Hirschel's Zeitschrift* in 1868, and related many severe cases cured by its means.

It is announced that Dr. Köck has received permission from the Academic Senate of Munich to give lectures on homœopathy to medical students.

In answer to a correspondent, it is stated that all endeavours to publish a Homœopathic Directory for Germany have hitherto failed, in consequence of the indolence of the homœopathic physicians, who will not take the trouble to reply to circulars sent to them. The first and last German *Homœopathic Directory* published was that not very perfect one by Dr. V. Meyer in 1856.

In No. 3 Goullon, junr., relates a case presenting some characteristic symptoms of hydrocephalus, which he cured with *Merc. corr.*, *Lycop.*, and *Apis*.

The celebration of the jubilee or 50th anniversary of his reception of the degree of M.D. by Dr. Hirsch, of Prague, is mentioned.

In No. 4 Lembke gives a fragmentary proving of *Tanacetum vulgare*.

The death, in his eighty-first year, of Dr. H. G. Schneider, of Magdeburg, so well known by his numerous and valuable contributions to homœopathic literature, is announced.

A list of the sums subscribed for the Leipzig Homœopathic Hospital is given. The total is 167,580 marks = £8379. The sum subscribed up to July, 1881, for the Berlin Homœopathic Hospital, amounts to 5637.50 marks = £281 17s. 6d.

In No. 5 Goullon, junr., gives a case of catarrh of the

middle ear with perforation of tympanic membrane and dysecoia in a girl of 11, which had lasted seven or eight years, and was cured in a fortnight by *Merc. rubr.* 3 dec. and *Silic.* 3.

In No. 6 Mayntzer commences a refutation of Koeppé's work on or rather against homœopathy, which is continued through many numbers.

In No. 11 Lorbacher commences some clinical notes. The first is respecting the treatment of podagra. He gives a case of gout in the ball of the left big toe, which yielded rapidly to *Bry.* 5, *Apis* 6, *Sulph.* 30. A slight relapse was soon relieved by *Apis* 6. The second is about erysipelas, and he details a severe case of erysipelas of head and face that rapidly yielded to *Bell.* 5.

In No. 12 Sager gives some cases. Among the rest one of complete baldness in a girl of 13, that had lasted five years, and under *Phos.* 30 in a few months the hair grew on thickly, and at the end of seven months it had attained a length of six centimètres.

In No. 13 Lorbacher continues his clinical notes, giving an obstinate case of apparently chronic mercurialism combined with syphilis. The case presents nothing of peculiar interest, the cure having been due principally to a course of the baths of Aix-la-Chapelle, but the author mentions what he calls a characteristic pathognomonic sign of lues venerea, viz. a mother-of-pearl deposit on the lips, which is new to us.

In No. 14 Goullon, junr., relates a case of extreme derangement of the digestive system in a deaf-mute girl of 18. She had been long under allopathic treatment, and her condition when she came under Goullon was this: she was emaciated to a mere skeleton; the abdomen was tympanically distended and there were sounds in it occasionally, as though water were poured out of a large bottle. There was irritation and vomiting occasionally of a fæculent odour; no food seemed to agree. If the bowels were confined the symptoms were aggravated immensely, and the accumulation of gas in the abdomen threatened suffocation. Her medical attendants varied in their diagnosis. Most of

them thought there was a mechanical contraction of the intestines somewhere, and in this opinion Goullon was inclined to agree. Goullon does not mention how long the treatment lasted, but he says the state of his patient at his last visit was the following:—She was cheerful and occupied with domestic work. Her hands were normally warm—formerly the extremities had been always cold and required hot bottles and woollen coverings. Tongue clean, pulse strong, sleep good, bowels regular, no vomiting. Skin, which used to be dry and harsh is now soft and moist. The abdomen of normal size, no accumulations of flatus in it; the rumbling noises in the bowels gone. The medicine that effected this great change was *Arsen.* in the form of Fowler's solution, ten drops in five grammes of *Alcohol*, shaken 100 times; ten drops of this in a wine-glassful of water, a teaspoonful of the solution three times a day. Other intercurrent medicines were occasionally required, but the *Arsen.* remained the chief remedy throughout the treatment. *Apropos* of this case, Goullon quaintly says: "We should not be too ready to throw our gun into the corn. Homœopathy often succeeds in making remarkable cures, bordering on the miraculous, in cases where the old school have already broken their teeth in trying to crack the nut."

The appearance of a new popular homœopathic periodical is noticed; the title is *Deutsche populäre Monatsschrift für Homöopathie*, and it is published by the apothecary Hahn, of Stuttgart. It seems to be a sort of advertising organ for Mattei's nostrums, which are to be had at Hahn's shop.

No. 16 contains a piteous appeal from the directors of the Central Society for a physician to the Leipzig Dispensary, vacant by the dismissal of Tritschler.

Lembke, under the heading "Sonderbar," gives the titles of many theses sent in by candidates for degrees at the University of Dorpat of late years, having a bearing on homœopathy, some favourable, others the reverse. The following are the titles of the favourable ones:—1. Homœopathy has been not without influence on Therapeutics (1867). 2. Homœopathy has made an end of unscientific Therapeutics (1867). 3. The Advent of Homœopathy is

one of the greatest advances of Therapeutics (1869). 4. Homœopathy has rendered a great service to Medicine. 5. Homœopathy cannot be described as a settled question (1876). The circumstance that these theses were written by candidates for medical degrees and even accepted by the examining boards shows that the rising generation of Russian doctors has in its ranks some favourably disposed towards homœopathy, and that the violent intolerance of the dominant sect is not displayed by the Dorpat faculty. The following theses seem to have been more in the style we are used to in the orthodox school:—1. Hom. non ad methodos medendi, sed ad regulas dieteticas pertinet (1847). 2. Homœopathiæ non est, artis medicæ systema formare, quum ne methodum quidem sibi vindicare possit (1847). 3. Hom. scientiam non adjuvit, nisi via indirecta (1848). 4. Hom. etsi falsis nititur principiis, nihilominus therapiam multum adjuvit via indirecta (1850). 5. Allopathiam, remediis rejectis, dieteticum Homœopathiæ methodum solum imitari debere censeo, si hæc benigniorem eventum, quam medicamenta adhibita provocat (1850). 6. Legem medendi homœopathicam ubique ratam non existare (1851). 7. Hom. permagnam utilitatem afferre (1851). 8. Homœopathia therapiam multum adjuvit (1851). 9. Hom. in praxi non exstat (1852). 10. In omnibus morbis acutis vitæ periculosis, qui forti cura therapeutica sanare possunt, homœopathia, illa omissa, homicidium committit (1853). 11. Hom. non exstat (1853). 12. Methodo hom. ne ullo quidem casu quidquam boni effici potest (1853). 13. Diætæ omnibus in morbis sanandis est momenti. Quæ sententia optimum homœopathiæ adminiculum (1855). 14. Hom. vitalismus est ad summum fastigium suum erectus (1855). 15. Hom. ars est, non doctrina (1856). 16. Quicumque, quo statu hodie doctrina posita est, gloriatur, se remediis hom. ægrotum sanasse, aut homo vaniloquus est, aut artis medicæ ignarus (1857). 17. Hom. artis medicæ plus profuit, quam obfuit (1858). 18. Hom. aut prorsus vetanda est, aut inter studia medica in liter. universitatibus tradenda (1858). 19. Dosis hom. prodest (1861). Some of the above, as those we have

numbered 4, 7, 8, 17, and 19, seem to be favourable to homœopathy. On the whole, the considerable number of theses bearing on homœopathy shows that the rising race of doctors in the least enlightened country of Europe are beginning to direct their attention to homœopathy, and that it can hardly be contended, as some of the theses imply, that *Homœopathia non exstat*, at least as far as the University of Dorpat is concerned.

In No. 17 Hirsch relates a case of spinal irritation in a young lady, that had lasted many weeks, confining the patient to bed. The peripheric symptoms were great pains and twitchings in the extremities, especially of the right side. There was extreme hyperæsthesia of the spine from the sixth cervical vertebra down almost to the sacrum. The patient's health was otherwise good. *Cuprum met.* 6 night and morning removed all the symptoms in twelve days. On the fifth day of treatment she was out of bed, and only complained of pain in the metacarpus of the right hand.

No. 20 contains the following resolution of the Medical Society of Friedrichstadt in Berlin, the like of which we have read in connexion with medical societies at home :

“The Medical Society of Friedrichstadt, at its ordinary meeting, on Friday, the 22nd April, unanimously passed the following resolution :—That in future members of the Society be prohibited from consulting with homœopaths.”

On the other hand, we learn in No. 2 that the committee of the German Medical Union has resolved not to allow the subject of homœopathy to be discussed at the general meeting to be held at Kassel on 1st and 2nd July. This must be regarded as a disapproval of the mode in which the subject has been lately treated by Rigler, Liebreich, and others, the committee apparently not wishing to have an imitation of the “*Judenhetze*” enacted in its own bosom, with homœopathic colleagues the objects of the persecution in place of Jews ; at least, this is what we must infer, as a discussion on homœopathy in an allopathic society from which homœopaths were rigidly excluded would hardly take any other line than abuse, calumny, and the proposition of vindictive



measures of repression, more particularly when actions had just been decided in the law courts condemning their allopathic calumniators to punishment and fines.

In No. 23 Goullon, junr., gives another case of severe gastric affection in an old lady of seventy, who suffered much after all food, and in whom were felt nodular indurations towards the left side of the stomach. The treatment was the same as in the other case, viz. *Fowler's solution*, ten drops in five grammes of alcohol, shaken 100 times, and of this ten drops in a wine-glassful of water, a teaspoonful three times a day. A week of this treatment produced great relief, and six weeks after the commencement of the treatment, all the nodulated indurations had disappeared, and the patient was quite comfortable. Only the weakness remained, which might be attributed to her age.

In No. 24 we are informed of the successful issue of the criminal process instituted against Dr. Heinze for publishing Dr. Rigler's invectives against homœopathy in the periodical edited by him. He was fined 100 marks, the costs of the proceedings, and compelled to publish the condemnation in his own paper.

No. 25 contains the news of the condemnation of Dr. Rigler, the author of the invectives against homœopathy, and of Dr. Börner, the editor of the *Deutsche Med. Wochenschrift*, in which Rigler's paper was published.

The same number announces that Dr. Gaillard, of Brussels, and Dr. Moor, of Alost, were made Knights of the Leopold Order of Belgium. Also that our worthy colleague Dr. Gerstel, of Vienna, has celebrated the 50th anniversary of his reception of the degree of M.D.

Vol. ciii, No. 1. Goeze relates several cases of various morbid states induced by violent fits of anger and vexation, in which *Cham.* cured, after various remedies had been given in vain.

In No. 2 Goeze gives several other cases where a fright caused the derangement of the health, in which *Ignatia* was successfully employed.

No. 4 contains the address of the German Central

Society to the International Homœopathic Convention in London, which will be published in the Transactions of the Convention.

This number also informs us that the woes of Dr. Heinze were not ended by his condemnation above reported, for he was again fined 500 marks, or fifty days' imprisonment, the costs of the process, and the publication of the verdict in his periodical, for insulting the illustrious Hofrath Dr. Stein of Frankfort o. M.

Weil, of Berlin, gives a series of cases illustrative of myopathic paralysis. We select a few of them: *Myopathia rheumatica*.—A robust woman of forty years, being much heated in summer, put her arms into ice-cold water in order to wash clothes. That evening she had violent pains in both arms, and soon she was incapable of raising them. Later, atrophy of the muscles of the arms and hands set in, very perceptible in the thumb-balls. She was unable to earn her living, and could hardly perform her domestic duties. It was the extensors that were chiefly affected. She got *Arn.* and *Rhus* alternately, afterwards *Bry.* and *Phos.* were given. Externally she got kneadings, massage, active and passive movements, electricity, and warm baths. This patient, who had been ill for six months, was, after three months of treatment, so far restored that the atrophic muscles increased in size and she was able to do all kinds of work except lifting or carrying great weights. *Myopathia dyscrasica*.—A type-founder, forty years old, had three attacks of lead colic in two years. After the last there appeared paralysis of both arms and pains in all muscular parts of the body, especially cramps in the calves. The right thumb-ball became emaciated, the extensor muscles of the forearm contracted imperfectly, and the movements of the thumb were very difficult. The pains were removed, and the contractility of the muscles restored by the constant electric current in twenty seances. The other cases are of more pathological than therapeutic interest.

Rückert continues his "Medical Gossip," which he commenced in a previous volume. He begins with a very unflattering account of the present state of homœopathy in

Germany, which fully bears out our own impression more than once expressed.

“Formerly, in its early years, what life there was in our young school! Its disciples came forward full of zeal, each willingly contributed his observations for publication, giving the most accurate details, and his reasons for selecting the remedy, stating the exact dose and the result. With such materials one periodical after another appeared. Then was there zeal for proving medicines, the egotism that will take everything and give nothing had not yet appeared. Theorising only came on gradually, and with it came disputes and dissensions among colleagues who all professed allegiance to the same principle, and mutual esteem was extinguished in embittered discussions. Refutations of the attacks of our enemies were certainly required, but they occupied only a small portion of our periodicals. Most of their space was devoted to histories of cases, and dissertations on the treatment of diseases, wherein it was not advised to change the medicines constantly, but they were of sterling value, and this they will retain after 100 years are passed, like the two cases Hahnemann gives in his *R. A. M. L.*, where he shows how we should set about the selection of the remedy for the cure of the slightest cases. The *Allg. Hom. Zeit.* had often not room enough for the contributions it received, and had to issue supplements. And now what do we see? The scientific periodicals are all dead except the *Allg. Hom. Zeit.* alone. Instead thereof we have ever more popular periodicals, and the greatest pains are taken to give in them the practical indications for the remedies so as to make practice easy for the laity, and random practice gains the upper hand, remedies are mercilessly misused, and patients, if they do come to us at all, have all sorts of miraculous cures to relate. They display before us gigantic medicine chests, full of medicines they can never use, whereas from ten to fifteen remedies are quite enough for a domestic box. And with what is our scientific *Allg. Hom. Zeit.* filled? Enormously spun-out replies to hostile criticisms, which we are expected to read, though they contain nothing new to us, but which have no

chance of getting into the hands of those against whom they are written. Then there are histories of cases which savour more of allopathy than homœopathy, the last page being occupied with announcements, advertisements, and paragraphs, often not even medical, just to fill the sheet. But a very small number of medical men contribute histories of cases that we can read with pleasure, others communicate their often valuable experiences to the popular magazines where they have no business to be. I often pity the poor editor for getting so little help from his German colleagues, in consequence of which he is forced to ransack all the foreign journals in order to get cases. What must foreigners think when they open the *Allg. Hom. Zeit.* and find in it hardly aught else but translations from their own periodicals? Why are most of our German colleagues so uncommunicative? Why was it so different formerly? The first reason is, I believe, laziness, the second, egotism. Another reason for this reticence is probably this, that colleagues who contributed their experience and observations respecting epidemic remedies, &c., were often found fault with, though many practitioners, especially such as were in isolated positions, were very pleased to get these hints and are desirous to obtain more of them."

Rückert then proceeds to give some observations from his own experience. The first cases he mentions are two of the peculiar erysipelas so well known as a consequence of the external application of *Arnica*. The second is a case of eczema and ulcerated nails following vaccination, which got well under the administration of *Thuja 30* in five months. The next case is one of suspicious induration and ulceration of the breast in a woman of 32, the mother of nine children, which disappeared in four months under *Condurango φ* and 1. A case of noises in the ear and partial deafness in a woman of 50, cured by *Con. 3*, after several other remedies had been tried in vain.

[Among other matter that has been crowded out is a review of the new German Homœopathic periodical, entitled *Zeitschrift des Berliner Vereins Homöopathischer Aerzte*, edited by Drs. Windelband and Sulzer.]

MISCELLANEOUS.

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*The Translation of the Materia Medica Pura.*

By Dr. DUDGON.

"SET a thief to catch a thief" is supposed to be an effectual mode of getting your thief caught. So we may say, set a translator to catch a translator and the chances are the translator set on will find something to cavil at in the translation of his rival.

Dr. Arndt, the editor of the *Medical Counselor*, is bringing out a translation of Hahnemann's *Materia Medica Pura* on a different plan from mine, and naturally he is an acute critic of what I have done. Whether his criticisms are altogether justified I shall leave others to decide, but I did not expect that I should be able to satisfy every one that I had in every case conveyed the exact meaning of the German original. I expressly guarded myself in the preface against the idea that I or any one else could give a precise English rendering of some peculiar German expressions.

Dr. Arndt says of me: "He occasionally, nay, frequently, betrays an inability to understand and to render correctly the finer shades of meaning of the German, and he is quite often completely at sea when Hahnemann indulges himself in the use of the vernacular of the common people of his day." Were this even approximately true, I would be utterly unfit to translate a work of Hahnemann, who, as a rule, prefers the vernacular to technical expressions. Let us then see the instances given by my critic of my "inability to understand and render correctly," &c., I should remark that I have not followed the example of Hahnemann in his employment of vernacular expressions to indicate anatomical regions and organs but have usually translated these into their more precise scientific synonyms.

The first objection is, that I have sometimes rendered "drückend" by "aching" in place of "pressive." I have given my reasons for so doing in the preface, so need not repeat them here.

The second point is, that I have translated "Kreuz" "sacrum," while my critic prefers "small of the back." Throughout the work I have deliberately translated "Kreuz" "sacrum" because I feel assured that this is the correct rendering. "Small of the back" is a purely popular and a very indefinite expression, and no two persons are agreed as to its exact seat. They will call any part from the sacrum to the top of the lumbar vertebræ by this name. But ask a German where his "Kreuz" is, and in nine cases out of ten he puts his hand upon his sacrum.

The next objection is altogether trivial. *Cina*, S. 274 (not 264 as Arndt says), "Kalter Stirn-Schweiss," I translate "Cold frontal sweat;" according to my critic it should be "Cold sweat on the forehead." The distinction is almost impalpable, but if anything mine is the more literally correct. S. 276 is "Kalter Schweiss an der Stirne," which I have rendered literally, "Cold sweat on the forehead." My translation, therefore, gives the correct and literal translation of both these symptoms.

I wonder my microscopic critic did not notice the curious "derangement of epitaphs" in S. 275, where the words—probably after the final revise had left my hands—have become slightly mixed, and the symptom, which should read "Cold sweat on the forehead and hands," appears as "Cold forehead and sweat on the hands."

The next objection is, that I have rendered "Unterleib" "abdomen." My critic says it should be "lower abdomen," which is utterly and indubitably wrong. "Unterleib" is abdomen; "lower abdomen," or "hypogastrium," is always "Unterbauch."

The next fault my critic discovers is in my translation of *Cannabis*, S. 215, "Schneiden über die äussern Brustbedeckungen herüber," "Cutting *over* the external thoracic integuments." According to Arndt this should be "across" not "over." The difference does not seem to be worth mentioning, but I may say that "across" is generally indicated by "querüber," and when that is so I have rendered it "across." "Über" and "herüber" are more exactly translated "over" in most cases, certainly in this case.

The last criticism is with respect to *Cannabis*, S. 77. "Die Sprache hebt sich mit ausserordentlicher Angst und Qual vor Schmerz im Rücken." This symptom gave me much thought, and I finally translated it, "The speech stops with extraordinary anxiety and agony on account of pain in the back." Dr. Arndt says it should be "The voice is raised [to a higher pitch]." But the words of the original do not bear out this translation. Observe the word is "Sprache," "speech," not "Stimme," "voice." Then there is no comma after "sich," so that the connexion between the speech and the anxiety is intimate. Had Dr. Arndt's meaning been intended to be conveyed the prover, Dr. Franz, might have said "Die Stimme erhebt sich" (though even that would have been awkward); but no educated German would have said "Die Sprache hebt sich" had he wished to imply that his voice was raised to a higher pitch. I will not insist on the absolute correctness of my rendering, but I think it as likely to be the true meaning as that given by my critic. Hempel gives the symptom "Elevation of voice accompanied with excessive anguish and torture owing to pain in the back," which, besides being nonsense, is not warranted by the original. Another translation occurs to me which, perhaps, agrees best with the words and the construction of the original: "The speech is brought up (or out) with extraordinary anxiety and agony on account of pain in the back;" as though he should say, "Pain in the back of such a character that he could not even speak without agony." Those who have suffered severely from lumbago have experienced this. This would agree better with the other symptom (S. 76) of the same prover relating to the speech, and also with the vocal symptoms observed by Morgagni. It would also agree with S. 238 of the same prover, "The pain in his back often takes away his breath." But there is more corroborative evidence still that it is a hindrance to speech and not an elevation of the voice that is here intended to be signified. Thus, Weber in his *Systematische Darstellung*, which was brought out under the auspices of Hahnemann himself, who wrote a preface for it, puts the symptom under the heading "Weakness of the vocal organ; stammering speech; speechlessness; paralysis of the tongue." Rückert in his *Systematische Darstellung* likewise puts it under the heading "Difficulty of moving the tongue.—Hindered

speech.—Speechlessness.” The only voice or speech symptoms of *Cannabis* given by Bönninghausen in his well-known *Repertorium* are, “Difficult speech,” “Indistinct voice,” “Loss of voice.” In Rückert’s *Übersicht* the symptom is thus paraphrased: “Will man sprechen, so geschieht es mit grosser Angst und Qual vor Schmerz im Rücken.” I have shown the symptom to several Germans more and less educated, and they all agree that the symptom indicates a difficulty or painfulness in speaking, and not a louder or higher-pitched voice.

I have devoted what probably many may think an unreasonable space to this criticism, but I am glad of this opportunity of showing that my translation is not a mere mechanical and unthinking rendering of the original into English, but that it has cost me a good deal of thought; and though I cannot pretend to have given a paraphrase of every expression that will satisfy every one, I believe I have executed my task as perfectly as it could be done, considering the inherent difference betwixt the languages and modes of thought and expression of the two nations. While objecting to exaggerated and unmerited criticism, like that I have noticed above, I am quite ready to admit any real errors if they can be pointed out, and to correct them in an *Errata* list.

I thank Dr. Arndt for his laudatory expressions regarding my work—the little lump of sugar he thinks it necessary to mix with his bitter draught. I presume he wishes his own translation to be considered “a translation of Hahnemann’s greatest work which shall give us the *Materia Medica Pura*, with all its faults and virtues, just as Hahnemann left it,” if so, it seems a queer way of accomplishing this object to interlard his translation with interpolated words, letter-true but not always sense-true translations, (such as the atrocity “lower thigh” for “Unterschenkel!”) and variorum renderings by Hempel and myself, often accompanied by critical remarks of his own. But it is not my intention to return Dr. Arndt’s compliment and criticize his translation, I am content to leave others to decide as to which is the best. In the meantime my task is done, and for the next few years I can watch with equanimity Dr. Arndt’s struggles through the six volumes that have at length ceased to be a tax on my time and labour.



*Vaccination.*

THE opinions of a pupil of Jenner on the subject of vaccination are entitled to respectful consideration. Our venerable colleague, Mr. J. Hands, was a pupil of Jenner—Jenner died, it will be remembered, in 1823, so Mr. Hands has attained an age when he is fairly entitled to the epithet venerable. Mr. Hands believes that the cause of the inefficacy of vaccination at present complained of is the long time since genuine matter was obtained from the cow. He says, moreover, that the only way to get this is to inoculate the cow from the pustules met with in the heel of the horse. Cow-pox contracted by the cow *naturally*, that is, without inoculation from the horse, does not afford a permanently preservative virus, whereas that got by inoculation from the horse is preservative for the whole life. This, he says, was Jenner's opinion, and it is worth consideration. We recommend Mr. Hands' little pamphlet, *Smallpox Prevention*, to the attention of our readers.

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## OBITUARY.

## DR. LEADAM.

DR. THOMAS R. LEADAM, who long occupied a prominent position in London as the chief obstetrical practitioner of our school, but whom paralysis had withdrawn from practice for several years, at length succumbed to his fatal malady on the 5th September last, in his 72nd year. He was much beloved by his patients and colleagues, and he will be long remembered by his work, *Diseases of Women, Homœopathically treated*. Dr. Leadam was L.R.C.P. of Edinburgh, M.R.C.S. Eng., M.D. of Cleveland, U.S., a Fellow of the British Homœopathic Society, and was long connected with the London Homœopathic Hospital as Physician for the Diseases of Women. His eldest son is a physician in large practice at the West End of London, but not of our school. Another son, Isaac, is rising into notice by his political and economical writings.

## BOOKS RECEIVED.

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*Manual of the Principles and Practice of Operative Surgery.* By STEPHEN SMITH, A.M., M.D. London: Sampson Low, 1881.

*A Treatise on the Continued Fevers.* By J. C. WILSON, M.D. Sampson Low, 1881.

*Wesen der Homöopathie.—Berliner Verein Homöopathischer Aerzte.* 1881.

*Für die Homöopathie, wider Drs. Bardleben, Rigler, und Genossen.* Von Dr. W. SORGE. Berlin, 1881.

*Smallpox Prevention.* By JOSEPH HANDS, M.R.C.S., &c.

*Address by the President, Dr. DOWLING, at the Annual Meeting of the American Institute of Homœopathy.* 1881.

*Index Catalogue, U. S. Surgeon-General's Library.* Vol. II.

*The Homœopathic Courier.*

*La Reforma Medica.*

*Boletin Olinico del Instituto Homeopatico de Madrid.*

*The Medical Counselor.*

*Rivista Omiopatica.*

*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.*

*New York Medical Times.*

*L'Homœopathie Militants.*

*The Medical Herald.*

*The Medical Record.*

*Homœopathic Journal of Obstetrics.*

*Medico-Chirurgical Quarterly.*

*The Medical Call.*

*The Clinique.*

*The Homœopathic Physician.*

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

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THE  
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HAHNEMANN AS A MEDICAL PHILOSOPHER—  
THE *ORGANON*.

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

By DR. HUGHES.

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

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

## 2 Hahnemann as a Medical Philosopher—The *Organon*,

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

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

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

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

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

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

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

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

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

#### 4 *Hahnemann as a Medical Philosopher—The Organon,*

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

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

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

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

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

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

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

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

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

† *Brit. Journ. of Hom.*, xxxv, 366.

## 6 *Hahnemann as a Medical Philosopher—The Organon,*

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

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

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

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

† See *Lancet*, August 27th, 1881.



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

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

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

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

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

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

\* *Lesser Writings*, p. 501.

† See preface to second edition.

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

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

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

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

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

The three desiderata, then, are

## 10 *Hahnemann as a Medical Philosopher—The Organon,*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“ III. How is he to employ most appropriately these artificial morbid potencies (medicines) for the cure of diseases ?”

In reply to the first, he gives rules for the examination of the patient ; to the second, for the proving of medicines on the healthy ; to the third, for the determination of similarity, the choice and repetition of the dose, the preparation of drugs, the diet and regimen to be observed, and so forth.

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

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

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

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

## 14 *Hahnemann as a Medical Philosopher—The Organon.*

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

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

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

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

Now what objection can be taken to this thesis? If

\* Bristowe, *op. cit.*



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

\* *Lesser Writings*, p. 541.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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## THE TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION OF 1881.

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

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

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

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

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

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

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

We come now to the essays and discussions.\*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VII. The observations which form the basis of the

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

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

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

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

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

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

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## THE ABSORPTION OF SERPENT-VENOM.

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

By JOHN W. HAYWARD, M.D.

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

REVIEWS.

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

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

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

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

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

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*Special Pathology and Diagnostics, with Therapeutic Hints.*

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

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

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

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

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

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

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

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

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

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

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

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

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



## OUR FOREIGN CONTEMPORARIES.

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

*North American Journal of Homœopathy.*—Our fellow quarterly continues—and long may it continue—under the genial editorship of Dr. Lilienthal, who is himself, as heretofore, the most industrious of its contributors. In the number for February, 1880, we find further matter relative to the new form of nervous disease described by Dr. Searle, of which we gave an account in our issue of July, 1880. Several fresh cases of it are reported, by himself and others; and the dietetic use of *Coca* has proved of great value in its treatment. In the number which announces his death (August) appear two articles from Dr. Hering's pen, one on *Apis*, apropos of Goullon's recent study of it, the other on "Our Nosodes," both worth reading, though containing nothing new. In the same number, Dr. Cummings, who practises in Honolulu, gives an account of the leprosy of the Hawaiians, with woodcuts. He cannot speak of personal success in its treatment, but mentions several cures reported to have been obtained with *Arsenic*, given in doses of gr.  $\frac{1}{10}$ , twice a day. In November Dr. Allen begins a series of articles entitled "A Critical Examination of our Materia Medica,"—that is, of his own *Encyclopædia*. They are both indispensable for the correction of that work and of exceeding interest and value in themselves—giving, as they do, an account of the original provings, &c., on which the pathogeneses are based. In the last of them he holds out a hope, that when he has examined in this fashion all the medicines in his first volume, he will give "a sample condensation of that

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*New England Medical Gazette*.—This small, but always

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

October.—Dr. Wanstall, of the New York Ophthalmic Hospital, relates a case of glaucoma simplex, in which the vision in the right eye improved from  $\frac{1}{33}$ th to  $\frac{2}{7}$ ths, and in the left eye from  $\frac{1}{300}$ th to  $\frac{1}{10}$ th, under *Phosphorus* 1—3 taken for six months. Dr. E. C. Price cured a salivation in a and copied from Teste's *Materia Medica*,” which, on looking up the original of the latter, he found condemned by him as unsound and worthless?

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

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

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

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

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

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

\* See number for June, 1878.



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

† See also April 15, p. 377.

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

*A Side-show of Gelsemium.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\* See vol. xxxviii, p. 354.

† *Ibid.*, p. 355.



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

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

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

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

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

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

\* Vol. xxxviii, p. 356.

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

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

*Notes upon some of the Newer Remedies.*

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

*Arum triph.*

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

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

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

#### *Arsen. iod.*

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

#### *Badiaga.*

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

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

*Cactus.*

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

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

*Cannabis ind.*

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

*Carbolic acid.*

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

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

*Castanea vesca.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS.

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*The Successor of Henderson in the Edinburgh Chair of Pathology.*

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

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

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

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

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

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*Sic vos non vobis.*

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

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

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

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*Prize Essay on Blindness.*

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



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

PART I.

STUDY OF THE CAUSES OF BLINDNESS.

A. Hereditary causes, consanguineous marriages, syphilis and other constitutional diseases.

B. Diseases in infancy and childhood, the various inflammations of the eye.

C. Influence of eruptive fevers.

D. Period of life from the eighth to the eighteenth year. The school, college, the workshop, wounds and accidents, sympathetic ophthalmia, &c.

E. Adult and old age.

F. Neglected, bad and unsuitable treatment of eye diseases by quacks and ignorant or inexperienced medical men; progressive myopia, diathetic, professional, climatic and other influences, as for instance, of various injurious trades, and of poisoning, &c.

PART II.

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

## BOOKS RECEIVED

- Ludlam's Diseases of Women*, 5th edition.  
*Faulkner's Homœopathic Physician's Visiting List for 1882.*  
*Special Pathology and Diagnostics.* By C. G. RAUE, M.D.  
 Second Edition. New York: Boericke & Tafel. 1882.  
*Insanity and its Treatment.* By SAMUEL WORCESTER, M.D.  
 New York: Boericke & Tafel. 1882.  
*Quantum Sufficit.* By C. F. NICHOLS, M.D. Boston.  
*The Communicability to Man of Diseases from Animals used as Food.* By Dr. HENRY BEHREND. London: Meyers. 1881.  
*The Wisdom Teeth and Deafness.* By B. T. COOPER, M.D.  
 Dublin: Johnson. 1881.  
*Address delivered before the Homœopathic Medical Society of Pennsylvania by the President, J. H. McCLELLAND, M.D.*  
 Pittsburgh. 1881.  
*Transactions of the Thirty-fourth Session of the American Institute of Homœopathy.* Pittsburgh. 1881.  
*Introductory Lecture by W. OWENS, M.D.* Cincinnati, Ohio, 1881.  
*Materia Medica as a Science.* By J. P. DAKE, M.D. Philadelphia, 1881.  
*Drug Attenuation.* By J. P. DAKE, M.D. Nashville, 1881.  
*Boletin Clinico del Instituto Homeopatico de Madrid.*  
*The Medical Counselor.*  
*Rivista Omiopatica.*  
*St. Louis Clinical Record.*  
*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.*  
*New York Medical Times.*  
*L'Homœopathie Militante.*  
*The Medical Herald.*  
*Homœopathic Journal of Obstetrics.*  
*The Medical Call.*  
*The Clinique.*  
*The Homœopathic Physician.*  
*Bibliothèque Homœopathique.*

in that way the sphere of action of the medicine could be best recognised.

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

Turning now to the pathogenesis of vol. x, for which alone Dr. Allen holds himself responsible, we find first of all that it is numbered continuously with that of vol. i, which it purports to replace. This is obviously wrong. Next, looking through the symptoms, we observe that none are starred as clinically verified, though nearly thirty have this mark in vol. i. It would appear, therefore, that only symptoms now rejected as untrustworthy have led to the use of *Æthusa* in practice. On looking, however, at the first of those in vol. x—"imagined she saw rats run across the room," which is Bigler's—we find the star prefixed to it in vol. i, but omitted here. On the other side, it stands here in italics, which we are told signify that the symptom "has been repeatedly observed in provers, but not yet verified on the sick;" whereas in no other proving of *Æthusa*, real or imaginary, is there any trace of such an effect.

From all that has been said I think we must conclude that Dr. Allen's "Revision of *Æthusa*" is hardly more satisfactory as a source of knowledge regarding the pathogenetic action of the drug than was his first article upon it. If we are guided to any of its symptoms by the Index now issued, and find them to be Nenning's or his own, we may safely choose the remedy there-

upon. Otherwise, I think we shall do well to prefer another; and for information regarding the genuine effect of the drug we can only read the detailed accounts of the provings (with small doses of the mother-tincture) made under his superintendence. These show gastric disturbance with nausea and tendency to vomiting, the digestive functions seeming arrested; but there is an unusual frequency of supra-orbital neuralgic pain in connection with it. It is in the gastro-intestinal disorders of childhood that the drug has been chiefly employed—intolerance of milk being regarded as characteristic of it. Convulsive conditions connected with such derangements have subsided under it, *teste* Clifton and Houghton,\* but were probably secondary. Petroz praises it, and Roth has found it curative, in mild cases of strumous ophthalmia.

#### AGARICUS.

The first volume of the *Encyclopædia* contains some poisoning symptoms of *A. campanulatus*, *campestris*, *citrinus*, *emeticus*, *pantherinus*, *phalloides*, *procerus*, and *semi-globatus*, and a very full pathogenesis—containing 2495 symptoms—of *A. muscarius*. In vol. x the fifth and sixth of these species have some fresh symptoms of the same kind, and the *A. stercorarius* is added; while *A. muscarius* receives an addition which most will think might have been spared—"felt sleepy, on and off, during the day," after taking the 99 m. of Fincke.

Dr. Allen has begun his "Critical Revision" with the symptoms of *A. muscarius* taken from Hahnemann. Of these, 715 in number (which were evidently taken direct from Hempel's translation), 46 have to be corrected, and 14 supplied as omitted; of the corrections 22 have regard merely to the numbers of the authorities affixed (some of which are still wanting). When the student has carried out these instructions, he will next turn to the end of the pathogenesis, where he will find my own annotations, which seem to have come too late for incorporation. In inserting them, he will please read "S. 71" for "S. 70." He will further make the corrections mentioned at the end of vols. iii and x; and will then have Dr. Allen's work as perfect as he has been able to make it.

In vol. x Dr. Allen supplies an account of the doses, &c., taken

\* Hoynes, *Clin. Ther.*, ii, 841.

by the Austrian provers, who in vol. i are only denoted by their names; and also of the nature of the authority numbered as 31. In the portion of his "Critical Examination" contained in the *North American Journal of Homœopathy* for May, 1881, he goes much more fully into this matter, giving all available information about the provers of the drug, including Hahnemann's. The sketch, moreover, which he gives of their results is very instructive; and if with it is read the study of the drug which Dr. Dyce Brown has given us in vol. xx of the *Monthly Homœopathic Review*, the student will become almost as fully possessed as possible with the pathogenetic effects of Agaricus. My work with regard to it will therefore be mainly critical and clinical.

I. I will take first the symptoms of poisoning with the miscellaneous species.

Those of *A. campanulatus* (vol. i, p. 68) have "Poisoning cases" as their authority; but they are all taken from one case excerpted by Christison—a man who ate a number of the fungi. The dislocation of the symptoms for the sake of the schema has spoilt the order of their evolution. Numbering them as they stand, this would be represented as 4, 9, 1, 2, 5, 3, 6, 7, 10, 8. After the last, "the next day" should be inserted. Of the symptoms of *A. campestris*, also, four (5, 14, 16, 17, and 19) belong to a set of cases mentioned by Christison; but they are obviously taken from the collection made by Cattell (*Brit. Journ. of Hom.*, xi, 166), as the "greenness" of the skin is mentioned by him, and not by Christison. They came on in a mother and four children after living almost entirely on mushrooms for two months, the father, who took ordinary food at his work, remaining well. Whether they are really, however, the effect of the fungus in question (the common mushroom) must be regarded as doubtful, since many peasants make it their daily food. Still more unlikely is it that the remaining symptoms of the list are due to this mushroom. They too are taken from Cattell, who excerpts them from Bellini (*Ann. de Ther.*, 1851), but puts them in a separate list, with a query after the name of their supposed cause.

*A. citrinus* also owes its symptoms to Cattell, who himself takes them from Orfila. The four appeared in as many separate partakers of a dish in which the fungus had been stewed, save that the "vomiting" and "deep sopor" succeeded one another in two cases.

*A. emeticus* is now known as *Russula integra*. I cannot ascertain the source of the toxicological symptoms given by Allen; but to Cattell are due those of *A. pantherinus* (partly), *procerus* and *semi-globatus*. His references are to cases of poisoning.

*A. phalloides* has a pathogenesis taken from a poisoning of a whole family, related in the *Journ. de Chém. Méd.* for 1868 (not 1863). It is quite correct.

The necessary information is given for the authorities of the additional pathogeneses supplied in vol. x, and the poisoning cases are mostly related in full; so that no critical remarks are needed.

*A. muscarius* has 48 authorities. Accounts of 36 of these are given by Dr. Allen in the article in the *North Amer. Journ. of Hom.* to which I have referred. Of those numbered from 1 to 11, whose symptoms are given in the pathogenesis contained in the *Chronischen Krankheiten*, he has consulted the originals in the *Archiv* and elsewhere. He finds, however, the usual lack of information as to how the provings were made, save in the case of Apelt (No. 7). He used both the tincture and the 12th and 30th dilutions, and his own symptoms must be accepted as genuine; but several which go under his name were observed in patients. S. 2268 and 2269—supposed aggravations of epilepsy following the 12th and 30th dilutions—are of this kind, and are obviously to be rejected; and so also S. 2360, which speaks of the spreading of an already existing tetter. The group of symptoms 354, 1324, 1928, 2165, 2409, 2410, and 2431,\* came on in a patient annoyed with twitching of the right eyelid, after he had held to the opened eye for a few moments a glass filled with the 30th dilution. With these, having stated the fact, I must leave the reader to deal as he will.

The Austrian provings were, as usual, unexceptionable. Kretschmar (No. 31) smelled for five minutes at *Agaricus 6*. His symptoms are, in the *Chronic Diseases*, ascribed to Gross, and the error is perpetuated by Allen, though under authority 31 he repeats the whole set of symptoms. No. 32—Lembke—proved the mother-tincture with his usual thoroughness. No. 33, Schelling,

\* Roth, in the *Vierteljahrsschrift*, x, 217 (wrongly referred to p. 8 in translation in *Brit. Journ. of Hom.*, xviii, 218), speaks of "S. 60, 61, 160, 241, and 275," as having this origin, and states that the 9th dilution was used by the patient who observed the first four. If he means Hahnemann's pathogenesis,

took three doses of the 200th;\* and No. 34, Ohlhaut, one of a few drops of the 1x. No. 36, Farrington, took his one symptom (S. 1745) from a patient to whom he gave the 200th.

So far Dr. Allen; and now of the twelve authorities unmentioned by him, of whom Nos. 36, 37, 40 and 41 are authors cited by Hahnemann, and the remainder observations collated by Roth in the article I have mentioned in the note to p. 52. No. 35, "Vadrot," relates a poisoning of four soldiers from eating the fungus. Nos. 36, 37 and 40 are general statements of the effects of poisoning by *Agaricus* in works on *Materia Medica*. No. 38 (whose name should be "Krasneminikov") communicates the employment of the fungus by the natives of Kamschatka. No. 39 (which should be Georgi) refers to the same facts. No. 41 is not accessible, but Roth states that it only speaks at second-hand. Nos. 42, 43 and 45 are observations of poisoning. No. 44, "Roth," I cannot explain, as I find no symptoms of his own observing in his compilation. No. 47, which Roth gives (from a French source) as "Widenhorn," but which should probably be "Wiederhorn," relates a case of epilepsy treated by *Agaricus* 30.

II. The poisonous action of *Agaricus muscarius*, like that of all the fungi of the class, manifests itself in two forms—one of gastro-enteric irritation, and the other of profound toxication of the nervous system. The former effects, which are often quite choleraic in character and intensity, seem to result from local action only, so that the latter alone are significant from a homœopathic point of view. They present either coma or convulsion, according to their subject; and sometimes the motor disturbance shows itself only in tremors and twitchings. The Kamschatkans use it as an inebriating agent; the drunkenness it excites is more vertiginous at the outset, and more delirious afterwards, than that induced by alcohol; it is often accompanied by increased muscular action. In the provers such symptoms, in a minor degree, were very manifest; but the sensory portion of the nervous centres suffered yet more severely. The head and eyes, and the spine and its issuing nerves, are the principal seat of its pains, of

he is altogether wrong in referring to these symptoms, which are from various authorities, one only by Apelt, and this not contained in his narrative as given by Allen.

\* S. 1500, taken from him, describes only a modification of a previously existing expectoration, and should be omitted.

which an excellent analysis is given in Dr. Brown's "Study." While referring my readers to this, I must make a few critical remarks upon it. Dr. Brown writes—"The urine is, in most of the provings, phosphatic;" and again, "It is noted twelve times that the urine is passed in a milky state, or becomes milky on standing, or deposits a white deposit, or has a shimmering follicle on the surface. These are precisely the characters of phosphatic urine." But he has omitted to notice that all these symptoms appeared in one prover; and that no others (with one doubtful exception, S. 1879 \*) saw anything of the kind. Dr. Allen, commenting on this fact, and showing that the prover was not healthy, and suffered from "bad digestion" throughout, is inclined to reject his urinary symptoms (S. 1868, 1869, 1871, 1873, 1875-8, 1880-9) as untrustworthy. Again, in describing the cough of Agaricus, Dr. Brown speaks of it as "almost uniformly produced in the provers," and "described by all the provers in remarkably uniform terms;" while he will find that nearly, if not quite, every one of the forty-six instances of the cough he characterises occurred in the same prover (Zlatarovitch). Dr. Allen shows, moreover, that in him the cough was clearly connected with spinal irritation.

III. The main clinical use of Agaricus in our school has been in chorea, and in ataxic conditions—tremor, restlessness, and constant desire to get out of bed—occurring in typhus. To both abundant laudatory testimony is borne; and I can add my own mite of praise as regards chorea. Its spinal symptoms point in some degree to congestion of the cord; but most of them to what is called "spinal irritation." To the erratic pains of this disorder it is a perfect *simile*. Mr. Clifton † speaks of having gained much advantage from its use in this complaint.‡ He also commends it from experience in delirium tremens and the similar condition which sometimes supervenes without alcohol as a cause, and in chilblains. Kretschmar, from smelling at Agaricus 6 for five minutes on a cool summer's day, experienced a burning and itching of the ears and cheeks, and of both hands, as if they had been frozen; he was obliged to rub them, when they swelled,

\* See *North Amer. Journ. of Hom.*, May, 1881, p. 676.

† *Monthly Hom. Review*, xii, 402.

‡ A case of (evidently functional) spinal spasms occurring during rheumatic fever, in which it was most useful, is given by Hoyne, *loc. cit.*



and looked red. This continued to trouble him for four months (see S. 1947. S. 492, 1948 and 2250 are probably taken herefrom; and possibly S. 491, of which nothing appears in No. 38—Schelling). I can verify this use also of the drug, though I have generally found its local application (3j to ʒviij) sufficient. It should be, and has been (Hoyne, ii, 342) serviceable in cerebral vertigo.

Mr. Clifton speaks of Agaricus having been “of service” in two cases of (fatty) enlargement of the liver, with slight jaundice and diarrhoea. The repeated mention of “enlarged” or “swollen” liver in Marcy and Peters’ article on the drug (p. 159) has led me to speak of this (*Pharmacodynamics*, 4th ed., p. 177) as a pathogenetic effect of the drug. On analysing their statements, however, I find that they are all traceable to Christison; and he affirms the fact only of “Picco’s cases,” which were of poisoning with the *Hypophyllum sanguineum*—a fungus known in Scotland as the “puddock-stool.” Any “service” which Agaricus rendered to Mr. Clifton’s patients must therefore stand on its own merits; for one must agree with Dr. Brown that the provings give but slight evidence of hepatic action on its part. Mr. Clifton also esteems it highly in splenic congestions and enlargements, relating one case of cure.\*

Watzke,† and also Allen and Norton, have had successful results with the drug in clonic spasm of the ocular muscles. The action of Agaricus on the eye itself is best obtained with its alkaloid *Muscaria*, of which I shall have to speak when I come to it in the alphabetical order.

Of Dr. Brown’s therapeutic indications for the drug, I would support those suggesting it in vertigo and herpes zoster; but must question its applicability to the “douleurs fulgurantes” of locomotor ataxy. The inflammatory induration which is at the basis of these pains is beyond the range of the drug’s action. Further, the inference drawn from the symptoms experienced by Zlatarowich as to its being suitable for spasmodic bronchitis and asthma is hardly warrantable, unless such symptoms should occur as expressions of “spinal irritation.” Dr. Allen reports a case of diabetes, in which he was led to it by the symptom—

\* *Monthly Hom. Review*, xii, 403; xxiii, 255. A curious case apparently of this nature may be read in Hoyne, ii, 344.

† *Brit. Journ. of Hom.*, xxv, 384.

most distressing cramp in the soles of the feet at night, which obliged him to stand up or press them against the foot of the bed. Under *Agaricus* his patient has "steadily improved, gaining in weight and strength;" but, after four months' treatment, the sugar, which was thirty-eight grains to the ounce, is still twenty grains.

#### AGNUS CASTUS.

I. The pathogenesis of this drug, as given in vol. i, has received no subsequent addition or correction, save that of two symptoms in vol. x, p. 656. We have hitherto had it only in the schema given in Stapf's *Beiträge*;\* but Dr. Allen gives as his authorities the originals from which Stapf drew. I find no evidence, however, that he has consulted these. On the other hand, he has evidently checked Hempel's translation of Stapf by reference to the original; for whenever he differs from that version he is right and Hempel wrong, save in some of the references to authorities and notes of time, as we shall see.

I have the following emendations to make. In S. 12 "about one half hour" should be "after  $\frac{1}{4}$  hr." In S. 14, 15, and 16, "about" should be "after." In S. 18, 22, and 30, "5" should be "3." In S. 20 the same change should be made, and "bone" read for "bones" (obviously a misprint). S. 25 has been corrected to what it seems to mean by its situation; but it stands as first rendered in both *Archiv* and *Beiträge*. If it is to be as now given, the "blow thereon" of the original should be substituted for "blow upon the eye." In S. 139, before "foot" read 'right.'

No information is given, either in the *Archiv* or the *Beiträge*, as to how the symptoms of the drug were obtained.

II. The anti-aphrodisiac action of *Agnus castus*, implied by its name, borne out by its ancient repute, and evidenced by the case reported by Lindron (S. 86), was as manifest as could be expected among the provers (all male). There was decided depression of spirits and diminution of mental activity in them; and a sense of corrosive itching was experienced by one of them (Gross) in various parts of the body:

III. The employment of *Agnus* in impotence, and sexual exhaus-

\* *Additions to the Materia Medica Pura*. Translated by Hempel.

tion or atony, is obvious. Stapf and Marcy report success with it, and Hempel and Holcombe have borne testimony of the same kind,—the latter's patient being a courtesan (See Hempel, *op. cit.*). A similar application of the drug is to agalactia,—its recommendation for which by Dioscorides has been substantiated by our own Bethmann and Helbig. The latter (and also Hoyme) reports several cures of gleet, with want of erection and of sexual desire; and a practitioner of the old school speaks of great success with the seeds in gonorrhœa, after cubebæ has failed (Hempel). In all sexual disorders for which *Agnus* is suitable, its mental and emotional depression should be present; and this, even by itself, Dr. Guernsey thinks a key-note for the drug. The patient, he says, resigns himself to death, without dreading it.

In Marcy and Peters we have some further experience with and recommendations of *Agnus*, referred to Roth. They are merely, however, certain clinical symptoms taken from his pathogenesis, and extracted by him from some cases reported by Croserio. One, which was of quartan fever (not fevers), had all the symptoms elsewhere given, save those of the second and third paragraphs of their 171st page, which represent each another case.

[I had written the above before the *N. Am. Journ. of Hom.* for August, 1881, containing the latest instalment of Dr. Allen's "Critical Examination," came into my hands. His article on *Agnus castus* confirms my suspicion that he used only Stapf's *Beiträge* ("the compilation which we followed in a youthful and too confiding spirit"). He now finds that six of Seidel's and four of Helbig's symptoms are omitted therein; these he gives, but they are too trivial for reproduction here. He thinks that the internal evidence shows that Stapf, Seidel and Helbig took large doses, and had primary sexual depression in consequence,—followed, with the two former, by secondary erethism. The others probably took smaller doses, as their sexual symptoms are slight or wanting. He notes that his S. 21 is an accidental amalgamation of S. 21 and 22 of Stapf's *Beiträge*, and should be restored to its original form. S. 84 he says "is not found in the Encyclopædia as it should be;" but I see no difference between its form as given here and that of the text.]

## AGROSTEMMA GITHAGO.

This is the "corn-cockle" of our popular nomenclature. Its seeds are the poisonous part, and contain Saponine. The few symptoms given are toxicological, observed after eating bread made from grain in which the seeds were found; and suggest gastro-enteritis (with much burning), and perhaps some nervous depression. They must be taken into account when we come to Saponine itself.

## AILANTHUS.

I. This is the beautiful tree—"tree of heaven," as it is commonly called—so much used for ornamental purposes in the streets of American towns. Its flowers are the officinal portion; but all parts of it seem to possess its characteristic medicinal activity.

The pathogenesis in Dr. Allen's first volume is taken from fourteen authorities. No account of the nature of their observations is given here, save that one was from drinking water impregnated with the roots; but in vol. x, p. 642, we have the deficiency supplied for ten more of them. Four, we learn, were provings; three, effects of the emanations from the flowers;\* one from eating the seeds; one from sucking the juice; and one from smoking the stems like cigars. In the same place, symptoms from three new experimenters from France are given; and at p. 282 of the same volume we have a short proving in detail of the first dilution.

There remain Nos. 1, 2, and 18, which are respectively "Hering," "Lippe," and "Hale, New Remedies, 3rd ed." The names are good enough in themselves, but unfortunately each of them connotes the reprehensible practice of mingling pathogenetic and clinical symptoms with little or no note of distinction. All symptoms, therefore, which have no other warrant than theirs must be received with caution; and if there be anything improbable about them, may at once be rejected as impure. Thus S.

\* To these belong the symptoms of inflammation of the throat (89, 96, 99—the last wrongly given to 3), the cough of S. 142, and the erysipelatous face of S. 79, which thus are possibly local effects. They were relieved by Rhus, to the results of exposure to which they are not unlike.

195, from Hale, is evidently clinical, and S. 185, from Hering, almost certainly so. S. 12, 58, 59, 71, 81, 85 and 102 are avowedly taken from scarlatinal patients, and are curative only. S. 203 is mere suggestion; and S. 190 and 197 have no authority attached. All these, therefore, save the last, should be expunged.\*

II. For the physiological study of *Ailanthus* we have again the advantage of Dr. Brown's guidance;† and again I do not mean to retrace the ground which he has traversed so well. In referring the student to his essay, however, I must make a few critical corrections in it. At p. 288 we read "next comes marked throat irritation . . . swelling of the parotid and cervical glands, and general appearance of swelling in the neck." Now if S. 100 and 101 are consulted, which evidently form the basis of the two last clauses, it will be seen that for "cervical" we should read "thyroid," and for "appearance," "feeling." At p. 290 Dr. Brown writes:—"A low form of fever supervenes, with cold perspiration, rapid, small pulse, and muttering delirium." It should have been mentioned that this fever appeared only in the case of poisoning by the juice reported by Dr. Wells. The "cold perspiration," moreover, has no place here; for it was not present in the subject of his observation, and is imported from the proving related in S. 122, where it occurred in connexion with giddiness, nausea and faintness, without fever. The last remark applies also to what is said in the "Fever" section at p. 296; and the limitation to Dr. Wells' case holds good also in the "Face" section at p. 298, where Dr. Brown's language is strangely incorrect: "in other cases, and most generally, the face is hot and red, and covered with a 'miliary eruption,' of a dark, almost livid colour, &c." In place of this, we should read "in one case (of poisoning) the face *was* hot, &c." The "suppression of urine" (S. 137) he is not to blame for connecting with "states of vital depression and blood-poisoning;" but it actually came on with jaundice, hepatic tenderness and constipation in the drinkers of water impregnated with the roots described by authority No. 14.‡

\* Dr. Allen (*North Amer. Journ. of Hom.*, Aug., 1881, p. 87) shows evidence that Hering's symptoms, so far as they are really pathogenetic, were observed in persons suffering during the blossoming of the tree.

† See *Monthly Hom. Review*, xxi, 288.

‡ Dr. Jones has since traced this authority to its original; and finds that

The additional provings of vol. x do not give us much that is new. The French (old-school) experimenters found some nauseant and depressant effects from it; while the prover at p. 282, who took a drop of the 1st dilution every hour for twenty-two days, had a sore, painful, and bleeding mouth; much lancinating pain through head, lungs, and legs, with trembling of the latter; and severe sinking at the stomach. A Dr. True, cited by Hempel (3rd ed., p. 276), observed comatose symptoms in two children who had eaten the bark; and he (with one of the Frenchmen) had "death-like sickness" after taking it.

III. I have related in my *Pharmacodynamics* how the observation of Dr. Wells\* led Dr. Chalmers to give Ailanthus with brilliant success in an epidemic of malignant scarlatina; and it has ever since played an important part in the homœopathic therapeutics of that formidable malady, when the peril is indicated by the dark colour and imperfect development of the eruption. But Dr. Brown justly argues that such an action should not stand alone, and suggests it in bad cases of measles, where the eruption fails to come out, or retrocedes suddenly, or is livid; and in diphtheritic and other low forms of sore throat. He also very acutely points to its cerebral and spinal symptoms, as suggesting its probable usefulness in some forms of passive congestion of these regions. Lastly, combining the two spheres of action, he recommends its trial in epidemic cerebro-spinal meningitis. I am not aware of any of these suggestions (or that of puerperal in its malignant form by Hering) having been carried into effect; but the remedy is one which should have a future.

it should be written "Meschter," and that for "suppression of urine" we should read "difficult micturition" (*N. A. J. of H.*, Nov., 1881).

\* In the third edition of Hempel's *Materia Medica* some doubt is thrown upon the excessively poisonous quality of Ailanthus implied in this case. It has been taken in large quantities in all forms without exciting any positive effects. It is suggested that the "miliary eruption" observed, which was "more profuse on the forehead and face than elsewhere," was a local effect of the juice so freely sucked—experiment having proved its application to cause a vesicular eruption like that of Rhus. The element of personal susceptibility is probably present here, as in the case of its analogue.

## ALCOHOL.

I hardly think that Dr. Allen was well advised in classing this substance among the members of his *Materia Medica*. Its action differs widely from that of any drug, and its pathogenetic effects have hardly ever been used as homœopathic indications for its employment in disease. I say "hardly ever," for Dr. Salzer, of Calcutta, thinks he sees some benefit from ten-drop doses of rectified spirits in malarial enlargement of the liver, which he connects with alcoholic cirrhosis.\* But waiving this, which needs confirmation, our employment of alcohol in disease treats it as a food rather than a medicine; and to this corresponds the fact ascertained by Anstie and Dupré, that the greater part of it is oxidised in the system, so that it certainly supplies force if not material to the body. That it is also a tissue-irritant and a vaso-motor relaxant, I fully admit, and that these are medicinal actions; but I am unable to see any specificity here which should give it a distinctive place as a homœopathic remedy when these states obtain. The 491 symptoms, therefore, which Dr. Allen assigns to it, "collected from various sources" and "believed to be reliable," are hardly likely to be of any use to the prescriber on homœopathic principles; and I do not care to dwell upon them in detail.

## ALETRIS FARINOSA.

The four symptoms ascribed to this drug (one of which is starred) are said to be taken from the eclectics by Dr. Hale in his *New Remedies*. On reference thereto, however, we find that the first only is pathogenetic, the others being purely clinical. They point, however, to the special action of the medicine, which is uterine. It is said to be abortifacient, and is in repute among many practitioners as a prophylactic against miscarriage. Its chief use, however, has been to combat the outlying symptoms of uterine disturbance, as the gastric disorder (when much nausea and giddiness are present) of early pregnancy, and the anæmic debility associated with chlorosis and chronic uterine discharges (resembling *Helonias*). In atonic states of the

\* *Transactions of World's Convention of 1866*, i, 373.

uterus it often proves sufficient to restore displacements. The 1x and 2x dilutions seem to answer well.

#### ALLIUM CEPA.

I. The pathogenesis of the onion is taken bodily from Hering's *Amerikanische Arzneiprüfungen*. The result is that it contains a great deal that is—not wheat, at any rate of the pathogenetic kind. Vague and unsubstantiated statements of old authors form 69 of its 521 symptoms. Many of these are clinical only, and of the remainder 58 belong to the same category. All such are indeed (generally) bracketed as well as marked with their °; but we must deduct them from the real pathogenesis of the drug. For the remaining 396 fifteen authorities are given. Of these Dr. Hering tells us of three (1, 4, 6) as provings made with small doses, and two (7, 8—the latter including several) with large doses of the tincture. No. 5 took the third dilution. Nos. 2 and 3 denote several experimenters (but after what manner is not stated, save that some included under 2 ate or cut up the onions); and the same would appear of Nos. 11, 12 and 14. No. 9, called “toxicological,” denotes a case reported by Prollius (Frank's *Magazin*, i, 671), which occurred after eating a Brunswick onion. The several symptoms taken from this are marked sometimes °, sometimes †. In its account in full given as S. 284, “troubles in urinating” is too slight and vague: “frequent severe urgency to urinate and burning passage of urine drop by drop” is the language of the original. S. 70 is the only other one which I find to require correction: for “blue-eyed” it should read “blear-eyed.”\*

II and III. The proving of the onion has shown that the well-known irritation of the eyes and nose produced by its emanations are specific effects, as they also result from the ingestion of the

\* Dr. Allen's article on this pathogenesis (*North Amer. Journ. of Hom.*, Nov., 1881) is very instructive. He tells us that No. 15 denotes observations of effects of eating and gathering onions, No. 17 of eating alone. No. 16 should be “G. B.,” who was a woman; but this is all that we know about her, and he thinks her symptoms very unusual and questionable. He agrees with me in rejecting S. 285, and would do the same with S. 185 and 241. He notes neuralgic pains as frequently caused by it, and that its action is predominantly left-sided.



tincture. They are accompanied in some instances by headache, an irritable state of the laryngeal mucous membrane, and catarrhal fever. It has hence come into use as a remedy for fluent coryza, and has often proved very effectual,—in “influenzal” epidemics of the kind especially. Its lachrymation is bland, but its nasal discharge may be acrid (herein the reverse of *Euphrasia*). Dr. Dunham says—“It is characteristic of *Cepa* that when the patient coughs, there results an extremely painful, splitting sensation in the larynx, as though that apparatus would be rent asunder by the effort of coughing. This pain makes the patient wince and crouch, and brings tears to the eyes.” When, however, he adds—“No other drug *produces* this splitting in the larynx from cough in conjunction with acrid coryza,” we cannot quite follow him, as there is no record of the production of such a cough in its pathogenesis.

The case of poisoning recorded shows that onions may cause colic and strangury; and in the former they have often proved a good domestic remedy. S. 285 records an observation of Dr. Lippe’s, in which, during a colic so produced, a hernia protruded and became strangulated.\* It should have been mentioned that this accident had frequently occurred previously, without such specific causation. S. 283 is obviously a part of this case, and wrongly given as clinical.

*Cepa* has also cured (given in ten-drop doses of the tincture) a case of neuralgia of the stump after amputation (see Helmuth’s *Surgery*, 4th ed., p. 305).

#### ALLIUM SATIVUM.

I. The pathogenesis of garlic is derived from four sources. No. 1 is a proving by Petroz, communicated with the usual absence of information as to manner of proceeding. No. 2 consists of observations of Teste’s, incorporated with Petroz’ symptoms in his *Systematisation*, and equally unexplained, save that a note suggests that his favourite sixth dilution was employed. No. 3 is a report by an old physician, troubled with gastralgia and aural catarrh, of the results of taking 10—20 drops of a

\* The *Aconite*, under which it receded, was given in the 400th not the 80th dilution.

tincture of garlic night and morning. No. 4, "Cattell," denotes one of this gentleman's usual collections from medical literature, but lacking its usual references, and therefore unsusceptible of verification.

Of Petroz' symptoms a great many are very dubious as pathogenetic effects. His plan is, with most of his medicines, to give first the symptoms of the mind, of sleep, of fever, and of the skin, and then to go through the anatomical regions from the head to the extremities. With *Allium sativum* he begins at once with the head; and, having reached the feet, proceeds—"the characteristic symptoms of *A. s.* are &c.," going on with a catalogue in which some of the old ones reappear, but a good many new ones are found for the first time. To these belong all the general, mental, febrile, and cutaneous symptoms of his list,\* and thereby of Dr. Allen's, for S. 151, 159, and 161, should be ascribed to him and not to Teste; and this leaves him almost the only authority for effects of the drug of such kind. I suspect that they are all clinical only; and when we encounter among them "hard swelling of the integuments" and "catarrhal fever with predominant coldness," one's doubts seem well warranted.

Supposing the symptoms of the mind to remain, S. 2 should be altered to make "when alone" belong to "sadness" as well as "restlessness;" and S. 10 should be "vague in thought" rather than "wandering thought." Also, in S. 135, for "moist heat" read "damp cold;" in S. 101 for "twitching" read "darting;" and in S. 118 for "like ringworm," read "of herpetic appearance." Of Teste's symptoms, S. 21 should read "rather dry than fluent" instead of "rather dry, then fluent;" and in S. 39 "faintness" would be better than "weakness." S. 53 (repeated as S. 54), 60 and 61 of <sup>3</sup> are a return of his old gastralgia, and are more than dubious.

II, III. Eructations with salivation; profuse whitish urine, which becomes cloudy on the addition of nitric acid; much cough, with glutinous mucus and pains beneath the ribs; swelling and tenderness of the mammæ; and severe pain in the conjoined psoas and iliacus tendon when the muscles were put in action,—these were the symptoms of *Allium sativum* which I originally mentioned in my *Pharmacodynamics* as noteworthy; and I see none to add to them now. The last-named symptom,

\* S. 47 and 107 belong to the same category.

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HOMŒOPATHY IN THE NINTH EDITION OF  
THE ENCYCLOPÆDIA BRITANNICA.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

## THE SCIENTIFIC CLAIMS OF HOMŒOPATHY.\*

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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## THE DOSE OF CROTALUS.

By Dr. J. W. HAYWARD.

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

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

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

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

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

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

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

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

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

sharply dividing line between these two classes, but the whole series of medicinal actions tend to arrange themselves under one or other of these extremes. . . . Practically speaking, all actions of medicines may, in one sense, be called contingent, inasmuch as, in the vast variety of persons and circumstances subsisting in the world, we cannot have perfect certainty that the ordinary full doses of medicines will have their usual effects of a generic kind; yet, practically we know that we can count with sufficient certainty on certain doses acting as purgatives, narcotics, emetics, &c., and even as poisons; while, in doses below what is necessary to produce their generic effects, there are others of a more peculiar kind, which we have no certainty of eliciting in any individual case. To these we may consider the law of contingency more particularly to apply. . . . Every good practitioner knows, empirically, the value of a large number of medicines, whose actions he cannot explain in any rational way by reference to their known absolute effects. The key to this apparent mystery is given by the discovery of the whole class of medicinal actions, larger than the other which, being only contingent, cannot be elicited at will, but only after patient and repeated experiment. . . . The absolute effects may be compared to wounds and other mechanical injuries, burns, lightning-stroke, &c., which always produce their effects without any special susceptibility on the part of the organism; and, in fact, poisons are classed along with these agents. In their action, too, there is a difference between them and natural diseases, inasmuch as the amount of disorder is strictly in proportion to the cause. The inflammation accompanying them is said to be of a healthy character, in opposition to morbid, which is the case when actual or dormant disease is already there, as, for example, when an insignificant scratch causes death by erysipelas. Likewise absolute effects of medicines, such as vomiting, or purging, &c., are in proportion to the dose, and the action soon subsides when the dose is omitted, and may be reproduced at will. . . . To the contingent action of medicines belong all those finer and more peculiar symptoms which

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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## ON SO-CALLED HYPERTROPHIC MUSCULAR PARALYSIS.

By Dr. GUTTERIDGE.

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

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

To my knowledge it has not been written upon by any physician practising homœopathically except in 1870 by our *confrère* Dr. Dyce Brown, and in 1873 by Mr. Clifton in this Journal.

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

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

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

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

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

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

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

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

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

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

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

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



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

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

*A Case with Comments.*

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

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

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

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

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

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



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

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

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

*Stramonium* produces the full glistening eye with dilated pupils, the difficulty of swallowing, swelling of the face and tongue, general dismal anxious expression (when left to himself), making faces, trembling of the hand and arms, tottering of the limbs when walking or standing, impatience, wishing to do everything in a hurry, general restlessness, increased continuous desire for all kinds of food. All these were manifested in the case under consideration. Then I find also under *Stramonium*, when walking a weakness continuing a long time in the knee-joints, and the bellies of the gastrocnemii muscles, with a paralytic drawing, which continues for a long time, heaviness and tension in the calf of the leg.

In conclusion, I may state that tenotomy is advised by Professor Eulenburg in Ziemssen and the use of orthopædic instruments as the feebleness and deformity increase, so that my patient's case, in having the one applied and the other advised, is by no means a singular one.

## REVIEWS.

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

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

Some nice points of diagnosis are given, such as the following :—Inflammation of Skene's tubular glands on each side of the orifice of the urinary meatus, and also suppuration of Bartholini's glands, are not to be mistaken for gonorrhœa. The cure of the two former, according to the doctor, is to slit up and cauterise freely.

An important fact to be remembered when using the sound of Marion Sims or of Simpson, is that Liebmann, of Trieste, found that in only 24 per cent. was force required to perforate the fundus and enter the peritoneal cavity. Therefore, where degeneration is suspected, and pressure is needed to pass the internal os, such pressure must be promptly suspended with great care when that orifice suddenly yields. The sound is of course only admissible after a period.

Mundé holds, with Emmet, that all pelvic stasis is

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

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

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

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

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

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

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

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

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

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

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

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

1. Tampon as a vehicle.

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

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

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

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

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

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

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

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

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

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

It is an additional safeguard, though the Doctor omits to

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

To sum up :

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

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

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

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

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

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

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

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

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

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

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

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

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

If frequent hot antiseptic douches be ordered, dilatation

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

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

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

Whilst sanctioning the operation known as metrotony for the removal of a fibroid threatening to prove fatal by flooding, Dr. Mundé is, we are pleased to observe, opposed to it for dysmenorrhœa, except as a *dernier ressort*. This is not on the score of its fatality, which he found to be only 10 per 8000.

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

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

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

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

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



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

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

Not contented with the 100,000 words now current in our language Dr. Mundé is great at reviving obsolescences, such as "arroded" at p. 146, and "estoppers" on the next page. An odd Americanism is the verb "pries" for prizes, *i.e.* he lifts by means of a lever, at p. 286. Certain curiosities in the way of coinage appear; some examples are "contractures" at p. 98, "parametran" at p. 162, "its stroma sclerifies" at p. 163 "parous women" at p. 206.

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

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

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

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

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

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

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*Manual of the Principles and Practice of Operative Surgery.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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*The Diagnosis and Treatment of the Diseases of the Eye.*

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

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

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

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

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

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

known conventional fulminations against Hahnemann and all his works.

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

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

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

	U States.		Gt. Brit.		France.		Germany.		Spain.		Italy.		All others.		Total.	
	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880	1879	1880
Journals.....	12	16	4	4	3	3	7	7	1	1	3	2	3	3	33	36
Transactions...	3	3	—	—	2	1	—	—	—	—	—	—	—	—	5	4

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## MISCELLANEOUS.

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

#### I.

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

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

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

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

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

tion, to the title of L.H., provided they apply to the Medical Council of the London School of Homœopathy before the end of December, 1863, and are elected by the votes of the majority of the members of the Medical Council."

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. It is "trading on a designation."

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

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

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

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

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

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

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

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

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

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

## II.

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

J. DRYSDALE, M.D., Edin.

### III.

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

FRANCIS BLACK, M.D., Edin.

## IV.

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

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

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

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

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

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

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

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

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

V.

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

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

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

B. DOUGLAS HALE, M.D.

## VI.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

## VII.

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

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

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

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

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

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

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

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

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

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

D. DYCE BROWN, M.D. Aber.

## VIII.

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

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

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

W. BAYES, M.D.

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*Presentation to Lord Ebury.*

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

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

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



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

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

## CORRESPONDENCE.

### AMERICAN HOMŒOPATHIC MEDICAL COLLEGES.

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

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

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

Yours truly,  
JOHN W. HAYWARD.\*

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

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

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

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

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

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

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

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

### BOOKS RECEIVED.

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

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

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

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

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

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

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

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

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

*Boletin Clinico del Instituto Homeopatico de Madrid.*

*The Medical Counselor.*

*L'Art Médical.*

*Rivista Omiopatica.*

*Bulletin de la Société Méd.*

*St. Louis Clinical Record.*

*Hom. de France.*

*Revue Homœopathique Belge.*

*Allgemeine homœopathische Zeitung.*

*The Monthly Homœopathic Review.*

*The Homœopathic World.*

*The Hahnemannian Monthly.*

*New York Medical Times.*

*The American Homœopathic Observer.*

*L'Homœopathie Militante.*

*The United States Medical Investigator.*

*The Medical Herald.*  
*Homœopathic Journal of Obstetrics.*

*The North American Journal of Homœopathy.*

*The Medical Call.*

*The New England Medical Gazette.*

*The Clinique.*

*The Homœopathic Physician.*

*El Criterio Medico.*

*Bibliothèque Homœopathique.*

observed by Teste, has been clinically verified by him. Both he and Petroz have found the ancient reputation of garlic for "phlegm" well founded, curing with it coughs with profuse mucous expectoration: much sensibility to cold or damp air is a guiding symptom for it here. Petroz wrote of it—"Allium sativum has been of remarkable service in cases where the herpetic diathesis (vice dartreux) has manifested itself in the respiratory and digestive mucous membranes, leading the patients into a sort of phthisis which must yet be distinguished." He considered a pale red appearance of the tongue, with effaced papillæ, pathognomonic of this affection. Teste finds it useful in the dyspepsia of old fleshy gourmands, and says that it diminishes diabetes mellitus to such an extent that he must strongly recommend it as a remedy.

#### ALOE.\*

A pathogenesis of 1180 symptoms, referred to twenty-seven authorities, belongs to this well-known drug. No subsequent corrections or additions have been made. Its main source is Hering's *Amerikanische Arzneiprüfungen*, which embodies Buchner's, Helbig's, and his own provings, forming twenty-four of Dr. Allen's authorities. From the account he (Hering) gives of these it appears that (as Dr. Allen indicates) Nos. 1, to 7† (save 5) and 14, 15 and 17 took the drug in substance or mother-tincture, No. 5 in the 30th, Nos. 8, 11 and 12 in the 1x trituration. No. 9 took the higher dilutions,‡ No. 10 the lower. No. 13's observations were made on patients taking the potencies from the third to the sixth. No. 16 was the patient whose case is mentioned under S. 77. No. 18, "N. T.," denotes Noack and Trinke, whose symptoms Hering's aversion made him give in selection only, and bracket as untrustworthy. They are taken from Wibmer and Wedekind, and some of them (*e. g.* S. 444) certainly need confirmation. No. 19 is a treatise on *Materia Medica*. No. 20, "E. R. L.," is without explanation here or in Hering's account

\* So rightly called by Dr. Allen. There is no reason for making a plural of it.

† No 4 should be "Preu," not "Pren."

‡ So Hering says; but Dr. Allen (*Crit. Study*) styles his symptoms clinical only.

of his sources; but should probably be H. R. L.,\* and refer to the "Homœopathic Real-Lexicon." Of this Hering says: "Even what is contained in the notorious *Real-Lexicon* is also in part included, only it should be observed whether the symptoms are genuine or not." Now, as this work was the production of a man (Fickel) known to be an impostor, any use of it must be utterly condemned. No. 21, "Wedekind," denotes some careful observations on the action of Aloe as a purgative made by an old-school physician. Of the next three authorities, though referred to Hering, he gives no information; the last of them is said by Dr. Allen to have elicited his symptoms with the first trituration, the first from triturating the drug, the second from the fourth dilution. No. 25, Watzke, is a proving made by this physician on himself with increasing doses of the tincture. No. 26, J. O. Müller, denotes three experiments on different persons with the 3rd dec. dilution. No. 27, Fischer, stands (as the note says) for symptoms from five provers. They are contained in an article in the *Journ. du Dispensaire Hahnemann.*, which states simply that their subjects took from four to six drops of the tincture every morning for three days, and then proceeds—"The following symptoms were observed, &c."

Besides drawing upon the authorities mentioned in his introductory remarks, Dr. Hering has interspersed his arrangement of Aloe with numerous observations from authors, of whose nature he gives no account. Dr. Allen has used these more sparingly than in the case of *Allium Cepa*, but has quoted fifty of them, five of which are (and are marked as) clinical. They have the name of their author appended to each.

This is a general account of Dr. Allen's article on Aloe. Special criticism on its symptoms will find place in the survey I have now to make of its several sections.

*Mind.*—S. 30 is part of S. 642. S. 2, 7 and 10 are "curative" only, but the first and last were observed by provers. Comparing them with those truly pathogenetic, it would appear that the primary mental disturbance of Aloe is an agitated condition of

\* Dr. Allen was the translator of Hering's article on Aloes in the *American Homœopathic Review*. At p. 85 of vol. v of that journal he corrects the "E. R. L." of the original, which till then he had followed, to "F. R. L." ("F" for Fickel). It is strange, therefore, that he should have allowed the error to reappear here.

the thoughts and temper, with which amorous feelings may mingle. A secondary state of apathy and moroseness may set in, which is equally a good homœopathic indication for the drug; especially has the indisposition to mental labour noticed by Preu been clinically confirmed. The mental symptoms of Aloe are probably sympathetic only; its reputation in the old school as an anti-melancholic resulted from its cholagogue and purgative action.

*Head.*—S. 67 has no authority, and is not given by Hering: S. 90, 99, 119 and 146 are Fickel's, and must be expunged; S. 92 is clinical only. In S. 77 "periodic" should be expunged (see Hering's S. 1061). The whole symptom is very dubious *quoad* pathogenesis; as it occurred in an amenorrhœic subject, immediately prior to the return of the menses. S. 78, 268 and 460 also belong to this case. The headache of Aloe is quite characteristic. It is a dull pressive pain, of no great severity, in the forehead and above the eyes and nose, increased by warmth and relieved by cold. It generally occurs, both pathogenetically and clinically, in connection with chylo-poietic disorder; but Dr. P. P. Wells experienced it annually at the blossoming of the Ailanthus, which is planted so largely in the streets of his city, until he found its remedy in Aloe. Dr. Dunham had a case in which such a headache, prevailing in winter, alternated in summer with the characteristic Aloe diarrhœa; and the remedy cured both.

*Eyes.*—S. 149, 150 and 152 must be expunged, as being Fickel's. Why S. 168 should be put in italics, I know not. This is said to denote that the symptom has been "repeatedly observed by provers." S. 168, however, is referred to one authority only; and is the second of a group of three symptoms occurring in this prover, and constituting a subjective disorder of vision quite peculiar to him. If a genuine effect of the drug, the yellowness of the rings before the eyes may imply (as Dr. Claude suggests, in an excellent study of the drug)\* an hepatic origin for his scotomata. Otherwise, the eyes seem to be affected by Aloe only in connection with the head; S. 151 has been observed by Dr. Dunham in the headache it has cured.

\* *Bull. de la Soc. Med. Hom. de France*, December, 1880, and March, 1881.

*Ears.*—S. 171 and 179 are Fickel's. The drug seems without action here.

*Nose.*—The same may be said of this region, though Schroeder is cited as saying that "it stops bleeding from the nose." No explanation is given as to the manner in which it effected this; but it was probably through its derivative action on the bowels. Several of the provers, however, and not Fickel only (S. 189), report nose-bleed from its use.

*Face.*—S. 214, 216 and 224 must disappear, for the usual reason. This section illustrates the disadvantage of the repetition of symptoms, which is so marked a feature of the *Encyclopædia*, as of Hahnemann's *Materia Medica*. A general glance at it would suggest that Aloe had some marked action on the lips; but a closer examination shows that the six symptoms describing dryness, &c., of these all belong to one prover, and probably denote an incidental disorder of his having nothing to do with the drug.

*Mouth and Throat.*—S. 287 is Fickel's. The mucous membrane of the mouth is affected probably in sympathy with the abdominal organs: it is rather red and dry than otherwise. Some of the throat symptoms might be supposed to denote some pharyngitis; but they occurred in one prover only, and evidently in cold weather, as he speaks in one place of their coming on "after skating" (S. 271): they may well, therefore, be catarrhal. Aloe has no curative repute in this region.

*Stomach.*—S. 329 is Fickel's. The symptoms marked "W." belong to a report by Wedekind on the virtues of Aloe in *Rust's Magazin* for 1827, and are avowedly taken by Hering from a translation of them into French by Roth (*Revue de la Mat. Med. spécifique*, iii, 419), retranslated in the *Hygea*. Of the two here occurring the first (S. 298) is obviously clinical only (though not so marked), and the latter (S. 344) does not occur as a pathogenetic effect in Wedekind's article. The only genuine effect of Aloe in the gastric sphere is some increase of appetite; which has been (S. 317) noted in animals also. Therapeutically, there is nothing to say about it here.

*Abdomen.*—S. 412, 419, 438, 474, 536 and 542 are Fickel's. S. 393, 394, 408, 409, 440 and 502 are wrongly referred to<sup>13</sup>, i.e. Williamson. His observations were made on patients taking the dilutions from the fourth to the sixth: these are Wedekind's, obtained on the healthy with substantial doses. Dr. Allen's

copyist has been misled by Hering's "W.," supposing it to denote Williamson; it always means Wedekind, the other name being given in full. Of these symptoms, S. 502 is clinical only, and in S. 440 "unpleasant" should be "agreeable." S. 393 is not well rendered: Wedekind says—"besides the stools, the prover experiences no other symptom, save it may be some heat and uneasiness in the region of the liver."

The abdominal symptoms of Aloe are connected with its stimulant influence on the liver and the muscular coat of the intestines. *Heat* is the characteristic feeling it causes (it is not a "cooling" aperient): even the flatus which is passed is hot. There is some (though not much) pain, tenderness, and distension; but the provers are greatly annoyed by the sensations and sounds caused by mingled wind and fluid in the intestines. The flatus is nearly always highly offensive. In hepatic, portal and hæmorrhoidal congestions so characterised it ought to be more employed than it is.

*Stool and Anus.*—S. 570, 586, 589, 633, 740 and 761 are Fickel's. S. 567 is Wedekind's instead of Williamson's, and the <sup>13</sup> of S. 684 is similarly misplaced. S. 554, 580 and 600 are clinical, the first only being so marked.

In the rectum and anus Aloe causes heat and tenesmus. Existing hæmorrhoids are irritated, and blood may pass per anum when none are present; but whether the drug can actually cause their development is uncertain. The stools of Aloe are bilious and pappy, rarely watery; they are discharged with much urgency, which seems partly dependent on rectal tenesmus, partly on a weakened condition of the sphincter ani. This last shows itself in difficulty of retention of fæces while passing water, and their tendency to escape with wind. The indications hence resulting for Aloe in diarrhœa, dysentery and hæmorrhoids are obvious, and have been well borne out in practice, as is evinced by the numerous marks of verification to be found in this section of Dr. Allen's pathogenesis. In sympathetic rectal tenesmus, as well as primary, it may be effectual, as in a case mentioned by Dr. Claude where it resulted from catheterism. Dr. Guernsey considers the passing of much mucus by stool (see S. 665—7) characteristic of Aloe, and this is confirmed by several cases cited in Hempel's third edition.

*Urinary Organs.*—S. 765 and 782 are Fickel's. S. 763, if a

genuine pathogenetic effect, should be connected with S. 931. S. 764 is not to be found in Hering. There is the same irritation and urgency in the urinary which we have seen in the alimentary passages as an effect of Aloe, though it has hardly found corresponding use here. It has probably some action on the prostate (see S. 625).

*Sexual Organs.*—S. 807 has a very vague reference to "Galen:" unless further substantiated it must be accounted dubious. [Dr. Allen, in his "Critical Study," makes the blisters "ulcers," and the symptom a clinical one.] S. 838, 843 and 847 are Fickel's. S. 825 is clinical, though not so marked. S. 817 and 848 are Wedekind's, not Williamson's; the former is identical with S. 826. The ° after S. 808 only indicates that no authority is attached to it in Hering.

The increase of sexual desire under Aloe, noted by Wedekind and confirmed by the provers, corresponds with its undoubted stimulation of the pelvic circulation in the female. It should be useful in menorrhagia, where its other symptoms coincide.

*Respiratory Apparatus.*—All laryngeal and cough symptoms (save a few insignificant ones) ascribed to Aloe are reported by one observer—Fischer; but they seem to have occurred in three out of his five subjects, and in a fourth—a child of four—on being slightly chilled through throwing off the bedclothes at night. S. 870 is from this last. The hæmoptysis (with "restricted respiration," see S. 879) of S. 874 seems warranted by Buchner as well as Fickel, but wants confirmation. It is put in small type by Hering.

*Heart and Pulse.*—S. 888 is Fickel's.

*Chest.*—Aloe causes a good deal of myalgic pleurodynia; see especially S. 903. Dr. Allen has not inserted the "congestion of the chest," referred by Hering to Wedekind; but it seems a genuine effect of the drug, and is to some extent verified by Trousseau's recommendation of it for the pulmonary congestions of young people which often lead to tubercular deposit.

*Neck and Back.*—S. 919 ("goitre") is ascribed by Hering to "Greek physicians," not to "a. a."—whatever these initials may mean.\* It is, moreover, obviously clinical, though not so marked;

\* From the pathogenesis of Alumen in his *Materia Medica* they would seem to mean "allopathic authors;" and "n.n."—"one who is afraid to give his name."



and even then more than doubtful. S. 936 is Fickel's. The "lumbago" of S. 934 is quite unwarranted: see remarks on S. 72, of which it is a repetition. A good deal of pain in the sacrum seems caused by the drug, which harmonises with its marked action on the rectum.

*Extremities.*—S. 1012 is bracketed for no apparent reason, and wrongly marked as clinical. It has, indeed, an asterisk in the translation of Hering, but only as a reference to a note regarding its numeration. It is a part of S. 994. The symptoms of the extremities have no significance, and have received no verifications.

*Generalities.*—S. 1029—"paralysis in all the limbs, with anxiety"—seems a very questionable effect of such a drug as Aloe; and on reference proves to be one of a group of symptoms occurring in a patient after taking five drops of the tincture, the "disease" including "pain in the loins, and weakness in the legs"—*i.e.* some spinal affection. The "paralysis," with its concomitants, lasted a few hours only.

*Skin.*—S. 1047 belongs to the group just mentioned, and S. 1048 is Fickel's. The action of Aloe on the skin is inappreciable.

*Fever.*—This is a singularly delusive section. At first sight it would appear that Aloe caused a good many symptoms belonging to the chill and heat of fever. But on closer inspection it comes out that all the symptoms of heat (S. 1063, 1101, 1102, 1104, 1106, 1107) are Fickel's, and thirty-one out of thirty-six of those of chill belong to one other prover, <sup>5</sup>, <sup>6</sup> and <sup>7</sup> denoting only his different trials of the drug. As the rest are quite insignificant it is plain that idiosyncrasy is at work here, as invention in the former case. Nevertheless, Aloe is undoubtedly a heating drug, as Wedekind taught, and a sub-febrile condition is an additional indication for its choice.

*Sleep.*—The prover just mentioned is almost the only one who has any symptoms of disturbance of sleep from Aloe, fifty out of the sixty-nine in this section being his. S. 1136 and 1150 have no authority; the former is Preu's (<sup>4</sup>), the latter is not in Hering.

Dr. Allen should have mentioned that, throughout this pathogenesis, "*t*" signifies—not, as ordinarily, "toxicological," but—that the symptoms resulted from the tincture instead of the triturations, which last alone (Dr. Hering thought) preserve the full virtues of the drug.

As I have mentioned Dr. Claude's study of Aloe, let me make two corrections in it. The description of the Aloe diarrhœa, quoted from Dr. Dunham, belongs to what it cures, not causes; and Dr. Wells does not say that the sense of insecurity in the bowels he has removed with the medicine was that which occurred, but such as that which occurs, during the prevalence of cholera. Dr. C. C. Smith, however, has verified practically (see Hoynes, ii, 361) what with Dr. Wells was only a suggestion.

[The above was written before I had seen Dr. Allen's article on Aloe in the N. A. J. of H. for February, 1882. He advises the omission of S. 8, 39, 77, 78, 246, 248, 268, 305, 460, 703, 795, 815, 825, 845, 937, 994, 1154 and 1177; most of those of authority No. 5; and all Fickel's, but thinks that, with this "very little weeding," the pathogenesis is good. My previous remarks will show how far I agree with him. I must venture to correct him on two or three points. 1st (p. 478). I have already mentioned that the "t" here stands for "tincture," and not "toxicological," as he states (see *Amer. Hom. Rev.*, iv, 266). 2nd (p. 479). He justly condemns the case given as S. 845, but states that its component elements are all numbered <sup>16</sup> (i.e. J. M.) in the *Encyclopædia*. It is not so, as S. 77, 78, 268 and 460 will show; these are all ascribed to their observer, Buchner, and so confounded with his proving. 3rd (p. 478). Williamson's symptoms were, as Hering says, observed in patients taking the dilutions. 4th (p. 480). "K." and "W.," which seem to puzzle him, evidently stand for Kurz and Wedekind respectively (*Amer. Hom. Rev.*, iv, 264).]

#### ALSTONIA.

I. Symptoms observed from the *Alstonia scholaris* of India are given in vol. i, and some from the *Alstonia constricta* of Australasia in vol. x. The name of the first prover should be "de l'Hoste."

II. III. The *Alstonias* enjoy much repute in their habitats as remedies for the effects of bad water and malarious soils—intermittent fevers, dysenteries, diarrhœas, &c. To these they seem sufficiently homœopathic. Dr. Cathcart, observing its prostrating effects in large doses, has been led to employ it as a "tonic," and has found it effectual against the kind of debility for which we employ China. He gives it low.

## ALUMEN.

I. For this drug we have a pathogenesis of 411 symptoms in vol. i, and of three, from as many observers, in vol. x. The former is, "with a few exceptions," taken from the list of symptoms placed under the drug's name in the first (and only) volume of Dr. Hering's *Materia Medica*. Those truly pathogenetic were obtained from provings instituted on thirteen persons with the potencies from the third to the 200th, and from experiments and observations relating to the effects of the crude drug by four more.\* Two of the authorities in vol. x belong to the latter class, one to the former.

Dr. Allen states that "the clinical observations of the old school" given by Hering "are not here included." Those of the new school, however, are; and thirty-three symptoms marked as such, with three (S. 47, 232 and 270†) not so designated, but pretty plain, are to be expunged accordingly. Some more erasures must follow from the following revelation, which well illustrates the uncertain ground on which we are treading in our extant pathogeneses. S. 3 in Hering is a clinical one, and runs thus:—"Mental alienation, in which the patient plagues her family continually, keeps the bed almost entirely, without apparent necessity, has an appearance of embonpoint from general bloating, but a sickly and sallow complexion, with burning down the œsophagus and stomach, with tenderness to the touch in the pit of the stomach; cough and insupportable pain near the left groin, towards the region of the ovary. Under the use of Alum she left her bed, became rational and affectionate towards her family, and attended to her duties." Now from this "clinical symptom" S. 54, 55, 152 and 265 of the pathogenesis in the *Encyclopædia* are taken: they are all ascribed to Jeanes, save S. 55, which has no authority affixed, and one only is marked as clinical! It is by Hering that Dr. Allen has been misled, but what an illustration the whole thing gives of the blind leading the blind!

I have also to remark that eleven symptoms (besides S. 55)

\* I omit No. 17, "Alice R.," as no explanation is given about her, and S. 129, the only one referred to her, is ascribed by Hering to No. 10, whose initials are the same.

† To this symptom should be added—"in whooping-cough."

have no authority. Of these S. 39 is part of S. 33; S. 197 of S. 209; S. 202, 252, 274, 290 and 308 of S. 208; S. 261 and 262 of S. 263. S. 328 belongs to prover No. 6. S. 50 is unmarked in Hering, and Dr. Allen could not do otherwise than leave it so; but all the rest have their references duly given there, and these should have been followed up.

Altogether, I think we must pronounce the pathogenesis of *Alumen* the worst we have yet encountered, save that of *Acetic acid*. Until it is reconstructed, little inference can be drawn as to the real physiological action of the drug. The case of poisoning by calcined alum, cited in vol. i, occurred in a lady who had long laboured under chronic derangement of the stomach and bowels; and Orfila testified in the trial to which it gave rise that the small quantity she had taken (a single dose of a solution containing between ten and twenty grains of the salt) could not have produced such effects on a healthy mucous membrane. After all, they were but those of local irritation, and the same is to be said of the observation numbered 20 in vol. x. Barthes, with much larger quantities, could only provoke in himself nausea and vomiting, with difficult stools. The repute of the drug in the old school for lead colic, and for enteralgia and constipation generally, seems—if the provings with the attenuations are to be relied on—to have a homœopathic basis, though the inversion of the usual dose-relations is curious.

#### ALUMINA.

The pathogenesis of this drug in the first volume consists solely of that supplied by Hahnemann in the second edition of the *Chronic Diseases*, and has received no addition since. Being, however, one of Hahnemann's medicines, it is dealt with in the "Critical Revision," and we find forty-eight symptoms there corrected in rendering, and nine omitted ones to be replaced. A very little investigation shows that the errors here (as with *Agaricus*) have mostly arisen through a too blind following of Hempel. In making the corrections, the student will read, instead of "S. 631 and 639," S. 630 and 631.

The composition of Hahnemann's pathogenesis is best stated in Hering's words (*Guiding Symptoms*, sub voce):—"Hahnemann had proved the pure earth when Hartlaub edited a collection of

975 symptoms, obtained from four provers, in his *Mat. Med.*, in 1829. The year after, Hahnemann published his own observations in Stapf's *Archiv*, viz. 215 symptoms obtained from a much better preparation. Hartlaub simply purified his preparation by washing it, which never can suffice, but Hahnemann subjected his to a red heat. A careful comparison of the symptoms will show that there is a difference. In 1835, in the second edition of his *Chronic Diseases*, Hahnemann gives it place among the antipsorics, adding a few symptoms from Dr. Bute, and condensing Hartlaub's collection to about 900 symptoms." As "Ng." was one of Hartlaub's contributors, and it is here that the note about him (see *ante*, p. 47) occurs, it is probably his symptoms which have thus been reduced in number.

Hahnemann says nothing, either in the *Archiv* or subsequently, of the manner in which he obtained the symptoms he has himself furnished to the pathogenesis of Alumina. Of this, however, it is not difficult to form a shrewd guess. He had published, in 1828, the first three volumes of the first edition of his *Chronic Diseases*. Besides the exposition of his theory as to their mode of origin, these contained copious lists of the pathogenetic effects of fifteen medicines, introduced without explanation of their origin or acknowledgment of any fellow-observers. Alumina, similarly published in 1830, without doubt belongs to the same series. Now Hahnemann had been living, since 1821, in (professional) solitude at Cöthen; and in 1825 had attained his seventieth year. It is unlikely, then, that he had proved these new remedies on his own person or on those about him; while, on the other hand, he found abundant opportunity of observing their (supposed) effects in the sufferers from chronic disease who resorted to him for aid. In his prefatory notices to the several medicines we often meet with such remarks as this:—"For a long time past I have given the 6th, 9th, and 12th potencies" (he generally advises the 18th—30th now), "but found their effects too violent." Such effects—aggravations and collateral troubles—were doubtless recorded as resulting from the drug administered, and from them in due time a pathogenetic schema of it was constructed.

Now I make no question but that, with proper precautions, the pathogenetic effects of a drug may be observed upon patients taking it for their ailments almost as well as upon healthy sub-

jects. Some of our best records of the effects of Atropia—as those of Grandi and Michéa—have been made from epileptics treated by it. The disease must be of a definite and limited character, consistent with fair general health; all symptoms conceivably resulting from it, or occupying the same seat, must be excluded, and likewise all phenomena previously observed in or by the patient during his ill-health. With such precautions, very tolerable results may be obtained; but, if they be neglected, all is doubt and confusion. That Hahnemann was well aware of the discrimination needed here is apparent from several passages in his writings; and, had we no evidence to the contrary, we might have supposed that he would have jealously excluded all uncertain results of so delicate a mode of observation. Unfortunately for our trust in him, however—fortunately for our own real knowledge—we have been of late years able to see how he dealt with symptoms recorded by other men as occurring during the administration of medicines.\* The result is to show an exaggerated notion of the potency of drugs which swallows up all critical care, and sets down as their pathogenetic effects phenomena obviously the result of the patient's disorder or of occasional causes. We can have no confidence, therefore, but rather the reverse, that he has not followed a similar course in his observations upon his own patients. Hence the 1000 symptoms of Calcareæ and Phosphorus and the 1200 of Sepia—all belonging to this series. The recent reprovng of the last-named medicine in America, in which thirty healthy persons took part, yielded only 517 symptoms as its result.

I have mentioned aggravations as one of the sources from which Hahnemann drew symptoms at this time; and I am afraid that they were rather largely used. They account for many of the apparently severe effects ascribed to the drugs, and which have never been induced by them in the healthy subject. Thus, Ægidi published a case in which a patient, labouring long under a nephritic complaint, and suffering several times a day from “agonising pain proceeding from the region of the left kidney down the corresponding limb as far as the malleolus externus,” took at 9 a.m. a drop of Colocynth 6. In the evening the patient had, periodically, “a dreadful cutting in the abdomen, proceeding

\* See *Sources of the Homœopathic Materia Medica*, p. 16; and *Manual of Pharmacodynamics*, 4th ed., p. 28.

from the left renal region, spasmodically drawing the left thigh up to the body, and forcing the patient to bend herself completely forward." This at the utmost was a medicinal aggravation, but it appears as S. 114 of the pathogenesis of Colocynth in the second edition of the *Chronic Diseases*. Hahnemann had written to Stapf in 1813—"You are right in supposing that the increase by a medicine of symptoms that had been previously present most probably indicates that the medicine given can of itself also excite similar symptoms. Still, we must not include such symptoms in the list of the pure, positive effects of the medicine, at least not in writing." The above case shows that in later times this salutary caution was no longer observed.

Our difficulty as to the genuineness of the drug-symptoms recorded by Hahnemann from 1824 onwards is enhanced, when we remember that they all appeared under the influence of infinitesimal doses,—from the millionth to the quadrillionth of a grain, or higher. Here, again, I am far from rejecting *in toto* symptoms thus obtained. There is, I think, abundant evidence on record to prove that infinitesimals *can* induce pathogenetic effects. But these are exceptional; and their rarity increases the probability that phenomena appearing in a patient taking attenuated doses are due to his malady rather than his medicine. Hahnemann seems always to have taken the other view, and hence his strangely copious symptom-lists. It is time that these should no longer be treated as genuine pathogeneses, but should be appraised at their true worth, viz.: as a collection of possibilities and guesses, often suggestive of successful therapeutic applications, but devoid of scientific value and awaiting verification.

The symptoms of Hartlaub, Schreter and Trinks—as well as those of Nenning, which I have already characterised—seem to have been obtained from healthy subjects with the 1st trituration and 6th dilution. Those of Dr. Bute were pretty certainly observed in patients. To estimate the worth of all these, it would be necessary to isolate them and judge them on their merits. This I hope will be done in the revision of the *Materia Medica* now undertaken by the British Homœopathic Society, from which I anticipate great results.\*

Alumina has found its employment mainly in states of mucous

\* See *Monthly Hom. Review*, March, 1882, p. 191.—These resolutions were carried unanimously and the Committee appointed.

membrane characterised by *dryness* with more or less irritation. It has been useful in morbid sensitiveness of the nasal mucous membrane to cold; in chronic dry catarrh of the conjunctiva, even (Drs. Allen and Norton say) when granular ophthalmia is present; in chronic pharyngitis when the membrane looks dry, glazed and red; in dry, hacking coughs from pharyngeal or laryngeal irritation; in dyspepsia from deficiency of gastric juice; and in constipation from lack of intestinal secretion. The affections in which it is suitable are chiefly of a chronic character, and occur in old people or in dry and thin subjects. Dr. Guernsey says that great difficulty in the expulsion of stools, even when soft, is characteristic of it; also an inability to pass water except when straining at stool, and a similar want of power in the œsophagus, causing dysphagia. Dr. Hoyne has some good illustrations of its value in violent dry coughs (Dr. Dunham says especially when excited by an elongated uvula), and praises it highly for the "clergyman's sore-throat" in appropriate subjects, and in the constipation of infants.

#### AMBEA.

Five emendations of the pathogenesis of this drug (taken from that in the R. A. M. L.) are directed in vol. iii, and fifteen more in the "Critical Revision." (In making the latter, the student will read at S. 152 "itching" for "tiching.") Twenty-two omitted symptoms are also to be added. So far Dr. Allen; but a comparison of his version with the original reveals the need of many more corrections, as the following catalogue will justify.

In S. 1 "images" should be "fancies" (Phantasie). S. 69 is made up of two of Hahnemann's (486 and 487), which might have occurred in different persons; and "embittered" would be more correct than "roused to indignation." S. 37 should be "A to-and-fro drawing, or tearing, in the head." S. 40 is only represented in the original by S. 27, which is "transient tearing through the head." In S. 45 there should be a comma after "also," and a comma instead of a semicolon after "in the neck." In S. 61 for "of" we should read "in." S. 63 was more correct before its emendation: only its "in" should have been "on." In S. 68 "veins" should read "vessels;" whether venous or arterial is not implied. In S. 73 "in" should be "or." In



S. 78 "attempts" should be "urgings"—literally, reminders. S. 110 should have brackets, as in the original; and the same applies to the first of the two new symptoms of this section—"pain as from cracks in the corners of the mouth." In the second of these a comma should be placed after "pharynx." In S. 127, for "tuberculous growths" (which is far too strong) read "lumps, like small growths." In S. 133 "hard" would have been a better emendation than "solid." S. 154 should be "which was as if swollen:" whether to sight or feeling is not stated. In S. 182, "and" should be "or." In S. 187 "distended" should be "tense;" it is a different word from that employed in the next symptom, which seems a mere repetition of it. In S. 198 there is nothing about "weight" in the original. In S. 199 it should be "spinal column" instead of "marrow." In S. 201, for "incarcerated" read "displaced." In S. 214 "rectum" should be "anus," and so in S. 216 and 229. In S. 219 the emendation directed is hardly an improvement. In S. 221 for "light" read "bright." In S. 202, "in the secondary action" is omitted. In S. 239 "whitish, flocculent" represents only "molkig" (whey-like) in the original: In S. 240 "flocculent" should be "cloudy;" whether the cloud was mucous or sandy is not expressed. In S. 247 we should read "female genital organs," and transfer its place accordingly. In S. 248 for "hours" read "an hour." In S. 249 "erections" should be in the singular. S. 250 should be "It takes away the erections (in the secondary action)." S. 251 should be omitted, if its equivalent "Ulcerative pain in the glans penis" is inserted. In S. 257 "hæmorrhage" is too strong for "Blut-abgang," which may mean only a show of blood. S. 260 should be bracketed, as in the original. In S. 305 "right" should be "straighten." In S. 306 "pains" should be "pain." As "Kreuz," according to Dr. Dudgeon, always means "sacrum," this word should be substituted for "small of the back" in S. 307, 308, and 309. In S. 319 "paralysed" should not be in italics, if it is to represent the original, as seems intended. In S. 331, instead of "the hands feel chilly" it should be "he is chilled thereby." S. 345 should be in italics. S. 371 should be bracketed. S. 381 is a repetition of S. 373. In S. 388 "(bile)" should have been inserted after "vomit." In S. 414 we should read "itch-eruption," and the original says nothing about *reproducing* (as in S. 415), though

perhaps this may be inferred. In S. 423 "on" should be "over." In S. 438 before "weariness" should come "great." In S. 440, before "perspiration," read "strong-smelling." In S. 441 "a strong exhalation" would be much better than "profuse moisture;" and in S. 442 "all over" would be the English equivalent for the "über und über" of the original.

The pathogenesis of Ambra is entirely derived from that contained in the sixth volume of the *Materia Medica Pura*. It may thus be thought of satisfactory origin, as not coming from the *Chronic Diseases*. But, on further inquiry, it will be seen that it appears for the first time in the second edition of that volume, published in 1827, and has no place in its original issue in 1821. It thus belongs to the Coethen, not the Leipsic, period, and its symptoms were probably obtained in the year immediately preceding its appearance, or it might just as well have been inserted in the earlier volumes (1822—1826). They conform, therefore, to the character of those of the first issue of the *Chronic Diseases*, which I have described under Alumina; they were observed, so far as they were Hahnemann's, on patients taking the drug. At this time he was using mainly the third trituration, and at this strength he recommends Ambra to be given; so that his patients' symptoms were thus elicited. So far for the 149 symptoms contributed by him to his pathogenesis of the drug. The remainder of his 490 were obtained by his friend Baron von Gersdorff, and there is no reason to doubt that they came from provings on the healthy. As, moreover, Carbo vegetabilis, which first appears at this same epoch, was proved as well as advised to be given in the third trituration, it may reasonably be supposed that the same thing holds good of Ambra.

It will thus be seen that Ambra might with advantage receive another and a bolder proving. As far as it goes, however, the existing pathogenesis has not proved untrustworthy. The articles upon it in Marcy and Peters of old, and in Hoyne (II, 366) to-day, exhibit it as curative in a number of nervous disorders, to which it is obviously best suited. The article of Dr. Guerin Meneville in the fortieth volume of *L'Art Medical* may also be consulted with advantage. Depression with anxiety, sleeplessness, diminished sight and hearing from mental trouble, spasmodic choking and convulsive cough in hysterical subjects—these

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

By Dr. C. WESSELHOEFT, Boston.

“Certiozem medendi usum maluit.”

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

Before proceeding to observed facts I deem myself

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

justified in offering a few remarks concerning Buchmann's method of observation and his spurious views, the statement of which conclusions drawn from alleged observations or other been deemed worthy of this essay."

On p. 82 of this pamphlet the author proves the futility of my statements regarding gold by the following wonderful experiment: fifteen ten-mark gold pieces into a glass fifty grammes of distilled water upon fifteen minutes, without having agitated the liquid a teaspoonful of the water, and also given to a sensitive female prover (æ. 50, in which whereupon he proceeds to record five or six compared with which the torments of suffering and unalloyed bliss. The patient reads part of the essay if he wills, as it probably convinces the minds of the judges in the bestowal of the

This "proving" is quite on a par with the famous "quicksilver provings" in the *Homöop. Vierteljahrschrift* (1864), where the author published physiological provings of *Merc* to act on the organism by putting in a sensitive prover for fifteen to thirty-five minutes with half a pound of *Mercurius vivus*. The glass was closed over and sealed."

"During the first proving, lasting fifteen minutes, a lady [probably Dr. Buchmann's 'sensitive female'] experienced the symptoms for two days; during the second proving, thirty-five minutes the symptoms continued for two days."

"In order to cut off all objections that might be made to resemble those of Schneider made with river water and of Wesselhoeft made with sugar of milk,

\* Reprinted in the *North Amer. Journ. of Homöop.* 1880, to controvert my objections to objectionable methods above is from extra copies, without date, of that article about that time.

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

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

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

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

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

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

\* See *Allgemeine Homöop. Z.*, Sept. 13th, 1881.

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

In order to refute the argument of Dr. Buchmann that transparency proves the infinite divisibility by trituration, and hence infinite solubility of certain ordinarily hard opaque bodies, I have chosen the example of glass,\* the transparency of which is absolute, as well as its insolubility in water and alcohol. Yet when reduced by grinding for nine hours to its minutest particles of  $\frac{1}{3600}$ th mm., or thereabouts, these are *not* transparent in Dr. Buchmann's sense, like pieces of ice or soda. When correctly seen, as Dr. Buchmann has not done in any case, they are not easily to be distinguished by the amount of light they transmit from ordinary opaque particles of coal, copper, gold, &c. They are only slightly *translucent*, that is, the quantity of light diffused through so minute a particle is so small that it does not prevent even particles of glass of  $\frac{1}{3600}$ th mm. from being seen as a sharply-defined dark point. This contrasted with copper or gold particles of similar dimensions is but faintly translucent, and this only when conglomerated groups of glass, gold, or copper are brought together on the same slide. Single particles of glass are not easily distinguished from single particles of metals. These ordinary opaque bodies, like gold, in minutest particles are surrounded by a ring or minute halo of diffracted light, which gives them the deceptive appearance of translucency, rendering it often difficult to distinguish them from actually, though slightly, translucent minute particles of glass. These, moreover, also exhibit the halo, though in a less degree than actually opaque particles, mostly because in the case of glass some of the light sent up from the mirror is diffused through the object.

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

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

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

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

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

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

It is to be assumed that some of his copper and gold triturations were, like mine, made without sugar of milk. The unfiltered copper solution treated with ammonia exhibited the well-known blue colour; while Buchmann asserts that the filtered solution did not exhibit this colour.

In the same manner Dr. Buchmann prepared filtered and unfiltered specimens of metallic iron. The latter, treated with tincture of nutgalls, exhibited deep black reaction; the filtered fluid did not so react. From this he draws the remarkable conclusion that those substances *must have been present in actual solution, and not only as finely divided particles.*

It is quite incomprehensible why the reagents employed should *not* have acted upon metals in solution; nevertheless I have carefully repeated these singular experiments and arrived at the following results:

When pure precipitate of copper, or its first dec. trituration, in the proportion of 1 to 100, is shaken up in a mixture of equal parts of alcohol and water, and then filtered, the



quantity of particles passing through the filter, and hence *the degree of clearness of the filtered fluid, depends entirely on the closeness of the texture of the filtering paper, while the visibility of the particles depends largely on the mass of fluid employed.* When coarse paper is used, the copper suspended in the fluid causes this to become brownish in colour. When the filtering paper is dense, the filtered fluid is considerably clearer; and lastly, when the paper is of very close texture, in fourfold layers, the filtered fluid appears clear as water.

In the fluid of watery clearness, as prepared by Dr. Buchmann, he was unable to discover any particles of copper. Nevertheless, I dare assure the reader that extremely numerous particles of copper are with ordinary skill to be detected even in the *clearest filtered fluid.* In that obtained by means of coarser paper, such particles are present in swarms; they are only somewhat more difficult of detection in the fluid obtained by filtering through dense paper in quadruple layers. If a minute drop of such clear fluid is placed on a slide, and a cover of not more than 0.10 or 0.11 mm. placed over it, such a preparation examined with a magnifying power of 6700 diameters (although much less will suffice), illumination and position of the mirror being adequate, there will always be seen very numerous particles of copper in motion or grouped together, which phenomenon Dr. Buchmann regards as the "visible oölitic structure" of copper, &c. This grouping together occurs more easily in alcoholic mixtures than in water alone, and the observer may assure himself of it during the use of transmitted as well as oblique direct light. A magnifying power of 1100 diameters (Zeiss immersion, objective J,  $\frac{1}{13}$ th in.) is more than equal to this simple task.

It was particularly desirable to discover if there might be some still smaller particles possibly produced, as Buchmann asserts, by attrition, or some resembling his "misty dust," in which case they must appear in *gradually decreasing size.* For this observation the observer should filter solutions of the 1st to the 3rd trituration, and begin examination with a magnifying power of about 600 diameters. After

having prepared a specimen on a glass slide in the manner just indicated, and having sufficiently observed the moving particles until they have become quiescent after evaporation of the thin layer of dilute alcohol beneath the very thin glass cover, it is well to proceed to the use of a higher power, say 1100. This will display the minutest particles with great precision, provided light, mirror, and colour-adjustment have resulted in bringing objects into correct focus. The observer should now "spot," by means of any kind of indicator, some particular group of particles, and for the sake of certainty make a correct map of their relative positions on paper, or mark them in any manner whereby they may with certainty be recognised again. Then by adjusting a still higher power, say of 2000 diameters (Zeiss J +  $\frac{1}{2}$  in. solid ocular of Spencer), the largest particles of the "spotted" group will appear of the size of an object measuring about 1 mm. if viewed with the unaided eye, while the smallest particles will seem to have a diameter of about  $\frac{3}{4}$  mm. Between and throughout the specimen there are absolutely *no smaller particles*, or immeasurably minute misty points, derived from the metal. While if Dr. Buchmann's theory of infinite attrition were correct, such gradual diminution in size would be plainly discernible.

In order to obtain, if possible, still greater certainty regarding infinite attrition which should exist if ordinarily insoluble metals are to be made soluble by trituration, I made use of a  $\frac{1}{4}$  inch solid ocular by Spencer, which, combined with Zeiss  $\frac{1}{13}$ th immersion, afforded an amplification of 4000 diameters, still showing with a good degree of clearness the markings of the higher numbers of Möller's test plate. This exhibited the smallest particles of copper, of the trituration as well as of the precipitate, at a size (supposing them to be objects viewed with the naked eye) of about 1 mm., the largest ones of  $1\frac{1}{2}$  mm. in diameter. There was nothing else of the kind in the field of vision. Had there been present still smaller particles of copper resulting from attrition or cleavage, as Dr. Buchmann supposes, *they would of necessity have been easily visible from nearly 2 mm. in size downwards.* As dimensions and

visibility alone determine this question, absolute definition not obtainable at such an amplification was unnecessary.

If now the same group, consisting of single and conglomerated round and oval particles, is examined with gradually decreasing powers, the certainty is reached that these minute bodies are visible not only with a power of 600 diameters, but with powers of 350, 100, nay, of 55 diameters. Single particles are certainly visible with any good half-inch objective, though they may not be distinguishable when closely grouped together.

I have not forgotten, as Dr. Buchmann asserts, that he endeavoured to describe "immeasurably small particles." The slightest particles did not escape me. Quite on the contrary, the above observations show conclusively that Buchmann did not recognise the smallest definable particles when he speaks of "shadowy points and misty dust" or nebulous points (*verschwimmende Pünktchen*), &c., because I succeeded in resolving and defined his supposed shadows into *distinctly measurable particles*. Not every one, but a skilful microscopist\* is able to see 40,000 lines to the inch (ruled on glass) by means of a magnifying power of 50 to 100 diameters (half to one inch objective). This is equal to seeing an object of  $\frac{1}{1374}$  mm. in diameter. While closely ruled lines require great skill in making them visible, single isolated particles are seen with comparative ease.

A particle measuring  $\frac{1}{1300}$ th mm. magnified to 55 diameters, would be nearly equal to an object of  $\frac{1}{23}$  mm. seen with the naked eye, which is nothing extraordinary. I am able to recognise with the unaided sight single lines of a micrometer on which a millimètre is divided into twenty-five parts. When Dr. Buchmann asserts, notwithstanding frequent proofs to the contrary, that I have used only low or insufficient powers, I beg leave to ask what is his object of boasting of forty years of experience in microscopy, when he has not even attained the skill required to accomplish the above simple feats? Dr. S. A. Jones, whom Dr. Buchmann quotes against me, himself declares that Dechanel saw  $\frac{1}{330}$ th, Ehren-

\* See J. Edwards Smith, *How to See with the Microscope*. Chicago: Duncan Brothers, 1880, p. 372.

berg  $\frac{1}{140}$ th, and even  $\frac{1}{3700}$ th of an inch with unaided eye, *i.e.* objects of  $\frac{1}{10}$ th to  $\frac{1}{108}$ th of a millimètre. Hence I am by no means called upon to retract my statements concerning the availability of low powers which I suggested only for the purpose of enabling those who do not happen to possess expensive objectives to assist in making such observations.

After this description of the chemical and microscopic appearance of copper, it would be wearisome to repeat the same details with regard to charcoal, iron, &c. It will suffice to say that, with ordinary precautions and skill, there was no great difficulty in discovering abundantly the minutest particles of those substances subsequent to careful filtration, especially when the proportions of trituration and fluids demanded by Dr. Buchmann were observed. When a small proportion of fluid was used, these minutest particles were discovered in swarms with perfect ease; increasing the quantity of fluid, they were less easily found, becoming more and more scarce and search tiresome under higher powers.

A similar condition prevailed in the application of reagents to iron and copper. In the presence of a large quantity of dilute alcohol, neither tannic acid nor ammonia afforded very distinct reaction. But after evaporating a portion of the fluid holding copper in suspension after filtration, the characteristic blue colour appeared immediately and quite distinctly, especially when the liquid was contained in a white porcelain vessel.

A similar condition of appearances prevailed in the case of the filtered liquid containing iron. Dr. Buchmann declares that tincture of nutgalls have no effect on this. My experiments convinced me that, notwithstanding the comparatively small quantity of iron passing through the filter, the addition of tannic acid at once produced a brown discoloration, and after a while, a thick mucilaginous deposit of brownish colour, which does not appear when a simple solution of sugar of milk is treated with tannic acid.

The facts may be briefly stated as follows:—It is certain that filtrates of fluids holding in suspension triturated

metals, contain quantities of these particles, distinctly to seen with the microscope. This does not preclude the possibility that oxidisable metals may after trituration appear as soluble oxides. At all events, Dr. Weber, of Duisburg, who examined Dr. Buchmann's filtered solutions, succeeded in demonstrating their presence—a matter fraught with no great difficulty because these metals (iron and copper) are present in their metallic state, as I have shown, and as all can see who look with care; but they are present most likely also as oxides, the "possible and probable" formation of which occurs during trituration ("Essay," p. 80).

As substances in a state of solution are invisible under the microscope, Dr. Buchmann beheld upon the slides (upon which the solution had been dried by heat, p. 77), not only particles of oxidised matter, but also undissolved particles of metal, which, biassed by his theory, he was unable to distinguish from each other.

Should the reader's mind happen to be unprepared by the non-perusal of Dr. Buchmann's wonderful provings, he will be startled by the singular conclusion upon which that writer prides himself, that, because he could see no effect of reagents upon filtered as he did in the unfiltered fluids, he thinks this to be a certain proof of the presence of iron or copper in their pure metallic state (not as oxides) in such fluids. This he claims as "another one of his important discoveries for homœopathy" (p. 77), notwithstanding the easily demonstrable fact, as shown by Dr. Weber chemically, and by myself both microscopically and by reagents, that these substances are plentifully present both before and after filtering the fluids. If the reagents failed in the filtered fluid, it was owing to its too great dilution, and also to the insufficiency of the test, especially as regards tannic acid. Now, after all such inaccuracies in tests and conclusions, is it fair on the part of Dr. Buchmann to censure me severely for alleged carelessness, bad and useless preparations, besides doing me the injustice of ignoring my corrections, and preferring to dwell on former inaccuracies?

In the case of charcoal, such valuable discoveries could

not be made by means of reagents. But few substances, with or without addition of sugar of milk in trituration, will better serve the purpose of demonstrating the minutest particles after filtering solutions of its triturations.

Dr. Buchmann passes lightly over the subject, when he remarks (p. 81) :—" It is a matter of indifference, as far as homœopathy is concerned, whether the metals are contained as oxides or in reguline state in the solutions." Notwithstanding my carelessness, of which Dr. Buchmann deems me guilty, neither I nor any other conscientious homœopath would dare to endorse such an assertion.

We have seen certain metals in a state of oxidisation, as well as insoluble particles of metals and other substances in minutest subdivision, pass through dense and fourfold filtering paper. Hence, it cannot be maintained that they are *all* soluble, and therefore useful in the preparation of dilutions and high potencies. For it is by no means a matter of indifference to a physician whether or not he prescribes oxides, pure metals, or entirely unmedicinal preparations. Besides this, every careful pharmacist will, at the outset, make use of soluble salts and of *positively* soluble substances in the preparation of his dilutions, instead of yielding to dogmatic pressure, and wasting his time and strength in making triturations and then "potentising" them into eternity.

As I have stated elsewhere repeatedly, pure metals and ordinarily insoluble substances are most rationally and effectively employed as medicines up to the 6th centesimal trituration, not only to the 3rd, as at first stated but subsequently corrected, and the correction based upon certain calculations, which have been at length described in my pamphlet reprinted from the *New England Med. Gazette* of July, 1880. Herein I endeavoured to demonstrate that the minutest particles, as measured by me, may, as in the case of charcoal, quicksilver, and gold, be carried as far as the 6th centesimal, thus correcting a former remark, which Dr. Buchmann utterly neglects in regard to many of his own statements much in need of modification.

As was to be foreseen, Dr. Buchmann could not avoid

the recognition of the spots which, as I had shown, would be produced by the evaporation of distilled water and pure alcohol upon a glass slide, and which he interpreted as recrystallised silica. Now, since a mixture of silver with dilute alcohol, considered by Dr. Buchmann as a "solution," produces similar spots, those produced by pure water or alcohol had to be accounted for in a different manner. As he discovered that even redistilled water and pure alcohol produce certain spots when evaporated upon a glass slide, from which they are not easily removed, not even by heat, he resorts to the assertion that such spots consist of *dissolved glass* produced by the immediate action of a little drop of water or alcohol. Though it is not easy to determine whereof such dim spots consist, the application of heat would only prove the presence of non-volatile substances. It is uncertain whether they consisted of bacteria, or extractive matter in the alcohol, or of one of the numerous impurities which might, like the ever-present soda, be deposited from the air; in short, they admit of a variety of explanations. But to say that those dim spots resulting from a drop of water or alcohol placed on a glass slide are caused by the solution of the glass melting like sugar is expecting too much of the credulity of the most credulous. If glass were as easily soluble as Dr. Buchmann theorises, then our entire materia medica is good for nothing; for then our poor patients are doomed to swallow more liquid glass than medicine. But the funny part is that I am stated to have furnished the most positive proof of this great solubility of glass, silica, &c., a proof which escaped me in one of my great inconsistencies, and in my illogical and heretical moods. Well, if the honour of such a discovery belongs to me, then why not also the "prize?"

As it is a prize essay with which I am confronted, the indulgent reader will pardon a prolongation of my defence. Dr. Buchmann, rather driven to superfine discriminations, repeatedly endeavours to make a point concerning the Hahnemannian advice to use dilute alcohol, a precaution I am said to have deliberately disobeyed in the investigation of silica. On referring to previous articles I was greatly

relieved to find that this heresy had not been committed. As described (in *Allgem. Hom. Zeitung*, vol. 101, p. 108), I once again mixed ten grains of finely triturated silica with half an ounce of *watered* alcohol. If only 100 drops are used, as Dr. Buchmann did, the filtered fluid might be called clear as water, but if the quantity is considerably increased a deceptive appearance of clearness is avoided. This mixture, after having been shaken repeatedly for a day, was allowed to stand quietly for ten days, whereupon the supernatant fluid was still slightly turbid. In order to obtain the perfectly clear fluid demanded by Dr. Buchmann, the uppermost and clearest portions were drawn off with a pipette, and then filtered through a quadruple dense filter, after which a slight cloudiness was still discernible, and I doubt that a perfectly clear fluid is obtainable when the proportions as urged by Dr. Buchmann are employed. I will add that in a mixture of a teaspoonful of finely triturated silica in eight ounces of water, prepared last year, a degree of cloudiness was perceptible after three months. Dr. Buchmann was unable to discover any particles in his clear solution (p. 71). Although the mixture prepared by me stood about nine days *longer* than that of Dr. Buchmann's and was carefully filtered, the minutest particles of silica were always plainly demonstrable by carefully managing the illumination, especially on account of the refracting power of silica, nearly equal to that of the liquid, in which the particles literally swarmed.

If it is not easy to find them in the liquid, their discovery after evaporation on a glass slide is a simple matter, and even a low power will display them readily. Dr. Buchmann brings forward his inability to discover these particles in the wet preparation as a proof of the solubility of silica, and their visibility after evaporation as indisputable evidence of the recrystallisation of the substance in question. That author is mistaken as long as he either will not or cannot examine properly. He considered it quite unnecessary to subject paper blackened by friction with a gold piece to microscopic examination, which would have disclosed the brilliant metallic lustre of particles



appearing black to the naked eye, to which he trusts too much.

The question turns on the solubility of certain substances in water or alcohol, or both combined. It is urged that the microscope cannot decide the question of solubility. This is true in general, but when it is stated as an axiom, and this becomes elevated to a dogma (to doubt which involves heresy and excommunication), that matter is reduced to a degree of fineness so incredible as to render such substances soluble *in defiance of the laws of chemistry and physics*, then, I say, the microscope skilfully and intelligently used affords the only true test in regard to the accuracy of such dogma or belief. My critics constantly ignore this form of the question, knowing well the effect and value of intimations of heresy in attempting to discredit perfectly fair investigations of untenable propositions.

As long as it is easily demonstrable that undissolved particles which never fall below a certain degree of minuteness (varying in different substances) pass through a filter, then the solubility of gold, glass, silica, &c. is not to be assumed. The solubility of gold after a few minutes of contact with distilled water, or of glass by a drop of water, is so preposterous that one regrets the time wasted in discussing the matter. If it were admitted, for the sake of argument, that glass, silica, gold, &c., were soluble in water to such a degree that they leave a visible residue upon glass, then the entire cumbersome process of trituration becomes unnecessary and superfluous. The novel dogma of the solubility of glass and metals, the latter being supposed to be held in solution in their pure elementary state, opens wide the door for the admission of mysticism and superstition.

The heresy of which I confess myself convicted, consists in the proposition to use triturations up to the 6th centesimal. If, as I have shown, the minutest particles of gold possess a diameter of  $\frac{1}{5000}$  mm., a piece of that metal 6 mm. in length, 6 mm. in breadth, and  $\frac{4}{35}$  mm. in thickness, weighing one grain, may theoretically be divided into 46,080,000,000 of particles, supposing it were possible to

comminute the whole evenly, which is next to impossible, this would leave only four or five particles in the 6th centesimal trituration.

Ordinary means of hand trituration would not and never have carried a metal even so far. Modern machinery and great skill may reach that point with pure gold. Again, my measurements may by a 1000th of a mm. fall short of the minuteness; and other substances may be reducible to more minute dimensions as to their particles, like Witte's purple gold preparation, but the difference reached will permit of but an insignificant latitude in regard to the degree at which triturations cease to be useful.

Soluble substances, according to the best of present indications, reach their useful limit near the 10th centesimal; at all events, a safe point to adopt with a view to mutual agreement and instruction of students. If, as Dr. Buchmann asserts in his preface, this injures and impedes the progress of homœopathy more than the aggressions from the other school are able to injure it—and he prides himself upon being a “conservative homœopathist” who will not bow to the authority of a science which is not free from errors—it is more than likely that our author has become bewildered in his choice between homœopathy, conservative homœopathy, and science in general; still I doubt not that, like all earnest physicians, he seeks the best way to cure his patients.

## ACID AND ALKALINE CHILDREN.\*

By T. C. DUNCAN, M.D., Clinical Professor of Diseases of Children, Chicago Homœopathic Medical College.

By special request is here given a separate chapter on this very practical division of children.

\* From the third edition of the author's work on *The Diseases of Infants and Children, and their Homœopathic Treatment.*

Said a professor the other day, "If you will only give us your ideas of acid and alkaline children, with the indications for food and remedies in a few pages for ready reference, you will confer a favour." I explained that he would find a brief analysis on page 178, and a practical illustration in the author's work on 'The Feeding and Management of Infants and Children.' "Yes, I know, but we want it more fully considered, so that we can get at the ideas and indications without much trouble." Since 1873, when I first presented the subject to the Illinois Homœopathic Medical Association and to the medical world,\* and especially since the first edition of this work appeared, the practical value of this division of children has been recognised by our best men. Said a prominent physician who is recognised as a close prescriber (while attending the private course on Diseases of Children, given by the author every spring): "I am classifying our remedies on that basis, as I find that it facilitates their selection. I wish that you would carry it out farther."

The ideas are not new with the author, for away back in Hahnemann's day, we find that he recognised the fact that the natural tendency to acidity† was looked upon as abnormal.

In attempting to find Grauvogl's Constitutions (Oxygenoid, Carbonitrogenoid and Hydrogenoid), among the children in the newly organised Foundling's Home, two extremes could be well made out. These were the thin feeble children and the large plump ones—corresponding to the first and last division I suppose. Scudder lays down the indications for acids that the lips must be red, while the alkalies should be used where the lips are pale. This corresponded to the two classes of children already recognised, and here was evidently a physiological application of the law of similars in the selection of the remedy.

Now was recalled the division of remedies according to their chemical and electric condition, as outlined by Dr. Hering, in 1850.‡ Here was evidently an electro-chemical

\* Vide *Medical Investigator*, August, 1873.

† Hahnemann's *Lesser Writings*, p. 233.

‡ *North American Journal of Homœopathy*, vol. i, p. 41.

basis for the division of this subject. After making many post-mortems in the Foundling's Home on these two classes of children, a large stomach, as a rule, was found in the thin cases, while in the fleshy ones the stomach was relatively smaller. The condition of the liver was just the opposite. The small thin child with a large stomach had a small liver, while the large fleshy alkaline child with a small stomach had a large well-developed liver. The child being vegetative, growing on what it is fed with and assimilates, it is evident that as the large stomach would secrete a large amount of acid gastric juice, in such cases digestion and nutrition would be interfered with. For we remember that there is naturally a tendency to acidity in the child. Acidity means decay. We have seen (p. 307) that all of the excretions have an acid reaction, while all of the secretions, except one, give an alkaline reaction. Taking what is here given, and on page 178, it would seem that there is an anatomical, physiological, electro-chemical, pathological, and therapeutical basis for the vision of children into acid and alkaline.

Following these leadings, and the fact that the acids are homœopathic to the low forms of disease where the body is emaciated, and that red-lip children and people are usually slender, first suggested that these acid subjects were possibly below par. On the other hand, the pale lips belong to people and children in good flesh and some of them extra fat. In these people and children the alkaline remedies are chiefly indicated in whatever disease they have. This seemed a practical division of children that might be read at sight. The large number of children at the Chicago Foundling's Home was a fine field to pursue this line of study.

On a further study of this subject, difficulties were encountered. A healthy child had thick rosy lips, but some of the most thick-lipped children were found to be the ones that were ailing most frequently. Then it was concluded that there must be a diseased alkalinity as well as a diseased acidity, extremes either way were looked upon as diseased tendencies, and the effort in treatment must be, to obtain and maintain a golden mean.

*Appearance and Development.*

*Normally* a child is alkaline and should be of fair size, weighing about nine pounds. It should have firm flesh, well-developed bony system, broad shoulders and head, appear well nourished, cry lustily when hungry, eat heartily and sleep soundly when it has nursed, about half a cup of milk.

*The acid* child is under weight. It is thin in flesh, and the bones are small and short. Those of the head are deficient, and the sutures are all open. The face is narrow and the features are pinched. The lips are thin and red. The tongue is small, red, and pointed. The skin of this child at birth is very red and harsh feeling, and delicately thin.

*The excessively alkaline* child is usually over weight and large every way. The flesh is flabby. It has large joints and long large bones. The head is broad and the sutures well closed. The fontanelles may be wide open or will appear so as it develops. It cries lustily when aroused, but grunts till its wants are supplied. It eats heartily and often, and sleeps at first a great deal, till it is finally kept awake by a developmental tendency.

The development of these three classes of children is radically different. The normal child is alkaline, and remains so, for the alkaline digestive elements are in a normal relation to the acid elements. That is, the bile and pancreatic juice are able to change the reaction of the acid digestive current as it comes down from the stomach.

The acid child, with its large stomach and excessive flow of acid gastric juice, and deficient bile and pancreatic juice, has to struggle with acidity, high up in the alimentary tract. This acidity of the digestive mass irritates the intestines, producing muscular contraction and rapid emptying of this canal. Its stools are therefore thin and green from the decomposed bile. Under such circumstances it is easy to see here that the absorption is small, and therefore the child is feebly nourished. This is evident in the emaciated,

hungry look it presents. It is uneasy, restless, and sleepless. Cries with colic from the irritation of the acid elements high up in the small intestines. It is nourished on the fluid elements of food that is taken up by the capillaries, consequently its blood is deficient in white or fat blood. We therefore find that it is not only feebly nourished and imperfectly developed, but that there is also a marked tendency to certain diseases.

The alkaline child, having a small stomach and a well-developed liver, has an ample digestion. The acid emulsified milk is digested, saponified into chyle, which is rapidly and readily absorbed. This leaves a craving of the system for more food, and the tendency is to eat too often. Notwithstanding, this child's bowels are inclined to constipation, while the system is being excessively nourished. The child grows more alkaline and restless from repletion. Here we have a practical illustration that those who eat heartily do not need the sleep of one who eats properly.

This child is tardy in its nervous and bony development. It is late in getting its teeth, seems sleepy and slow of comprehension, and is especially tardy in walking. It is a great pet, and likes to be carried. It can bear neither neglect nor pain. It cries at trifles.

#### *Etiology of Acid and Alkaline Children.*

As the child is dependent upon its environment and food for its development and growth, so the cause of these two classes of children can be found in their ante-natal and post-natal nourishment and care.

The cause of the acid child is hereditary or acquired. The thin, active, restless, nervous mother is apt to have a child feeble in development with a tendency to acidity. If the mother's food has been deficient or acid the effect upon the child will be to produce the acid constitution. The acid food will render labour easy, but its effect upon the child is disastrous. This kind of food, as Dr. Burt found by careful experiment, will cause easy labour; but one child

was stillborn, while three others were living skeletons, and were raised with difficulty. Fleshy women, who grow more fleshy during gestation and lactation, have, as a rule, acid children.

The acquired form is developed after birth. Sometimes the trouble arises through mistaken kindness, such as giving the child, well formed and normal, some indigestible food before the milk arrives, sometimes it is sweetened water or strong milk. Sometimes acidity is caused by starvation. The milk is tardy in making its appearance, or the mother is active too early, and the quality of the scanty milk is changed. The food may be difficult of digestion, thereby developing the abnormal secretion of the acid digestive elements. Exposure or excessive washing will favour the acid tendency.

In older children activity, animal food, and over-study are the chief causes.

The alkaline child is developed under other circumstances. This tendency is both congenital and acquired. The mothers, who are in fair flesh, are great eaters and of sluggish disposition. Large mothers have, as a rule, large children, unless they get abnormally fleshy during gestation, then they rob the child of its proper nourishment. Locality and season have much to do with the development of the child; new countries, moist localities, and damp seasons seem to favour excessive infantile development.

The food of the mother that favours infantile development is nitrogenous in character, combined with carbonaceous food that is not readily changed into saccharine matter.

After birth the excessively alkaline child may be developed by certain food and management.

The great appetite of the mother is also apparent in the child. It eats large quantities of food and wants it often. It grows rapidly and looks plump, and the mother and friends are pleased at the result of this feeding and encourage it to over-eat. The nursing mother often finds that she must take something to make milk. This something is usually beer, which contains so much water and

gum that the child develops more and more gross or alkaline. Tea does not increase the flesh of children and some starchy gruel is usually preferred, as that increases the fattening qualities of the milk. When the child is fed the dextrin foods or condensed milk are preferred, and seem to agree best with these children, and they take large quantities and want to be fed often.

Bathing in *warm* water aids the absorption of large quantities of fluids and stimulates the appetite. These fat children like the bath and are indulged.

In older children whose diet consists of vegetables, especially potatoes, the excessive alkaline constitution is developed.

#### *The Acid and Alkaline Disease Tendencies.*

The study of the natural history of acid and alkaline children reveals the fact that the disease tendencies in the two are radically different.

In the acid child there is a deficiency of the white blood and an excess of the red, hence the mucous membrane and skin are not well protected, and there is a marked tendency to interstitial inflammation. The lips and the tongue are red, revealing the fact that the mucous coat is very deficient. It is not at all strange that gastritis, especially of the chronic form, is frequently met in acid babies. Thrush is easily set up by slight dietetic errors or a cold.

The acid condition of the alimentary canal gives rise to frequent thin, green discharges from the bowels. These acid children suffer greatly from colic. They cry and fret continually, especially at night. The urine flows freely and frequently, and is usually of a light colour. The tendency of the skin is to heat-rash, strophulus. The brain diseases are acute and acquired hydrocephalus. The system not being nourished as it should be with proper food makes the child uneasy, restless, and this tends to force the blood to the head in excessive quantity. This constant surcharge brings about a hydrocephalic condition. Brain



symptoms as we can understand are very common in these acid children.

The chest diseases to which the acid babies are subject are spasmodic croup (and laryngismus stridulus from the cerebral pressure), diphtheritic croup, and croupous pneumonia. Pleurisy and rheumatism do not often affect these children.

The chief symptoms of severe disease in acid children are pain, fever, and restlessness.

In the alkaline children the excess of lymph and white blood and the active condition of the lymphatic system tends to stasis of the circulatory systems, and catarrhs are the result. The well-developed mouth glands give us drooling early. Dentition is tardy and the teething complications are numerous. The excessive flow of saliva may give rise to an obscure lienteria (see p. 228). The form of the mouth diseases will be aphthæ, the ulcerous or gangrenous varieties.

The stomach diseases will be gastric catarrh, acute and chronic. This latter may be congenital or hereditary. Duodenal, as well as enteric catarrh will be frequently met with. We may have colitis or dysentery in these children, proving very obstinate. Vesical catarrh is frequently met with, and often long lasting, in the form of enuresis.

The skin diseases are also catarrhal and very tedious; the chief one met is eczema. Moist skin behind the ears, crusta lactea, and pustular diseases are frequently met with in these children.

The form of brain diseases will be hydrocephalus, chronic, and cerebral anæmia (hydrocephaloid), as the result of a serious drain from some acute disease, like gastro-enteric catarrh—so-called summer complaint, or cholera infantum, or even bronchial pneumonia.

Nasal catarrh, membranous croup, bronchial pneumonia, and capillary bronchitis are the chief diseases of the respiratory tract in alkaline children.

The prominent symptoms of severe disease in these children are: coldness, pallor, and prostration.

*Food Indications in the Acid and Alkaline.*

This division of children will call up the law of diet—repair the loss; supply the lack. The law of the diet is contraria. That the regular (Allopathic) profession have been following this dietetic rule in the management of the sick is evident.

The feeding of these children should, if possible, begin in ante-natal life. The expectant mother, slender and active, preferring acid articles, pickles, lean meat, or tea and bread, demands a change, so that the child will not have gastritis from birth, and develop an acid tendency. She should be impressed with these dietetic rules :

**RULE I.** *Acids, spices, stimulants, and activity* interfere with digestion and assimilation, beside tending to tear down what is already built up.

**RULE II.** *Fats, sweets, starchy food, water, and quiet* aid digestion, absorption, and the genesis of white blood. They nourish and fatten the body.

We have seen (p. 308) what a large amount of fat is contained in the milk. The student of histology is aware of the large amount of fat in all the tissues. A well-nourished system is loaded with fat. Like water, fat is a vital element. If there is no fat in the food, the system is torn down, and fat is manufactured, as well as water, in the body.

The chief difference between the acid and the alkaline child, is the large amount of fat in the latter, and the well-developed condition of the absorbent glands, although these may develop under the stimulus of nutrition. One of the first things the author orders for a lean acid baby is that it have an oil bath, *i.e.* rubbed with oil once or twice a day. This gives it a food that aids the rapid increase of the white blood corpuscles. Whether it is to be oiled once or twice a day depends upon the development of the child and the condition of the mother. If premature, it should be oiled twice or three times a day (p. 128). If the mother is feeble and will have scanty, thin, sour milk, it should be oiled twice a day at least for a long time. If the mother

is very fleshy, and has been gaining in flesh during gestation, we may conclude that her milk will be like cow's milk, and will need more water to render it nutritious; under such circumstances the acid child should be oiled.

If the acid child is brought up on artificial food then we must give close attention to its digestive needs. The acid digestive fluids must be antidoted and their secretions lessened. To outline a course of feeding for this class of children is most difficult. Diluted cream stands at the head of the list for these infants. These children cannot manage casein and this must be extracted by giving cream or whey, or else the casein must be prevented from curdling into hard chunks by some form of addition to the food. Cooked gelatine or cooked starch may do, or one of the dextrin foods may be found to agree.

To quiet the colicky pain, free draughts of hot water should be given. This not only relaxes the constricted intestines, but also washes the aliment down and at the same time dissolves the food and aids its assimilation. This class of children need the food very much diluted. Sometimes the cow's milk diluted with two parts water will agree and nourish the child. But the proportion of water in the food should be lessened just as rapidly as possible. If the food should disagree, it should again be largely diluted for a few days till it agrees, or the child put on to one of the more infantile form of foods (see p. 326).

The feeding apparatus will need extra attention to keep it sweet. After being used it should at once be returned to a basin of water, in which is a pinch of soda.

When the infant is nursed, or when the food is milk, it is sometimes advantageous to feed it with a spoon, a little barley or oatmeal gruel, or a little arrowroot, or corn starch gruel just *before* it is to be fed. This gruel should be very thin. The barley or corn starch gruel had better be made without milk and very thin. This will take care of the extra gastric juice and very much facilitate the digestion of the milk food. This gruel should be *well cooked* so as to change the starch to dextrin, which can be absorbed into the system without detriment.

This class of children needs to be kept quiet and get much sleep. They are usually very poor sleepers. Passive exercise, like massage (twice a day), being carried about, or better yet, being driven in a carriage, will insure exercise and sleep at the same time. Rocking they like. Their acid condition tends to make them nervous and restless, and they will demand motion. (See p. 374.) Motion that soothes and secures sleep is the great desideratum.

The indications for feeding the decidedly alkaline child are for less fat and fluids. It is those two elements that increase the excess of adipose. The quantity should also be restricted, for these children are great eaters.

When possible we should restrict the mother as to her diet during the ante-natal life of the child. She should be encouraged to eat sour food, especially sour fruit, and to take less fluids and much exercise. Her chief diet should be nitrogenous food, like meat, oatmeal, graham, &c.

After birth the food of an alkaline child must be judiciously selected. The digestive organs are all well developed, so that it is, as a rule, able to digest stronger food than the acid child. Food that changes rapidly to a sour condition especially disagrees with them. The butyric acid fermentation is especially disagreeable to them, producing acute attacks of gastric catarrh. For this reason, although oatmeal gruel and milk are their best diet, still if the meal is not just fresh and the milk at all stale, it sours in the stomach and the child will be made sick. The cream food does not usually agree with these children, but corn starch well cooked and added to the milk usually agrees when they are young. Liebig's food (Horlick's, Mellin's, or Loufland's brand of it) is well adapted to the digestive condition and needs of this class of children, who are essentially German in type.

These children take early to bread-and-milk and like to go to the table. The salivary glands develop so early that they drool much before the teeth appear, and then they should be given a crust of bread, or bread-and-milk to eat. Bread containing much nitrogen or gluten is to be preferred. Potato they take to early and like it, but nothing fattens

more rapidly, and it is evident that its indulgence should be held in check. This child can take milk clear without water, very early, and this should be encouraged. It should also be encouraged to drink cold water in small quantities.

The feeding apparatus for these children should be one that will not allow it to empty its bottle rapidly. It likes to eat fast and will make a fuss if the food does not come in great mouthfuls. The long tube with a hard nipple should be selected. It is not so necessary to keep this child quiet after it eats as it is in the acid child, but that is a good physiological rule under all circumstances.

The alkaline child should not be fed so often as the acid one, and should be made to go all night without food, but against this they rebel, for they like to eat at night, and are then wakeful—illustrating the fact that food supplies the lack of sleep.

#### *Acid and Alkaline Therapeutic Indications.*

We have seen that the indications for food are according to contraria, but, judging from the experience of years, the selection of the curative remedy is according to similia. Nothing that has come to our notice has so strongly confirmed the truth of homœopathy as the practical test of remedies on this acid and alkaline basis. It is not intended that this basis or classification will in any way supersede the law of similia, but may aid in showing the way to a more exact individualisation than is often possible where our guides are objective symptoms chiefly.

In general we might impress the fact that acid children demand acid remedies, while in alkaline children, alkaline remedies are indicated and curative.

The special indications for the remedies on the acid and alkaline basis in brain diseases would be as follows :

Alkaline children with inflammation, effusion, and coma would suggest *Gelsemium*, *Belladonna*, *Arnica*, *Opium*, *Apis* ; while acid children, who are nervous, restless and anæmic, would suggest *Aconite*, *Arsenicum*, *Rhus*, *Sulphur*.

In throat and chest diseases the indications in alkaline children would be for *Kali bich.*, *Hepar*, *Belladonna*, *Tart. emet.*, while in the acid subjects the indications are for *Aconite*, *Spongia*, *Iodine*, *Bryonia*, *Phosphorus*, *Sulphur*.

In bowel diseases, in both diarrhoea and constipation, the alkaline children need such alkaline remedies as *Nux*, *Mercurius*, *Kali*, *Calcarea*, *Chamomilla*, *Dulcamara*, *Alumina*; while acid children are best managed by *Arsenicum*, *Podophyllum*, *Pulsatilla*, *Rhus*.

In diseases of the skin, the moist eruptions or pustules of the alkaline children suggest such remedies as *Calcarea*, *Baryta*, *Mercurius*, *Dulcamara*; while for the acid children with their dry, scaly skin, such remedies as *Arsenicum*, *Silicea*, *Sulphur*, *Rhus*, are called for.

When such mixed remedies as *Hepar*, *Calc. iod.*, *Merc. iod.*, *Calc. phos.*, &c., are used (the symptoms of each ingredient being about equal), we would expect, as we doubtless get, a more marked action of the element in the remedy that corresponds to the child. For example, the action of the *Sulphur*, *Iodine*, and *Phosphorus* would be more marked in the acid child than in the alkaline one. We see here a possible explanation why *Baryta carb.* is such an efficient remedy in chronic enlarged glands in very fleshy subjects.

The special indications for the various remedies will enable us to trace out the subdivision of this classification very much farther. A wide and practical field is open before us, and the author hopes that there will be many volunteers. It would be interesting and valuable if we could classify the whole materia medica on this basis, but that would require more time than has yet been given to it. Hering has made a good beginning and we transfer his classification as worthy of special study:

(ACIDS.)	(ALKALIES.)
<i>Electro-negative.</i>	<i>Electro-positive.</i>
(Oxygen.)	(Hydrogen.)
<i>Aconite,</i>	<i>Alumina,</i>
<i>Arsenicum,</i>	<i>Ammonium,</i>
<i>Antimonium crudum,</i>	<i>Argentum,</i>
<i>Bromine,</i>	<i>Aurum,</i>
<i>Benzoic acid,</i>	<i>Baryta,</i>
<i>Capsicum,</i>	<i>Belladonna,</i>
<i>Cepa,</i>	<i>Cadmium,</i>
<i>Chlorine,</i>	<i>Calcarea,</i>
<i>Citric acid,</i>	<i>Causticum,</i>
<i>Fluoric acid,</i>	<i>China,</i>
<i>Graphites,</i>	<i>Cuprum,</i>
<i>Iodine,</i>	<i>Dulcamara,</i>
<i>Jatropha,</i>	<i>Hellebore,</i>
<i>Lactic acid,</i>	<i>Ignatia,</i>
<i>Mezereum,</i>	<i>Kali c.</i>
<i>Muriatic acid,</i>	<i>Lithium carb.</i>
<i>Nitric acid,</i>	<i>Lycopodium,</i>
<i>Oxalic acid,</i>	<i>Magnesia c.</i>
<i>Podophyllum,</i>	<i>Mercurius,</i>
<i>Phosphorus,</i>	<i>Natrum c.</i>
<i>Phosphoric acid,</i>	<i>Nux vom.</i>
<i>Pulsatilla,</i>	<i>Palladium,</i>
<i>Rhus,</i>	<i>Plumbum,</i>
<i>Silicea,</i>	<i>Rhododendron.</i>
<i>Staphisagria,</i>	<i>Sanguinaria,</i>
<i>Sulphuric acid,</i>	<i>Stannum,</i>
<i>Thuja.</i>	<i>Strontian,</i>
	<i>Tabacum.</i>

The following remedies, according to Hering, may act in an opposite way :

<i>Carbones,</i>	<i>Ferrum,</i>
<i>Osmium,</i>	<i>Manganum,</i>
<i>Selenium,</i>	<i>Niccolum,</i>
<i>Sulphur,</i>	<i>Petroleum,</i>
<i>Tellurium,</i>	<i>Platina.</i>

It was also his idea that drugs belonging to the same family were connected by a rule of relationship in regard to their polarity of action. For instance, in the Solanæ *Capicum* being the electro-negative extreme and *Tabacum* the positive, the others standing in a regular order between. Among the Ranunculacæ the positive end is occupied by *Hellebore*, the negative by *Staphisagria*. This he finds holds good in every family of plants and in every family of chemical substances, and we may from this conclude that the different plants also may be arranged in two classes according to their prevailing chemical constituents. There seems to be a correspondence between such families as are remarkable for containing acid substances, as the Ranunculacæ and Euphorbiacæ, and the electro-negative chemicals, and between such families as contain bitter and narcotic substances and the electro-positive chemicals. Plants and animals used as drugs always present combinations of alkalis or acids, and the application of the rules (given below) must be modified or restricted according to the prevalence of positive or negative action.

We have found that, as a rule, there is a difference in the aggravations in these two classes of children. In acid subjects the diarrhoea is usually worse in the morning, while the cough is usually worse in the evening. In the alkaline subjects the reverse is usually the case.

Hering lays down rules for the selection of acids and alkalis, according to the aggravation, as follows :

I. *Morning aggravation of a looseness of the bowels indicates the acids or electro-negative drugs. Evening aggravation of the same indicates the alkalis or electro-positive drugs.*

II. *With coughs the reverse is the case ; an exacerbation in the morning indicating the alkalis, one in the evening the acids.*

The looseness of the bowels, as well as the cough, should be what is called *active* ; if they form a very subordinate group among the symptoms, the rule cannot be applied with the same certainty. (Morning includes the hours from midnight until noon ; evening the hours from noon until midnight.)



The author sincerely hopes that this classification, which has been attempted to be elaborated, will not lead to careless guess-work and hasty generalisation, but will aid the reader to group his remedies to better advantage, that he may the more readily and surely select the simillimum.

It may also enable him to "see right through a child" and to understand "the *why*"—the disease tendency, the food needed, and the remedy indicated—and to unite with the author, in exclaiming HOMŒOPATHY EXCELSIOR!

### EFFECTS OF POISONS.\*

(Continued from Vol. XXXVIII, p. 81.)

**PHOSPHORUS POISONING.** *Acute.* The most frequent form in which *Phosphorus* is taken in poisonous doses is in the form of matches. Phosphorus paste or rat poison is also sometimes used. *Phosphorus* in large pieces seems to be less hurtful than when in a finely divided state. In the latter state, or when dissolved in oil or ether, it is an active poison, one grain being a dangerous or even fatal dose for an adult.

The first symptoms of poisoning are usually gastric, pain in the epigastrium, and vomiting. The vomited matter, faecal evacuation, and even the breath, are sometimes luminous. After vomiting there usually occurs a healthy period, lasting two or three days. Then severe symptoms commence generally with jaundice, which increases more or less rapidly till it attains the highest degree; with this comes urticaria, also pain in the epigastrium, especially in the hepatic region. The liver is proved by palpation to be enlarged; there are often mild febrile symptoms, and vomiting more or less bloody. Great weakness of the heart's action. Pulse generally much accelerated, extremely feeble, and small; heart's sounds feeble at first, no difference

\* Abstract of articles in *Ziemssen's Cyclopædia*, vol. xvii.

betwixt first and second sounds, finally the first sound disappears. There is often a great tendency to hæmorrhage of various kinds, hæmatemesis, bloody stools, epistaxis, metrorrhagia, or premature menses. Petechiæ and ecchymoses on the skin. Bleeding from a leech-bite or cupping-glass cannot be stopped. The intellect is often intact; sometimes there is profound stupor twenty-four hours before death. There may be coma or noisy delirium. Temperature of body generally normal until the approach of death, when it may be diminished or greatly increased. Urine not much changed in amount or density at first, later much diminished; usually contains a small amount of albumen, frequently blood and fibrinous casts, and with the jaundice biliary pigments and acids. The urea disappears on the approach of death. Death usually takes place in from a week to a fortnight. If the cases recover they often take many weeks to do so. Sometimes very rapidly fatal effects are seen, death taking place in from nine hours to two or three days. In these rapid cases jaundice does not occur. Sometimes a previously enlarged liver is diminished in size.

Post-mortem examinations show fatty degeneration of the liver as one of the most frequent results of *Phosphorus* poisoning. The muscular tissue is usually yellowish-red and fatty. The blood is only partly coagulated. There are ecchymoses beneath pericardium and endocardium. The muscular tissue of the heart is pale, of a light greyish-yellow colour, in some cases striped with net-like tracings formed by light wavy lines on a greyish-red ground; the cardiac tissue is brittle and appears fatty to touch and eye. Lungs show hypostatic congestion and pleural and bronchial ecchymoses. The liver is enormously enlarged; it is usually pale, but may be deep yellow; the acini plainly perceptible and large, the substance is brittle and fatty, there are ecchymoses beneath the capsule and along the blood-vessels. The spleen is often enlarged. The gastric mucous membrane is swollen, greyish, non-transparent, with ecchymotic spots, sometimes small ulcers in pylorus. The mucous membrane of duodenum the same; that of small intestines pale, with ecchymoses. Contents of stomach often bloody;

little or no bile in intestines or gall-bladder. Kidneys enlarged and fatty. Sometimes the autopsy gives negative results. Often the only important changes are in the liver. In some cases it is diminished in size; it may then be dark red in colour, its consistency tougher, its lobules small and wasted; mixed with this dark-red tissue may be insulated spots of strongly marked yellow colour; apparently in these cases the fatty degeneration, which in the yellow spots is in its prime, has degenerated to atrophy in the red portions. The microscope shows the muscular fibres of the heart and body muscles, the hepatic and renal epithelial cells and the cells of the gastric glands filled with large or small fat drops. There is sometimes fatty degeneration of the smaller blood-vessels and capillaries, to which the hæmorrhages may be owing. Authorities differ as to the microscopic appearances of the liver. It is generally supposed that the changes are identical with those that occur in acute yellow atrophy of the liver.

*Treatment.*—The first object is to get rid of the *Phosphorus* in the stomach by emetics. The *Sulphate of Copper* is the best, as it forms an insoluble coating of phosphide of copper round the pieces of *Phosphorus*. *Turpentine* is said to be an energetic antidote.

*Chronic Phosphorus poisoning.*—This is usually caused by the inhalation of phosphorus vapour in match factories, also in the phosphorus bronze factories. The symptoms produced are chronic bronchial catarrh, chronic gastro-enteritis, anorexia, and constipation. But the most important and specific result is necrosis of the lower jaw, or more rarely of the upper jaw. This is developed in from six months to many years after commencing work; sometimes it does not come until after the patient has ceased working in *Phosphorus*. The disease begins in carious teeth or gaps between the teeth, and is almost never seen in persons with sound teeth. Chronic periostitis is the first effect, which leads to extensive necrosis of the lower jaw. In sudden cases the disease is confined to the alveolar processes; in some cases there may be necrosis of a large part or the whole of the lower jaw, and yet recovery take place.

Wegener showed that *Phosphorus* taken in the smallest doses by inhalation or internally acts as a specific formative excitant of the osteogenic tissue leading to increased development of the compact tissue in the long bones. He succeeded in producing in hens a complete closure of the medullary cavity by compact bone tissue.

**ARSENIC POISONING.** *Acute.*—The symptoms appear severe the larger the dose; usually within an hour after ingestion, but sometimes not for six or eight hours. The first symptoms are those of a very violent gastro-enteritis, frequently running a course resembling cholera; violent vomiting and purging, the discharges often resembling rice-water, though they are sometimes bloody, sometimes green from admixture with bile. Usually violent pain in abdomen. Collapse appears quickly and consciousness is usually retained till death. In other cases coma and convulsions precede death. Trismus has been noticed. Sometimes the gastric symptoms are entirely wanting, while rapidly fatal collapse comes suddenly, in twelve hours or soon after ingestion, generally of very large doses. There is sometimes delirium, coma, convulsions of an acute eclamptic character. Paralysis is not rare. The urine is albuminous or bloody. Death takes place in from twenty-four hours to four days, but sometimes after a few hours, and sometimes after two weeks. Remissions often occur during the progress of a case. Those that recover have many sequelæ, such as emaciation, ulceration, and gangrene of skin, œdema, anæsthesia, paralysis, gastralgia, dyspepsia, and chronic intestinal catarrh. An eruption like eczema and urticaria has been observed from both its internal and external application.

Post mortem shows the mucous membrane of the stomach in a state of intense inflammation, usually of a dark red colour, in spots or stripes. These are not the effects of erosion, as they are observed after external application. This inflammation sometimes causes hæmorrhagic exudation or infiltration, quickly followed by death of the tissue and ulceration of the membrane. Ulceration may take place in three hours; sometimes perforation is the

result. Fatty degeneration of the heart, liver, &c., has been observed. The bodies of those poisoned by *Arsenic* do not putrefy but become mummified. After the *Arsenic* has disappeared from the stomach and intestines, which it will after a few days, it may still be found in the liver and other organs. It is said to exist in the bones as *Calcic arseniate*, a compound isomeric with *Calcic phosphate*. After a fortnight it disappears from all the organs. The elimination takes place by the bile and urine.

*Treatment.*—Vomiting should be produced immediately by the stomach-pump or any emetic at hand, except irritants like *Tartar emetic*. To counteract that portion of the *Arsenic* not expelled by vomiting finely prepared *Ferric hydrate* or *Magnesia* should be given in large quantities. Purgatives should also be given to expel all the poison. Milk or white of egg should be first given until emetics can be had.

*Chronic Arsenic poisoning.*—A mild form may occur from the therapeutic use of Fowler's solution. Severe cases are seen among workman in arsenic mines and those engaged in smelting ores containing arsenic, such as copper, lead, and other metallic ores. Cases are also met with among those who make anilin colours and arsenical pigments, among furriers, felt workers, shot makers, and others who handle arsenical alloys. Green tarlatan and artificial flowers, green and red, are often coloured with arsenic, and the loose attachment of the pigment, being diffused in the form of dust, poisons both the makers and the wearers of these things. Many green and red enamelled papers used for wrapping confectionery contain arsenic and cause poisoning. Toys, too, painted with arsenical colours may poison. Wall papers stained with arsenical green and red are injurious to the makers and to those living in rooms papered by them. It is impossible to fix the amount of arsenic required to cause chronic poisoning. It is well known that in Styria and other places there are arsenic eaters, who from early youth take arsenic in daily doses of as much as six grains, and yet live and enjoy good health. Horses are said to bear large doses of arsenic, which gives them a well-

nourished appearance. The usual results of long-continued action of *Arsenic* are angina, conjunctivitis, chronic, gastric, and intestinal catarrh, with constipation and sometimes diarrhœa.

If the poison is in the form of dust, it causes eczematous inflammation of the skin, especially in the folds of the scrotum and axilla, causing excoriation and tendency to death of the superficial layers of the skin. There is often a greyish cachectic appearance, anæmia, headache, pains in limbs, falling out of hair and nails, with or without ulcers at sides of nails, mental depression and apathy, sleeplessness, weakness like that of paralysis and imperfect sensibility. The paralyzes are sometimes preceded by contractions, which remain permanent. Often a single limb only is affected. If several limbs, it is usually paraplegia, sometimes all four limbs are paralysed. The extensors are said to be more affected than the flexors; atrophy of the affected limbs is common, though it is often wanting in completely paralysed limbs of many years' standing. The bladder and intestines are not affected. Generally recovery from this paralysis takes place, but many cases are known in which it lasted during life. Pulmonary phthisis is very frequent. General dropsy is always noticed as the final symptom, but nothing is known as to whether it is connected with some disease.

*Poisoning by Arseniuretted hydrogen.*—The symptoms are vomiting with pain in the stomach, headache with prostration, and abundant hæmoglobinuria. It evidently decomposes the blood globules.

#### VEGETABLE POISONS.

**ATROPINE POISONING.**—This is chiefly found in the *Atropa belladonna*. *Daturine*, the alkaloid of *Stramonium* is identical in its chemical and physical action with *Atropine*. Poisoning chiefly occurs from eating the berries, which resemble small black cherries; but sometimes also from eating the leaves. Human beings have been poisoned by eating the flesh of

animals fed on belladonna leaves without danger to themselves. Among the animals to which *Atropine* is innocuous are rabbits, pigeons, rats and guinea-pigs. Persons have been poisoned by eating snails which feed on belladonna leaves. Cases of poisoning have occurred from swallowing liniments containing belladonna, from the application of belladonna plasters, from the instillation of solution of *Atropine* into the eye. Children often bear large doses. Fuller mentions a child of ten, affected with chorea, who took every day seventy grains of *Extract of Belladonna* for four weeks; another girl of fourteen took 37 grains in eight days without injury. Poisonous symptoms in adults are often observed from two grains of the extract. There is no certainty about the doses that will produce poisonous symptoms. A child of nine months died from eating three belladonna berries. A teaspoonful of *Belladonna liniment* killed a woman aged sixty. A Berlin physician swallowed half a grain of *Atropine* and survived. The root of nightshade contains most *Atropine*. The extracts and tinctures vary very much in strength.

In cases of poisoning the brain is first attacked, and then it influences the cardiac pulsations and the state of the pupils. The sequence of symptoms is first dryness of palate, objective and subjective, furred tongue, tickling in throat, hoarseness, dysphagia, difficulty of speaking, nausea, inclination to vomit. Next, brain symptoms appear, giddiness, headache, stupor, confusion of mind, dejection, hallucinations of sight and hearing, disposition various but often cheerful. Then disturbances of vision, weak-sightedness, seeing things in a mist, suffusion of the vessels of the conjunctiva and dilatation of the pupils; then follow dysuria and strangury, and finally, dry skin, scarlet redness, œdematous swellings, &c.

At first the heart's beats are slightly retarded, but they may be afterwards increased to 150 or 190 per minute. In fatal cases the heart becomes paralysed, and then beats slowly and irregularly. The carotids and temporals throb violently and the peripheral vessels are enlarged, hence there is injection of conjunctiva and protruded eyeballs. The face

is of livid redness and very hot; the rest of the body is often covered by a scarlet exanthem. In spite of this hyperæmia, perspiration is suppressed and the skin feels dry. Very small quantities will produce these symptoms,  $\frac{1}{300}$ th of a grain of *Atropine* often sufficing to bring out the scarlet rash. Desquamation often follows the rash. This rash is distinguishable from scarlet fever by the diminished temperature of the skin in *Belladonna* poisoning.

The respiration is first slower, then it increases till the final stage, when it again becomes slower till it ceases.

Severe laryngitis is not unfrequent, with pains in larynx, roughness and hoarseness, and the separation of a white transparent secretion from the mucous membrane of bronchi and larynx.

Dilatation of the pupil, which may be effected with  $\frac{1}{150,000}$ th of a grain of *Atropine*, and last for several hours. Locally applied, only the eye to which it is applied is effected, but when taken internally both eyes are so. Larger quantities causes greater dilatation, perfect insensibility of iris to light, loss of accommodation, prismatic vision, diplopia, sometimes micropsia and sometimes complete amaurosis. The mydriasis may last from fourteen days to three or four weeks.

The brain symptoms are: general jactitation of the body, crying, and screaming. Destructive propensities are often exhibited. Staggering, loss of power of clear articulation, or complete aphasia and alalia. More rarely convulsions, generally clonic, but sometimes tetanus, especially opisthotonos.

Sometimes the dysphagia is not merely an effect of dryness of the mucous membrane, but is caused by spasmodic contraction of the muscles of deglutition. Also the dysuria is sometimes owing to cramp of the detrusor vesicæ urinariæ.

The psychical symptoms are: giddiness, swimming of head, abnormal sensations of sight and hearing; hallucinations are common, and delirium, which may be violent until coma sets in.

The jactitation is usually succeeded by sleep, sopor, coma,



in which there is no voluntary or reflex movement. In some cases the sphincters of bladder and rectum are paralysed, and the contents of the bladder and bowels passed involuntarily. In some, delirium and stupor alternate. Death usually ensues within twenty-four hours, rarely within five or six hours, and still more rarely after thirty hours. Convalescence is always slow.

Hæmorrhage in the brain has sometimes occurred as a sequela. *Atropine* kills by paralysing the heart, but perhaps also by exhaustion of the respiratory centre. The post-mortem appearances are not very important. Putrefaction occurs very rapidly.

*Opium* and *Belladonna* are mutual antidotes. *Calabar bean* seems also to be an antidote to *Belladonna* poisoning.

**HYOSCYAMINE POISONING.**—*Hyoscyamine*, the active principle of *Henbane*, is said to be identical in its action with *Atropine*. Schroff says that it dilates the pupils more rapidly, more completely, and for a longer period than *Atropine*, but other observers say this is a mistake.

**SOLANINE POISONING.**—*Solanine* is found in the berries of the black nightshade, in *Dulcamara*, in the fruit and shoots of the potato plant, and in diseased potatoes, in susumber berries, &c. There are no cases of poisoning by pure *Solanine*, and it is only in the above plants that it has been discovered. From the potato plant the symptoms are vomiting, restlessness, cold damp skin, quick and laboured breathing, quick weak pulse, anxious expression, slight dilatation of pupils. Then diarrhœa, sometimes even cholera, with cramp of the calves, aphonia, facies hippuratica; sometimes gastro-enteritis, with pain and tenderness of epigastric and hypochondriac regions. Occasionally erysipelas of face, with bullæ and œdema of eyelids or reddening of whole face, with severe muscular and articular pain. In one case an exanthem appeared and vanished several times in the day. There is sometimes disturbed consciousness, fainting fits. Death is preceded by retarded respiration, dyspnœa, irregular and feeble pulse.

*Dulcamara* poisoning consists chiefly of difficulty of swallowing and speaking, convulsive movements of the limbs,

and actual convulsions. Catalepsy was once observed. Vomiting, quick pulse, dyspnoea, dilated pupils, are the usual symptoms. The black nightshade and susumber berries cause carphology, tympanites, restlessness, delirium, hallucinations, dilated pupils, cramps, &c.

*Solanine* is often adulterated with *Solanidine*, and will even change in the stomach into *Solanidine* and sugar. The symptoms caused by both these substances are nearly identical. Their effects on the eye are different. While *Solanine* leaves the pupil unaltered or slightly contracted, *Solanidine* dilates it. *Solanine* lowers the temperature by  $5.4^{\circ}$  F., *Solanidine* raises it by  $3.6^{\circ}$  F. They both cause drowsiness, but do not produce sleep.

**ESERINE POISONING.**—*Eserine* or *Phyostigmin* the active principle of the *Calabar bean*. The symptoms of poisoning show themselves soon, with large doses suddenly, after five or ten minutes even. They are thirst, inability to swallow, cramps, twitchings in various muscles, no loss of consciousness or of speech till just before death; that takes place in about half an hour.

It also causes violent pain in the epigastrium under the sternum, followed by eructation and dyspnoea, subsequently giddiness and weakness of muscles of extremities. Large doses cause cramp of muscles of chest, giddiness, disturbance of vision, increased saliva and perspiration, cardiac action retarded or irregular. Muscular weakness almost amounting to paralysis. In some, decided collapse with pinched countenance, cold extremities, cold sweat, weak, slow pulse. Vomiting or great nausea, diarrhoea, pain in stomach. No convulsions or myosis. This only occurs on the local application to the eye. It comes on twelve to fifteen minutes after application, reaches its climax in five to ten minutes, remains at this point from six to eighteen hours, and disappears after two or three days. This contraction is caused by contraction of the sphincter, and is neutralised by *Atropine*.

The author concludes: "The special character of *Calabar* poisoning consists mainly in a diminution of the excitability or complete paralysis of the locomotor centres situated in

the medulla spinalis, in paralysis of the excito-motor cardiac centres, and their peripheral extremities; also in producing contraction of the vessels of the unstriated muscles, especially those of the intestine and sphincter irides, as well as in promoting salivary and other secretions."

**DIGITALINE POISONING.**—*Digitalis* and its active principles excite the sensory nerves of the mucous surfaces they come in contact with, producing sneezing, bitter taste, sickness, and vomiting. When it gets into the blood it excites the most important action on the heart. Small quantities of *Digitalis*, or larger ones in the first stage of their action, cause retardation of cardiac contractions and increase of blood pressure. Larger quantities retard the pulse and diminish blood pressure. Very large quantities accelerate the cardiac contractions and diminish blood pressure still more. Traube thought that the vagus is first excited by *Dig.* at its central origin as well as at its terminal extremities in the heart, hence small doses diminish cardiac pulsations, but large doses cause paralysis of the same parts of the vagus, hence the frequency of the cardiac pulsations. Small doses excite the heart, causing it sometimes to remain in systolic contraction for some time. In scarcely any subject connected with the action of medicines are there greater varieties of views than on the pathological causes of the effects of *Digitalis* on the heart and circulation. It would be beyond our scope to give even a brief outline of the various hypotheses that have been put forward. Post-mortem examination shows no characteristic changes belonging to *Digitalis* exclusively.

**VERATRINE POISONING.**—*Veratrine* is found in *Veratrum album*, *V. officinalis*, and *V. viride*. It first causes burning in throat and oesophagus, increased saliva, sometimes inability to swallow; the burning extends to stomach and intestines. Then come violent vomiting and retching, severe diarrhoea, with pain in bowels and tenesmus. There are violent headache, palpitating heart, anxiety; skin covered with perspiration, giddiness, fainting fits; pulse becomes slower and weaker; inspiration slower, superficial, and laboured. Pupils generally dilated, seldom contracted;

eyeballs fixed or else rolling. Involuntary muscular twitchings, facial contortions, and subsultus tendinum. Sometimes convulsions. Often violent irritation of skin with formication. Death ensues by paralysis of heart or respiratory organs. As sequelæ there occur sometimes cutaneous irritation and convulsive closing of jaws, coming on during talking and laughing.

**COLCHICUM POISONING.**—The first symptoms are intense burning in the mouth, violent pains in the bowels, like colic, accompanied by vomiting and diarrhœa. Then intense thirst, violent burning in throat, œsophagus, and stomach. Vomiting remits, and returns again, preceded by nausea; the diarrhœa is persistent, sometimes hæmorrhagic. There are symptoms of disturbed cardiac action. The pulse is generally retarded and compressible. The skin is cool, cyanosis comes all over the body. Then ensues slow and laboured breathing, later, exhaustion and muscular weakness, sometimes ringing in the ears, giddiness, swimming in the head, slight delirium, and convulsive movements. Consciousness remains undisturbed. The course of the poisoning is comparatively slow. Death seldom occurs before the lapse of two or three days. Some cases die with collapse and cardiac paralysis.

**HELLEBORINE POISONING.**—*Helleborine* is contained in several species of *Hellebore*, among which the *H. niger* is the most known. The symptoms caused are swimming in the head, stupor, giddiness, ringing in ears, uneasy sleep, sometimes stupor; to them succeed diminution of cardiac pulsation, loss of cardiac power, distress, anxiety, weariness, then increased saliva, violent pains in the stomach and bowels, vomiting, diarrhœa. Death is caused by cardiac paralysis, and is preceded by collapse, caused by the vomiting and diarrhœa. The latter are best seen when repeated small doses are given, showing a cumulative action. Pupils sometimes dilated, sometimes not.

**ACONITINE POISONING.**—All the aconites contain this alkaloid except *A. lycoctonum*. Fleming found from small doses there ensue heat, nausea, gastric oppression, rigidity of muscles and formication, muscular weakness, swelling of

lips and tongue, lassitude, diminished frequency of pulse and respiration. From larger doses diminished sensitiveness of skin, pulsation and respiration diminished; then giddiness, cold extremities, torpor. Fifteen drops of the tincture caused loss of sensitiveness of skin, great anxiety, feebleness of voice and of power of motion, pulse reduced to 40—36, and becoming feeble, small and irregular; then fainting fits, with rapid and superficial or slow and deep respiration. Still larger doses caused collapse, cold clammy perspiration, loss of hearing, sight and speech, dilated pupils, trembling and cramps of extremities, fainting fits, death.

Schneller and Flechner observed from doses of half a grain up to twenty-six grains and a half of the extract violent eructation, dull headache, and constipation, distension of abdomen, dryness and tickling in throat, depression of spirits, disturbed sleep, acceleration of the pulse, palpitation of heart and pain there, swollen tonsils, pains in back, failure of memory, &c. Consciousness is undisturbed, but headache is always present; the great anxiety is caused by the action on heart and respiration. Delirium is rare; dimness of sight, temporary amaurosis, amblyopia, partial blindness, with dilated pupils, are almost always present. Violent pains in the stomach, sometimes colic; diarrhoea rarely; constipation frequently. Tingling in tips of fingers and tongue is a characteristic symptom.

DELPHININE POISONING.—This is the alkaloid of *Delphinium staphisagria*. Only one case of poisoning is recorded, and little is known about it save from its action on inferior animals. Its chief action is on the heart, in which it produces paralysis.

NICOTINE POISONING.—Infusions of tobacco taken internally, snuff introduced into the stomach, enemata of tobacco, the application of tobacco to the unbroken cuticle, as infusion, ointment, or dry leaves, may all cause poisoning. But it is chiefly from smoking that nicotine poisoning arises.

Some of the symptoms of nicotine poisoning have been experienced by most persons on commencing to smoke.

The face becomes deadly pale, with distorted features; perspiration breaks out on forehead and hands, the pulse becomes feeble and slow, the respiration slow and laboured, there is great anxiety, giddiness, faintness, a tottering gait, and salivation. These are usually followed by retching and vomiting, pains in epigastrium, colic and diarrhoea. As a rule, the collapse does not last very long. Headache, anorexia, and disgust at tobacco remain some time. Larger doses cause syncope, complete unconsciousness, small compressible pulse, and laboured respiration. The contents of bladder and rectum often passed involuntarily. Sometimes there are tetanic spasms, prolonged collapse, gradual failure of pulse and respiration, and death.

The dyspnoea sometimes amounts to asphyxia. The diarrhoea is usually accompanied by loss of blood, and there is sometimes loss of speech. The pupils are first contracted, then dilated, sometimes the power of vision is lost for a time; severe strangury has been seen.

In chronic poisoning from prolonged smoking there are often cardiac disturbances, such as palpitation, slow and intermittent pulse. Faintness, giddiness, uncertainty and trembling of the legs, disturbance in the co-ordination of movements, great muscular exhaustion, sleeplessness, depression of spirits. The sight is peculiarly affected. Aggravated myosis, actual blindness, amaurosis from white atrophy of the optic nerve. Inveterate smokers often suffer from gastric catarrh, cardialgia, constipation, and diarrhoea. Hyperæsthesia of various nerves has been noticed, affections of the auditory, optic, and olfactory nerves, pains in brachial plexus and intercostal nerves, in pudendal nerves with strong and painful erections. Sometimes the sexual power is destroyed. Smoking may cause ulceration and even cancer of the lips. Chronic nasal and pharyngeal catarrh is often produced by smoking and snuffing; laryngeal and bronchial catarrh may be aggravated thereby. Spinal irritation and male hysteria have been observed. Hoarseness, pain in hips and loins, a feeling of tension in abdominal muscles, remain for some time.

**STRYCHNINE POISONING.**—*Strychnine* is found in the seeds and bark (false angustura) of the *Nux vomica* and other *Strychnaceæ*. As it enters into the composition of most vermin killers, accidental and wilful poisoning by it is of frequent occurrence. Persons have been poisoned by eating animals killed by it. Mistakes of chemists or of patients have caused many cases of poisoning. It is frequently used for suicidal and sometimes for murderous purposes.

The symptoms of *Strychnine* poisoning mainly consist of violent muscular contractions, affecting the most various groups of muscles and exhibiting all possible variations of tetanus. The extensor muscles are more particularly acted on. The convulsions come on in paroxysms, and continue intermittently till death or recovery. The intervals of quiet vary from three minutes to an hour and a half. The duration of the paroxysms varies with the dose. The most frequent form of tetanus produced is opisthotonos, with forcible extension of the lower extremities, the head bent backwards so that the whole body is arched; at the same time trismus and tetanus of pectoral and abdominal muscles, so that chest and abdomen are as hard as a board. But emprosthotonos and pleurotonos have also been observed, though rarely. The eyeballs are prominent, pupils dilated, respiration impeded, pulse very full and quick. Cyanosis is developed, the lips become of a leaden hue, the fingernails blue; great anxiety. Before the tetanus there is often anxiety and dyspnoea and convulsive screaming. Consciousness remains undisturbed. A slight shock, a jar to the bed, a loud word, a sudden flash of light, a high current of air, a touch to the patient, or a movement in his foot may bring on a fresh spasm; but even without these the convulsions recur with increasing severity. Respiration fails, the pulse becomes imperceptible, cyanosis is general, the pupils dilated, and death ensues.

Besides the above characteristic symptoms, there have been observed increased secretion of saliva and vomiting. A scarlet rash has been observed on the inner surface of arms and legs. Vision of green colour has been noticed.

When recovery takes place there often remains stiffness.

of limbs and involuntary twitching and rigidity of the muscles, great weakness, or convulsive shuddering.

No characteristic appearances have been found post mortem, except, perhaps, a strongly marked cadaveric rigidity. The blood is fluid, the lungs hyperæmic; hæmorrhagic erosions are occasionally seen in stomach and intestines.

**PICROTOXINE POISONING.**—This substance is found chiefly in *Cocculus indicus*. The symptoms of poisoning observed in the human subject are nausea, vomiting, muscular debility, somnolence, and sometimes convulsions.

**CONIINE POISONING.**—The symptoms of poisoning by *Conium maculatum* are chiefly a burning sensation in mouth and throat, pain in tonsils, constriction of gullet, difficulty of swallowing, increased flow of saliva. If the poison has entered the blood in sufficient quantity the symptoms set in with rapidity. In some cases the poisoned person falls down suddenly; soon afterwards great muscular debility and precordial distress come on. The breathing becomes slow and laboured, the pulse retarded; paralysis of voluntary muscles follows. Breathing becomes slower and slower, and at last ceases altogether, while cardiac action continues. Consciousness remains intact; there is a swimming in the head. Pupils dilated, with disturbance of vision. Vomiting may ensue, and towards the end clonic convulsions, probably owing to accumulation of carbonic acid in the blood, in consequence of impeded respiration. The temperature of the body becomes much reduced, the skin pale, and death ensues. If recovery take place great muscular debility and tremor of the legs remain for a considerable time.

**CYTISINE POISONING.**—Many cases of poisoning by *Laburnum* are recorded. Symptoms occur very soon. First there are nausea and vomiting, headache, giddiness, swimming in head. Then dryness of throat, heat in head; and great debility. Sometimes there is obstinate diarrhoea, attended by violent pains in bowels and stomach. Collapse may ensue. Motorial disturbances are sometimes seen, such as twitchings in face and limbs, inability to walk, cramps in ocular muscles, &c. Heart's action accelerated



and weakened, respiration laboured and difficult, temperature reduced, anxious expression, pupils dilated, great thirst and restlessness, followed by sopor and loss of consciousness. Death takes place with symptoms of apoplexy, with or without convulsions. In one case death occurred from rupture of the stomach, owing to the violence of the vomiting. Hallucinations and delirium have sometimes been observed.

**CICUTA VIROSA POISONING.**—The principal symptoms are pains in the bowels, vomiting and convulsions, giddiness, loss of consciousness, insensibility, feeble stertorous breathing, dilated pupils, meteorism.

**CENANTHE CROCATI POISONING.**—Vomiting, diarrhœa, and convulsions are the chief symptoms.

**ÆTHUSA CYNAPIUM POISONING.**—Is chiefly characterised by violent pains in stomach and intestines, vomiting and difficulty of swallowing.

**POISONING BY CURARINE.**—The composition of *Curara*, called also *Wurali*, *Urari*, *Ticunas*, &c., has long been a matter of doubt.

The following account of its preparation, taken from a recent number of the *Times* newspaper, is interesting :

“Dr. Richard Schomburgk, the director of the Adelaide Botanical Gardens, has just published a brochure, in which he states what is known as to the method of preparing urari or curare, the famous deadly arrow-poison of some of the Indian tribes in British Guiana. His brother, in 1837, vainly endeavoured to witness the manufacture of this poison, but Dr. Schomburgk himself, in a visit to the Canuku Mountains, near Pirara, in 3° 33' N. and 59° 16' W., succeeded in getting an old Macusi Indian to show him the method of manufacture among that tribe. The Indian, after promising to comply with Dr. Schomburgk's request, tried every possible means of evasion, but the addition of more powder and knives brought him to the scratch. The process was carried out in a small hut in the village, known as the urari-house. The Indian began first to take the bark from the strychnos, which they had brought from the Ilami-kipang, and then produced the other ingredients and sepa-

rated the required quantities. The native names of the other plants used are tarvieng, wakarimo, and tararemu, to all appearances also species of *strychnos*. The Indian said they grew far away in the mountains at five days' distance. The preparation of the several ingredients would be according to weight as follows:—Bark of *strychnos toxifera*, 2 lbs.; *strychnos Schomburgkii*,  $\frac{1}{4}$  lb.; arimaru (*strychnos cogens*),  $\frac{1}{4}$  lb.; wakarimo,  $\frac{1}{4}$  lb.; root of tarvieng,  $\frac{1}{2}$  oz.; root of tararemu,  $\frac{1}{2}$  oz.; the fleshy root of muramu (*cissus spec.*); four small pieces of wood of a tree of the species of *xanthoxylæ*, called manuca. The old Indian, having finished his preparations, went to his hut and returned with a new earthen pot, holding about seven quarts, and two smaller ones, also quite new, formed like flat pans. In the first vessel the poison was to be boiled, in the others it was to be exposed to the sun for condensation. The great strainer or funnel, made out of palm leaves, was cleaned, and fresh silk-grass was put into it to strain the fluid; a great block of wood sunk into the ground to serve as a mortar was cleaned, and in it the several ingredients were crushed. The urari preparer, after having arranged everything, built a hearth with three stones, laid the wood ready to light the fire, and went away to fetch (as Dr. Schomburgk was informed, for he had not exchanged a single word with the old Indian) the utensils to light the fire, though there was a large fire burning, which was of no use, having been lighted by profane hands. Neither dared the Indian use any water except that brought in the pot to be used in the operation; in fact, no other implement could be used but such as had been made by the cook, neither would he have assistance from any of the inhabitants. Any transgression of the sacred rules would nullify the operation of the poison. In addition to the fleshy root of the muramu, he crushed the several kinds of bark, but each one singly, in the mortar, lighted the carefully piled-up wood, and then threw first into the pot, which was filled with water, the bark of the *strychnos toxifera*. As soon as the water began to boil the Indian added, at certain intervals, a handful of the other ingredients, except the muramu root. In doing so he bent

his head over the pot, strongly blowing into the mixture, which he said afterwards added considerably to the strength of the poison. During the process he only kept as much fire as was necessary for slow boiling, carefully skimming the foam collecting on the extract. Within the next twenty-four hours the old man left the fire only for one moment, keeping the mixture at an equal heat. After the lapse of twenty-four hours the extract became thick, and was reduced by the boiling to about a quart, the colour being that of strong coffee. The old cook then took the extract from the fire and poured it into the strainer, the extract trickling slowly into another flat vessel, and left the remainder in the silk-grass. After exposing the strained extract to the sun for about three hours, he added the slimy juice pressed out of the root of the muramu, which had previously been soaked for a short time in the boiling poison, and then had been pressed out. The poison immediately exhibited a remarkable alteration, curdling to a jelly-like substance. After this peculiar process he poured the poison into earthen vessels, flatter than those before mentioned, for the purpose of bringing the poison to a consistence equal to that of thick treacle by exposing it to the sun. Afterwards it was poured into the peculiar small calabashes, or half-round earthen vessels, manufactured only for that purpose, where it ultimately changed to a hard substance. On the third day the poison was ready, when the cook, satisfied with the product, tried the strength of the poison on some lizards in Dr. Schomburgk's presence. He dipped the point of a pin into the poison, let it dry, wounded one of the lizards in one of the toes of the hind foot, and then let it run. In nine minutes the peculiar symptoms of the poison made their appearance, and one minute after the slightly-wounded animal was dead. A rat died in four minutes and a fowl in three. The Indians declare the poison loses its effect after two years, but its power can be destroyed by pouring some manihot juice upon it. Dr. Schomburgk took some of the urari to Berlin with him, and made several experiments with it, when he found that it frequently took from fifteen to twenty minutes, according to the tenacity of life,

before death ensued. A commission of scientific men was appointed by the German Government to report on the effects of the poison, and many experiments were made, from the frog to the horse. Professor Heintze made a careful analysis of the poison, and though it was made from strychnos, he found it contained no strychnine. From experiments made by Professors Virchow and Münter they conclude:—1. That the urari kept dry will, after the lapse of five years, retain its intense and rapid efficiency. 2. That it has no effects like those of strychnine. 3. That it is not a tetanic poison, but operates by stupefying. 4. That urari causes palsy, produces a discontinuance of the voluntary movements of the muscles, with continued functions of the involuntary muscles of the heart, intestines, &c. 5. That the external application of urari is not fatal, but only when absorbed through a wound. 6. That death is not the direct result of poisoning, but of the discontinuance of the mechanical action of respiration. Urari, Dr. Schomburgk states, has been successfully used both in tetanus and hydrophobia.”

The effects of poisoning (by subcutaneous injection generally) is that the pulse becomes more frequent and stronger, often dicrotic; the temperature rises two or three degrees; the respirations increase in quickness; the urine is coagulated and contains sugar; there is sometimes an erythematous rash on the skin. After larger doses there is rigor, accompanied by goose-skin, chattering of teeth, and trembling of whole body. The cardiac action becomes quicker, the pulse quick and weak, it may go up to 140; great anxiety, sighing breathing, increased temperature, disturbance of vision, generally double vision and mydriasis, sometimes alternating with myosis. The lower limbs lose their mobility, coördination of movement is disturbed, the patients can neither stand nor move their legs. Consciousness and sensation remain intact; great thirst, violent headache, and perspiration are often present. After recovery great weakness remains, and the increased temperature may last some days. In larger doses on inferior animals the head falls down and the animal sinks prostrate without convulsions;

all voluntary movements and even reflex movements cease. Respiration becomes slower, and at last ceases altogether, while the heart continues to beat strongly. The paralysis of the voluntary movements, including the respiration, is the most remarkable effect of *Curare*. This paralysis is only produced by the contact of the drug with the extremities of the motor nerves. The blood-vessels become dilated through paralysis of the vaso-motor extremities of the nerves, so that, notwithstanding the increasing frequency of heart's beats, the blood pressure is lowered.

## SOME SYMPTOM-PICTURES OF CROTALUS POISONING, AND SOME DISEASES THEY POINT TO.

By JOHN W. HAYWARD, M.D.

Read before the Liverpool Homœopathic Medico-Chirurgical Society,  
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THE symptoms of *Crotalus* poisoning will be most easily comprehended if studied under certain natural groups which have been elicited by experiment or recognised by observation. These groups result mainly under the conditions enumerated under:—A. "The Modes of Death." B. "The Constitutional Effects." C. "The Topical Effects." And D. "The Pathogenetic Dose."

### A. THE MODES OF DEATH.

The phenomena preceding and accompanying death by *Crotalus* poisoning, and the duration of life after the introduction of the venom, are not the same in any two fatal cases; but, for facility of study, they may be arranged under three classes, viz:—1, by *Primary Shock* through the nervous system.—ACUTE CASES. 2, by *Primary Blood-poisoning* through the direct putrefacient influence of the

venom on the blood and tissues : in this case the respiration and circulation are the first to fail.—**SUBACUTE CASES.** 3. By *Secondary Blood-poisoning* from absorption of the decomposed structures : in this case the general vital powers become exhausted—**CHRONIC CASES.**

The following descriptions refer to typical cases of each class :

**I. ACUTE CASES.**—The first mode of death, that by primary shock, is shown when a relatively *very large* quantity of the venom has been introduced, as is the case when a large fresh vigorous snake bites a small or weakly animal, and death follows within a few seconds or minutes. In these cases, immediately on being struck, the animal staggers, falls, and dies, sometimes in convulsions, almost as if struck by lightning, or by an overwhelming dose of Asiatic cholera-, yellow fever-, smallpox-, or scarlet fever-poison, and death takes place before there has been time for symptoms to be observed or to become developed. There may sometimes be a sudden cry, as of terror or pain, and there may occasionally be observed a shudder of the whole frame, and perhaps an effort to vomit ; but the lethal operation of this substance is so swift as sometimes to defy observation of the phenomena that occur between the introduction of the venom and death. A child, aged two years, died within fifteen minutes after having been bitten on the cheek, though the wound was sucked immediately by the child's mother. Reported by Dr. Renzger.

Instances have been reported of big, healthy, strong, muscular men dying within a few minutes after having been bitten ; and many cases are on record of dogs, rabbits, and guinea-pigs dying within a minute, of pigeons within half a minute, and of small birds within a few seconds.

When examined immediately after death in the most acute cases, the tissues and fluids in the neighbourhood of the wound are found apparently unchanged ; the blood throughout the body is still retained within its proper vessels, and is red and perfectly coagulable, and its corpuscles are ideally healthy ; nor is there any change

discoverable in the brain or nervous system. Death occurs before any discoverable structural changes have had time to take place, but general decomposition and deliquescence follow very speedily after death. In the less rapidly fatal acute cases the course of the phenomena is somewhat different and less obscure, varying of course with the length of time death is delayed. And if death does not soon follow, the changes the venom produces in the living body are sometimes so swift as to have progressed to the stage of mortification at the place of introduction within a minute, and to the extent of profound putrefactive change of the whole circulating fluid within two or three minutes.

Such cases furnish so few symptoms that one single example will suffice for illustration. Take the case of the female child, reported by Dr. Renzger, which, though not one of the most acute, is a fairly acute case:—A female child, aged two years, was bitten on the left cheek. The wound was immediately sucked by the child's mother. Within ten minutes Dr. Renzger found the child almost expiring; the countenance was deadly pale, the eyes half open and staring, the mouth covered with foam, the extremities cold and insensible, the pulsations of the heart irregular, the pulse at the wrist trembling and scarcely perceptible, and the respiration slow and laborious. The body was perfectly motionless and covered with a cold viscous sweat, and the eyes and ears appeared to be quite insensible to impressions. After three or four minutes more the face was slightly convulsed, and after a few deep stertorous respirations the child died. The circumference of the wound was somewhat red and cedematous, which might have been from the suction. At the post mortem, three hours after death, the brain was found healthy; its sinuses and pia mater, as well as the large venæ cavæ, the right cavities of the heart, and the pulmonary artery were filled with blood.

*Diseases pointed to by this mode of death.*—The main interest of these cases in a therapeutical point of view is that they point out the *class* of diseases in which analogous phenomena are sometimes witnessed, viz. the zymotic

diseases, such as Asiatic cholera, yellow fever, plague, smallpox, scarlet-fever, measles, typhus fever, &c. In these diseases cases are occasionally met with which, in their appalling suddenness of invasion, the extreme rapidity of progress, and inevitably fatal termination, closely resemble acute cases of *Crotalus* poisoning. Writing on these cases, Sir Thomas Watson says:—"Sometimes the patient sinks at once and irretrievably under the violence of the poison, and life is extinguished in a few hours."

If in such cases of disease any medicine can have any chance of being of service, *Crotalus* is that medicine; and it may here be introduced directly into the blood-current by injection into a large vein, and in the first, or even first decimal, dilution. Such desperate disease justify desperate treatment.

II. SUBACUTE CASES.—The second mode of death, that through the blood, is shown when the quantity of venom introduced has been large, but not sufficient to produce death by shock, as when a large or fresh snake has bitten a moderate-sized or vigorous animal, and death has not followed for some hours or even days.

In this case the parts in the neighbourhood of the wound almost immediately become swollen, blackened, and softened, indeed partially mortified; and the blood throughout the body soon loses its power to coagulate [perhaps rather from alteration in the fibrin already existing than from check in the formation of new fibrin—MITCHELL], and the blood-vessels lose their power to retain within them the circulating fluid [perhaps as much from softening of their walls as from loss of power in the vaso-motor nerves], so that the blood passes through their walls almost everywhere throughout the body, producing hæmorrhages from almost every surface and into almost every organ and tissue of the body, forming in the skin and subcutaneous connective tissue enormous livid swellings resembling phlegmonous erysipelas or diffuse cellular inflammation, and which, if life be sufficiently prolonged, do afterwards inflame and terminate in mortification and sloughing, even of parts at a distance from the wound. When examined after death the blood is



found dark and perfectly diffuent throughout the body, and to have escaped from its proper vessels into the surrounding tissues; and the muscles throughout the body, including the heart, the blood-vessels, and the muscles of respiration, are found softened and threatened with mortification; in fact, general decomposition and deliquescence appear to have begun even before death took place.

In consequence of these changes in the blood and blood-vessels and the muscles of respiration, death in these cases is preceded by extreme debility and prostration, with delirium, stupor, cold perspiration; and by difficult, rapid, irregular, jerking, intermittent; or slow, long, stertorous and laboured breathing, and perhaps pain in the chest, especially of the cardiac region; and there is a sensation of smothering, as if the blood were producing suffocation, or the lungs were extensively congested. The pulse is small, threadlike, quick, weak, soft, tremulous, fluttering, irregular, intermittent, and scarcely perceptible; and on attempting to stand or walk paleness of the face with a tendency to syncope are apt to occur, principally from the weakened and oppressed circulation and respiration; partly also perhaps from the non-oxygenated and disorganised state of the blood. The symptoms and structural lesions will, of course, vary with the duration of life, whether hours or days, after the introduction of the venom.

Though not reported with the care, fulness, or exactness desirable, the cases of Wainwright, Drake, Lake, and Machado will serve as fair examples of this mode of death. And along with these it will be well to read the accounts of the "General Effects"—"severe" and "prolonged;" also many of the cases of dogs, rabbits and pigeons, given by Dr. Mitchell.

Take the case of Adam Lake as the one with the shortest history:—"Adam Lake, æt. 40, a robust, muscular man, July 1st, 1831, was bitten during the day in the bend of the elbow, both fangs entering. Being intoxicated, he forgot this; but some hours afterwards, in the evening, he felt an itching at the place; and on examination he found a 'red spot' there. Shortly after this the whole arm

swelled to nearly double its size, and became very painful. The next morning, about 8.30, he vomited in the conveyance in which he was being driven. The scarifications made near the bite the previous evening were still bleeding freely. The arm from the shoulder and front of the thorax to the fingers was swollen to twice its natural size, and was very painful on movement. The pulse was almost imperceptible and threadlike; his extremities were cold; he was depressed, restless and uneasy, had cramps in the legs, and his debility was very great; his eyes were muddy and heavy, and face somewhat bloated. Feeling a desire to go to stool he was assisted from his bed for that purpose. While on the way he was seized with general spasm, without foaming at the mouth. Being laid on the floor it went off in a few minutes, and he had an involuntary evacuation from the bowels, of a dark bilious colour. The symptoms continued stationary until 11.30 a.m.; he then complained of violent pain in the course of the colon, said he felt sleepy, closed his eyes, and in a few minutes died, without agony or convulsions."

*Diseases pointed to by the manner of death in subacute cases.*—The phenomenon ushering in death in subacute cases of *Crotalus* poisoning are very important indeed in a therapeutic point of view, resembling, as they do, those ushering in death in some of the most serious and rapidly fatal diseases met with in medicine or surgery, viz. malignant yellow fever, scarlet fever, typhus fever, smallpox, measles, puerperal fever, plague, glanders, diphtheria, erysipelas, pyæmia, dissection wounds, and septicæmia of all kinds. It is not necessary to relate examples or illustrations of this resemblance, it is well known by all.

III. CHRONIC CASES.—The third mode of death, that by secondary blood-poisoning, results when the quantity of venom introduced has not been sufficient to paralyse the nervous centres, or to disorganise the blood and tissues to the extent of rendering them incapable of carrying on the vital operations, but still large enough—as when a moderate-sized or tolerably fresh snake has bitten a large or vigorous animal—to produce partial disorganisation of the blood, along with great general debility and exhaustion, as well

as localised disorganisation, mortification and sloughing, sufficiently extensive and prolonged to waste the vital powers beyond endurance; or by absorption of their products to produce secondary blood-poisoning, with septicæmic abscesses and other re-infecting products.

These cases may, and generally do, for some hours or days, present many of the general and topical symptoms of the *primary* blood-poisoning, but these pass off, at least in part, whilst the local structural lesions, or most of them, remain and increase. The bitten limb becomes enormously swollen and very painful, and the swelling extends to the trunk, much after the manner of phlegmonous erysipelas or diffuse cellular inflammation. Inflammation afterwards supervenes in the swollen parts; vesications form on the skin and sloughs among the muscles; the parts become greenish or mottled, or blackish, and softened or œdematous, resembling diffuse cellular inflammation from dissection wounds. The gangrenous parts slough to the bone, and perhaps even involve the bone itself before death. The foul discharges are in part taken up into the circulation, secondary blood-poisoning results, and secondary abscesses are formed in different parts, with brown unhealthy pus. Hectic fever supervenes, accompanied by great thirst and total want of appetite. There may be hæmorrhages from any and every organ and mucous surface of the body, with deep-seated accumulations of disorganised blood, as in leucocythæmia, with bloody vomiting, stools, and urine, and perhaps jaundice and general degradation of the blood and tissues, and the patient dies, worn out with the secondary constitutional effects, perhaps at the end of the first or second or even third week.

The case of Soper, recorded by Sir Everard Home and Mr. Brodie, will afford a fair example of this mode of death. And along with it it will be well to read the account of the "General Effects," severe and "prolonged" and of the "Topical Effects." It will be sufficient here to relate the latter part of Soper's case.

Soper was a man, æt. 26, bitten on the hand on the 17th of October, 1809. He suffered severely with the usual

symptoms during the first four days, and the hand and arm and side of the body became enormously swollen.

On the fifth day, that is, October 22nd, the swelling diminished, and he appeared to be recovering, but the skin was very tender. During the night of the fifth day, however, the pulse became full and strong, and the side of the neck and body down to the loins became inflamed and painful, and had a very mottled appearance from the extravasated blood in the skin.

23rd.—His pulse continued full ; the arm was very painful though reduced in size ; the vesications had burst ; the exposed cutis was dressed with white ointment, and stools were procured by opening medicine. He took some veal and porter for dinner, but the wine was left off. In the evening he had a saline draught, with antimonial wine.

24th.—No material change.

25th.—The pulse was increased in frequency ; in other respects he was nearly the same ; bowels had acted.

26th.—The arm was more swollen and inflamed.

27th.—The inflammation of the arm was increased, tongue furred, and pulse very frequent. He attempted to sit up, but the weight of the arm and the pain prevented him. The arm was bathed with spirits of wine and *Liq. Ammoniae Acetatis* in equal parts

28th.—A slough had begun to separate on the inside of the arm below the axilla, and a purging had come on ; for the latter he was ordered *Chalk mixture* with *Laudanum*. In the night he had a rigor.

29th.—The purging had abated ; pulse 100, feeble. A large abscess had formed on the outside of the elbow ; this was opened, and half a pint of brown matter was discharged with sloughs of cellular membrane floating in it. The lower part of the arm became much smaller, but the upper part continued tense. A poultice was applied to the wound, and the lower part of the arm and the forearm were covered with circular straps of soap cerate. He was ordered to take *Bark*, and was allowed wine and porter.

30th.—The redness and swelling of the upper part of the arm have subsided ; pulse 100 ; purging returned. The

*Bark* left off, and *Chalk mixture* and *Laudanum* resumed, and an opiate clyster administered.

31st.—Pulse 120, discharge from abscess diminished, purging continued, and in the night he had another rigor.

November 1st.—Pulse 120, voice feeble, no appetite, great thirst, delirious at intervals. Ulceration had taken place at the opening of the abscess, so that it was increased in size.

2nd.—Pulse very weak, countenance depressed, tongue brown; the ulcerations had spread to the extent of two or three inches. Mortification had taken place in the skin near the axilla. The stomach rejected everything but the porter. In the night he was delirious.

3rd.—The mortification had spread considerably; the purging continued. The forefinger, which had mortified, was now removed at the second joint.

4th.—He died at four in the afternoon, that is, on the thirteenth day of the reactive inflammation.

See also many of the cases by Dr. Mitchell of dogs, rabbits, and pigeons.

*Diseases pointed to by the mode of death in chronic cases.*—The therapeutical indications afforded by the mode of death in chronic cases are not either great or very important or of wide scope; having their counterpart mainly in the later stages of diseases, the early symptoms of which have already pointed out the remedy. This mode of death, however, points very decidedly to those blood diseases in which secondary or reactive or reinfective fever occurs or is apt to occur, such as smallpox, which has a "maturation fever," malignant scarlet fever and diphtheria, in which the patient is reinfecting by the poisonous secretions from the throat, and in those other reinfecting diseases, such as gangrene, mortification, sloughing, phagedæna, malignant pustule, carbuncle, whitlow, burns, dissection wounds, compound fractures, and other serious results of mechanical injury, &c. It is not necessary to give examples, because the resemblance cannot but commend itself to each one.

## B. THE GENERAL OR CONSTITUTIONAL EFFECTS.

In order the more easily to appreciate and comprehend the constitutional effects of *Crotalus* poisoning, it will be advisable to study them under three general classes, viz. : —I. MILD CASES, or such as recover within a few hours (acute fatal cases evolve few or no constitutional effects, v. "First Mode of Death"). II. SEVERE CASES, or such as die or recover within a day or two and before the super-vention of inflammation. III. PROLONGED CASES, or such as survive a sufficient length of time to allow reactive inflammation to take place.

I. MILD CASES.—In cases in which recovery takes place within a few hours the first constitutional effect is usually an immediate and sudden feeling of giddiness, or nausea, or faintness, or all three, perhaps followed very shortly by vomiting and great failure of strength, with sensation of coldness in the bitten limb or the whole body, and these perhaps followed by perspiration. The countenance becomes anxious and depressed; the mind usually wanders somewhat; the pulse becomes rapid, soft, small, feeble, perhaps tremulous, irregular. The respiration becomes anxious and hurried, perhaps laboured, irregular, or jerking. There may be sensation of constriction in the throat and chest, with an oppressed feeling about the heart. In somewhat less mild cases the speech and deglutition may become difficult, the tongue may swell, and there may be considerable thirst. The sight, hearing, and taste may become perverted, and some hæmorrhage may take place from some of the mucous surfaces, such as the eyes, nose, mouth, gums, kidneys, bowels, and rigors may occur or burning sensation (nervous, not inflammatory), and there may be burning pains throughout the body and general prostration.

After a few hours, and especially if *Alcohol*, *Ether*, or *Ammonia* be freely administered, though apparently so grave, these symptoms may pass off almost as rapidly as they came on, leaving the patient comparatively well, simply weak, nervous, and tremulous for the next few days.

It would appear as though the venom set up a kind of catalytic change in the blood and tissues, which for a time perverts or arrests the normal vital changes going on within the body until, either by the inadequacy of the quantity of venom for the size of the animal, or the superiority of the vital force, or the stimulus given by the *Alcohol, Ether, or Ammonia*, the normal vital processes are re-established, and the venom neutralised or destroyed and its results removed.

Though sadly wanting in detail and care and the fulness of symptoms desirable, the following cases will afford fair examples of the above general sketch, viz. Miss R—, Essen, A Woman, Cases 1 and 2, Mr. B—, and A Negress, and some of the cases of dogs and rabbits given by Dr. Mitchell. It will be sufficient here to relate the particulars of one case, that of Miss R—. Miss R—, a young lady, æt. 17, bitten on left instep, both fangs entering, about 5 p.m. September 20th, 1852, Dr. Atchison reports:—"I arrived about two hours and a half after the accident and found her almost moribund; pulse wavy and scarcely perceptible; the surface cold and bathed in perspiration; face swollen, with a besotted expression; mind wandering; pupils dilated, and she could not see, declaring it was dark and that candles were burning in the room; asked frequently if it were not raining, although the evening was calm and clear. The two little punctures on the instep were visible, and round each there was a greenish areola, with some puffiness. I administered brandy, half a glass at once, and the wound was freely scarified and cupped, and the extremity placed in a hot saline bath. Twenty grains of *Carbonate of Ammonium* were given, but immediately thrown up, together with the contents of the stomach coloured bright grass green. An ordinary glass of whiskey was now given, and the patient drank it with avidity and asked for more. A glass of whiskey and twenty grains of *Carbonate of Ammonium* were given every half hour alternately, until three pints of the former and eighty grains of the latter had been administered; and, what is very remarkable, not the slightest intoxication ensued; on the contrary, the urgent

and alarming symptoms gave way, warmth returned to the surface, the pulse returned to the wrist, the mind was called back from its wandering, and she fell into a quiet sleep, from which she awoke at 5 a.m. complaining of intense pain in the foot, shooting up the inside of the leg to the knee; for this she had a quarter of a grain of *Morphia* and fomentation of *Laudanum* and *Camphor*, followed by a poultice of linseed, with the effect of entire relief of the pain, and she was nearly well next day.

*Diseases pointed to.*—Mild cases of *Crotalus* poisoning furnish phenomena which, in their character and the manner and course of their development, afford therapeutic indications of extreme importance and value, vividly reminding us as they do of the onset of the zymotic diseases generally. In their onset, course, and termination the resemblance is striking between them and smallpox, measles, scarlet fever, typhus, cerebro-spinal fever, enteric fever, relapsing fever, yellow fever, plague, remittent fever, diphtheria, mumps, glanders, erysipelas, pyæmia, puerperal fever, and all such-like diseases, and *Crotalus* should always be remembered in the treatment of these diseases. This resemblance will be made more evident by the phenomena presented by the "severe cases" about to be described, and by the symptoms recorded under the first and second divisions of the pathogenetic dose already treated of. And there is the further and very important resemblance that they are both blood diseases, and that the blood state is very analogous in both, namely, septic. There is, however, one important dissimilarity, namely, that the elevation of temperature and febrile commotion that usually accompany the onset of the zymotic diseases is generally wanting in *Crotalus* poisoning; there may be the primary chilliness, sometimes amounting to rigor, in *Crotalus* poisoning, but there is not generally the febrile reaction well marked.

II. SEVERE CASES.—In cases in which recovery or death takes within a day or two, and before inflammation supervenes, the same constitutional effects are observed as in the "mild cases," but they are more pronounced, more violent, and more persistent. There may at first be a



sudden cry, as of terror or pain, or a shudder or tremor of the whole frame, or an effort to vomit. The giddiness, fainting, and debility are extreme, producing staggering, falling, and inability to stand or sit up. The pulse becomes extremely feeble and irregular, and almost imperceptible. The respiration becomes difficult, slow, laboured, stertorous, and the chest much oppressed, inducing gasping for breath. The eyes become sunken, the expression becomes besotted, the face becomes swollen, and the whole body œdematous, jaundiced, cold, and the skin covered with cold perspiration or intensely dry. The mind is very uneasy, restless, delirious, and there is sleeplessness, or the mental torpor becomes listlessness or coma. The voice becomes a whisper; swallowing almost impossible; thirst intense; vomiting incessant and bloody; stools diarrhœic, dysenteric, involuntary; urine albuminous, bloody, and urination involuntary. Blood issues from the eyes, nose, ears, mouth, gums, stomach, bowels, kidneys. Vesications form on the skin. The limbs tremble, are convulsed, or the whole frame may tremble or be convulsed, and the whole surface become sensitive or numb. The extremities may become cold, and the patient may lie motionless, unconscious, speechless, and cold, as if dead.

All these grave symptoms may be present for some time, and yet the patient may recover; especially if blisters be applied topically, and *Alcohol*, *Ether*, or *Ammonia* be freely exhibited internally. In this happy event the warmth returns to the surface, the pulse returns to the wrist, sleep returns, the mind ceases to wander, the breathing becomes easy, the vomiting ceases, the countenance regains its natural appearance, the swellings disappear, the vesications dry up, and the skin resumes its natural colour and appearance; the hæmorrhagea cease, the secretions return to their natural character, and the patient recovers his usual health within a few days, except that he remains weak and debilitated for some weeks and liable for some time to periodical returns of some of the effects. Or, if this happy issue be not achieved, the patient sinks rapidly under the depressing influence of the poison, as though

narcotised, or gasping for breath or convulsed. After death muscular irritability is rapidly lost, and putrefactive changes speedily set in [v. Mode of Death in Subacute Cases].

These effects are fairly well exemplified in the cases of an Irishman, P. Burne, Drake, Miss Briggs, Shipman, Sprix, Lake, Wainwright, Machado, and Soper, and by the cases to be referred to under the following head, that is, "Prolonged Cases," as well as some of the cases of dogs, rabbits, and birds, given by Dr. Mitchell.

Take the history of one case, that of P. Burne, as the one that will occupy the least time. Patrick Burne, a young man, was bitten near the second joint of the left index finger about 6 a.m. on the 9th of August, 1851. When seen about 4 p.m.—ten hours after the bite—he was partially delirious; pulse very weak, and ranging from 115 to 130; respiration difficult and hurried; skin hot and dry; eyes red and fiery; the hand, arm, and shoulder were swollen to a great degree, and the pain of the limb almost insufferable. Bled, cupped and poulticed, with *Ammonia* and *Ether* internally.

10th, next day.—No better; still delirious; pulse about same; had not slept any during the night, and had suffered excruciating pain every moment in the night; still nausea; no abatement of swelling of the limb; arm, shoulder, and upper portion of the left side were thickly covered with small blisters filled with fluid of a yellowish colour. In addition to the former treatment, he had now whiskey *ad libitum* until the system was under its influence.

11th.—Slight improvement was recognisable; pulse 100; swelling of arm and shoulder a little diminished; still delirious, anxious and uneasy, and very restless, but dozes occasionally; skin still hot and dry. Same treatment continued, with the addition of some *Opium*.

12th.—Rather better; pulse less frequent; less restless, and but little pain; still delirious; occasionally slept a few minutes. Same treatment continued, with the addition of *Capsicum* to the whiskey, and administering it without regard to quantity until the patient was fully under its influence, with *Morphia* when necessary.

13th.—Decided improvement; skin moist and quite natural; swelling of arm and shoulder subsided; the delirium had ceased, and he talked rationally. He speedily recovered his usual health.

*Diseases pointed to.*—The phenomena manifested in severe cases of *Crotalus* poisoning are of very great importance in a therapeutical point of view, confirming as they do the resemblance to the zymotic diseases furnished by the mild cases, and carrying on this resemblance to the most severe and malignant examples of these diseases; which resemblance is still further strengthened by the effects enumerated under the “Mode of Death in Subacute Cases,” and under the “First Division of the Pathogenetic Dose.” The mere mention of this resemblance will be sufficient without adducing examples; I may, however, read Dr. Mitchell’s observations on this point.

“*Analogy between the symptoms of Crotalus poisoning and those of certain diseases.*—I am unwilling to leave this unsatisfactory but necessary part of my task without calling attention to the singular likeness between the symptoms and lesions of *Crotalus* poisoning and those of certain maladies such as yellow fever. If for a moment we lose sight of the local injection, and regard only the symptoms which follow and the tissue changes which ensue, the resemblance becomes still more striking.

“In both diseases, for such they are, we have a class of cases in which death seems to occur suddenly and inexplicably, as though caused by an overwhelming dose of poison. In both diseases these cases are marked by symptoms of profound prostration, and in both the post mortem revelations fail to explain the death. I have spoken, as an example, of yellow fever, but similar instances are not wanting in cholera, typhoid, and typhus fevers, and in scarlatina.

“A second class of cases, both of *Crotalus* poisoning and of yellow fever, survive the first shock of the malady, and then begin to exhibit the train of symptoms which terminates in more or less complete degradation of the character of the blood. Varying remarkably among themselves,

exhibiting, as it were, preferences for this or that organ, all of these maladies agree in the destruction of the fibrin of the blood which their fatal cases frequently exhibit. In yellow fever, the likeness to venom poisoning is most distinctly preserved, as we trace the symptoms of both diseases to the point where the diffluent blood leaks out into the mucous and serous cavities. The yellowness which characterises many yellow-fever cases, I do not find described as a current symptom of the venom malady, but it is often mentioned as one of the accompaniments of the period of recovery from the bite. It is, indeed, most probable, that if small and repeated doses of venom were introduced at intervals into the body of an animal, a disease might be produced even more nearly resembling the malady in question. In the parallel thus drawn, I have given but the broad outlines of resemblance, nor was it to be expected that the minor details would be alike. From a general and philosophic point of view, this similarity is sufficiently striking to make me hope that the complete control of one such septic poison, for experimental use, may enable us in the future to throw new light on those septic poisons of disease whose composition we know nothing of, and whose very means of entering the body they destroy, is, as yet, a mystery" (p. 97).

III. PROLONGED CASES.—In cases that are prolonged until reactive inflammation sets in, there are usually most of the effects exhibited by the "Severe Cases;" and these are followed by the symptoms, first of inflammatory fever, and secondly, by those of putrid absorption, hectic fever, and exhaustion. The symptoms are principally those of phlegmonous erysipelas, diffuse cellular inflammation, gangrene, mortification, sloughing, or deep-seated septicæmic abscesses, carbuncles, boils, &c., and are too well known to require repetition in this place. They are fairly well exhibited in the later stages of the cases of Steel, Brienthal, Belcher, Woodhouse, Soper, and Mary O., as well as some of the cases of dogs, rabbits and birds given by Dr. Mitchell. In the case of Steel, bitten on the finger, reaction appeared to set in on the third day, but "notwithstanding careful

nursing, suppuration supervened, and he was unable to leave his bed for about a week." In the case of Brienthal, bitten on the hand, "after nine days the fever abated, and he began to mend, but his hand and arm were spotted like a snake, and continued so all summer. In the autumn his arm swelled, suppurated, and burst, after which the unnatural appearances went away." In the case of Belcher, bitten on the finger, "on the fifth day the finger began to suppurate; it was opened the next day, and it continued to discharge freely for several days. Boils came out on the arm as far as the swelling had extended, in all about eighty at one time. After this convalescence was rapid, and he recovered perfectly, except the use of the finger." In the case of Woodhouse, bitten on the finger, "on the seventh day the first and second joints of the finger appeared gangrenous; the granulations were rough, and many of them appeared as if they had been sprinkled with yellow ochre; the nail was quite loose, and was afterwards removed. A large slough formed, and on coming away left the bone exposed; this afterwards exfoliated and had to be removed. After three months the finger was healed but deformed and its circulation defective."

*Diseases pointed to.*—The therapeutic indications afforded by prolonged cases of *Crotalus* poisoning are the same as those afforded by the "Mode of Death in Chronic Cases," and which have been already mentioned as the later stages of those blood diseases in which secondary or reactive or reinfective fever occurs or is apt to occur; such as smallpox, scarlet fever, diphtheria, &c., and the various reinfecting surgical diseases, such as phagedæna, malignant pustule, farcy, whitlow, &c.

### C. THE TOPICAL EFFECTS.

In rattlesnake bites some of the topical effects show themselves immediately, others only afterwards; they are altogether absent in really acute cases, and are only slight after injection of the dried venom, or venom that has

been boiled or subjected to the influence of chemical reagents, and when injected merely into adipose tissue, also after poisoning by *Crotaline*.

1. The *immediate* topical effects are usually pain and swelling, and, if the wound be made into a muscular part, quivering; if into a vascular part hæmorrhage and discoloration, and sometimes a sensation of coldness or actual coldness, or burning sensation or actual heat.

2. The *later* topical effects are swelling, softening, blackening and disorganisation of the blood and tissues of the part; and later still, in chronic cases, inflammation, suppuration, gangrene, mortification, sloughing.

*Diseases pointed to.*—The chief therapeutical indications afforded by the topical effects of *Crotalus* poisoning are the earlier stages of poisoned wounds, and the bites of all sorts of venomous insects, as well as the local infective diseases, such as malignant pustule, carbuncle, whitlow, &c., just as the “Mode of Death in Chronic Cases,” and the symptoms in “Prolonged Cases,” point to the later stages of these same local maladies.

#### D. THE PATHOGENETIC DOSE.

When discussing “the Dose” of *Crotalus* venom it was mentioned that the pathogenetic dose should be studied under three divisions, viz. first, the dose that will produce the characteristic pathological lesions; second, the dose that will produce the absolute effects; and third, the dose that will elicit the contingent symptoms.

Numerous instances of these pathological lesions, absolute effects and contingent symptoms were there given, and it will be unnecessary to repeat them here. They serve to fill up very completely the pictures outlined by the modes of death and the general and topical effects; and to point with tolerable clearness to many cerebral, neuralgic, cardiac, respiratory, gastric, intestinal, hepatic, renal, uterine, and cutaneous affections; to various vertigos and headaches; to cardiac oppression, neuralgia, and palpitation; to various

sore throats, quinsies, coughs; to vomiting, diarrhoea, dysentery; to boils, acne, ulcers; to hæmorrhages, ecchy-moses, scurvy, and the hæmorrhagic diathesis; to leucocy-thæmia, and to general degradation of the blood and vitality, and to all such-like conditions, especially if they acknow-ledge anything of a septic origin, such as from drinking foul water or drainage-impregnated milk, or eating too-long-kept game, or living in badly-drained or otherwise insanitary houses; or being otherwise exposed to septic poisoning, as are hide merchants, tanners, butchers, night-soil men, and medical students and accoucheurs.

The all-pervading substratum of the symptoms of *Cro-talus* is *sepsis*; the sphere of its action is septic diseases, especially those of a hæmorrhagic character, and its principal general antidotes are *Alcohol*, *Ether*, *Ammonia*, *Ammon. carb.* the other serpent venoms; Dr. Drysdale's *Sepsin*; *Cth.*, *Pho.*, *Ipc.*, and *Rhs.*, *Ars.*, *Aps.*, *Sec.* Of course other medicines will antidote special spheres of the operation of *Crotalus*.

## REVIEWS.

*Die Homöopathie und ihre Bedeutung für das öffentliche Wohl*, von Dr. JOHANNES RIGLER : Hirschwald, Berlin, 1882.

DR. RIGLER last year delivered a lecture which contained such offensive calumnies against his homœopathic colleagues that the latter brought an action at law against him, and he was condemned to pay a considerable fine, and the judgment against him was ordered to be published in the periodical which reported his calumnious lecture.

Smarting under his well-deserved punishment, he now seeks his revenge by publishing the pamphlet whose title we have given above, in which he endeavours to show the nefarious character of the founder of homœopathy and of his disciples, and the absurdity and unscientific character of the system of medicine they propounded and practised. In the preface he tells us that he has endeavoured "with all his might to avoid being hard and bitter," and we shall presently see how admirably he has carried out this laudable endeavour.

The first part of this pamphlet is occupied with a life of Hahnemann. Our truthful and conscientious author tells us that the grand motive that influenced Hahnemann throughout his whole career was the *auri sacra fames*, the desire to make money; and, as he could not do so honestly, he sought to accomplish the great aim of his life dishonestly, by deception, by falsehood, and quackery. Before the idea of promulgating a new medical system occurred to him he sought to fill his pockets by foisting on the world a new alkali under the name of "pneum," so-called from the Greek



word πνέω, I blow, breathe, make wind, "which was as much as to say, 'I am a wind-bag, a liar, a deceiver, a cut-purse.'" Though in the next sentence Dr. Rigler acknowledges that when his error was pointed out to him Hahnemann returned the money paid to him for his supposed new alkali, he apparently does not think that his sarcasm has anything "hard or bitter" about it.

Hahnemann's mode of testing the prophylactic action of *Belladonna* in scarlatina by inviting his colleagues to apply to him for powders impregnated with the drug, the name of which he did not reveal, is regarded by Dr. Rigler as another barefaced attempt to obtain money by false pretences. We would rather accept Hahnemann's own statement as to his motive, viz. to have the prophylactic well tested without exciting the prejudices of his colleagues, which he suspected the revelation of the name of the drug would have done. But as an unworthy motive for this unusual act is more consonant with Dr. Rigler's idea of the character of Hahnemann, he of course adopts it.

So also Hahnemann's frequent change of residence, which we know was generally occasioned by the persecution of the apothecaries, is attributed by Dr. Rigler to his own insatiable greed, though how Hahnemann was to make a fortune by his repeated "fittings" Dr. Rigler does not explain. He is apparently not acquainted with the proverb, "a rolling stone gathers no moss."

Speaking of Hahnemann's writings, and more particularly of his '*Æsculapius in the Balance*,' our upright critic says:—"The Incorruptible [as he sarcastically calls him] represents things just as he pleases, understands how to mingle skilfully with an inexhaustible amplitude of false deductions and lies, which he supports with powerful phraseology, pious and hypocritical forms of speech, in which he discourses with emphasis upon the 'goodness of the Creator,' the 'main-spring of love,' the 'divine spark,' and all this he does only to carry out his infamous secret aim." In this style our conscientious critic goes through all the well-known incidents of Hahnemann's life and all the doctrines he taught. In no one instance does he give him credit for either medical

knowledge or honesty of purpose. His doctrines are a bold defiance to common sense, his actions are always dictated by the meanest motives of self-interest and money-making.

He is "the most shameless of the shameless," the "arch-father of lies," "a swindler," and "a cheat." Not content with the authentic events of Hahnemann's life, he diligently rakes together all the stupid calumnies propagated concerning him by Simon in his *Pseudomessias medicus*, and his *Antihomöopathisches Archiv*, and by Heinroth, in his *Anti-Organon*.

Rigler's summing up of Hahnemann's life and labours will give a fair idea of the spirit that animates the whole work:—"Hahnemann's efforts," he says, "were directed to burst through the necessary boundaries of science, to change medicine into child's play by means of lies and sillinesses, to contemn and calumniate all the medical art, to represent the sources of medical knowledge as extremely nugatory and despicable, finally to introduce into practice the vilest misuse of dishonest dealing in secret nostrums.

And yet posterity erected to this most miserable of charlatans and cheats, 'in grateful acknowledgment of his immortal doctrine and of his immeasurable services to medicine,' a bronze memorial statue in the centre of Germany, and a German town submitted to this disgrace! German consciousness of right, German love of truth, and German feeling of shame, where were ye? Awake! hurl this lying god from his beggarly throne, and protect culture from further destruction!" In these spiteful ravings of impotent wrath we perceive the profound mortification of a mean mind, goaded to fury by his well-deserved punishment as a convicted libeller and calumniator.

The second part of this work is a long tirade against the disciples of Hahnemann, conceived in the same spirit of detraction and calumny. It would sicken our readers to go through the long and laboured attempt of the condemned libeller to turn into ridicule the disconnected expressions of various writers on homœopathy. He thinks the mere statement of the statistics given by practitioners, that the mortality in pneumonia is 5 per cent. under

homœopathic treatment, whilst it is 23 per cent. under the ordinary treatment; in pleurisy 3 per cent. under homœopathy, and 13 per cent. under allopathy; in peritonitis 4 per cent. under homœopathy, and 13 per cent. under allopathy; in dysentery 3 per cent. under homœopathy, and 22 per cent. under allopathy, is sufficient to show their mendacious character. Most melancholy, however, is Dr. Rigler when he tries to be jocular. One poor joke he seems to think so good that he repeats it at least a dozen times. *Aconite*, being a medicine which may be said to have been introduced into medical practice by Hahnemann, and is therefore peculiarly a medicine of the homœopathic school, is, he tells us, called in German "Narrenkappe," i.e. "fool's cap," and he is never tired of telling us that homœopaths are perpetually employing this "fool's cap." He does not seem to see how this joke may be turned against his own side, as the orthodox school have eagerly accepted the gift of this "fool's cap" from the despised homœopaths, but no doubt he would fail to appreciate the joke in this application.

The third part is a still more stupid denunciation of lay practitioners of homœopathy, in which he gives a long biographical account of the notorious Arthur Lutze, to whose ignorant and silly boasts and pretensions he devotes twelve pages of his pamphlet. As Lutze never was an acknowledged authority on homœopathy, and as he was universally regarded as a contemptible charlatan, it does not concern us in the least what he said or what he did, so Dr. Rigler is welcome to abuse him as much as he pleases.

The fourth part of Rigler's work is devoted to showing the impropriety of allowing practitioners of homœopathy to dispense their own medicines. He is not very consistent here, however, for he admits that the persecution of Hahnemann for giving his medicines was altogether wrong, because he really did not give any medicine at all, only sugar globules with the name of a medicine, so that when he administered these non-medicinal comfits he did not interfere with the apothecaries' practice, as they were only

entitled to dispense medicines, not innocuous comfits. If homœopaths, he urges, would confine themselves to giving globules or milk-sugar powders, in which no medicine can be detected either by the senses or by chemistry, they should be allowed to do this. But as they often give mother-tinctures and substantial doses of medicines they should be restrained from doing so, and compelled to resort to the apothecaries for their drugs. But then, again, as the state is bound to protect its citizens against false and erroneous systems, the practice of homœopathy, which is false and unscientific, should be suppressed altogether.

The State, he says, can only take cognisance of scientific medicine. But as homœopathy is utterly opposed to the firmly-grounded fundamental laws of science, and is besides contrary to common sense, the State should not have any hesitation in suppressing the practice of it altogether. It would have been as well that Dr. Rigler should have stated what are the fundamental laws of medical science, in order to guide the State in the matter. But here is the difficulty. We have made most diligent search to discover these fundamental laws, but have never succeeded in ascertaining what they are. It is all very well to say that homœopathy is opposed to them, but until we are informed what they are we can only regard the assertion as unproved, and we can make the counter-assertion that homœopathy is in accordance with the fundamental laws of medical science, and defy our opponents to disprove this statement.

Dr. Rigler will find it as difficult to persuade the State to suppress the practice of homœopathy as to persuade the six or eight thousand medical practitioners, who are convinced of the excellence of the homœopathic therapeutic rule, that Hahnemann was a cheat, a swindler, a cut-purse, and a liar—to use his refined language—and that the system he promulgated is absurd, unscientific, useless, and injurious.

The only excuse we can find for Dr. Rigler's most indecent diatribe is that the poor creature's mind was fairly unhinged by the ignominious punishment he had just received for his calumnies against the living representatives

of homœopathy, and he could not refrain from seeking his revenge by calumniating the dead founder and the most illustrious of his dead disciples. His work is fittingly closed by his hysterical appeal to the government to suppress altogether the practice of a system which, though supported by thousands of regularly qualified medical men and by millions of actual and potential patients, is not in accordance with his own views. Germany has yielded many of its hardly-earned liberties to Bismarck, the man of blood and iron, but it will scarcely yield its liberty to be treated medically according to its convictions to Rigler, the man of pills and potions. We do not know anything about Dr. Rigler's achievements in medical science, or the grounds on which he bases his claim to have his own views acknowledged as the sole truth in medicine and all others suppressed by the whole power of the State. We only know him as the convicted libeller of a number of his colleagues who are as certainly his superiors in professional status and therapeutic skill and knowledge as they are in courtesy and gentlemanly conduct. Dr. Rigler's venomous pamphlet shows us the author wriggling and "squirring" under his well-merited castigation, and his ferocious attack on the venerable Hahnemann reminds us of nothing so much as the odious little Quilp hammering away with an iron crow-bar at the impassible figure-head in order to give a vent to his spite against one he hated but could not injure.

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*The New Handbook of Dosimetric Therapeutics.* By Dr. AD. BURGGRAEVÉ. Translated by H. A. ALBUTT, M.R.C.P.E. London: Bogue, 1882.

A good deal has been heard lately of Dr. Burggraevé's new method of treatment, which he named "Dosimetry," meaning thereby the giving of medicines in measured doses, but it is not generally understood what this method really

is. The work translated by Dr. Allbutt enables us to obtain a knowledge of the system, which is announced by its partisans to be "a system of therapeutics superior to all other systems." We are further informed that "Dosimetry will bind physicians together in one great brotherhood, and will raise their professional dignity, promoting greater harmony and good feeling between each member of the fraternity." If it is able to accomplish this it will be widely different from any other system of medicine hitherto promulgated, as each has only contributed to produce an exactly opposite effect on the medical fraternity.

Let us examine the system as here revealed, and we shall be able to judge whether it is so immensely superior to other methods, and is likely to fulfil the expectation of its author in the way of establishing universal concord among the brethren of the profession, so that in future the outside world, instead of sneering at the differences of doctors, shall point to us as illustrations of the saying: *Ecce quam bonum et jucundum, habitare fratres in unum!*

The dosimetric materia medica consists of medicines in the form of granules. These granules contain the most active medicines, such as *Aconitine, Atropine, Arseniate of Strychnine, Hyoscyamine, Veratrine, &c.*, in doses of half a milligramme; others, as *Arsenious acid, Phosphoric acid, Bryonine, Caffeine, Codeine, Digitaline, &c.*, in doses of one milligramme; and yet others of less active properties, such as *Salicylic acid, Tannic acid, Ergotine, Pepsine, &c.*, in doses of one centigramme. The quantities contained in the granules, it is thus seen, are very fractional. Besides these, an important item of the dosimetric materia medica is a preparation of calcined *Sulphate of Magnesia*, called strangely enough "Chanteaud-Seidlitz," though why *Epsom* salts should be called *Seidlitz* we are at a loss to understand, possibly for the same reason that the great *Epsom* race is called the "Derby."

The principle on which the medicines are administered in the various diseases is by no means clear. It is explained in the following passage, which itself stands in need of some explanation:—"The first law of dosimetry is

that the more rapidly the disease runs through its dynamic or vital period so much the more is it absolutely necessary to reach the therapeutic or curative stage as rapidly as possible; in other words, to acute diseases we must oppose an acute treatment, and to chronic diseases a chronic treatment. The second law is that of the *dominant* and *variable* treatment. The first addresses itself to the cause of the disease, the second to the symptoms."

Acute diseases are to be "jugulated," that is, cut short, before producing anatomico-pathological changes, which is all very fine in theory, but as most acute diseases are not recognisable until they have effected anatomico-pathological changes, it does not seem possible to tell that they have been "jugulated" if no anatomico-pathological changes have occurred. Where fever exists, the "defervescent" *Aconitine* and *Veratrine* are used; if the fever is periodic, *Quinine* in some form is the remedy. To Hahnemann is ascribed the merit of having discovered the "defervescent" properties of *Aconite* and *Veratrum*, but the manner in which they are exhibited is by no means Hahnemannic.

To give an idea of the *modus operandi* of dosimetry we may take the treatment recommended for typhoid fever. "The intestine must first be cleansed and refreshed by the *Seidlitz salt*, one small teaspoonful in a glass of water every morning, from the commencement of the attack." "To prevent tenesmus and diarrhoea, and at the same time to act as a sedative and antiseptic, the following enema may be administered every day or oftener if there is tenesmus: *Hydrate of Chloral* 10 parts, *Borax* 5 parts, water 250 parts." "The body must be frequently sponged with cold water or solution of *Salicylic acid*. In cases of high pyrexia the cold bath may be necessary. *Phosphoric acid* and *Strychnine* (*Arseniate* or *Sulphate*) must be employed whenever there is prostration, a granule of each, together, every hour or even half hour according to the degree of prostration." "To reduce the temperature *Aconitine* and *Veratrine* must be given, a granule of each together, every half hour." "When the morning and evening temperatures become markedly different, and especially when the

symptoms are aggravated, *Quinine* is indicated, one or two granules (*Arseniate* or *Hydroferrocyanate*) every half hour." "If the urine is scanty or suppressed, *Digitaline* and *Arseniate of Iron* must be given, a granule of each together, eight or ten times a day. Insomnia, restlessness, agitation and spasm, may be calmed by *Morphine* and *Hyoscyamine*, a granule of each together, every half hour, until sedation of these symptoms takes place. It may be requisite to combine these two alkaloids with *Strychnine* so as to re-establish muscular antagonism"—why, we are not told. "If the patient sleeps well, and calm has been restored, digestion may be promoted by *Quassine*, two granules three times a day, half an hour before food." "As constituents of the blood after the fever has ceased, the *Arseniates* must be employed—*Arseniate of Soda* or of *Iron*, six granules a day." "The *Salicylic acid* lemonade will be found a serviceable beverage. It is thus composed:—*Salicylic acid* 4, *Tartaric acid* 4, *Simple syrup* 75, *Tincture of Lemon peel* 5, warm water 920. It can be taken like ordinary lemonade." If called in early the fever can often be "jugulated" by the following treatment:—"The *Seidlitz salt* every morning to refresh and cleanse the intestine, and *Strychnine* (*Arseniate* or *Sulphate*), *Aconitine*, and *Digitaline*, a granule of each together, every half hour, administered till the pyrexia ceases."

We may add the dosimetric treatment of "true diphtheria." "True diphtheria is characterised by the formation of plates, polypous concretions, and false membranes, due to parasites (micrococci), which cause an occlusion of the principal passages and threaten suffocation. The treatment, therefore, cannot be too sufficiently active. The back of the throat must be painted with pure lemon-juice, and *Sulphide of Calcium* administered until the intestinal gas emits an odour of sulphuretted hydrogen. Not only is this gas innocuous, but it has the property of preventing the formation of ammoniacal compounds (carbonate), which induce a typhoid condition by decomposing the blood. *Seidlitz salt* must be used to cleanse the intestine, and fever should be combated by *Arseniate of Quinine*, the accessions being



cut short by *Aconitine* and *Veratrine*, a granule of each together, every half hour until sedation."

This, besides being a fair specimen of the treatment of dosimetry, is an average example of the pathology throughout the work. Dosimetric pathology, we should say, is on a par with dosimetric therapeutics. The administration of *Sulphide of Calcium*, our *Hepar sulphuris*, until the intestinal gas emits an odour of sulphuretted hydrogen is a delicious touch, and the reason for so doing—that it prevents the formation of carbonate of ammonia which decomposes the blood and thereby induces a typhoid condition—is worthy of the palmiest days of the iatro-chemical school.

In the very next page the *Sulphide of Calcium* plays the rôle of a parasiticide. It is there stated that whooping-cough is caused by "parasites of the genus *Penicillia*, which attach themselves to the mucous membrane of the larynx and trachea, which the vibratile epithelium is unable to dislodge," but which are easily destroyed by *Sulphide of Calcium*.

These instances of dosimetric treatment, taken at random, give an accurate notion of the method, which is an odd mixture of purgation by *Epsom salts*, for the purpose of "cleansing and refreshing the intestines," together with the exhibition of powerful concentrated medicines, whose hypothetical qualities are employed to combat hypothetical morbid states in the good old orthodox style. Dosimetry, we should say, is only crude symptomatic polypharmacy, with a somewhat novel pharmacology, the medicines being given in a highly-concentrated state in the form of granules, not combined in the orthodox mixture, but several, often three or four, given simultaneously, to meet hypothetical indications. Leeches, bloodletting, blisters and revulsives are also liberally used in many cases. A pseudo-scientific vitalistic pathological jargon is freely employed, which may impose on the uneducated laity and semi-educated practitioners, but which can only repel the really scientific. The dosimetric medicines are sold in boxes of ten tubes, each containing twenty granules, at prices ranging from two to four shillings per box, "guaranteed by the signature

of Professor Burggræve." This savours suspiciously of quackery.

That the dosimetric system may gain a transient popularity we cannot doubt—what system, however absurd, does not? But that it can ever recommend itself to any considerable number of scientific medical men we cannot believe. It may attract some ill-informed practitioners of the old school, but those familiar with the scientific therapeutics of the homœopathic school will regard it with contempt, in spite of its quasi-homœopathic granules and its ridiculous pretensions to "jugulate" diseases before they have developed themselves. There is no backbone in the system, it rests on no principle; the medicines are either given on some vague and perverted homœopathic idea, as *Aconitine* and *Veratrine*, to produce "defervescence," or on some hypothetical pseudo-pathological notion, as *Phosphoric acid* or *Strychnine* to strengthen the nerves or vital force, or on some crude humoralistic popular fancy, as *Epsom salts* (under the misleading name of *Seidlitz*) to cleanse and freshen the intestines, or on some frankly enantiopathic principle, as *Morphine* or *Hyoscyamine* (or both together) to combat insomnia and restlessness, or, lastly, on some unreasoning Burggrævian fancy, as *Arseniate of Soda* or *Iron* to reconstitute the blood.

To illustrate more precisely the real character of dosimetry, we shall add a case of actual disease, treated by Dr. Burggræve himself, from the May number of the *Journal of Medicine and Dosimetric Therapeutics*. It is as follows:

*"Adynamic pleuro-pneumonia.*

"(Treatment with *Sulphate of Strychnine*, *Phosphoric acid*, *Veratrine*, *Digitaline*, *Cicutine*, and *Hydroferrocyanate of Quinine*, according to the dosimetric method, by Dr. Burggræve.)

"The subject of this observation was brought into the Ghent Hospital for contusion of the thorax. He was in a state of stupor, with a pulse scarcely perceptible; respiration short, abrupt, with oppression and shooting pains.

"The first indication was to increase the strength of the

patient. It was usual in such cases to bleed slightly, but in the present case the prostration was so great that a loss of blood might have proved fatal. The author began, therefore, by giving one granule of *Phosphoric acid* and one granule of *Sulphate of Strychnine* every half-hour. The chest was supported by a cotton-wool apparatus (Burggræve's *appareil ouaté*), so as to restrict within certain limits the movements of the ribs, which caused extreme pain. The patient was placed in a half-sitting posture, in order to facilitate the abdominal movements of respiration. At the eighth administration of the granules the pulse rose, heat returned, and soon got beyond the physiological normal temperature; this circumstance necessitated the administration of *Aconitine* and *Veratrine*. It required eighteen granules of each (given the two together every quarter of an hour) to bring down the pulse to 95 and the heat to the normal degree—98.6°. There was no complication nor any symptom of intoxication. The bowels were kept open by the use of the *Seidlitz-Chanteaud*, one teaspoonful in a glass of water at different times. On the third day, the pulse remaining at 95 and the temperature being 100°, fearing an effusion might occur, the author gave *Digitaline*, which was continued on the fourth and fifth days, at the rate of twelve granules a day or one granule every hour. This medication occasioned diuresis very promptly, and brought the pulse and temperature nearly to the normal state.

“But as the intercostal pain still persisted, recourse was had to *Cicutine*, which was given alternately with *Digitaline*, one granule of each alternately every hour.

“Having observed on the eighth day that there was an increase of fever in the evening, recourse was had to *Hydroferrocyanate of Quinine* at the dose of eight granules in an infusion of cinchona with nitre.

“Thanks to this methodic treatment all disorders of the chest were avoided and the patient very soon became convalescent.

“It will be seen by the above that the alkaloids as usual played the most important part. In the first instance the *Phosphoric acid* and *Sulphate of Strychnine* guarded against the exhaustion of the respiratory forces and so prevented choking of the lungs and consequently asphyxia.”

“adynamic pleuro-pneumonia,” there is not a symptom given to show that either pleurisy or pneumonia was present. The case seems to have been one of simple contusion of the thorax, which would have probably yielded quickly to *Arnica* with, perhaps, a dose or two of *Aconite*. But the dosimetric method required the administration of *Phosphoric acid*, combined with *Sulphate of Quinine*, then *Aconitine* and *Veratrine*, *Epsom salts ad libitum*, *Digitaline*, *Cicutine* and *Digitaline*, *Hydroferrocyanate of Quinine* in an infusion of *Cinchona* with *Nitre*, and apparently bleeding would have been resorted to had not the prostration been too great. The treatment lasted at least eight days, and we are gravely told that, “thanks to the methodic treatment, all disorders of the chest were avoided and the patient very soon became convalescent.” Would that patient have done worse under a purely expectant treatment? Would he not have done a great deal better under ordinary homœopathic treatment? It is all very well to say that the administration of this or the other medicine guarded against certain symptoms which would probably have never occurred, but the efficacy of any treatment is only shown by the speedy removal of symptoms that have actually occurred. When the author was about it he might as well have stated, that thanks to the treatment adopted, the patient had neither cerebral apoplexy, Bright’s disease, smallpox, syphilis, or locomotor ataxy.

Our judgment on dosimetry, as displayed in this *Hand-book of Dosimetric Therapeutics*, is that it is mere unscientific polypharmacy, inferior to the best practice of orthodox therapeutics and not comparable to the scientific method of homœopathy, which its author incessantly carps at while endeavouring to adopt some of its practices; but as he evidently does not understand the rational method of Hahnemann, and ignores his therapeutic rule, he makes a sad bungle of the small part of it he tries to appropriate, and commits such errors in its application as must excite the ridicule and contempt of all who are even slightly conversant with the scientific therapeutics of Hahnemann.

Dosimetry does not seem greatly to differ from the system of “Parvules” introduced by Warren and Co.,

of Philadelphia, who, for all we know, may have stolen the idea from Dr. Burggræve, or *vice versâ*. They introduce this new pharmacology by saying :—" It is claimed by some practitioners that small doses given at short intervals exert a more salutary effect. Sydney Ringer, in his recent work on *Therapeutics*, sustains this theory in a great number of cases without catering to homœopathy." We do not, of course, profess to understand what W. R. Warren and Co. mean by " catering to homœopathy," but perhaps as " Dosi-metry " causes its cultivators to talk pathological nonsense, so the traffic in " Parvules " causes its authors to talk nonsense of another description. However that may be, the doses of Parvules and the doses of Dosimetry seem to be very similar, and, like the latter, are colourable—or colourless—imitations of the homœopathic preparations. " Imitation is the sincerest flattery," so we must feel flattered by observing that the two most recent innovations in medical practice are but very imperfect imitations of homœopathy in one of its characteristic peculiarities.

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*Supersalinity of the Blood an accelerator of Senility and a cause of Cataract.* By J. COMPTON BURNETT, M.D. London, 1882.

EXCESSIVE salt-eating, or halophagy, as it is termed, is undoubtedly to blame for some morbid states frequently observed in practice. The late Dr. Liedbeck, of Stockholm, paid particular attention to the evils produced by excessive salt-eating, and has given an account of these in a periodical published in Stockholm, as well as in the *Zeitschrift für hom. Klinik*, vol. i, p. 5, and in this Journal, vol. xxx, p. 404. The chief symptoms he was able to ascribe to this cause are fetid breath, swelling of the upper lip and excoriation of the gums, various pains in the stomach after eating, itching eruptions, sleeplessness, cold feet, leucorrhœa, heat of head, headaches, and polyuria.

In our own experience we have fancied we could see a connection between excessive salt-eating and a certain form

of chronic catarrh, or rather a tendency to obstinate catarrh of the respiratory mucous membrane, a very aggravated state of constipation, and a dry annular exanthema, especially on the scrotum and neighbouring parts.

In this little work Dr. Burnett brings forward what he considers evidence to prove that excessive salt-eating is a probable cause of cataract. He quotes experiments of Kunde to show that the injection of salt hypodermically causes opacity of the lens, which Kunde ascribes to the abstraction of water from the animal by the salt, as the opacity disappears when water is restored to it. The same effect on the lens was caused in cats, but not in rabbits, by dosing them with salt. Köhnhorn likewise observed the production of cataract in some of the lower animals by salt. Richardson also produced cataract in frogs by injecting saline solutions under their skin. He attributes this effect to the accumulation of salt in the blood. Dr. Burnett mentions the occurrence of cataract in several patients who were addicted to excessive salt-eating. He also thinks that the excessive use of salt may "mineralise the tissues and thus accelerate senility."

We cannot say that Dr. Burnett has proved his case, viz. that cataract is produced by salt in human beings, or that salt-eating is a cause of premature senility. He gives eleven observations of cataract in proof that excessive salt-eating may cause cataract. No. 1 was evidently no great salt-eater, she was only "rather fond of salt." No. 2 was, as a child, when presumably she had not cataract, "a very great salt-eater," but "no longer cares specially for it," so this would rather prove the opposite of Dr. Burnett's theme, as thus: she had no cataract as long as she was a very great salt-eater, but when she came not to care for salt she got cataract, which proves that salt preserves the eyes from cataract—if it proves anything, which is doubtful. No. 3 "always eats salt, though not excessively he thinks." He also takes a saline aperient in summer, but as that presumably does not consist of salt—chloride of sodium—it will scarcely help Dr. Burnett's case. This patient is between seventy and eighty years of age, and is in "a very

*mineralgic* condition"—what that is we have not the most distant idea, but as we are told "at his age everybody is more or less so," we may say, with Mr. Toots, "it's of no consequence." No. 4 "eats a great deal of salt." No. 5 eats a small teaspoonful of salt with his breakfast eggs, otherwise he is "a moderate salt-eater only." No. 6 says she is "a big salt-eater," so does No. 7. No. 8 is "decidedly fond of salt, eating, at a rough guess, about a teaspoonful of salt a day with her food," which we should say was quite a moderate allowance. No. 9 says "she is really not partial to salt," but she admits that she uses daily the same quantity as No. 8. No. 10 is seventy-nine years old and is "highly mineralised," and "eats a great deal of salt and puts salt into his morning bath," which we should say is of no account, as salt is not absorbed by the skin. No. 11 is "fond of salt, but does not like salty things," so we may reckon her among the moderate salt-eaters.

In the above cases there is no evidence at all that excessive salt-eating was the cause of the cataract. Of the eleven cases only four can be considered as great salt-eaters, the remaining seven were evidently very moderate consumers of the condiment, and as to two of the "mineralised" condition, which we presume is the synonym for "senility," we cannot say that that was "premature," as the subjects were nearly octogenarians.

Nor can we admit the analogy between the production of cataracts in frogs and cats in the experiments of Kunde, Köhnhorn, and Richardson, and the occurrence of cataract in human salt-eaters. The experiments of the last-named physiologist show clearly that the opacity of the lens was caused by the abstraction of water from the system. The conditions necessary for producing the opacity were that the animals should be kept without water, and a saline solution of greater specific gravity than the blood injected hypodermically. The opacity was removed by the restoration of water. Moreover, it seems to be almost a matter of indifference for the success of the experiment what saline solution is employed, chloride of ammonium, chloride of potassium, lactate of soda, carbonate of soda, carbonate of

potash, sulphate of potash, chloride of calcium and chloride of barium doing quite as well as chloride of sodium. Now, the same conditions are not likely to obtain among human salt-eaters, who as a rule are given to drink rather more than less than others; and salt things, as every one knows, are often taken to excite an artificial thirst and so give an excuse for more drinking. If, then, salt develops cataract in human beings, which Dr. Burnett is very far from having proved, it must do so by a specific action on the lens, and not in the same way as Richardson's saline solution produced opacities of the lens in frogs.

As for Dr. Burnett's other point, that supersalinity of the blood accelerates senility, we have no proof that in salt-eaters the blood contains an abnormal amount of salt on the one hand, and we have no evidence that chloride of sodium has any specific tendency to "mineralise the tissues," or that it "would make a man, a man of salt," as King Lear says, on the other.

On the whole, the judgment we must pronounce on Dr. Burnett's last book is that he has utterly failed to prove any of his propositions:—1st, that excessive salt-eating causes supersalinity of the blood; 2nd, that it is an accelerator of senility; and 3rd, that it is a cause of cataract.

There is a tolerable amount of evidence scattered throughout medical literature to show that excessive salt-eating does occasion many morbid phenomena, among which, however, are not cataract and premature senility, and the profession would have been grateful to Dr. Burnett had he collected together all the information procurable on this subject. We fear that the publication of such books as this will not only imperil Dr. Burnett's well-merited reputation as an exponent of our rational therapeutics, but incidentally damage the scientific character of our school in the eyes of inquirers, when they see one of our prominent writers enunciating a wild hypothesis, and supporting it by a reference to physiological experiments of an irrelevant character. A short paper or paragraph in a medical periodical would have been a more fitting mode of ventilating Dr. Burnett's speculation. We expect in a book something more serious and substantial than a fanciful and tentative theory of this sort.



*Die Parasitären Krankheiten des Menschen. 1. Entwicklungsschichte und Parasitismus der menschlichen Cestoden.* Von Sigmund Theodor Stein: Lehr, 1882.

THIS first part of Dr. Stein's great work on the parasitical diseases of man treats of the intestinal tapeworms, and is the most complete work of the kind that we have seen. The illustrative plates are photographs of the actual animals, some of the natural size, and some immensely enlarged. Dr. Stein, who is an adept in the photographic art, has given us here the most exact and beautiful representations of the whole animals and of their separate parts and organs. Not content with the photographic illustrations, he has also given woodcuts in the text illustrating the histology of the various parasites. The species treated of are *Tenia solium*, *T. saginata*, *T. nana*, *T. flavopunctata*, *T. cucumerina elliptica*, *Bothriocephalus latus*, *B. cordatus*, and *B. cristatus*, and finally the *Echinococci*. The embryo condition of the *T. solium*—*Cysticercus cellulosa*, and that of the *T. saginata*—*C. saginatae* are also described. The development history of *B. latus* was not clearly made out when this book was published. It was generally believed that the embryo lived in water—which it undoubtedly does—and passed thence immediately into the intestine of its host, where it developed into the pupal worm. But Braun's observations have just shown that the scolex first passes into the muscular tissue of a fish, generally a pike or eel, and thence into the host. Braun fed dogs and cats on the infested flesh of these fishes, and they passed segments of *B. latus*. Stein guesses that the flesh of fishes may be the source of *B. latus*, from the circumstance that Jews, who consume a great deal of fish, are the chief subjects of this parasite. The work is a master-piece of industry and science, and is well worth the study of all who are interested in the subject of tapeworms, either as medical men or natural historians. It would be foreign to the purpose of this Journal to enter into details concerning the development and structure of these interesting parasites, but the best means of expelling them when present in the

intestines is a subject that is every medical man's concern. Like all the rest of the world we have long ago abandoned the idea which Hahnemann and many of his contemporaries and predecessors entertained, that there was a particular worm diathesis which favoured the occurrence or persistence of the tapeworm in the human intestines, and we now all believe that tapeworms of all kinds are introduced into the intestines from without, and that no particular morbid condition of the intestines is requisite in order that they should fasten themselves on to the intestinal mucous membrane, and there grow to the enormous length they are apt to attain. We all also believe that the best thing to be done with them when they manifest their presence by the evacuation of proglottides, is to expel them as quick as possible.

We have hitherto been quite successful in getting rid of these pests by means of *Kouso* or *Cortex rad. granati*. But Dr. Stein prefers to all other remedies the ethereal extract of *Aspidium filix mas*, for the preparation of which he gives precise directions and which he prefers to the powder of the rhizomes of that fern and to the oil prepared from it. He does not consider any preliminary treatment necessary, but for all the three common forms of tapeworms, viz. *T. solium*, *T. saginata*, and *B. latus*, he adopts the same treatment, which is as follows:—"I let the patient take in the morning, fasting, a cup of coffee, and then with the help of a second cup I make the patient take the remedy enclosed in gelatin capsules according to this prescription: *R Extr. filicis maris ath.*, gram. 7·5 to 10. Divide in partes equal, No. 15—20. Det. ad caps. gelatinos. elast. Sign. To be taken within half an hour." The coffee, he says, prevents the disagreeable taste of the remedy being perceived when the capsules burst in the stomach. Half an hour after taking the last capsule, he gives a mixture of cognac, castor oil, and syrup, fifteen grammes of each, and by this simple method, he assures us, he has never failed to expel the worm entire, head and all. Should this method fail, he says, this must be owing to the root of the fern employed not having been of good quality, or the extract not being properly prepared.

*Translation of the Homœopathic Medical Society of the State of Pennsylvania. Seventeenth Annual Session, Pittsburgh, 1882.*

DR. McCLELLAND, who presided, delivered an excellent address, in which he alludes to the recent discussions on homœopathy in this country, *apropos* of the addresses of the three Presidents of the British Medical Association. Speaking of the propriety of dropping the distinctive name implying a peculiar mode of practice, he says: "My own view, and it is shared by many, is that the title 'Doctor of Medicine' is sufficient, and includes homœopathy as a part of medical science, carrying with it a right to select a medicine according to our best judgment, without being subjected to even the mild stigma of 'irregular.'" This is interesting, as showing that some at least of our American colleagues are anxious to get rid of their sectarian title, while on this side of the Atlantic an attempt is being made by some of our own body to fasten on to us a title indicative of our mode of practice.

The volume contains the reports of the several Bureaus appointed for different subjects. A paper on "Accommodative Asthenopia" suggests some remarks. The author recommends *Ruta*, *Nat. mur.*, and *Arg. nit.* for it. We have found rest and *Bell.* the most efficacious remedies. In the discussions that followed are some remarks by Dr. Morgan, which show how easily false ideas as to the power of medicines administered may be propagated when the narrator has preferences for or against some remedy. "I had a case," said he, "that of a lady, who was subject to periodical attacks of sick headache. The pains were so severe that she would bury her eyes in her hands and press them into the pillow. *Bell.* did no good, and I gave her *Lac defloratum* (skim-milk) 1000, which I had secured two years before, but had never used. The next day she was perfectly free from pain. The previous attacks generally lasted three or four days." The inference intended to be conveyed is that the thousandth dilution of skim milk cured the disease. Before admitting this we would

inquire: Is it not possible that this was an attack that would have terminated spontaneously after one day, as so many sick-headaches do? Is it not possible that if this disease was cured by medicine the *Bell.* had something to do with the cure? It is not stated what dilution nor how many times it was given, nor how long the practitioner waited to see that it "did no good" before giving his dose of skim-milk. No doubt the next compiler of a *Materia Medica*, if he admits clinical experience, will put "sick-headache" under the head of *Lac defloratum*. An interesting case of leucoma of both cornæ, cured by *Graph. 2x* and *Sulph. 6* in six months, is given by Dr. J. E. Jones. Our surgical colleagues seem to be abreast of the most advanced surgery. There is a case by Dr. Thomas of the removal of 1875 grains of uric acid calculus at two sittings, which is an almost unexampled instance of rapid lithotripsy. There are many other interesting papers in this volume, which does great credit to the Society.

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*The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera morbus, Cholera infantum, and all other loose evacuations of the bowels.* By JAMES B. BELL, M.D. Second edition, by Drs. BELL and LAIRD. New York: Boericke and Tafel, 1881.

THIS is a book that has doubtless caused the author or authors infinite pains, but we think the results are hardly commensurate with the labour expended on them. The author in his introduction tells us that he prefers the 200th to all others, at all events, all lower potencies, so we perceive from this that he is a so-called "high-dilutionist," which will perhaps account for the wonderful number of medicines he gives for diarrhœa and its congeners. Between A and Z he gives the indications for 140 medicines. We do not, of course, doubt that diarrhœa may cease under the administration of every one of these medicines even in the 200th potency, but then diarrhœa will as

often cease under no medicine at all, and it is scarcely enough for a text-book on diarrhœa to admit as special remedies for diarrhœa medicines during the use of which diarrhœa may have occasionally ceased. In the part that gives the medicines and their indications there is nothing to show that the author considers one medicine more important than another, and the indications for many are so very similar that it would be impossible to determine which was the best remedy for every given case unless we were aided in our selection by some accessory symptoms of a very peculiar character, and even then we doubt if our selection of a remedy under such guidance would be certainly correct. Thus, *Graphites* has *watery diarrhœa* in common with sixty or seventy other remedies, but it is alone in possessing the accompanying symptom of "impertinence." Could we depend on its being the right remedy for a watery diarrhœa if the patient were impertinent? How are these accompanying symptoms of the diarrhœa selected? Are they derived from the pathogeneses of the medicines? Hardly so, we should think. From clinical experience? Scarcely even that in all cases. From what source then do they come? Some of them seem to be taken from the pathogeneses of the *Mat. Med.* in this way, that peculiar symptoms are extracted from the pathogenesis of a medicine and tacked on to diarrhœa as accompaniments thereof, which in the original were united to quite other symptoms. Whence others are derived we have no idea. Special type indicates the supposed degrees of importance of different conditions and accompaniments, generally quite arbitrarily, as it seems to us.

A very copious repertory is appended, and with such a long list of medicines and their indications a repertory was absolutely necessary. This is very well done, and some attempt is made to distinguish the relative importance of medicines by means of different kinds of type, but we do not know on what principle this is done.

On the whole, we think that Dr. Bell's work would have been more practically useful had it been less ambitious. A dozen or two remedies carefully worked out, not over-

loaded with "accompaniments," many of which in this work are decidedly far-fetched, would have afforded more real help to the practitioner than this gross of medicines whose wealth of symptoms, conditions, and accompaniments serves only to puzzle the practitioner, and render his selection of the appropriate remedy more difficult by presenting him with so many medicines which have many of the most marked symptoms of diarrhoea in common, for the varieties of "accompaniments" which are intended to fix his choice are seldom found in connection with actual cases of diarrhoea, and many of those given in this work do not belong to diarrhoea at all, but in the proving were connected with totally different morbid states.

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*Index-Catalogue of the Library of the Surgeon-General's Office, U. S. Army.* Vol. II. Berlioz—Cholas. Washington: Government Printing Office, 1881.

THIS second volume deserves all the praise we bestowed on the first. It is a sumptuous work, and the literary part is extremely well executed. The plan of indexing the subjects, as well as the authors, vastly increases the value of the work, and the various articles treated in the periodicals are entered in this double manner with tolerable copiousness, though we have to complain that the articles in the homœopathic periodicals are not entered anything like so fully as those in the orthodox journals.

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*Introductory Lecture.* Delivered before the class, Sept. 30th, 1881. By WM. OWENS, M.D., Professor of Materia Medica, Pulte Medical College, Cincinnati.

DR. OWENS is of opinion that no satisfactory rationale of drug-action has yet been given, and yet that such is

needed; so he propounds one of his own. He assumes that the sympathetic is the agent whereby vegetative life is carried on, calling it the "organic nervous system" accordingly, and maintaining that it originates in the solar plexus (1). Nerve-tissue alone he thinks endowed with irritability, and therefore capable of responding to drug-influence; and he argues that all the phenomena of drug-action can be explained by supposing it an irritation of certain tracts of the organic system of nerves.

Now, we have already pointed out, when commenting on Dr. Burt's somewhat analogous hypothesis, that Bichat's view of the sympathetic is quite untenable in the light of later physiology, and is universally abandoned. Dr. Owens supposes it to consist of "trophic" nerves, and that when its filaments are irritated (as by galvanism) increase of circulation and function takes place. When, however, he comes to relate experiments, it is plain (though he does not seem to perceive it) that it is the sensitive and motor nerves which—by reflex or direct action—exert this influence, while the sympathetic does so only when its fibres are *divided*—*i.e.* its current of nerve-force interrupted. If he had mentioned the opposite experiment of galvanising it, he must have said that the result is to make the part pale, cold and dry. In fact, the sympathetic is not a trophic nerve at all, but a vaso-motor; and the above phenomena are the natural results of reducing or increasing the energy with which it supplies the muscular coats of the arteries.

Still more untenable is the supposition that nerve-tissue is the sole seat of irritability. Dr. Owens has evidently been reading Fletcher, and forgetting to compare his views with present knowledge. He understands protoplasm, but does not see that it exists in every living part of the body, is everywhere irritable, and therefore everywhere responsive to medicinal as to other stimuli. Limiting it to nervous tissue, or supposing that nervous influence only can wake it to action, leads him to assume the existence of a nervous system wherever he finds irritability and life. Darwin is thus said to have demonstrated one in plants,

because he has shown that these display motor and reflex phenomena, perform functions and respond to poisons. "No life," it is laid down, "be it vegetable or animal, can survive a moment without innervation;" and therefore nerves are assumed as existing throughout animated nature, and the organism without them to be inert and quasi-dead. Dr. Owens must study the subject of protoplasm more thoroughly, and he will find the nervous system only one of its embodiments, playing a unifying and harmonising part in the organism, but by no means the *primus motor* of life, or the *primum mobile* of all drug-action.

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#### OUR FOREIGN CONTEMPORARIES.

IN the following notice we propose to bring down our surveys of French, Belgian, and Italian homœopathic journals from the time up to which we last followed them (see our number for April, 1881) to the end of last year.

FRANCE.—*L'Art Médical*, Nov., 1880—Dec., 1881.—We will mention what is noteworthy in these fourteen numbers.

1880, Nov.—It appears that M. Davaine's researches into the antiseptic action of *Iodine*, as exerted upon the virus of charbon, show that it continues up to an attenuation intermediate between our 5th and 6th decimal dilutions.

Dec.—The treatment of pneumonia in France does not seem to be successful in the old school. In the hospitals of Lyons, during the second and third *trimestres* of 1880, there were 53 deaths out of 152 cases of this disease, being a mortality of about 35 per cent. The mode of treatment is not stated.

1881, Feb.—We observe the adhesion to homœopathy of Dr. Regnault, professor of clinical medicine at Rennes. He is suffering the usual indignities, but maintains his ground.

March.—Dr. Imbert-Gourbeyre relates a case which



seems to show that the repute of *Antimonium tartaricum* in orchitis is due, not to its emetic, but to its dynamic action.

June.—Dr. Jousset is of the opinion of Torti, that the curative action of bark in ague is slow. It does not coincide with the development of the physiological effects of quinine. The remedy should thus be given as long as possible before the paroxysm it is desired to prevent.

July.—The same author here relates a case of typhoid, complicated with a very painful spasm of the anal sphincter. This yielded nicely to *Capsicum*  $\theta$ .

August.—In this number Dr. Jousset, having previously given a translation of Dr. C. Wesselhoeft's researches into the behaviour of our triturations under the microscope, comments upon the conclusions drawn by him. Admitting all his facts, he maintains that the re-actions of highly attenuated drugs with the organism are as valid evidence of the presence of matter there as physical tests could furnish. He suggests that the matter in them has entered into altogether a new state. Dr. Ozanam maintains a novel thesis on a physiological point, viz. that the venous circulation is partly carried on by re-action from the neighbouring arterial pulsations.

Nov.—Dr. Piedvache here brings to bear upon the pathogenesis of *Opium* and the rationale of its therapeutic use the observations of Levinstein on the effects of long-continued hypodermic morphia. We cannot approve of the argument that because this pain or that flux has been observed in a subject of the influence of *Opium*, therefore the uses of opiates to hush pain and dry up diarrhoea are instances of the operation of the homœopathic law. Some observations in the *Gazette Hebdomadaire*, by Dr. Pecholier, on the action of *Veratrum album* and *Helleborus niger*, are given in this number, and contain some real additions to our knowledge of the action of these drugs.

It will be seen from the above that Dr. Jousset continues to be chief contributor, as well as editor, of *L'Art Médical*. Besides his clinical lectures, which are rarely wanting and always instructive, we have the lectures on *Materia Medica* which he is delivering at the "Enseigne-

ment Homœopathique" now carried on at the Rue Coquilliere. Here, however, he does not shine: his treatment of the subject is too superficial and (as we have said) uncritical. The studies of medicines for his projected work on the subject continue to appear from time to time, but are open to the same animadversions. In these, and in other departments of the journal, he has found a very intelligent *collaborateur* in a Dr. Piedvache, whose name is new to us.

*Bulletin de la Société Médicale Homœopathique de France*, July, 1880—Sept. 1881.—This is as far as the *Bulletin* has reached at present; but in the present series we have no gaps to lament. We will go through it as before.

1880, Oct.—Dr. d'Espiney, of Nice, here appears as an earnest advocate of the plan of giving single doses and allowing them to act for a long time. By the opposite course he thinks the progress of disease actually hastened. This especially applies to cases of profound alteration of tissue, as phthisis and cardiac disease.

Nov.—In this number Dr. Claude begins a paper which extends into several others, giving his experience with *China* in gall-stone colic, which is entirely confirmatory of that of Dr. Thayer already noted in our pages.\* It is a very interesting series of cases. Dr. Claude, however, must not argue the homœopathicity of the drug from the jaundice-symptoms in Hahnemann's pathogenesis of it. These are all taken from aguish subjects.

1881, Jan.—Dr. Serrand, of Caunterets, relates a case showing great influence on the erethism of typhoid fever from *Veratrum viride* 1.

Feb.—Here the same physician, together with a relative, puts on record a number of cases illustrative of the action of *Hamamelis*. They include various congestions of several parts—the throat and uterus especially, and confirm its influence on the venous system generally. One of them, however, is an instance of neuralgia of the internal saphenous nerve, which is a new application of the drug.

March.—Dr. Gounard states that he was told by a

\* See vol. xxxiii, p. 345.

Spanish physician that in the last two years of his life Nuñez advised his pupils to use only the lower dilutions. Dr. Claude makes the following statement:—"Thomas Casper has studied the triturations of *Lycopodium*. He has remarked that up to the 9th the spores remain intact, and that it is only from this point they begin to open and communicate active virtues to the preparation." If this refers to Mr. Thompson's researches ("Thomas Casper" = Thompson and Capper) it is curiously incorrect, as what he showed was that, not higher degrees, but more prolonged trituration was necessary for the purpose named. Dr. Ozanam is quite as far out when he states that "Dr. Meyhoffer has found particles of metals in the 20th trituration." It was Dr. Mayerhofer who made the observations; and the 14th *dilution* (the preliminary triturations being made in the proportion of 2 to 98) was the utmost point at which any particles were thought to be visible. Dr. Claude further confirms Dr. Ludlam's favourable testimony to *Nitric acid* in metrorrhagia, giving a case where this trouble resulted from an ulcer on the cervix, but yielded in three days to the 12th dilution of the medicine, the ulcer itself soon afterwards healing up. Dr. Rochet contributes to this number several interesting clinical cases, among them one of chronic superficial inflammation of the tongue, cured by *Nitric acid* 1; another of diabetes in a lady of 58, cured in four months by *Uranium nitricum* 3, with a moderately restricted diet.

April.—This number is entirely filled with one of Dr. Gallavardin's "Causeries Cliniques," the subject being "The Power of Homœopathy to improve the character of man and develop his intelligence." According to him, there is hardly any fault of temper or disposition which may not be corrected by a few doses of one or other of our medicines, generally infused by the friends in the offender's drink. We wish such experiences were more common.

June.—Dr. Claude commences in this number, and finishes in the next, an essay "On the Rhythm of certain Medicines" which is full of instruction, illustrating the evening exacerbation of *Atropia* (neuralgia and intermit-

tent fever), that about 4 p.m. of *Lycopodium*, and the clock-work periodicity of *Cedron*. This has since been published separately (Baillière and Co.), and would well repay purchase by any who (to their own loss) do not read the *Bulletin*.

July.—Dr. Tessier is the clinician in this number, and his cases are well worth perusal. Chronic coryza cured by *Kali iodatum* 1x, the same and maxillary necrosis by *Aurum* 3 and 30, and psoriasis by *Manganum* 2, are specimens of them.

August.—The clinique of the Hôpital S. Jacques reported here contains a case of gangrenous phlegmon of the palm of the hand rapidly cured by *Lachesis* 3 internally and applications of a 5 per cent. solution of *Chloral hydrate*.

September.—Dr. Cretin, reporting here a case of undeveloped scarlatina, surprises us by taking no note of the temperature, and still more by justifying his neglect to do so on the ground of want of time. If the practitioner will always begin by putting in his thermometer, the five minutes required for its rise can be profitably spent in inquiries and examinations. Dr. Partenay has turned to good effect the ascertained power of *Fuchsine* to cause albuminuria by giving it (3rd dil.) in this condition occurring in scarlatina, and with the best effects.

*Bibliothèque Homœopathique*.—From our last notice of this journal, it will be seen that we have to survey it from Nov., 1878, to Dec., 1879, and then from Nov., 1880, to Dec., 1881.

The earlier series, before the adoption of the journal by the Société Hahnemannienne Fédérative, consists almost entirely of extracted and translated matter, so that we have hardly anything to note in it. In Jan., 1879, Dr. Heermann confirms Dr. Farrington's favourable experience with *Paris quadrifolia* in headache where a thread seems to draw back the eyes and root of the nose towards the occiput. The same physician is not so happy when he states in February that in the past year the American homœopathic colleges had turned out more than a thousand graduates! Less than half that number would be a more correct estimate.

In July, Dr. Kruger animadverts upon Dr. Cartier's treatment of acute nephritis, as reported to the Paris Congress of 1878. He represents him, however, as giving *Terebinthina* by the spoonful, whereas he put a teaspoonful of the oil into about 4 oz. of water, and administered dessert-spoonful doses of this mixture. The writer's position may be inferred from this bizarre exclamation—"suppress the globule, and you suppress the very heart of homœopathy!" Dr. Chargé supplies several of his therapeutic indications for remedies in particular types of disease, and in the double number for Nov.—Dec., 1879, Dr. V. Léon Simon gives an interesting sketch of "The State of Medicine in the time of Hahnemann." Dr. Krüger contributes to the same number a somewhat imaginative sketch of the state of homœopathy throughout the world, in which we find (*inter alia*) that our hospital in Great Ormond Street contains from 120 to 150 beds, and that we have in London another hospital devoted to children!

The series dating from October, 1880 (whose initial number we have already noticed), presents us with much more original matter. The meetings of the Société Fédérative are recorded, and cases are reported from the Hôpital Hahnemann founded and officered by it. We have to note with regret that in the latter thermometric observations are wanting. The neglect to take them is yet more reprehensible in hospital than in private practice. In Jan., 1881, we find Dr. V. Léon Simon, in communicating to the Society the declaration of homœopathic principles made by the so-called "Legion of Honour" among us describes them as a minimum, and regrets the absence from them of Hahnemann's doctrine of chronic diseases! The members present approved these sentiments. In February, we find Dr. Nankivell communicating to the Society a cure of hypopion with *Colchicum*, to which he was led by the case reported in the number of the previous October. In March, Dr. Heermann mentions a case in which *Vaccinium*, given to an infant in the 30th dilution as a prophylactic (in place of vaccination at the arm), was followed by a general eruption closely resembling that of smallpox.

In April, Dr. Duprat communicates a case of chorea of sixteen months' standing in a child of eleven. *Stramonium* 3, chosen because bright light of any kind developed an attack of rage, rapidly cured. In May, the same physician reports mucous polypi of the nose, coming away under the influence of *Thuja* 6. The patient had several warts on the hands, and some years previously had had condylomata excised from around the anus. In June, apropos of one of Dr. Serrand's cures with *Hamamelis*, which was of a neuralgia of the saphenal nerve, is communicated a similar case. The 12th and 18th dilutions were used. In July, apropos of alternation, Dr. Leboucher mentions that, having at one time been accustomed to give the usual *Belladonna* and *Mercurius* in pultaceous sore throat, he had since tried them separately, and found *Belladonna* the effective agent—the *Mercurius* being quite inert. The numbers for August and September contain a full and very fairly correct account of our International Congress, from the pen of our friend, Dr. V. Léon Simon, who favoured it with his presence. The same physician relates an obstinate case of facial neuralgia, characterised by relief from holding cold water in the mouth, which went off as this grew warm, cured by *Bismuth* 6. In October, Dr. Chargé delivers himself strongly against what we consider rational homœopathy; but he is more Hahnemannian than was Hahnemann himself. "Has he given us," he asks, "the specific for measles, scarlatina, cholera, syphilis?" He answers, No; but if he will read Hahnemann's writings, instead of imagining what his teaching must have been, he will find that as regards the second and fourth at least the reply must be in the affirmative. In November, Dr. V. Léon Simon commences a study of Hahnemann's pathogenesis of *China*, in which he arranges the symptoms of each prover in order according to the time of their appearance. This is a very useful task.

BELGIUM.—*Revue Homœopathique Belge*.—Oct., 1880—Dec., 1881.\*

1881, Feb.—Cures of acute meningitis occurring in

\* The number for January, 1881, is missing from this series.

childhood are so rare, that we notice that recorded here by Dr. Thomas, of Brussels, though none but the usual medicines—*Aconite*, *Belladonna*, *Bryonia* and *Stramonium*—were given.

April.—Dr. Bernard reproduces here his case of chronic prurigo cured by *Rumex crispus*, which he had already published in English in the *Homœopathic World* for Nov., 1880. It confirms Dr. Searle's indication for the drug—that the itching is made worse by exposing the surface to cold, as in undressing.

June.—Dr. Martiny continues from time to time his valuable clinical observations on cardiac disease, and in this number points out how strong is the natural tendency to compensation when valvular defects are present, and how much this is interfered with by the violent treatment of the old school, while our gentle remedies do nothing but favour it.

Nov.—Apropos of a collection of observations regarding *Digitalis* made by Dr. Bernard, the same physician mentions an interesting fact, that Jahr, who confined himself to infinitesimal doses (generally thirtieths), never used *Digitalis* in cardiac affections.

Dec.—M. Sentin, *pharmacien* of Brussels, relates a case of phosphorus poisoning where, no physician being at hand, he was appealed to for medicines. On the strength of the symptoms mentioned, he sent *Aconite* 6 and *Arsenicum* 12, and the result was so satisfactory that when the (old school) practitioner arrived, he did nothing but continue the remedies.

*L'Homœopathie Militante*.—This journal now appears at such rare and irregular intervals that it has ceased to mark its issues by months, and designates them only as numbers of a "troisième année" extending over three solar years (1880—2). Six of these have appeared since our last notice.

The Académie Royal de Médecine of Belgium has again had its peace disturbed by the troublesome subject of homœopathy. One of its supposed orthodox members—a Dr. Stappaerts—has submitted to it a memoir entitled "An examination of the System of Hahnemann," which,

though condemning his vitalism, is by no means unfavourable to his proposed reforms in medicine. A commission appointed to examine this work reported in favour of thanking the author and publishing it among the memoirs of the Society. An amendment was proposed, relegating it to the (unpublished) archives; and on a division this was carried, but only by 16 to 14, there being two abstentions. Dr. Gaillard makes much of this occurrence, and gives a critical account of the essay which brought it about. In No. 9 he affords an amusing picture of the gradual change of attitude of his chief opponent, Professor Crocq. At first, this gentleman regretted that homœopathy was not included among the crimes of the penal code. Next, he described it as an ignominious practice, making its adopter infamous: he declared that he despised such a man as dishonest. In 1875, "*ignorants, illuminés, imposteurs*" were his phrases for describing his homœopathic colleagues. In 1881, he denies that he is hostile to homœopathy or any other mode of practice; and that he would vindicate the liberty of their adoption against any one who should seek to contract it. Finally, we have him saying—"As to the question of infinitesimal doses, observe well that I do not deny the action of any medicine in any dose."

ITALY.—*Rivista Omiopatica*.—Oct., 1880—Dec., 1881. —This journal retains its wonted character, and accordingly presents nothing for our comment. We are glad to see, however, that the homœopathic practitioners of Italy are making a move towards concerted action. In August of last year fifteen of them met at Milan, and formed themselves into an Institute, which is to assemble again at Genoa next September, and will—we hope—increase in bulk like a snowball as it progresses.



## MISCELLANEOUS.

*Wicked Homœopathic Engineering.*

TO MY COLLEAGUES,—Allow me to draw your attention to a short sermon in No. V of a curious serial styled *Homœopathic Medical Progress* (lucus a non lucendo?).

In this discourse, duly commenced and finished with Scripture texts, the preacher points the finger of condemnation thus:—“Their wish is to do away with the ‘distinctive title’ of Homœopathy altogether. With a degree of caution commendable in *purely partisan politics* only, their policy has been to approach the subject cautiously, by a series of ‘zigzags,’ thus hoping to conceal their approach from the garrison of the *Homœopathic fortress* till they shall have approached it so near as to make it possible to carry its defences, and to ‘lower the flag’ for which we have so long fought manfully. One of the first ‘approaches’ was made, many years gone by (by Dr. Francis Black), in a paper read by him (if we remember rightly) at the British Homœopathic Society, called ‘Am I a Physician, or a Homœopath?’ Steadily and persistently Dr. Black, Dr. Dudgeon, and a few others, have been undermining the defences by which homœopathy has been made a ‘distinctive and special branch of medicine.’”

Why single me out to his flock as a warning? If I have sinned is not he more worthy of the stocks who, posing as Governor of the homœopathic fortress, not only sanctions but claims priority in the construction of these naughty, naughty zigzag approaches?

In order that the preacher may smite this treacherous engineer on the hip, I recommend to his notice the paper referred to; he

will find it in the *Ann. Br. Hom. Soc.*, 1866, and at the end a note worthy of his perusal ; the italics in it are not mine.

“ Since reading this paper, Dr. Bayes, who was present but unable to wait for the discussion, has drawn my attention to a pamphlet (*Two Sides to a Question*, 1860), in which he thus alludes to my question :—‘ For my own part, I have investigated the subject, and the result of my investigation has been that I have adopted homœopathy into my practice. Observe, *I object to the title of Homœopath*. Its assumption savours of sectarianism. I object to any other title than that of physician, or at the most physician practising homœopathy.’ ”

After reading this passage, I can imagine the preacher, in his next discourse on the text “ Hoist by his own petard,” waxing wrathful, and exclaiming, “ Oh, Doctor! how very naughty of you to have drawn wicked zigzags so long ago as 1860. You the chief elder of my flock, alas! treacherous engineer, alas! evil writer of ‘ voyages en zigzag,’ how you have deceived me! How can I ever again rouse my flock with the wonted high falutin strains, when they hear that you, the Goody-Goody, the Governor of the homœopathic fort, *object to the title of Homœopath because its assumption savours of sectarianism.*”

Alack and alas the heavy day! What terms strong enough can I find for treacherous zigzagers—they are—they are—alas! in my sorrowful astonishment I can only groan they are “ *quite utterly too utter.*”

FRANCIS BLACK.

### *New York Homœopathic College.*

PROFESSOR J. W. DOWLING, after a service of twelve years as Registrar and Dean of the New York Homœopathic College, has retired from the Deanship on account of the arduous duties connected with his private practice.

The faculty and trustees, on accepting his resignation, passed very complimentary resolutions, which were ordered to be engrossed and presented to the retiring Dean as a token of their continued friendship and appreciation of his many years of labour in behalf of the college.

Prof. Dowling was elected President of the Faculty, and retains his chair of Professor of Physical Diagnosis and Diseases of the Heart and Lungs.

Prof. Allen was unanimously elected Dean.

[We would call attention to a very able article on homœopathy in the June number of the *North American Review*, by Professor Dowling, in reply to a very silly attack on the system by Professor Palmer in the May number of the same periodical.—Eds.]

## CORRESPONDENCE.

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

GENTLEMEN,—The editor of *Homœopathic Medical Progress*, in his issue of May 25th of this year, gives us the following passage:—“He says that the ultimate adoption of homœopathic truths by all the profession will be *coincident with the extinction of the name*; this, he says, will constitute *its final triumph*. We confess this appears to us false and paradoxical.” The *He* of the above passage is Dr. Drysdale, who so expresses himself in the letter he wrote to you in the April number of your Journal when giving his opinion on the subject of the L.H. degree of the London School of Homœopathy.

*False* and *paradoxical* are not convertible terms, as I have no doubt the editor of *Homœopathic Medical Progress* knows. Paradox is simply that which is contrary to received or common opinion. Let it be granted that Dr. Drysdale's opinion is paradoxical in the strict sense of the word, that is to say, that it is contrary to *common* opinion, does that constitute it false? If it is so, I have been cherishing a falsehood for more than half of my professional life, as some of my friends know. Homœopaths should be the first to acknowledge that a paradox may be true and a received opinion false. That “likes are cured by likes” is a paradox to old medicine. That the thousandth part of a grain of medicine cures disease is another paradox. But both are true, nevertheless.

The paradox complained of is that the final triumph of homœopathy will be coincident with the extinction of the name. This assertion is declared to be “absolutely self-contradictory.” Such “extinction,” it is said, “would lead to the slow destruction of our whole scientific system of medicine.” It does not appear to me that this would be the case. The death of the sect (for sect

we are) and its name would not involve the death of the thing. Those who are unable to realise the truth of this can find no meaning in the faith that death is a transition-stage to life, nor in the well-known passage, "that which thou sowest is not quickened except it die." Such as see truth in this passage find no difficulty in understanding that when the words *homœopathy* and *homœopathist* cease to be used, except historically, the doctrine of similars may be more widely recognised and practised than it is now.

The explanation of this paradox implies an estimate other than high of our profession. The relation between medicine and homœopathy in this country during the last half century has not been, to say the least, an amicable one. It is not necessary here to say which party is most responsible for that relationship. It is sufficient that the fact should be recognised that it is not a friendly one. Such being the case, the question arises: How is it to be made friendly? It must be by one party or the other making overtures towards a reconciliation. Which party is to do that? It is too much to expect that the most numerous and powerful party, the party in the wrong, will do it. It must then be the smaller party. And how, and on what terms? Certainly not by forswearing itself; not by unsaying all that it has been saying since it formed itself into a party. It believes as firmly in the doctrine of similars now as it did then. It holds to that doctrine and it will continue to hold to it.

But if we, the smaller party, are not asked, as the terms of reconciliation, to sacrifice our law of similars, we are justified in listening to the terms proposed. Suppose, then, the terms to be the surrender of the word *homœopathy* and of all its derivatives? a surrender of the name not of the thing? May not such terms be reasonably listened to and taken into consideration? Does any one ask, *cui bono*? In the first place, and chiefly, we shall have it in our power by accepting those terms to free ourselves from the stigma of sectarianism, and from the evils, moral and intellectual, professional and social, which follow necessarily in its train. In the second place, being merged in the general body of medicine, all the rights and privileges, the honours and distinctions at its disposal will be open to the deserving amongst us. But, what is of still more consequence, we shall then, for the first time, have the opportunity of advocating our cause on a

fair platform. Clubs and societies, journals, hospitals, and professional offices, libraries, &c., from which we are at present effectually excluded, will be thrown open to us. In those, with pen and voice, we shall be able to indoctrinate the profession with our theories and practice, and prove to it how much of their own theory and practice is derived from ours, and how medicine will be still more a gainer if the doctrine of similars is accepted as a rule if not *the* rule of practice.

Is not this a consummation devoutly to be wished? Is it not the likely means of securing the general recognition of our doctrine? Is it not worth while to die as a sect to live healthily and triumphantly hereafter in full enjoyment of all we have struggled and fought for?

Nothing can be more harmful to medicine than the present attitude of the two parties towards each other. In politics partisanship may be allowed, but in it only as a necessary evil. But in medicine partisanship can do nothing but harm. Questions which ought to be considered and discussed simply on their merits are considered and discussed as emanating from rival schools. The result can be foreseen. They are not argued fairly if they are argued at all.

But when the word *homœopathy* disappears and gives place to the comprehensive one, *medicine*, as the only one to be recognised and used, there will be good assurance of no interests but those of medicine being taken into account. In schools, societies, and journals, all that relates to medicine will be discussed, and that without thought of excluding or condemning the propounders of strange doctrines. It may be that one man or set of men will be pointed at as having a craze in favour of the water cure, another for swearing by the law of similars rather than by the law of contraries, another for maintaining that electro-magnetism cures all ills to which flesh is heir, and others for faith in salicylic acid in rheumatism, for faith in diet rather than in drugs, for faith in mineral waters, expectancy, one medicine at a time, polypharmacy, small doses, movement-cure, &c. These will be pointed at as the riders of hobbies; but, and this is the important matter, they will have scope and opportunity for exhibiting the paces, blood, and breed of their hobbies. But, to drop metaphor, what is good and true and verified by observation and experiment will hold its ground and leaven medicine to its profit. We may, therefore,

confidently look forward to the acceptance of our law by the profession when we have a fair stage on which to display its truth. We have not that fair stage now. It must be the heart's desire of each one of us to stand on that stage, so that we may, for the first time in the history of homœopathy in this country, have the long-awaited for opportunity of teaching it to the profession.

I have shown, I believe, that Dr. Drysdale's paradox is founded on truth and common sense, that to die may mean to live. I scarcely can bring myself to believe that many of our body are contented to allow the existing state of matters to continue, a state of matters most unfavourable to homœopathy, most unfavourable to medicine. A change in the relationship of the two parties could not well be to the worse. Let a change, then, be made on the lines I have sketched out in the hope that it may be to the better. Those should be the first to advocate the change who speak so loudly and fervently about the honour of their flag, about having the courage of their opinions, about open avowal of belief. Those who use such expressions mean this if they mean anything, that the law of their practice is a sacred deposit to be cherished and fostered and used like the talents given to the stewards of sacred story; that is to say, so as to bring forth thirty, sixty, a hundredfold profit. But the truth, the law which is their pride and boast cannot have its full development and extension so long as its use is confined to a small and strait sect. Its greater development and extension may be secured by a sacrifice on the part of that sect. The question is, will it make that sacrifice? Is it ready to enact a self-denying ordinance to secure a great gain? All the future of homœopathy and much of the future of medicine depend on the answer to this question given by our body. It cannot surely be doubted for a moment what the answer will be. What we all desire and pray and work for is the conversion of medicine to belief in the homœopathic law. Half a century's endeavours to this end have signally failed to effect this. But here is a new method of proselytism suggested, a method more likely to succeed than those that have been already tried, and we shall be disloyal to homœopathy if we do not try it.

Your faithful servant,

C. B. KEE.

CHELLENHAM, *June*, 1882.

74, NEW BOND STREET, LONDON, W.

May 24th, 1882.

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

DEAR SIRS,—Will you kindly allow us space to say we fully intended the substitution of the word "official" in place of "official" throughout the *Companion*. The former represents the fact more correctly than the latter, which is derived from "officina," "a shop." We understand the word "official" to convey "that which emanates from those in office." It is used in Bentley and Redwood's *Elements of Materia Medica* and in Squire's *Companion to the British Pharmacopœia*, both standard works.

We are, dear Sirs,

Your obedient servants,

KEENE AND ASHWELL.

188, FLEET STREET, LONDON, E.C.;

April 5th, 1882.

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

GENTLEMEN,—We beg to call your attention to a review of *Smith's Operative Surgery* which appears in your current issue, wherein you make the following remark:—"This American work (for it is written by an American, and belongs apparently to Wood's Library of Medical Works, though it bears the name of an English publisher on the title)." This is an error on the part of the reviewer, as the work in question is in no way connected with Wood's Library of Medical Works, nor does it even belong to our series of such works, being an entirely independent work published at 18s. We are its authorised publishers here.

With many thanks for the admirable notice, and trusting you will excuse our calling your attention to the above error,

We remain,

Yours truly,

SAMPSON LOW AND Co.



4, Highbury New Park, N.;

4th April, 1882.

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

GENTLEMEN,—At p. 108 of your Journal you state that Hahnemann gave medicines on unhomœopathic principles "down to a very late period of his life." Will you in your next number favour me with the proofs of your assertion?

Yours faithfully,

E. W. BERRIDGE, M.D.

[We would refer Dr. Berridge to our 11th vol., pp. 87, 88, for the proofs he desires, and would also remark that in vol. xii, p. 349, he will find a case in which Hahnemann prescribed *Castor oil*. Moreover, the antidotes for medicines he mentions in the *R. A. M. L.* are often not homœopathic, and his recommendation of *Camphor* in cholera was on the ground that it destroyed the animated miasma of which he considered the contagion of cholera consisted (see *Lesser Writings*, pp. 845 and 849 *et seq.*)—Eds.]

## BOOKS RECEIVED.

*Electricity in Surgery.* By JOHN BUTLER, M.D. New York: Boericke and Tafel, 1882.

*Gastein, its Springs and Climate.* By G. PROELL, M.D. 3rd edit. Salzburg, 1877.

*Leucorrhœa, its Concomitant Symptoms and its Homœopathic Treatment.* By A. M. CUSHING, M.D. 2nd edit. Boston, 1882.

*A Treatise on Diseases of the Eye.* By HENRY C. ANGELL, M.D. 6th edit. New York, 1882.

*Supersalinity of the Blood; an accelerator of Senility and a Cause of Cataract.* By J. C. BURNETT, M.D. London, 1882.

*New South Wales, Compulsory Vaccination. Opinions of Fifteen Medical Men.* Sydney, 1881.

*Report of the Bureau of General Sanitary Science, &c., to the Am. Inst. of Hom.* Pittsburgh, 1881.

*The Treatment of Lateral Curvature of the Spine.* By B. ROTH, F.R.C.S.

*Archivos de la Medicina Homeopatica.*

*Revista Homeopatica, organo oficial de la Sociedad Hahnemanniana Uruguayo.*

*The Calcutta Journal of Medicine.*

*Boletin Olinico del Instituto Homeopatico de Madrid.*

*The Medical Counselor.*

*Rivista Omiopatica.*

*St. Louis Olinical Record.*

*Revue Homœopathique Belge.*

*The Monthly Homœopathic Review.*

*The Homœopathic World.*

*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.*

*Allgemein homœopathische Zeitung.*

*The Homœopathic World.*

*New York Medical Times.*

*L'Homœopathie Militante.*

*The Medical Herald.*

*Homœopathic Journal of Obstetrics.*

*The Medical Call.*

*The Olinique.*

*The Homœopathic Physician.*

*Bibliothèque Homœopathique.*

*Indian Homœopathic Review.*

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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FORTY YEARS OF MEDICAL JOURNALISM.

THIS number completes the fortieth volume of the *British Journal of Homœopathy*. The first number was published in 1843, under the editorship of Drs. Drysdale, Russell and Black, and the death of Hahnemann occurred the same year, before the publication of the concluding number of the first volume. When this periodical was started the number of practitioners of Hahnemann's system in these islands could be counted on the fingers of both hands. During the next few years the medical converts to homœopathy multiplied exceedingly, and we do not think we are wrong in thinking that to our Journal may be ascribed some of the credit of this great increase of homœopathic practitioners; at all events, the new adherents found our columns a very convenient medium for ventilating their ideas and for recording the history of their conversion, and in them they found a goodly number of practical and theoretical essays by distinguished continental authors and by the editors, which were of considerable use to them in increasing their knowledge of the system, and in putting them *au courant* with the state and progress of homœopathy all over the world.

Though the editorial staff of the journal has undergone some changes during the forty years, the continuity of the journal as to its aims and objects has been preserved, and though the quality of the articles we have published at different times has varied, as it must in every periodical publication, we flatter ourselves that on the whole we have not deteriorated. From the first number, when we could not depend on having a public of more than a dozen, we have always kept within strictly professional lines, and have never sought to appeal to unprofessional readers. Though the great majority of the articles we have written and published have a more or less direct reference to homœopathy, we have from the very first admitted papers on other subjects, and we have endeavoured to keep abreast of the advance that has been made in all the branches of medical science, not even excluding notices of remedial means other than homœopathic. Our contributors have mostly been members of the medical profession, but we can point with pride to articles that have been written for us by men of science unconnected with medicine.

Our volumes are a perfect encyclopædia of therapeutics. From home and foreign sources we have culled the most valuable information with regard to the treatment of diseases and the remedial powers of drugs old and new. We have likewise given many valuable theoretical and practical papers by the most distinguished men of our school, most of them original, but we have not neglected to translate some of the most valuable essays that have appeared in French and German periodicals. In our back volumes will be found original essays by Professor Henderson, Drs. Chapman, Samuel Brown, Geddes Scott, Quin, Curie, Giglioli, Madden, Yeldham, Ker, Walker, Kidd, Laurie, Ozanne, Pope, McGilchrist, Moore, Blackley, Dyce Brown, Ludlam, Helmuth, E. Blake, Cooper, Nankivell, Wilkinson, Wyld, Leadam, Drury, Roth, Clifton, Berridge, Ransford, Hamilton, Cameron, &c., and translations and valuable articles by Drs. Arnold, Trinks, Mayerhofer, Müller, Gerstel, D'Amador, Jousset, Chargé, Tessier, Fleischmann, Wurmb,

Watzke, Schmid, Meyhoffer, Imbert-Gourbeyre, Rubini, Kafka, Käsemann, Goullon, Grauvogl, Hering, &c. Nor must we forget the numerous and able papers contributed by past editors, especially the scientific and practical articles by Dr. Drysdale, the masterly essays by Dr. Russell, models of literary style and rippling over with "pawky" wit, the thoughtful and inestimable contributions of Dr. Black, who, though he early retired from the editorship, has continued to enrich our pages with his instructive essays through all our volumes down to the present time. Dr. Atkin, too, should not be forgotten, though his editorial connexion with the Journal was, unfortunately, too early cut short by his premature death. The few papers he furnished to our pages are distinguished by sound common sense and practical insight.

The forty years of our existence have witnessed enormous changes in the general practice of medicine. When our Journal commenced the traditional methods of bleeding, purging, vomiting, and salivation were in full swing. The influence of our milder and more successful therapeutics caused a gradual cessation of the old perturbing methods that had been handed down from generation to generation. Medicine passed through the period of expectancy to a therapeutic revival in which a diligent search was made for remedies having some physiological relation to diseases; and though some few were discovered by original research, many more were furtively adopted from our own *Materia Medica* and recommended on homœopathic indications. The most popular work on therapeutics of the present day, that of Ringer, could have had no existence except for the teachings of our school, and the whole practice of medicine is gradually becoming more and more permeated by homœopathic ideas. We believe that our Journal has had a considerable share in bringing about the change.

The attempts that have been made by unscrupulous adversaries to create a prejudice against homœopathy, its practitioners and students, have always been steadily opposed by us. The verdicts obtained by hostile coroners from compliant juries have been denounced and held up to

reprobation in our pages. The unfair attacks on homœopathy in journal articles, pamphlets, and books, have been vigorously repelled. The unjust and illegal persecutions of candidates for diplomas suspected of homœopathic leanings by examining bodies have been mercilessly exposed, and their authors brought to shame before the bar of public opinion. The ill-concealed design of the promoters of the Medical Act to make it an instrument of oppression to practitioners of homœopathy was detected in our pages, and the wily scheme frustrated.

By constantly setting forth the scientific character of our therapeutics, by correcting the misrepresentations of its adversaries, and by demonstrating the irrational and unscientific character of traditional medicine, we have gradually won for our system an acknowledged place in medicine. We no longer see ourselves denounced in all the periodical medical literature as quacks, as dishonest and ignorant practitioners. We are treated with a respect to which we had long been strangers. Some of the periodicals of the dominant school publish in their columns essays written by adherents of homœopathy. Even the *Lancet*, which in former days exhausted the vocabulary of vituperation upon us, occasionally attempts to argue calmly on the doctrines of our school, and even admits replies by us to its arguments. The British Medical Association, which thirty years ago unanimously passed resolutions denouncing homœopaths as unworthy of any professional intercourse, now listens attentively to its presidents and addressers, admitting the scientific claims of homœopathy, and advocating the recognition of its practitioners as honourable and scientific medical men. We may without undue boasting take some credit to ourselves for having brought about this better state of feeling among our colleagues of the old school.

The position of homœopathy in general medicine having thus altered very considerably of late years, there is less occasion for controversial articles than there was at the commencement of our career. The tendency of men of science in the dominant school is to investigate the physiological properties of drugs, which has always been a feature

in the homœopathic school. We hope in future to cultivate this branch of our therapeutics in a greater degree than heretofore. In so doing we will be working on much the same lines as the most advanced representatives of old physic, of whose labours in this field we shall avail ourselves more than we have hitherto done. In other respects our Journal will not undergo any alteration with the exception that we shall increase our editorial staff by another member in the person of Dr. John H. Clarke, by whose assistance we trust to maintain and increase the usefulness of our periodical.

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#### FOUR CASES OF RATTLESNAKE BITE.

By JOHN W. HAYWARD, M.D.

I. *Case of DANIEL STEEL ; reported by Prof. HARLAN.  
Rapid recovery, but followed by local suppuration.*

On Monday, Sept. 13th, 1835, Daniel Steel, a showman of living animals in Philadelphia, was bitten by a large male rattlesnake immediately below and on the metacarpal joint of the index finger of the left hand. The accident occurred about 4 p.m. on a warm day just as he had incautiously seized the reptile by the neck, not so closely to the head but that the animal was able to turn upon him. Immediately after the bite, the blood flowed from both the fang punctures; the parts in the immediate vicinity of the punctures became tumid and livid notwithstanding the efforts of the patient at suction with his mouth, which, however, faintness obliged him soon to relinquish. On my arrival, about half an hour after the accident, I found him extremely pale and faint, and was informed he had fainted several times. The whole of the back of the hand was puffy and tumid with effused uncoagulable blood which appeared to have infiltrated from the vessels and forced its way through

the cellular tissue; a ligature had been previously applied on the wrist, another was now placed on the arm, the forearm having already commenced swelling. The situation of the wound rendered the use of cups inapplicable, and the flow of blood was so rapid as to make their application inexpedient. The punctures were at some distance one from the other; this rendered it requisite to excise a large portion of the integument, the excisions extending down to the tendinous fasciæ. The blood which flowed after the operation did not appear disposed to coagulate. Cold water was now poured on the wound in a continued stream from the mouth of a pitcher held at a considerable elevation, and the swollen parts in the vicinity of the wound were forcibly pressed, in order to expel the effused blood. The patient immediately became very faint, and so was laid in a recumbent posture. The wounds were next washed with spirits of hartshorn; several doses of this were also administered internally; but being now informed that the patient had drunk freely of sweet oil, the hartshorn was omitted until the stomach should be evacuated by warm water. A poultice of bread and water was next applied to encourage the bleeding and the patient was put to bed. At 10 p.m. I was sent for in haste as the patient was thought to be dying; the bleeding from the wound had been extensive, the tumefaction had extended up to the arm, the inner and inferior portions of which were discoloured by effused blood; the patient vomited incessantly, he complained of insatiable thirst, and drank cold water every few minutes; he had pain and stricture at the pit of the stomach; great restlessness and anxiety; cold skin, with the exception of the wounded arm, which was also very painful; in addition there existed delirium, subsultus, and difficult breathing; and the pulse at the wrist was scarcely perceptible. The poultice, bandages, and all the ligatures were immediately removed: the back of the hand was blackish and more swollen; and the skin of the forearm was hot and tense. As a substitute for the poultice, and in order to suppress the bleeding, which appeared to be endangering the life of the patient by the debility it occasioned, large flat pieces of fresh meat were



bound on the wounds, the hand and the forearm ; before this operation was completed the patient exclaimed : " I feel comfortable ! " After this a sinapism was applied to the pit of the stomach ; sixty drops of *Laudanum* were administered every half hour until the vomiting was arrested ; after which the following bolus was given every two hours until sleep was induced :—*R. Pulv. Opii*, gr. vj, *Pulv. Camph.* gr. xvij, *Ammon. Carb.* gr. xxx ; ft. mas. in bol. iij div. ; all these boluses were taken before the desired effects were manifested.

On the morning of the second day, the 14th, his pulse was raised, the extreme thirst and irritability of the stomach were allayed, and reaction of the system in several respects was manifested ; but the tumefaction of the arm had extended to the shoulder, with blue-black streaks up to the axilla. Stricture at the breast and great local pain were now the chief complaints. The application of raw meat was renewed, as it afforded comfort and appeared to reduce the swelling of the hand, and by its pressure had nearly arrested the hæmorrhage. In order to allay the pain and effusion of the whole arm he was directed to expose it naked to the fumes of burning wool in a convenient apparatus ; this was attended by such marked alleviation of symptoms that the patient himself was desirous to have the operation frequently repeated ; this was continued for two or three days, and the swelling always diminished after each application ; it caused the arm to perspire profusely and covered it with a black soot impregnated with ammonia resulting from the decomposition of the wool. During the intervals the arm was rubbed with volatile liniment. The raw meat having become offensive, from its disposition to ferment and putrefy, was omitted, and flax-seed poultices were substituted. The anodyne boluses were continued in half doses through the day, and the quantity was increased at night to produce sleep. The system again became depressed and appeared to struggle with the effects of the poison. As the patient had been somewhat addicted to intemperance he was allowed milk punch to support his strength.

On the third day, the 15th, a greater degree of reaction

was obvious ; the bowels were evacuated by *Castor oil*, a dose of anodyne was administered : and though the arm suppurated, by carefully nursing the patient was able to leave his bed in less than a week.—*Harlan's Med. and Phys. Researches*, Philadelphia, 1835, p. 490 ; also *Lancet*, 1835—6, vol. ii, p. 574.

II. *Case of Dr. WOODHOUSE, reported by himself Slow recovery, followed by gangrene and necrosis.*

“ On Wednesday morning, Sept. 17th, 1851, whilst Lieutenant Parke and I were walking out to procure some specimens of birds, when about two miles from Zuñi, in passing along an Indian trail, I came within a few inches of treading upon a rattlesnake, which immediately coiled itself and prepared to strike. Jumping back I drew my ramrod and with it struck him over the back with sufficient force to break it. Being a fine specimen I wished to preserve it without further injury, when, placing my gun on his head and seizing him, as I supposed, immediately at the back of the neck, I picked him up ; but unfortunately I had too long a hold, for he threw round his head and buried his fang into the side of the index finger of my left hand about the middle of the first phalanx. The pain was intense, and immediately produced a sickening sensation. I immediately commenced sucking the wound ; at the same time I got Lieutenant Parke to apply a ligature round the finger to prevent rapid absorption of the poison. Scarifying the finger freely, I continued sucking the wound until I returned to camp. I sent a man who was with us immediately back to the pueblo to bring some *Liq. Amm. fortis*. He met me about three parts of the way from the pueblo ; I immediately applied the *Ammonia* freely to the wound, when I was met by Mr. Kern, who wished me to try the Western remedy, that is to say, get drunk. This remedy I had often heard of, and I determined to try its efficacy ; I commenced drinking whiskey. By the time I had reached the pueblo I had drunk about half-a-pint. During all this time I con-

tinued sucking the wound ; then, taking some *Ammonia* internally, I scarified the finger, holding it in a basin of warm water, which allowed it to bleed freely ; already (about half an hour, that is, on arriving at the camp, after walking about two miles) the glands in the axilla were getting sore and painful. I commenced drinking brandy, at the same time holding my finger in a cup of *Ammonia*. It took a quart of fourth-proof brandy, besides the whiskey, to produce intoxication, which lasted only about four or five hours ; during this state I vomited freely. Soon after coming to my senses I removed the ligature and applied a large poultice of flax-seed meal. I repeated the ammonia internally and took some *Massa Hydrarg. et Extr. Coloc. co.* as a cathartic. In the evening the glands in the axilla were quite painful ; so also was the finger. Took *Pulv. Doveri* gr. x.

“ Thursday, Sept. 18th.—Passed a restless night without sleep, although having taken during the night *Pulv. Opii* gr. iv. This morning the pain in the finger is intense ; a well-marked line of inflammation extends along the arm to the axilla. Had the entire arm and hand painted with *Tinct. Iodini*, and the poultice renewed. Commenced taking *Pot. Iod.* as an alterative. The pills not having operated took *Pulv. Seidlitz*, which had the desired effect. Diet.—Boiled rice. Several times on my attempting to walk a few yards I would be seized immediately with nausea and vomiting. This condition continued for several days. Took at bedtime *Pulv. Doveri* gr. x. The arm and hand I have had resting on an inclined plane, which affords considerable relief.

“ Friday, Sept. 19th.—I rested pretty well last night but this morning my arm, hand, and the glands in the axilla are much swollen and very painful. Repeated the *Tinct. Iod.* Diet, boiled farina. Took, on retiring, *Pulv. Doveri* gr. x.

“ Saturday, Sept. 20th.—Passed a tolerable night, but my back is getting very sore, as the blankets on the stone floor make rather a hard bed. This morning the pain is very great, and the swelling extends down the left side to the hip ; renewed the *Tinct. Iod.* ; removed the skin from off the

finger ; it discharged freely a watery sanguineous fluid without smell. The nail is becoming loose. The broad red line following the course of the lymphatics is now filled with yellow serum. The point where the fang entered, for the space of about  $\frac{3}{8}$ ths of an inch, is of a dark brown colour. This evening, at bedtime, took *Mass. Hydrarg.* gr. v. and *Pulv. Doveri* gr. x, and continued *Pot. Iod.* Diet the same.

“ Sunday, Sept. 21st.—Passed a restless night, the hand being filled with serum, and was much troubled with colic. Took *Magn. Calc. et Sp. Ment. Piper.* Bowels not acting, took *Pulv. Seid.* and was relieved.

“ Monday, Sept. 22nd.—Passed a comfortable night, the swelling having left the side and arm, but a little remains in the hand. Continue *Pot. Iod.*, and low diet. I can now walk a few yards without nausea, and am able to sit up most of the day. Diet:—Mutton broth and farina.

“ Tuesday, Sept. 23rd.—I awoke this morning feeling much improved. The swelling and pain have left, with the exception of the finger, the first and second joints of which do not present a healthy appearance, the palmar surface having much the appearance of gangrene ; the discharge is thin and watery ; I cannot detect any smell. The granulations do not present a healthy appearance ; they are rough, and many of them look as if they were sprinkled with yellow ochre. The nail is quite loose. Continue *Pot. Iod.* Diet, mutton broth with a little meat.

“ Wednesday, Sept. 24th.—This day we commenced our march ; encamped after going six miles. I placed my hand in a sling and it was with the greatest difficulty I could manage the mule with the one hand, being rather weak. The sun was very hot ; this and the jolting caused me to suffer considerable pain. I removed the nail. From this time the finger gradually improved. I continued the poultice until the end of October, when I employed *Cer. simplex.* In the mean time there was a large slough, which gradually came away and left the last phalanx exposed in two places. The granulations required occasionally the application of *Nitrate of Silver.* I continued my hand in the sling until

the middle of November. A new nail commenced growing, and a small sinus remained in the end of finger, upon the introduction of a probe into which the bone could be felt rough. A discharge from this kept up until about the seventh of February, when I removed the exfoliated end of the last phalanx, showing evidently that the fang had entered the periosteum. Soon after this the sinus closed, leaving the finger in a deformed state, ankylosis having taken place in the first joint. The circulation is very imperfect, one of the arteries having been destroyed, rendering the finger very susceptible to cold. The insertion of the flexor muscles is also destroyed."

"Extract from Reports of Expedition down the Zuñi and Colorado River, by Capt. Sidgreaves, topographical engineer. 1853."—*Medical Report by S. W. Woodhouse, M.D., Surgeon and Naturalist to Expedition.*

III. *Case of Mr. DRAKE; reported by M. PIHOREL.*  
*An acute case, fatal, without reactive inflammation.*

"Mr. Drake, an Englishman, aged about fifty years, and of a robust constitution, brought three rattlesnakes from London. Having left Havre on the Wednesday for Rouen, he had taken various precautions for protecting them from the cold of the night. On his arrival, having perceived that the most beautiful snake of the three was dead, he removed it from the cage with pincers; the two others, which seemed to be languishing, were placed in their cage close to a stove. Mr. Drake stirred them up with a stick, at the same time complaining of the loss they would be to him; he thought he noticed that one of them showed no sign of life, so he had the foolhardiness to open the cage and to take hold of the reptile by its tail, and again a few inches from its head; when the creature, suddenly recovering from its torpid condition, buried one of its fangs in the lower posterior portion of the left hand, close to the dorsal surface of the thumb. In spite of this bite, Drake did not let go of the serpent, and was bitten a second time

on the palmar surface of the same hand between the first and second metacarpals. At the instant when he was putting it back in place,

“At this time it was half-past eleven o’clock on the 9th of February, 1841. Drake had drunk cold water, and, from three to four minutes previous, fastened a ligature above the wrist. I arrived ten or twelve minutes after the accident. My presence seemed to calm the patient, who was pale and very agitated. A compress was applied to the face and chest. His eyes expressed anxiety. I gave him to take half a glassful of olive oil, while I had ready a fire in a small grate for me to warm myself. A blanket which I did with some knitting needles was found to be handy; this was from eighteen to twenty minutes after the accident.

“The ligature round the forearm had become of a violet colour; it was found that the swollen condition had become insupportable, and I removed the ligature. Linen soaked in cold water was applied to the places.

“Five or eight minutes after the cautery was applied, a sudden paleness of the face. Drake went into a swoon, and fell over. There was general relaxation of the muscles, a total loss of power of movement; his hands were cold, his chest. There were stertorous breathing, involuntary evacuation of urine and feces, and tremors of the extremities.

“About twelve o’clock I had the patient removed to a quiet room. The pulse was scarcely perceptible, and the breathing still noisy. Eyes closed, and pupils contracted. The conjunctiva was not yellow at all, as has been the case after the bite of rattlesnakes. In this weak condition, he made painful efforts to rise, and was trying to take off his clothes. He was very restless.

“His pulse became perceptible again; it was only beating fifty times in the minute.

“The skin of the extremities was cold; the hands, feet, men, trunk, and head was much less so.

mities seemed insensible; strong pressure on pinching up of the skin excited no expression of pain. There was no tumefaction of the wounded hand, nor any congestion of the arm.

"The state of torpor continued until half-past twelve. The patient complained of feeling cold. Warmed sheets were applied. The first vomiting now occurred, with marked relief. I administered a draught by spoonfuls containing opium and sulphuric ether. At one o'clock renewed vomitings occurred; the vomited materials were of a yellowish green and had a fetid smell.

"The following sudorific draught was given:—*R. Olei Amygd. Dulc.*, ℥iv, *Liq. Ammonie Acetatis*, ℥iij. *Misco.*

"The hand was slightly swollen round the wounds, and the patient said it was painful. A linseed poultice, over which two teaspoonfuls of salad oil were poured, was applied to the hand. There were three stools, at midday, at half-past twelve, and at a quarter to two. He was remarkably calm up to two o'clock, the time at which the new attack of vomiting occurred.

"At three o'clock Drake felt better, his pulse was eighty in the minute, firm but irregular. Whenever he attempted to drink or to take anything it was with the damaged hand, and he complained that he could not use his right arm freely, though this was the arm he has been accustomed to use the most. The poultice was replaced by olive-oil fomentations. A purgative enema was ordered, but the patient refused its administration. Drake had the hope of recovery. He lay over on his right side to examine the serpents, which had been placed near the fire. He was so interested in them as to recommend hot water to be placed in their neighbourhood in order to guard them from cold during the night. His intellectual faculties were intact, except that he was readily annoyed by the least noise. He answered all questions promptly and rationally.

"At four o'clock his respiration became difficult, and he had trouble in swallowing liquids. He could drink, but only a little at a time. The vomitings became less frequent. The pulse became accelerated to from 90 to 100 beats. At

five o'clock he was complaining of pain in the left shoulder. The upper lip was evidently swollen. The tongue was yellowish, but not at all swollen.

"By six o'clock there was acute pain in the shoulder, but without any appearance of inflammation. The forearm, arm, and shoulder were rubbed with opiated olive oil on a flannel.

"At seven o'clock face drawn, voice very weak, tongue with a white fur, considerable oppression with great anxiety. The patient begged to be bled. His pulse beat 110 times in the minute. The draughts had to be given in a spoon, and he kept them in his mouth a long time, and only after a painful effort could he swallow them. He often objected to take the medicine and other liquids. He told the interpreter to tell me that his blood was suffocating him. Perceiving his anxiety I ordered ten leeches to be applied to the front part of his neck, near the left clavicular region. Drake felt less oppressed after their use.

"At half-past seven the breathing became stertorous. Only the upper lip was swollen. The neck was bent, the head hung slightly towards the right shoulder, the body lying on the back, the limbs flexed. Much agitation; efforts to get out of bed, as he believed he could then breathe more easily. By eight o'clock the extremities were cold; pulse imperceptible; total incapacity for swallowing (although there was no inflammation of the pharynx). His mental faculties were unaffected, and he had no incoherent ideas, even while the most alarming symptoms were present. He took notice of all that was going on around him. While enduring the very agonies of death he even paid attention to noises in the street. The noise of the diligence starting for Paris recalled memories of home. "Is that Martin going off?" (Martin was the conductor.) "No," said the interpreter. "I am very sorry, as he would bring my wife; for I believe I shall never see her again. . . . I feel very bad." Some minutes afterwards there was a sudden extension of the lower extremities; he sat up and tried, in vain, to get out of bed. His respiration became more and more embarrassed; his head was thrown back,



and the rattling in the throat increased. He expired at a quarter past eight o'clock, that is, eight hours and three quarters after being bitten.

*Post-mortem.*—Drake died at 8.15 in the evening of the 9th of February; was interred on the 10th.

“An order by the mayor of the town of Rouen, dated the 12th, was requested by Drs. Pihorel and Desmoulin, and by it permission was obtained for his exhumation. The post-mortem was made at one o'clock in the presence of several other physicians; below is the result thereof.

“The exterior of the body, with the exception of the places where the two cauterisations were performed, did not differ in any respect from the post-mortem condition of a healthy person who had died of syncope. The preservation of the body was the same as that of one twenty-four hours after death, thanks to the season of the year. The semi-transparent condition of the cornea allowed the pupil to show through, and showed the dilatation which it had assumed immediately after death, that is to say, its diameter was twice that of the iris itself. The state of the corpse itself was such that the autopsy was just as valuable as if it had been made immediately after death.

“There was no swelling of the bitten hand, no colouration of the rest of the limb, of the lips or tongue. The marks which had been made by the application of the leeches to the neck were not ecchymosed out of the common. The skin of all dependent parts was slightly œdematous and swollen from gravitation of blood, the ordinary result of gravity in any body when death has been due to hæmorrhage or blood-poisoning.

“In the brain and spinal cord the only alteration was a little injection, of such a kind that the section was just a little spotted with blood, but the cerebral arachnoid was notably thicker and more tough than normally, and was too opaque; moreover, it adhered to the pia mater, the meshes of which were distended with viscid serum. The membranous covering of the spinal cord, also, was more injected than in health. The basilar arteries contained some small clots like those we shall consider further on. The blood

was liquid in the cerebral sinuses and in the vessels of the dura mater.

“ His skin was examined carefully at each of the two bites, and presented no other alteration than that caused by the cauterisation with the red-hot iron. This alteration was little more than a line of redness. The subjacent cellular tissue of the wound on the dorsal surface of the thumb was in no way infiltrated, but it was for the extent of a circle of half an inch diameter round the second mark, that situated at the upper part of the interosseous space between the first and second metacarpal bones. The muscle surrounding this infiltrated area did not present the least alteration in texture or colour.

“ All the veins of the back of the hand, and their tributary vessels, were dissected up to the axilla, and did not present any alteration; they resembled perfectly in all respects the corresponding veins of the other arm. They contained no blood below the elbow; from the elbow as far as the axilla they contained disseminated clots. In the clavicular extremity of each axillary vein commenced a clot, moulded to the interior of the vessel, and reaching as far as the junction of the hepatic vein with the vena cava inferior, passing by the right auricle of the heart; this clot was homogeneous throughout and of only slight consistence, and nowhere was there any evidence of deposited fibrin; a large clot also filled the left auricle of the heart, spreading into the pulmonary veins, but in the centre of this clot there was a band of yellowish fibrin, sixteen or eighteen lines in length, and such as is commonly found in venous clots.

“ The completely empty condition of the two cardiac ventricles contrasted with the distension of the auricles, more especially of the right.

“ The mucous membrane of the windpipe and of the bronchi was notably injected. A patch corresponding with the cricoid cartilage was indeed inflamed. The trachea and bronchi were filled with reddish frothy serum. His lungs throughout were healthy and crepitant, and presented the first stage of sanguineous engorgement. The blood did not

flow from a cut made anywhere. Two inches below the pharynx the œsophagus was narrowed for about half an inch, but without any evident alteration of texture.

“The stomach, intestines, liver and gall-bladder were quite normal.”—*Lond. Med. Gaz.*, vol. xxix, p. 478, 1841—2.

IV. *Case of THOMAS SOPER; reported by Sir EVERARD HOME, F.R.S. A prolonged case, followed by extensive sloughing; fatal on the eighteenth day.*

“Thomas Soper, aged 26, of spare habit, was, on the 17th of October 1809, bitten in the right hand, twice in succession, making two wounds on the back part of the first phalanx of the thumb, and two on the side of the second joint of the forefinger. The bites took place at about 2.30 p.m. He went immediately to a chemist in the neighbourhood, who made some slight application to the bites and gave him a dose of jalap, because the man was so incoherent in his language and behaviour that the chemist thought him intoxicated; there was then no swelling of the hand. On inquiry it appeared that the man had been drunk, but that before he was bitten there was nothing unusual in his behaviour. After leaving the chemist, the hand beginning to swell alarmed him, and he went to St. George’s Hospital, arriving there at 3 o’clock. The wristband of his shirt had been loosed, and the swelling had extended half-way up the forearm before his admission. The skin on the back of the hand was very tense and the part very painful. At 4. o’clock, that is, an hour and a half after the bite, the swelling had extended to the elbow; at 4.30 it had reached half-way up the arm, and the pain had extended to the axilla. At this time Mr. Brodie saw him; he found the skin cold, the man’s answers were incoherent, his pulse 100, and he complained of sickness. 40 drops of *Aq. Amm. Pur.*, 30 drops of *Sp. Ether. Vitriol*, in an ounce of *Mist. Camph.* were given to him; but he did not retain them on his stomach. The wounds were bathed with *Aq. Amm. Pur.*,

and the arm and forearm had compresses of camphorated spirit applied to them. At 5 o'clock he took *Sp. Amm. Co. zij, Etheris ℥xxx, Mist. Camph. ʒiiss*, and this remained down. At 6. his pulse was stronger; at 7.30 the pulse was very feeble, and he had *Aq. Amm. Pur. ℥xxx, Eth. ℥xxx*, in pure water; at 8.30 this draught was repeated; at 9, he had a feeling of great depression; his skin was cold; his pulse weak, 80 per minute. The dose was increased to fifty drops of each medicine, and repeated. At 10.15 the pain had been very violent in the arm; the pulse was stronger; fits of faintness attacked him every fifteen minutes, in which the pulse was not perceptible, but in the intervals his spirits were less depressed. In the course of the evening he had two stools. At 11.30 I saw him; the hand, wrist, forearm, and arm were much swollen up to the top of the shoulder and into the axilla; the arm was quite cold, and no pulse could be felt in any part, not even in the axilla, the swelling preventing me from feeling the axillary artery with any degree of accuracy. The wounds made on the thumb were just perceptible, those on the finger were very distinct; the skin generally was unusually cold. I took some pains to diminish his alarm, and found his mind perfectly collected, and he said he hoped he should recover. At 1, on the morning of the 18th, he talked indistinctly; pulse 100; the attacks of fainting came on occasionally; the medicine was repeated every hour. At 8 a.m. on the 18th the pulse was 132, and very feeble; the swelling did not extend beyond the shoulder to the neck, but there was a fulness down the side and blood was extravasated under the skin as low as the loins, giving to the back on the right side a mottled appearance. The whole arm and hand were cold, but painful when pressed, and the skin was very tense. On the inside of the arm below the axilla and near the elbow vesications had formed, and under each of the vesicles there was a red spot in the cutis of the size of a crown piece. The skin generally over the body had become warm. He was low and depressed, there was a tremulous motion of his lips, and the fainting occurred at nearly the same intervals as on the preceding evening. The last dose

of medicine was rejected by vomiting, but some warm wine remained on his stomach; the arm was fomented. At 12, noon, in addition to the above symptoms, there was starting of the limbs. He had attempted to take some broth, but his stomach did not retain it. The skin of the whole arm had a livid appearance similar to what is met with in a dead body when putrefaction has begun to take place, unlike anything I had ever seen in so large a portion of the living body. An obscure fluctuation was found under the skin of the outside of the wrist and forearm, which induced me to make a puncture with a lancet, but only a small portion of serous fluid was discharged. At 11 p.m. finding that his stomach did not always retain the medicine, nor even small quantities of brandy, I directed the volatile alkali to be left off and gr. ij of *Opium* to be given and repeated every four hours. At this time his pulse was scarcely perceptible at the wrist, the fainting fits were more or less frequent, and the vesications and red spots were increased in size. On October 19th, at 9. a.m. his pulse was scarcely perceptible, his extremities were cold, the vesications were larger but the size of the arm was diminished. He was drowsy, probably from the effect of the opium. He had taken nothing but brandy during the night. At 3 p.m. he was very depressed, spoke in whispers, the vesications were larger, the vomiting fits less frequent, the arm diminished in size, and he had sensation in it down to the fingers. At 11 p.m. the pulse beat 180 and he was low; the *Opium* was left off; a stool was procured by *Castor oil*; he was ordered to have a glass of camphorated mixture occasionally, and wine and brandy as often as he could be induced to take them. October 20th: he had dozed at intervals during the night, his spirits were rather better, and his extremities warm; at 9. a.m. he took coffee for breakfast; he afterwards took some fish for dinner, but it did not remain on his stomach; he took brandy and coffee at intervals, half an ounce at a time, as large quantities did not remain on the stomach, Oct. 21st: he had slept at intervals during the night, but was occasionally delirious, pulse 120. Brandy and jelly were the only things that stayed on his stomach. The size

of the arm was reduced, but the skin was extremely tender. Oct. 22nd : he had slept during the greater part of the night ; pulse 98 ; he took some veal for dinner, and brandy at intervals. In the evening his pulse became full and strong ; he was ordered wine instead of brandy. The right side of the neck and body down to the loins was inflamed and painful, and had a very mottled appearance, from the extravasated blood in the skin. Oct. 23rd : his pulse continued full, the arm very painful, though reduced in size ; the vesications had burst, and the exposed cutis was dressed with white ointment. Stools were procured by opening medicine. He took some veal and porter for dinner ; the wine was left off. In the evening he had a saline draught with antimonial wine. Oct. 24th : no material change. Oct. 25th : his pulse increased in frequency ; in other respects he is nearly the same ; bowels opened by medicine. Oct. 26th : the arm more swollen and inflamed. Oct. 27th : the inflammation of the arm increased ; tongue furred and pulse very frequent. He attempted to sit up, but the weight of the arm and the pain prevented him. The arm was bathed with *Spirits of wine* and *Aq. Amm. Acet.* in equal parts. Oct. 28th, a slough had begun to separate on the inside of the arm below the axilla, and a purging had come on ; for the latter he was ordered *Chalk mixture* and *Laudanum*. In the night he had a rigor. Oct. 29th : the purging had abated ; pulse 100, and feeble. A large abscess had formed on the outside of the elbow ; this was opened and half a pint of brown matter was discharged, with sloughs of cellular membrane floating in it. The lower part of the arm became much smaller, but the upper part continued tense. A poultice was applied to the wound. The lower portions of the arm and forearm were covered with circular straps of soap cerate. He was ordered to take the bark and was allowed wine and porter. Oct. 30th : the redness and swelling of the upper part of the arm had subsided ; pulse 100 ; purging returned. The bark left off and the *Chalk mixture* and *Laudanum* resumed, and an opiate clyster administered. Oct. 31st : pulse 120, the discharge from the abscess diminished, the purging continued, and at night he had a rigor. Nov. 1st.

pulse 120, voice feeble, no appetite, delirious at intervals. Ulceration had taken place in the opening of the abscess, so that it was increased in size. He drank two pints of water in the course of the day. Nov. 2nd, pulse very weak; countenance depressed; tongue brown; the ulcers had spread to the extent of two or three inches; mortification had taken the place in the skin nearer to the axilla. His stomach rejected everything but porter. In the night he was delirious. Nov. 3rd: the mortification had spread considerably; the purging continued. The forefinger which had mortified was now removed at the second joint. Nov. 4th, he died at 4.30 in the afternoon.

*Post-mortem*,—Nov. 5th, sixteen hours after death, he was examined by Mr. Brodie and myself (Sir. E. Home) in the presence of Mr. Maynard, the house-surgeon, and several of the pupils of the hospital. With the exception of the right arm, which had been bitten, the body had a natural appearance; the skin was clear and white. The wounds made by the fangs at the root of the thumb were healed, but the puncture made by the lancet at the back of the wrist was still open. That part of the back of the hand which immediately surrounded the wound made by the fangs, for the extent of one inch and a half in every direction, as also the whole of the palm, was in a natural state, except that there was a small quantity of extravasated blood in the cellular membrane. The orifice of the abscess was so enlarged as to form a sore on the outside of the arm, elbow, and forearm, nearly six inches in length; round this the skin was in a state of mortification more than half-way up the outside of the arm and as far downwards on the outside of the forearm. The skin still adhered to the biceps flexor muscle of the arm and flexor muscles of the forearm by a dark-coloured cellular membrane. Everywhere else in the arm and forearm, from the axilla downwards, the skin was separated from the muscles, and between these parts there was a dark coloured fluid with an offensive odour, and sloughs of cellular membrane resembling wet tow floating in it. The muscles had their natural appearance everywhere except on the surface that was next to the abscess. Beyond

the limits of the abscess blood was extravasated into the cellular membrane, and this appearance was observable on the right side of the back as far as the loins, and on the right side of the chest over the serratus major anticus muscle. Within the thorax the lungs had their natural appearance. The exterior part of the loose fold of the pericardium where it is exposed on elevating the sternum, was dry, resembling a dried bladder. The cavity of the pericardium contained about half an ounce of serous fluid, which had a frothy appearance from the admixture of bubbles of air. On cutting into the aorta a small quantity of fluid escaped and had a similar appearance. The cavities of the heart contained congealed blood. In the abdomen the cardiac portion of the stomach was moderately distended with fluid; the pyloric portion was rather constricted; the internal membrane had its vessels very turgid with blood. The intestines and liver had a livid appearance. The gall-bladder was moderately full of healthy bile. The lacteals and thoracic duct were empty and they had a natural appearance. Within the cranium the vessels of the pia-mater and brain were turgid with blood; the ventricles contained rather more water than is usual, and water was effused into the cells connecting the pia mater and arachnoid. It is to be observed that these appearances of the brain and its membranes are very frequently found in cases of acute diseases which terminate fatally."—*Read before the Royal Society, Dec. 21st, 1809, by Everard Home Esq., was published in Phil. Trans., vol. i, p. 75, 1810.*

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### THREE CASES OF EXTIRPATION OF THE RECTUM.

By WM. TOD HELMUTH, M.D., Professor of Surgery in the N.Y. Hom. Med. College.

IN presenting these cases of excision of the rectum the author is actuated by the endeavour to popularise an



operation, which not only is of rather rare occurrence, but one which has well nigh fallen into disrepute, and also because he believes that, especially in females, the procedure is feasible and proper, and offers even better chances of success than any of the methods adopted for the removal of cancer.

The lessons that are taught by these operations are manifold; chief among them, however, is the fact *that without a sphincter, sphincteric power is obtained around the new anus* by the action of conjoined muscles, and that Chadwick rather than Hyrtl has the correct idea regarding the so-called *sphincter ani tertius*.

Prof. Hyrtl, as well as Nélaton and Velpeau, have asserted that there is a peculiar band of muscular fibres above the internal *sphincter ani* which possesses sphincteric powers, and I was at first disposed to believe that this *sphincter ani tertius* was the muscle that enabled patients after the removal of the lower portions of the rectum to regain the control of the fæces. Hyrtl writes:\* "The older surgeons were astonished after having divided the sphincter muscles in operations for fistulæ that no involuntary discharges of fæces followed. Paget found after removing the lower end of the rectum from a patient, that he could retain his fæces and flatus, and he explained this upon the hypothesis that a new sphincter must have subsequently formed. Houston was not disinclined to believe that the lower portion of the rectum, where a fold occurs as it passes through the pelvic fascia, was surrounded with a development of circular fibres. Lisfranc, who many times extirpated the terminal portion of the rectum, noticed that such patients were not deprived of the power of holding back their stools, and declared it as his opinion, that as a positive necessity a superior sphincter must exist. Likewise every unprejudiced observer must allow the existence of such a muscle, for the reason that in prolapsus ani, when both the external and internal sphincter are paralysed, no involuntary stools occur."

\* *Handbuch der topographischen Anatomie*, von Joseph Hyrtl. Zweiter Band, pp. 130—33. Wien, 1860.

From the experiments made also by Goltz and Gowers, as well as those of Dr. Chadwick, it would appear also that the internal sphincter ani, instead of obstructing, really materially assists in the expulsion of the fæcal matter. In other words the intermittent relaxation and tonic contraction of this portion of the intestine point to distinct inhibitory action of the splanchnics and vagus, which control or perhaps constitute peristalsis. According, then, to these views, the external sphincter ani "is the only one of the anal muscles which can properly assume the title of sphincter."

After making myself aware of these interesting points, I was for a time, and indeed am in a measure now, at a loss to understand certain facts which have been made apparent by these operations of extirpation of the rectum.

In the first place, I am of the opinion that the external sphincter is *per se* a partial *detrusor facium*. I know that when fæces are passing through the external outlet the sphincter, with partly automatic and partly voluntary power, propels the mass forwards, and sometimes with considerable force. I know also from the many times in which I have operated for fistula in ano with the knife, that after complete division of the fistula, the patients in most instances have had no trouble whatever in retaining their fæces.

In operations about the anus with the elastic ligature, in some of which the fistulæ were very deep, the power of retaining excrement was not materially interfered with. Even in two cases in which the ligatures cut themselves out, leaving their tracks entirely open, very little difference in the power of retention was noticed. Such facts as these would certainly point conclusively toward the proof of Hyrtl's idea of the action of the *sphincter ani tertius*. But on the other hand, it must be remembered, that after operations for extirpation of the rectum, there is no control whatever of the fæcal discharges for several weeks. They instantly without effort, often even without the knowledge of the patient. Would this be so, if the third *er* possessed anything like obstructive powers?

As a rule also in all the cases I can find on record, and from a careful observation of my own, this fact is apparent; that in proportion as the wounds heal around the margin of the anus, just in that proportion does the power of controlling the fæces return. I can scarcely account for this by the increased power said to be obtained by the circular fibres of the rectum, because, in the first place, these circular fibres are composed of unstriped muscular tissue, exactly similar to that of other portions of the intestinal tract, and must therefore be, in a great measure, under central control, and are a part of the general peristaltic system. I am, therefore, forced to conclude that the sphincter ani, *per se*, is a muscle of very mixed action; that alone, that is, uncombined with other muscular force, it may and does assist in expelling fæcal masses; that in conjunction with the surrounding muscles it becomes sphincteric, and it is this connection with other sets of muscles that has much to do with the production of the act sphincteric. All the so-called sphincters of the body are in close connection with other muscles, muscles which interlace their fibres, and the sphincter ani is markedly so; cut through the sphincters on one side, as a rule there is no difficulty in retaining the fæces. Cut off the sphincters, take them out entirely, as in excisions, and just in the ratio as the healing process connects the stump of the rectum with the surrounding muscular tissue, just in that proportion the sphincteric power returns. Still more important, however, is the nervous control of the parts. Dr. Chadwick, in the article alluded to, quotes a most remarkable case from Gowers, though not for the purpose of elucidating this point, but it is so *appropos* in this relation that I desire to mention it. A man had a violent fall upon the sacrum, apparently injuring the posterior roots of the sacral nerves, there was no muscular paralysis excepting of the *levator ani*, the sphincter ani, and the *sphincter vesicæ*, which were in a state of continuous slightly varying contraction, a condition generally supposed to constitute sphincteric power; *the incontinence of fæces was complete.*

I know also from the peculiar action of other muscles,

especially when those muscles surround cavities, and are inserted into others, that the fibres of the one act upon the other in a most peculiar manner.

For instance, in a state of health, the *velum palati* is composed of symmetrical muscles having a tendency to draw that septum upward and outward. In the cleft state, from the action of these muscles we would most naturally expect the cleft to widen during deglutition. How could it be otherwise? The levator of each side draws the fold upward; the tensor directly outward, by the action of its tendon around the trochlea; the palato-glossus downward and forward; and the palato-pharyngeus downward and backward. Yet the entire reverse of this is the case. The cleft shuts during deglutition, from the action of the superior fibres of the constrictor. If this be so, and there is no doubt about it, why may not all these muscles in the perineum, and especially the levators, which are in such close connection, produce some such similar results. These are but crude remarks and are only offered for further suggestions.

CASE I.—Mrs. S— entered the Hahnemann Hospital in January, 1876. Upon careful examination, a nodular stricture, in some places softer than in others, was found encircling the rectum, and so completely blocking up the passage as to render defæcation impossible without the use of laxatives and enemata; even after such means had been employed the stools were thin, broken, flattened and uneven. Her suffering during the stool and for some hours after was agonising; frequent hæmorrhages, and withal a constant muco-purulent discharge from the anus, rendered her life miserable. Added to this, she had a recto-vaginal fistula, which necessarily at times increased her pain and complicated the case. I began the treatment with the cautious introduction of a small sized urethral bougie, which was with difficulty passed through the canal. Combined with this, injections of *Hydrastis* and hot water were daily used. Up to this time, I had not made up my mind whether the stricture was cancerous or syphilitic, but the disease not

yielding to the ordinary treatment generally employed for the latter affection, and the continued and persistent breaking down of the tissue, with infiltration of the parts, convinced me that the disease was malignant. As a rule, if the stricture is annular and smooth, we can generally say it is inflammatory; if the constriction is caused by the filling up of the lower portion of the rectum with irregular nodules which soften and break down and infiltrate the tissues, in all probability the disease is cancerous. In cancer of the rectum, indeed in all malignant diseases of this tube, there is more or less obstruction of the canal. In the earlier stages, the affection is known by the peculiar, hard, uneven (nodular) masses that are felt by the finger or sometimes seen with the speculum, situated from an inch to four inches beyond the sphincter ani. The symptoms are pain during the efforts at defecation with occasionally loss of blood, which becomes more frequent and profuse as the disease advances. The suffering lasts for some hours after stool, which is accompanied with tenesmus. The fæces are altered in shape, being thin and tape-like, and the patients become gradually emaciated. After a time, a fetid and acrid discharge escapes from the anus, there is absolute constipation, and an examination reveals a soft and pulpy degenerate tissue, which is reddish or purplish, friable, and readily bleeding. The constitutional symptoms are, by this time, well-marked, and the cancer cachexia is very apparent. A portion of the entire walls of the rectum may be involved, but as the disease advances, all the surrounding tissues may be infiltrated and destroyed. I have seen cases in which the entire sphincters and perineum had been eaten away, presenting a hideous and disgusting deformity. The cases that have come under my care have generally been those of epithelioma. If the disease be syphilitic, there will generally be found around the margin of the anus specific ulcerations, which, together with the history of the case and the absence of any profuse hæmorrhage, will serve to assist in diagnosis.

After several months of patient and gentle treatment (the latter I believe to be a very essential element in the

manipulation, for I have lately seen two cases where the rectum bougie had been forced through the tender and attenuated posterior wall of the rectum), it was quite evident that no improvement was taking place, indeed, the gut seemed rather more impassable than before. I therefore requested Dr. John Butler to take charge of the case and apply electrolysis. This he kindly and with some inconvenience to himself consented to do. He began with the smallest electrode, and finally, after several months, succeeded in curing the fistula and in opening the stricture to such an extent that the stools became quite natural and regular. After six months of this treatment, he sent her to see me. I could scarcely recognise her; she was improved in health, had gained much flesh, and only experienced pain during defæcation once in a great while. She returned home healthy; of course immediately became pregnant, came back after a year or more with a lacerated perineum, the rectum closed with cancerous deposits, emaciated, discouraged and desperate. I suggested to her extirpation of the rectum as her last and only means of relief. To this she readily assented.

With reference to the history of this operation, I may remark that Lisfranc made the operation somewhat popular in 1826, and Prof. Schuh in 1868 operated successfully;\* of late years, however, the performance has been revived and with sufficient success to warrant a further trial. Volkmann has given a new impetus to the operation, and it has already been performed several times with success in this country by Dr. R. J. Levis,† of Philadelphia, Drs. Van Buren and Keys, of New York,‡ Dr. L. A. Stimson, Dr. Briddon,§ and others. The method of removal is thus practised as recommended by Volkmann, whose paper, March 13th, 1878, has been accurately studied by Dr. L. A. Stimson, of New York, and Dr. J. C. Warren, of Boston. After the usual precaution of emptying the bowel, and preparing all the details for

\* *Medical Record*. New York, July 13th, 1878.

† *Archives of Clinical Surgery*, vol. i, p. 311, 1877.

‡ *Medical Record*. New York, July 13th, 1878.

§ *Loc. cit.*, October 19th, 1878; *Archives of Clinical Surgery*, vol. i, p. 313.

the antiseptic plan, a circular incision is carried around the anus about three quarters of an inch from its margin; a second cut is then made in the median line from the circular one back to the coccyx, and if necessary, a forward one in the perineum; the rectum is drawn gradually down and dissected out. According to Dr. Levis, the hand of the operator may be gradually insinuated into the hollow of the sacrum and the attachments of the gut torn loose. The front portion of the bowel must be removed with more care, as the peritoneal fold on its anterior face is much lower than on its posterior portion. Threads are now passed through the healthy portion of the intestine, which is stitched carefully to the sides of the aperture and the cancerous portion removed with the knife or scissors; as a necessary precaution, and also as a guide, a good sized bougie should be introduced into the bladder and held there during the operation. Volkmann, in one instance, to allow himself room, resected portions of the sacrum as high up as its promontory, and in another removed a portion of the posterior wall of the vagina. If the peritoneum is incised, the rent is immediately to be plugged with sponges, saturated with a solution of thymol or carbolic acid, and afterwards carefully brought together with catgut sutures. If the entire circumference of the rectum is not involved, a portion may be taken away, and the lips of the wound united by suture.

My operation was performed as above. After the division of the levatores ani, the hand was inserted into the hollow of the sacrum, and the bands of tissue separated or divided with the scissors and the knife. The hæmorrhage was profuse, but not as great as I had anticipated, and was arrested by tying the vessels as they sprung. The chief difficulty was separating the anterior wall of the gut from the vaginal septum (the perineal body being destroyed), and which was only accomplished with great care. The rectum being now thoroughly loosened was drawn down and the diseased mass cut off from before backward, it being about two inches in length in the anterior, and two and a half inches in the posterior wall. The stump was stitched to the

raw surface. The operation was done under thymol spray (all the instruments, ligatures, &c., being carbolised), at the Hahnemann Hospital, November 19th, 1878, at 2.45 p.m. I was assisted by Drs. Cornell, Butler, Moseman, and Dr. Blodget, the house surgeon, in whose charge the case remained after the operation, and to whom I am greatly indebted, not only for the subsequent care of a disagreeable case of nursing, but for the following record:—The patient was under ether one hour and ten minutes, the operation being completed at 3.55 p.m.; hæmorrhage quite profuse, but then being entirely controlled, the patient was dressed with an antiseptic compress of marine lint, secured by the means of a series of T bandages, the drainage tubes being inserted in front of and behind the new bowel, while in the gut itself was placed a rubber water-bag to prevent collapse of the same. Through the centre of this bag passed a rubber tube, permitting the discharge of flatus.

The pulse at this time was 84, temp. 99°; there being no nausea or vomiting from the anæsthetic. At 6 p.m., however, there was some slight nausea and vomiting with much pain in rectum. Patient being quite restless, with a temperature of 100°, pulse 101, *Aconite*  $\theta$ , 5 gtt. to  $\zeta$ ij water, a teaspoonful of which has been given at half-hour intervals, was now continued at intervals of one hour.

8 p.m.—Pulse 136, temperature had risen to 101.5°. There was no more nausea, but the pain being very intense, gr.  $\frac{1}{4}$  *Morphia* was administered.

3 p.m.—Pulse 108, temp. 102.5°; not much pain. Patient has had some sleep. *Aconite* continued. A half glass of milk has been given every hour.

7.20 p.m.—Pulse 121, temp. 103°. The water was drawn, drainage tube was injected with the solution of carbolic acid, which caused much pain. Patient has been sleeping throughout the afternoon.

10 p.m.—Complains of feeling cold. Pulse 124, temp. 103°. *Aconite* continued.

21st, 8 a.m.—Pulse 124, temp. 103°. Patient was seen at 1 o'clock this morning, when she was sleeping



quietly; during the night she slept about three hours, and complains of having had several "hot flashes." Urine was now drawn. The dressing was renewed at 10 a.m., occupying one hour, causing great pain. There was some purulent discharge but no blood. Immediately after the dressing the temp. was  $103\frac{3}{4}^{\circ}$ , pulse 130.

11 p.m.—Pulse 130, temp.  $104^{\circ}$ . Not much pain, but no sleep; tenderness still remained. She received 10 gtt. McM.'s elixir, and 20 gtt. were left to be administered at 3 a.m., if there was much pain. *Aconite* continued every 2 hours.

November 22nd, 7 a.m.—Pulse 120, temp. 100. She has had three hours' sleep and there is now no pain, the *Opium* having been given at 3 a.m. The water was drawn and the tenderness found to have disappeared.

11 p.m.—Patient felt faint and nauseated. She received ʒij brandy. At midnight faintness disappeared. Pulse and temp. the same.

23rd, 9 a.m.—She has had a good night and is better. Pulse 98, temp.  $101^{\circ}$ . There was no pain, and the wound dressed as usual. The water was drawn.

10 p.m.—Pulse 100, temp.  $103\cdot5^{\circ}$ . Pulling pain in rectum; has had no *Aconite* since 2 p.m. Water was drawn; she was to receive grs. ij. *Quinine* at midnight, and same at 4 a.m.

24th, 7 a.m.—Pulse 96, temp.  $101^{\circ}$ . Has had a good night; feels as if something had given away. Much pus is being discharged. The gut is partially adherent to the anal margin and is in place; one ligature has come away.

25th, 8 a.m.—Pulse 100, temp.  $102^{\circ}$ . Water was drawn. There is no pain this morning. Patient slept well last night. *Quinine* continued.

On the 27th; had a stool during the day. She continued to gain, and on the 28th symptoms of uræmia were almost entirely overcome. On that day patient had three passages, which were normal in size but caused much pain. The gut was found retracted, but the canal is continued by granulated tissue.

29th.—She has had another stool and passes her own water.

Dec. 20th.—For the last week the patient has been walking about the hospital ; can retain fæces long enough to walk to the closet. Size and colour of stool normal.

January 3rd.—Left hospital cured.

February 2nd.—Received a letter from her stating that she continued well.

CASE II.—In the month of December, 1878, I was consulted by Miss E. B—, aged twenty years, who gave me the following history of her case :

In December, 1867, she noticed occasional discharges of blood and pus from the rectum, without any apparent cause. She had always enjoyed good health and had, during her childhood, passed through all the diseases incident to that period, without any detriment to her general condition, and therefore it appeared impossible for either herself or her family to account for this abnormal discharge. A doctor was called, who gave the diagnosis of "inward cancer," and began a course of treatment. After several months' continuance, no impression being produced upon the case, other advice was sought, and the patient found to be labouring under an attack of "inflammation of the bowels;" medicines and topical applications were therefore administered for that condition, with the effect of arresting the discharges of pus but of producing frequent hæmorrhages from the rectum. The injections used during this time always produced severe burning pain and appeared to aggravate rather than relieve her sufferings. Again the physician was changed, and the gentleman now consulted was fain to lay the entire appearance and persistence of the troubles to improper medication during the attacks of scarlet fever, which had appeared some years before. Upon learning that he himself was the identical medical man who had charge of her while she was passing through that disease, he then thought, *perhaps*, the cause might be attributable to improper nursing during the period when the sequelæ are most likely to develop. After a mild prescription of *Aqua calcis*, he never more appeared.

Shortly after this, another medical *savant* had opportunity of displaying his perceptions in diagnosis, by affirming the disease to be "scrofula of the blood and fissures of the anus," which might be cured by the injection of a preparation of pine tar soap, with incisions, all of which were used for some time. After each "cutting" operation oiled cotton was introduced into the gut. Under this method, and for the first time, improvement in her condition was noticed, which continued until she was obliged, by the removal of her family to another section of the country, to place herself in other hands. Her health was now in a measure restored, her chief inconvenience being the frequency with which her bowels moved. Sometimes defæcation occurred as many as fifteen or twenty times during twenty-four hours. These symptoms, although never entirely removed, became gradually better, and with the exception of an attack of fever, which lasted five or six weeks, she remained in moderate health for several years. She then became aware that there must be some obstruction in the rectum; there were occasional pains in the stomach and bowels, which increased in frequency and severity, up to the time when I was consulted. At every attempt at defæcation a feeling of great faintness distressed her, accompanied with such severe tenesmus that she actually feared the fæcal matter would rupture the anterior wall of the rectum and open into the vagina. Bloody discharges occurred continually, with purulent and ichorous matters and severe pain in the abdomen, which she always located in the left side. On the 29th day of August, 1878, she called upon a surgeon, who, after a careful and intelligent examination of the case, pronounced it one of stricture of the rectum and used bougies, which the patient states were about an inch long and attached to a copper wire. (I have an idea, however, that these exploring tubes were made after the fashion of the instrument employed by Dr. Chadwick in the detection of the "third sphincter" of Hyrtl, or as he (Chadwick) denominates it, the "internal detrusor fæcium"\*. The bougies were allowed

\* *Transactions of the American Gynecological Society*, vol. ii, p. 48. Boston, 1878.

to remain within the strictures for twenty minutes, when they were removed, and injections given of vaseline and carbolic acid. After this treatment had been continued for some time, a consultation was called in her case, and a most thorough examination made; two strictures were found, and a line of treatment, consisting of injections, the introduction of bougies and suppositories, tonics, and other means adopted. Not much, if any success followed, and for several months again she was without treatment. About the middle of December she consulted me, and upon introducing the finger within the rectum, a nodular stricture, extending entirely around the gut, and so obstructing it that the end of the little finger could not be passed into it, was detected about two and a half inches from the anus. It was impossible for me, without using more force than I deem proper in such cases, to pass this barrier, and therefore I sent her to Dr. Butler, for examination with electrodes. He returned her, saying that there were two distinct strictures, the internal about half an inch above the lower one, and that above the second one. There was evident thickening of the walls of the intestine.

Knowing that she had been treated thoroughly by dilatation, I proposed to her the operation of excision of the rectum, detailing its dangers and its results. Her discomfort, nay, her actual suffering, had been of such long duration that she immediately declared in favour of the operation. I therefore sent her to the Hahnemann Hospital, and after some preparatory treatment performed the operation on the 26th of January, as already described.

The procedure consisted in encircling the anus about three quarters of an inch from its margin with a cut, with a longitudinal incision backward to the coccyx, and one forward to the posterior fourchette of the vulva, and dissecting with scissors and the knife the rectum from the surrounding structures. The differences I made in this from the previous operation were these: in the former, after having drawn down the intestine, the diseased parts were cut off and the stump stitched to the margins of the cut; in this operation, having drawn the intestine well down, I passed a large

sized needle, armed with silver wire, through the integument into the rectum; then made a small horizontal cut into it, on a level with the anus, above the extended portion, and brought the wire through this opening and twisted it; then partially severing the rectum below this stitch, I had room sufficient to place another wire, which I did in like manner, twisted it, and cut off a little more of the stump, and so on continued around the margin of the anus. Or, to make myself better understood, I availed myself of the diseased part of the rectum, which I had dissected and pulled down as a handle to hold the gut out while it was being fastened to the sides of the incision, instead of cutting off the diseased mass and then stitching it, the latter always being troublesome from the tendency to retraction of the intestine. The rent made in these operations is great in size and very deep, but it is surprising how the cavities fill; but of this more anon. In this case I made no use of the water-bag, but placed within the bowel a rectum tube, and in the surrounding incisions three drainage tubes. The whole wound was then dressed with marine lint, a T-bandage, and the patient put to bed; warm bottles were placed at her feet and *Aconite* given her.

The operation lasted in all an hour and a half. There was no anæsthetic sickness. At 8 o'clock p.m. she was in very great pain, and 8 mm. of Magendie's solution were given hypodermically. Pulse 104, temp. 102°.

It is not necessary for me to enter further into the details of the after treatment. Suffice it to say that, with the exception of some hysterical symptoms and the tenesmus which was observed in the former case, nothing unusual occurred. At first the patient had no sensation whatever in the parts. After the eighth day one by one, as in the former case, the sutures tore out and the gut retracted into the pelvis. The wires were all removed on the twelfth day, and the granulating process went steadily forward. The deep incisions were packed with marine lint and a round wad of linen smeared with vaseline was kept in the rectum. Gradually the power of defæcation returned, and on March 14th, she walked about the house and returned to her home shortly after.

April 14th.—Saw her again to-day. Her menstrual period is upon her. She has free and easy movements from the bowels, and I believe is cured.

CASE III.—Mrs. W—, æt. 58, mother of one child, at the suggestion of Dr. J. G. Baldwin consulted me on the 17th of January, 1879, for “a trouble,” as she said, “of the lower bowel,” which she had noticed was gradually increasing until at present she was scarcely ever free from pain. She stated that she had for the past four years been subject to frequent bloody discharges from the rectum, with most severe sufferings, generally referred to the epigastrium and lumbar regions; the aching in the loins extended down the thighs, and was sometimes so intense that it was almost unbearable; her fæces were broken, flat, and covered with mucus, and had never during several years been of natural size or consistence. Living in the country, she had not the opportunity of consulting many physicians, but when she had sought advice she had obtained but little benefit from the treatment prescribed. Upon visiting Dr. Baldwin, he referred her to me for examination. I may say here that although she was not in contour of person what is called thin or spare in flesh, yet she had that shrunken and pallid appearance which is noticeable in chronic invalids. They look “used to it.” Cancerous cachexia exhibited itself in her face, parchment-like and dry, although from close questioning I could find no hereditary predisposition to malignant disease. Placing her supine in the operating chair, and flexing the knees upon the abdomen and introducing the right forefinger within the *ampoule rectale*, the lower portion was found empty, but at about the top segment of the sphincter secundus a large, irregular, hard mass was detected, extending upwards to the promontory of the sacrum, and filling up almost entirely the upper rectum. I can only compare this growth to those irregular, hard, and knotty portions of dried ginger root which are seen exposed for sale at the doors of grocers’ shops. The anterior wall of the rectum was but little infiltrated, and the posterior wall, up to the very margin of the attachment of the tumour, was

singularly free from deposit of any kind. I diagnosed the neoplasm as a scirrhous of the intestine, not only from its hard, irregular, and nodulated form, but from its lack of proneness to ulceration, and its comparative freedom from hæmorrhage, especially when touched, and from the absence of infiltration of the surrounding structures. This is the first time that scirrhous in this locality has ever come under my observation, the cases that I have seen being always, without a single exception, one or the other of the varieties of epithelioma. The patient had suffered so long and so severely that when I suggested to her the operation of excision, although pointing out its dangers, she immediately consented. During the time between the date of her examination and that of the proposed operation, I sent her to the Hahnemann Hospital, in order that she might be placed under that variety of restful, tonic, and hygienic treatment which in these days of careful and conservative surgery is considered almost essential to success. On the very first day of her entrance into the house, she was attacked with a profuse and exhausting diarrhœa, which lasted several days, and was very intractable. *Arsenicum* 3rd and *China* 3 relieved this with appropriate diet, but the pains afterwards became so insupportable, that morphia was given to allay them. During this preparatory term I was carefully watching the healing of my second case of excision, which was still in the wards, and which presented symptoms similar in every particular to that of the first case, the latter patient having just left for her home. I was endeavouring to reconcile the ideas of Hyrtl regarding the sphincter tertius, as he names it, with the conclusions of Chadwick in reference to the action of these muscular fasciculi. To throw some light on this subject it occurred to me that in this instance, not only to prevent retraction of the rectal stump, but to preserve in a measure at least the sphincter, and thus watch the results regarding primary complete fæcal incontinence after the operation, I would vary the incisions from those made in my former operations.

The patient during this time did not improve as much as I had hoped, the diarrhœa (never bloody and also with-

out pus) returning at irregular intervals. Fearful, therefore, that the operation had perhaps been delayed too long, and that trouble higher up in the intestinal tract might be developing, on the 13th of February I performed the following operation, in the presence of Drs. Baldwin, Butler, Scott, Mosman, Blodgett, Blakelock, and a number of medical students. After the patient had been thoroughly anæsthetised, instead, as in the former cases, of encircling the anus with an incision, and thus completely cutting out both sphincters, I drew the knife in a semicircle around the posterior margin of the gut, and from the middle of the convexity of this cut extended a second, directly backward along the raphé to the point of the coccyx. There was a profuse gush of blood from these incisions, which being arrested, the muscular fibres were cleanly divided with the scalpel, and the balance of the cutting was done with strong scissors, curved on the flat. The whole posterior lumen of the rectum was thus liberated beyond the internal sphincter. The tumour could now be distinctly felt with the hand in the hollow of the sacrum. Putting, then, the rectum on the stretch, I slit up its posterior wall to the attachment of the growth, and Dr. Butler being ready with the galvano-écraseur, surrounded with the wire the protruding mass and quickly removed it. The blood and clots were then carefully washed out, and bleeding vessels secured, so that the parts could be more thoroughly examined. Beyond the pedicle hard masses could be felt, extending anteriorly and posteriorly and therefore to make the work as thorough as possible, the severed flaps of the posterior wall were widely separated, and the largest sized Fergusson's speculum inserted into the gut and pushed well up. Through this Dr. Butler with the galvano-cautery thoroughly cauterised all the diseased parts in sight. Again the wound was injected with thymol solution (1 to 100), and the bleeding having in a measure ceased, the cut surfaces were approximated as follows:—The spray apparatus was brought close to the body, to allow its full force within the wound, and all clots and débris from the cautery removed; then the divided posterior wall was brought together with five silver sutures;



four medium sized drainage tubes were inserted, two in the straight wound, and one on either side of the angles made at the junction of the semicircular cuts. These flesh wounds were brought together and united to the anus by deep and superficial silver sutures. The ends of these wires were then twisted together as in the operation for perineorrhaphy and then bound round with a small roll of plaster. I did not in this case insert either a water-bag or a rectum tube into the gut, because I was desirous of ascertaining whether any control of the faecal matter would be retained by the sphincter, and if not, how soon that power would return, the rectum itself being only slit up, as happens in any of the old fashioned cutting operations for fistula in ano. The whole anterior portion of these muscles with their attachments had not been touched, and when the rectum had been stitched together, which I did in a careful and deliberate manner, the circle of fibres was complete. The balance of the dressing was as I have already mentioned. The operation lasted over an hour and a half, and the patient bore the shock and loss of blood better than I had anticipated, especially since she was so much debilitated by the previous diarrhoea.

I will spare my readers the long details of pulse and temperature, which were taken regularly, from four to six times during the twenty-four hours, as recorded in the other cases, and which is absolutely necessary in hospital routine; I will only state that she had complete incontinence of faeces from the first hour after the operation, which was no doubt increased on account of the thin and acrid nature of the discharges.

It may be interesting here to state the routine of dressing, and I may say that in all the surgical operations I have ever known there is none that requires such care and such attention, such patience and such watchfulness, and is withal so disgusting, as that of excision of the rectum. An india-rubber sheet, somewhat after the manner of a diaper, was first "Listered" and placed under the patient, the upper portion being tied around the waist; it was of sufficient size to fall to the floor to the side of the bed. By means

of a fountain syringe, the parts were then thoroughly washed with carbolized water—1 to 60. This removed blood, pus, and fæcal matter. The drainage tubes were then removed, cleaned and carbolised, and the nozzle of the syringe inserted into the cavities and a stream of carbolised water allowed to pass gently into the deep wounds. After the eighth day, and when the sutures in the skin wounds had been removed, the parts around the rectum were packed with oakum. The sutures inserted into the wall of the rectum were allowed to remain a much longer period, there being no strain upon them, and there being no indication that they were cutting themselves out. A soft linen bougie smeared with vaseline was then inserted into the rectum, over this a large wad of marine lint, and over this again an india-rubber contrivance, resembling an oblong dish, having a strap extending between the nates on the back, and another up upon the abdomen in front, which were fastened to a waistband. This was changed, washed, and new oakum applied every two hours. It was a source of great comfort both to the patient and the nurse. On the fourteenth day, the rectal sutures were removed, and I was pleased to see that two thirds of the cut had united by first intention.

For four weeks this patient did so well that I had no doubt of her recovery. During this time large masses of decayed tissue came away, evidently having been destroyed by the cautery; her temperature was generally 99° to 101°, and her pulse 90° to 110° beats to the minute. Her appetite was fair and her spirits good. She was able to raise herself upon her knees and remain so for a long time during the tedious and frequent dressings.

She sat up in bed with the bed-rest, and was cheerful and bright. Suddenly, and without any apparent cause, she was seized with agonizing pains in the bowels, and a profuse colliquative diarrhœa came on. The fæcal matters were acrid, fetid, corrosive and profuse; they poured from her constantly with but a few moments' intermission. Concluding that cancerous ulceration had developed and was progressing rapidly, I tried *Arsenicum* 3, *Hydrastis* 3, *Carbo. veg.* 6, *Nux.* 3, with a boiled milk diet—but no effect whatever

was produced. Only the largest doses of *Morphine* were of any avail, and these but temporarily arrested the terrible purgation. She had no sleep withal, and though she was rendered somewhat more comfortable by great care and tender nursing, she died in 18 hours after the commencement of the attack.

This was a sore disappointment, simply because four weeks had elapsed since the operation; the wounds were all in a most healthy condition and the split rectum had almost entirely united—completely so, as far as the sphincters were concerned. No autopsy was made, as the friends would not permit it.

*Deductions.*—From these cases, then, we may learn that if Hyrtl's ideas regarding the sphincter tertius be true, there would not be such complete inability to control the fæces after these operations.

That Chadwick's explanations of the action of these bands are sustained.

That the full sphincteric power is maintained by the conjoined action of a set of muscles.

That control is gained over the fæces in proportion as the cuts heal and the nervous control is restored.

That in a majority of cases after the operation a retraction of the gut will take place.

That the water-bag is not as efficient as the simple rectal tube, which ought never to be dispensed with after complete excision, as the accumulation of gases give rise to great pain.

That the operation of excision is much more feasible in women than in men.

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## THE ACTION OF DRUGS UPON THE EYE.

A Course of Lectures delivered at the London School of Homœopathy in the Summer Session of 1880.\*

By Dr. HUGHES.

GENTLEMEN,—I propose to occupy your attention at our next few meetings with the consideration of the action of drugs upon the eye. There are certain substances which, when introduced into the system, display an elective affinity for this organ, and cause more or less disorder or distress within it; there are others, whose physiological action upon it is doubtful or unknown, and which yet display considerable power over its morbid states. A study of these medicines in their relation to the eye, conducted both positively for each and comparatively as between one another, can hardly be devoid of interest or of practical advantage.

Let us first consider what is the organ whose drug-relations we are to study. It is a very complex structure, whether considered in itself or in its connections with other parts.

We have first the mucous membrane which covers it in front—the *conjunctiva*. This, as you know, is continuous on the one hand with the skin of the face, into which it merges at the border of the lids, on the other with the nasal

\* These lectures have lain by me since their delivery, and, my lectureship on *Materia Medica* having been exchanged for that on the Institutes of Homœopathy, cannot be made available at the School again. In publishing them here, however, I have done as it would have been my duty to do had I continued to deliver them year by year; I have brought them down to the present time by the incorporation of such fresh material as has been accumulated, and by such corrections and modifications as the progress of knowledge has required. I have, in this task, gratefully availed myself of the clinical portion (the physiological is naught) of the new edition of 'Ophthalmic Therapeutics,' now fathered by Dr. Norton alone. When I have quoted this physician without reference, I am drawing upon his book.

I have made some use of these lectures in the fourth edition of my *Pharmacodynamics* and in my *Commentary on Allen's Encyclopædia*. I have not thought it necessary, however, to expunge here what I have reproduced there.

mucous membrane through the lachrymal ducts. The most important fact about it in relation to drugs is that it is an offset of the respiratory mucous membrane, and is thus liable to be influenced mainly by medicines affecting that tract. It is the seat of several kinds of inflammation, three of which, the catarrhal, the purulent, and the diphtheritic, are common to it with similar structures, but two others, the phlyctenular and granular, are seen in it alone. The lachrymal and Meibomian glands are involutions of this mucous membrane.

Next comes the fibrous coat of the eyeball—the *sclerotic* and the *cornea*. It is important to notice that the former is continuous with the sheath of the optic nerve, which is itself a prolongation of the cranial dura mater. It is thus obviously liable to be affected (together with the muscular elements of the eye) by what is called “rheumatism.” The cornea, owing to its intimate connection with the conjunctiva, and being itself non-vascular, seems very apt to suffer from extension of inflammation from that membrane, as in strumous ophthalmia. It may, however, as in the interstitial keratitis of hereditary syphilitics, be primarily inflamed; and may become the seat of abscess, of ulceration, and of such alteration of structure as to make it dim or opaque.

Beneath the fibrous is the vascular coat of the eye—the *choroid* and the *iris*. Besides blood-vessels, its substance is made up of connective tissue and of pigment cells, and, in the iris, of muscular fibres. These last are divided into a radiating and an encircling set, the contraction of the former widening, that of the latter narrowing the pupillary aperture. The radiating fibres are animated by branches from the upper cervical ganglion of the sympathetic, the circular set by the ciliary nerves of the third. But the iris must also, I think, be regarded as an erectile tissue in close sympathy with the cranial circulation in general, and influencing the size of the pupil by the fulness or emptiness of its vessels. The conditions of the eye in apoplexy and in moribund states from hæmorrhage respectively illustrate what I mean. Yet again, we have in connection with the iris a

decided effects were produced when the acid was given to dogs in substantial doses of the crystals. The veins of the retina were always found enlarged, and in one, examined by Dr. George Norton, of the New York Ophthalmic Hospital, "immense white patches of exudation were observed, with some hæmorrhagic spots." He could not then determine whether these were in the retina or the choroid; but on post-mortem (microscopical) examination the latter membrane was found healthy, while it was quite otherwise with the nervous elements. "The optic nerve entrance," he reports, "was much swollen and infiltrated; masses of yellowish-white exudation were observed, extending from the nerve into the various portions of the retina; others were unconnected with the nerve-entrance. In some places these points have a white glistening look, but generally partake of the appearance noted above. The whole retina appears as if infiltrated; small extravasations are found in it and on the optic nerve."

These facts have not yet received their therapeutical explanation; but they are too important in connection with the optic neuritis of brain disease and the retinitis of albuminuria and syphilis, to be omitted here.

My next medicine is the

*Aconitum napellus.*

No very marked influence of this poison on the eyes appeared in the experiments made with it by Hahnemann and his pupils, save that he himself gives the symptom "very painful inflammation of the eyes (chemosis)" (S. 89). One would like to know under what circumstances this condition was observed, as in no other instance has the conjunctiva been inflamed under its use; the only approach to such a state being seen in the injection of that membrane noted by Schneller in his proving on his own person.\* Several of the Austrian provers speak of a sense of enlargement of the eyeballs with pressure outwards. It was probably

\* Dr. Allen also gives as S. 309 of his pathogenesis—"Conjunctiva, especially towards internal canthus, highly injected." Its authority is "i"—i.e. "toxicological;" but in the collection of poisoning cases in vol. x of his

a similar action of the drug which was experienced by two of the patients treated by Fleming with his strong tincture of the root.\* Both had considerable pain in the eyeballs and profuse lachrymation; with one dimness of vision coincided, with the other photophobia; and febrile symptoms were present. In neither, however, was there any visible increase in the vascularity of the organs. Still more violent seems to have been the effect of the drug in a case of poisoning (Richard's) cited by Hahnemann, in which the patient (who had taken a drachm) "was attacked with so frightful and painful an inflammation of the eyes, with lachrymation, † that he rather wished himself dead than to be forced to bear such agony long."

These symptoms, and our general knowledge of the action of *Aconite*, suggest plainly its sphere of action in ophthalmic affections. Its great power of relaxing arterial tension makes it suitable in acute congestion, and in the initial stage of actual inflammation of any of the structures of the eye, especially those whose engorgement causes pain and sense of enlargement. Thus it has cured active hyperæmia of the lids from over-use of the eyes, ‡ and recent amaurosis from exposure to cold. § It is also highly esteemed by oculists of both schools || for its power of checking incipient inflammation of the eye after mechanical injury, whether accidental or operative. Look out, says Dr. Vilas, for the ciliary zone in these cases, and directly it appears put in your *Aconite*. Drs. Allen and Norton praise it for the acute aggravations of granular and in the incipience of purulent ophthalmia.

*Aconite* is also of great value in what we used to call sclerotitis, the "rheumatic ophthalmia" resulting from exposure of the eyes to cold. We are now taught that the

*Encyclopædia* no such symptom occurs, S. 1671 being the result of local application.

\* On *Aconitum napellus*. 1845. Cases 15 and 17 in Appendix.

† In original "ophthalmia *lippiudinosa*," which may mean "with discharge."

‡ *Ophthalmic Therapeutics*, by Drs. Allen and Norton: *sub voce*.

§ *Brit. Journ. of Hom.*, xxxvi, 370.

|| See *Journ. des conn. méd.-chir.*, Nos. 9 and 10 of 1856.

sclera is rarely inflamed, and that the redness of its hyperæmia appears in patches. But, clinically, I mean by scleritis a *painful* inflammation of the surface of the ball presenting a crimson and straight-lined injection instead of the scarlet network of catarrhal ophthalmia. Here, when the suffering is a diffused ache (not the shooting pain of *Spigelia*), *Aconite* is—*meipso teste*—most effective. It has less influence over rheumatic iritis.

Dr. Dekeersmaecker has lately spoken highly of *Aconite* in glaucoma, when this ocular affection is associated with anæsthesia or neuralgic pains in the parts supplied by the trigeminus, suggesting its own dependence on some disorder at the origin of that nerve.\* This is a beautiful homœopathic application of the elective action of the drug thereon, as ascertained by Schroff.

I have next to speak of *Cimicifuga*, or, as I prefer (with Linnæus) to call it,

*Actæa racemosa.*

The characteristic symptom of the development of the physiological action of this plant—of what we may call actæism—is the occurrence of severe aching pain in the head and eyeballs. There is no hyperæmia, save in the lids. Now, the general action of the drug, and the direction in which it has found most therapeutic employment, suggest that it is in the *muscles* of the eyes that its peculiar pains are situated, and that it should prove useful when these are aching from undue exercise or from “rheumatic” influences. Correspondingly, we find that Dr. Angell has been led to use it largely (in the form of its concentrated preparation, *Macrotin*) in accommodative and muscular asthenopia, to remove the evil consequences of prolonged exertion of eyes thus affected, as hyperæmia and photophobia. It should be useful (as Dr. Hale suggests, and as its influence on the nervous system plainly indicates) in the ocular hyperæsthesia which Mr. Hutchinson has lately described so well, when it is use of the eyes which brings on the aching. I know not whether “muscular rheumatism” ever affects its appropriate

\* *L'Hom. Militante*, i, 271.



parts in the optical apparatus; if it did, *Actæa* would be quite in place in its treatment.

Our next medicine is the mushroom known as

*Agaricus muscarius.*

This medicine has been very thoroughly proved, having been taken up by the Austrian Society as well as by Hahnemann and his disciples. It has in Allen's *Encyclopædia* as many as 148 eye symptoms. They are, however, almost entirely subjective; and may be reduced to very few elements. Sensations of burning and pressure, such as over-use of the eyes will cause, were most frequently experienced, and twitchings of both lids and balls were not uncommon. The muscular and motor nervous apparatus of the eyes are here at fault, and the symptoms correspond with those of a paretic and choreiform nature which are observed elsewhere under the action of the drug. We have also, however, a good many symptoms relating to dimness of vision, which may be thought to indicate a primary and anæsthetising influence of the drug on the optic nerve or retina. I incline to think, however, that asthenopia rather than amblyopia is the term descriptive of these effects. Speedy fatigue, and want of power to fix the eyes and accommodate the vision, are the characteristic feelings experienced by the provers.

Further light on the influence of *Agaricus* on the eyes has been thrown by the experiments instituted with its alkaloid, *Muscarin*. This substance has been found an analogue of *Pilocarpin*—the alkaloid of *Jaborandi*—in its influence upon the secretions, and an opposite (with it) of *Atropin*. It was interesting, therefore, to ascertain if the antagonism extended also to the pupil, which *Pilocarpin*—like *Physostigma* and *Morphia*—contracts and *Atropin*, as you know, dilates. Drs. Ringer and Morshead are the only ones who have as yet proved *Muscarin* on the human subject; and they have found\* that when fractions of a grain are injected subcutaneously, the pupils are contracted.

\* *Lancet*, August 11th, 1877.

On the other hand, when a ten per-cent. solution was locally applied, they became widely dilated. In this respect *Muscarin* agrees with *Gelsemium*, and differs from *Pilocarpin*, which contracts the pupils whether internally or externally administered. The differing effects are possibly connected with dosage, as in poisoning by *Agaricus* dilatation is present. The changes in the pupil induced by *Muscarin* are unaccompanied with disturbance of vision, so that it probably has little action on the accommodative apparatus—*i.e.* the ciliary muscle.

The conclusion is thus confirmed at which we have otherwise arrived, that *Agaricus* influences mainly the motor nervous and muscular apparatus of the eyes. Herein it resembles *Actæa*, but it is not so much indicated for the sensory disorder and rheumatic and neuralgic aching of that drug, as for the actual muscular weakness on which these depend, and for the twitchings to which weak muscles are subject. Its power over chorea and ataxic typhus strongly recommends it for spasmodic affections of the lids and eyeballs; and Drs. Allen and Norton speak very favourably of its action here and in muscular asthenopia, especially when the internal rectus is most at fault, hindering the convergence of the eyes.

The effect of the internal use of *Muscarin* must predominate over that of its local application as an indication for it as a medicine; and it would be suitable for acquired myopia, as we shall see *Physostigma* to be. Drs. Allen and Norton say that it has caused benefit here, when twitching of the eyelids has coincided.

And now of the virus of the honey-bee,

*Apis mellifica.*

The well-known power of bee-stings to set up acute inflammatory œdema is, of course, liable to be manifested in the loose cellular tissue of the eyelids, and redness and swelling of these parts has often been noted in the subjects of the insect's attack. *Apis* thus becomes a prime remedy for external blepharitis, and has often done good service

therein. Whether it has any pathogenetic influence upon the conjunctiva I cannot say. Dr. Allen, in his *Encyclopaedia*, gives only two observations in which the eyes were visibly red;\* and in one of these their condition was only a part of a congestive headache which had come on in a patient taking the drug.† The other symptom is, "eyes red and itching," which is given upon Dr. Hering's authority as an effect of the sting; but it is too vague to stand for much. *Apis* can therefore hardly be considered homœopathic to conjunctivitis, though its relation to acute œdema might make it suitable when chemosis was present. The chief subjective sensation experienced by the provers was itching, often described as piercing.

My own attention was early attracted to the power of the drug over keratitis displayed in the two cases of ophthalmia treated by it appended to the original provings.‡ I was thus led to use it whenever the cornea became much involved in scrofulous ophthalmia, and also in primary inflammations of this part. Dr. Casal, of Mentone, has lately substantiated its homœopathicity here by reporting a case in which the sting of a wasp (which seems pathogenetically identical with that of the bee), inflicted near the right eye, caused—after a lapse of some days—a subacute keratitis, first on that side and then on the other.§ Dr. Jousset expresses great confidence in *Apis* as a remedy for strumous ophthalmia invading the cornea; and finds it important in these cases to use the solution of the virus, and not the trituration of the whole bee.|| Dr. Norton reports an acute case of interstitial (syphilitic) keratitis cured by it.

I would next speak of the nitrate of silver,

\* In the treatise on *Ophthalmic Therapeutics* edited by him in conjunction with Dr. Norton, "the conjunctiva becomes congested, puffy, chemosed, full of dark red veins," is given in the symptomatology of the drug. It must, I think, be clinical only.

† See Metcalf's *Homœopathic Proving*s, p. 193.

‡ *Ibid.*, p. 201.

§ *Bull. de la Soc. Med. Hom. de France*, xviii, 111.

|| *Leçons Cliniques*, xix.

*Argentum nitricum.*

This substance is well known as an external application to inflamed eyes, in which mode of employment it is supposed to act "substitutively," removing the existing inflammation by that of a milder kind which itself sets up. It would thus be homœopathic enough, though only locally so. The results of its internal administration, however, have proved it capable of causing conjunctivitis from within. You must not take in evidence thereof S. 124 and 152 of Allen's pathogenesis,\* as they were effects of the local application of the caustic. But in the proving of *Argentum nitricum* carried on at Vienna by Dr. J. O. Müller he developed in his own person a very marked attack of conjunctival inflammation.† After taking two doses, of ten and three drops respectively, of the second decimal attenuation, he woke the next morning with the eyes feeling hot and dry, and the right one showing redness in the inner canthus, which during the day spread to the cornea. On the following morning the eye was agglutinated on waking; when opened, was found to be redder than ever; and pressure and pain were present. The ophthalmia did not decrease until the next day. Later, a single dose of the same potency caused the left eye to be affected as the right was. "The canthus," he says, "is as red as blood; there is swelling of the caruncula lachrymalis, it stands out like a lump of red flesh; intensely red clusters of vessels extend from the inner canthus to the cornea; the conjunctiva becomes thickened and interstitially distended. The secretion of mucus and tears increases."

This specific irritant effect of *Argentum nitricum* upon the conjunctiva led Dr. Dudgeon (in 1848) to argue that its local application, as practised in the old school, acted after a true specific manner, pointing out that "the instant the solution comes in contact with the secretions of

\* "Ophthalmia, with intense pains," "Opacity of the cornea, &c." Dr. Dudgeon also erroneously includes these symptoms as "produced by the action of the drug when taken internally in small doses" (*Brit. Journ. of Hom.*, vi, 217).

† See Hempel's transl. of Stapf's *Additions*, pp. 241—4.

the eye it is decomposed, and an inert chloride of silver formed, which is speedily washed away by the gush of tears that ensues: thus the action of the caustic is but momentary and the quantity infinitesimal." I was led hereby to use it internally in the treatment of the ophthalmia neonatorum for which it is so much esteemed as a local application; and have been so satisfied with it thus given that I have never had to resort to any external measures beyond these needed for cleanliness. The experience of our American oculists is quite confirmatory of its power over such purulent inflammations of the conjunctiva. Dr. Angell commends the remedy "in affections of the lining membrane of the lids, and of the lachrymal duct and sac, when there is an abundant discharge of pus;" and Drs. Allen and Norton write—"The greatest service that *Argentum nitricum* performs is in *purulent ophthalmia*. With large experience in both hospital and private practice, we have not lost a single eye from this disease, and every one has been treated with internal remedies, most of them with *Argentum nitricum* of a high potency, 30th or 200th. We have witnessed the most intense chemosis with strangulated vessels, most profuse purulent discharge, even the cornea beginning to get hazy and looking as though it would slough, subside rapidly under *Argentum nitricum* internally." These writers also recommend it in the early stages of granular conjunctivitis.

Two of the provers of *Argentum nitricum* complained of disturbance of vision, which in one took the form of presbyopia. Dr. Woodyatt, of Chicago, connecting this effect with the general nervous depression produced by the drug, has been led to use it in cases of paralytic weakness of the ciliary muscle, brought on by fatigue and defective nutrition, and causing imperfect accommodation of vision.\*

We proceed now to a still greater medicine,

#### *Arsenicum album.*

The inflammatory action of *Arsenic* does not reach deeper than the conjunctiva, but there it is very marked

\* See also *Monthly Hom. Rev.*, xxii, 152.

and intense. Mr. Hunt makes conjunctivitis the sign of the full development of arsenicism, as stomatitis is of that of mercurialism. In provings of the drug in the minutest doses—as in those conducted with the fourth trituration by Dr. Imbert Gourbeyre—the eyes feel its influence, in stiffness, sense as if sand were in them, burning, smarting, and itching; and in cases of poisoning acute inflammation is seen, which may even be purulent. In one instance of this kind the lachrymation was corrosive, making the cheeks and eyelids sore. *Arsenic* seems also to exert a direct influence upon the cornea, at any rate in frogs, causing a necrosis of its cells analogous to that which occurs under its influence in the skin.

*Arsenicum* has accordingly played a great part in homœopathic therapeutics in the treatment of conjunctival inflammations. In simple chronic conjunctivitis I myself place great reliance upon it; and in strumous ophthalmia my experience coincides with that of many others that it will often cure obstinate cases where every other medicine has failed. Dr. Angell commends it in superficial and deep-seated ulcerations of the cornea, especially in scrofulous subjects; in catarrhal ophthalmia, with thin secretion and irritation of the edges of the lids; and in ulceration of the tarsal edges, with thin secretion. Drs. Allen and Norton make this same thinness of secretion a prominent indication for *Arsenic*, adding excoriating quality of the same, burning pains, and sense of dryness.

*Arsenicum* is also reported to have cured choroiditis; and has certainly relieved the pains of the so-called arthritic ophthalmia (qy. glaucoma), when these present the burning stitching character and paroxysmal recurrence proper to the drug.

And now a few words upon the action on the eyes of gold—

#### *Aurum.*

Metallic gold was proved by Hahnemann in pretty substantial doses; and one of his fellow-observers, Herrmann, experienced very marked effects from its use. His chief

sensation was one of *tension*, "Spannung," as seen in S. 102 and 103 of Allen's pathogenesis; it was accompanied with dimness of sight, which at one time took the form of diplopia, objects seeming also to be mixed one with the other, and at another of hemiopia, the upper half of objects being invisible. A girl, on whom Buchner proved the chloride (*A. muriaticum*), experienced "severe pressure in the eyes in the open air, and tearing in them, with complete blindness" (S. 32 in Allen).

Drs. Allen and Norton report several cases, of their own or of others, in which *Aurum*, administered because of the presence of its characteristic hemiopia, has caused great amelioration; although the symptom is usually indicative of tissue-changes too great for cure to be expected. It often, of course, signifies partial detachment of the retina. The suggestion of its "tension" as to employment in glaucoma has not as yet been carried out. On the other hand (as we have seen with *Apis*) it has been found to exert an action on the cornea which has been employed with the happiest results. There are on record a good many cases of chronic scrofulous ophthalmia, involving this membrane, in which it has proved very effectual, even to restoring its transparency when opaque.\* The suggestion of its deeper action thus given has led to its employment in interstitial keratitis. Drs. Allen and Norton speak highly of it here; and Mr. Clifton has lately communicated a case of the syphilitic form of the disease, in which its beneficial effects were unquestionable.† Perhaps the analogy of *Apis* will hereafter be completed by the ascertainment of a pathogenic action also being exerted on the cornea by our present drug. Dr. Norton, while confirming its value in syphilitic keratitis, commends it also in iritis of this origin, especially after the abuse of *Mercury*.

The action upon the eye of our next medicine, *Belladonna*, is so extensive that I must reserve it for our next meeting.

\* *North. Am. Journ. of Hom.*, vol. viii.

† *Monthly Hom. Review*, xxi, 528.

## REVIEWS.

*Mein ärztliches Testament.* Von Dr. GEORG SCHMID.  
Wien, 1882.

THE author of this brochure did not long survive its publication, so the title he gave it is very appropriate. Dr. Schmid was one of the earliest practitioners of homœopathy in the Austrian dominion. As he never yielded his judgment to the authority of Hahnemann in the matter of the dose, but continued to give his medicines in the more material form used by Hahnemann in the earlier days of homœopathy, he was regarded by the Hahnemannian purists as somewhat of a heretic and subjected to a little persecution, which did not increase his love for his colleagues and forced him into rather an isolated position. This did not prevent him giving his colleagues and adversaries "a bit of his mind" occasionally in the pamphlet form, and the present publication may be looked upon as a Parthian dart from the brave old man as he drove off to the Elysian fields. There is nothing very acrid in the contents of the work, and it hardly comes up to the expectations that might be raised by the declarations on the title page as to the work being "necessary and important explanations regarding homœopathy." The burden of Dr. Schmid's song is that homœopathy should avail itself of all the improvements that have been made in the methods of diagnosis, and he reminds his readers that the revelations of instrumental aids to research, like the stethoscope and the pleximeter, are as much symptoms as what we observe in the patient by our unaided senses. He pays a merited tribute to Skoda and Rokitansky for their contributions to pathological knowledge, the former at the bedside of the sick, the latter



on the dissecting table. As regards therapeutic knowledge, however, neither did anything to advance it.

Dr. Schmid gives some amusing passages from the writings of distinguished living medical authorities, showing their disbelief in anything like scientific or rational therapeutics. Thus, Wunderlich: "Nowadays we see nothing but the most perfect therapeutic anarchy." Again, "Many physicians, and these by no means the worst or most ignorant, have expressly renounced all therapeutics, and are content to be merely spectators and observers of the development of morbid processes." And of homœopathy he says: "It is not the falsity and the uncertainty of the assertions of the homœopaths that make us suspect them, but because they have never attempted to prove their assertions or to give a scientific demonstration of their experience on the sick," which is ludicrously untrue.

Oesterlen, whose *Manual of Materia Medica* has gone through seven editions, says: "When physicians reflect that our medicines are foreign substances which are apt to do harm and become poisons, they will come ever more and more to substitute for them hygienic dietetic remedies." "This view," he says further, "will not seem too improbable when we consider the long list of diverse remedies which are all said to cure the same disease, and, again, the list of quite diverse diseases which are said to be all curable by one and the same remedy; further, when we see that the infinite majority of diseases can recover as quickly and as certainly without any medicine at all. The surest proof that physicians perceive that their remedies are useless in serious diseases, is that they are always on the outlook for new remedies."

Girtanner says: "The *apparatus medicaminum* is nothing more than a careful collection of all the false maxims that physicians have ever enunciated."

Schmid thinks that the only way to improve medicine is for the State to establish professorial chairs of homœopathy. 1. A chair for general instruction in homœopathy. 2. A chair for the special teaching of materia medica in combination with an institute for proving medicines, the

president of which should be the teacher of materia medica.  
3. A chair for clinical homœopathy.

In the second part of this little work, Schmid gives a criticism of Hahnemann's doctrines as developed by him in his retreat at Coethen, showing that he left his original path of pure observation of nature and betook himself to speculation and dogmatism. There is nothing particularly novel in his observations on this subject, but still they are well worth reading, and may be of use in the present day when some of Hahnemann's disciples are bent on regarding some of the most unfounded of his speculations as the only true homœopathy and developing them to the most absurd lengths.

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*American Medicinal Plants, an Illustrative and Descriptive Guide to the American Plants used as Homœopathic Remedies.* By C. F. Millspaugh, M.D. New York: Boericke and Tafel.

A SPECIMEN number of this work has been sent to us by the publishers. Dr. Millspaugh, the author, is at the same time an artist, and has drawn from nature beautiful representations of the plants treated of in the work. When completed, this work will be of the greatest value, as it will enable the plants employed in homœopathic practice to be identified for ever in spite of the frequent changes of their nomenclature. We heartily congratulate our American colleagues on possessing such an excellent artist among them, and such public-spirited publishers as Messrs. Boericke and Tafel, who must have incurred enormous expense in bringing out this beautiful work in the style this specimen gives promise of. We trust they may meet with many subscribers on this side the Atlantic.

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## OUR FOREIGN CONTEMPORARIES.

GERMANY. *Zeitschrift des Berliner Vereins homöopathischer Aertze, herausgegeben von Dr. Windelband und Dr. Sulzer.*—At length this long-announced periodical has seen the light, and we have before us the first issue, which is a double number. The editors say in their opening address that they are chiefly moved to publish a new periodical in Berlin by the violent attacks of the partisans of allopathy upon homœopathy and its practitioners. Since these attacks commenced with the diatribe of Jürgensen, the friendly conduct of their allopathic colleagues, which used to be the rule, has been exchanged for an entirely contrary behaviour. Even specialists will now no longer give their assistance or advice to the patients of their homœopathic colleagues, and a resolution was lately passed by the Central Committee of the Berlin Medical Societies analogous to the famous Brighton resolution of the British Medical Association. In July of last year, in the chief medical society, Professor Liman and Dr. Geldtammer made insulting observations respecting homœopathists, classing them with quacks, and recommending that steps should be taken to put them down along with other quacks. Next, Dr. Rigler, in the Western Society of Berlin Physicians, read a paper in which the most insulting language was used towards homœopaths, and the society was induced to address a petition to Government to withdraw the right to dispense their own medicines, which homœopathic practitioners had enjoyed for many years. This petition was signed by many of the chief physicians of Berlin. The most insolent attack on homœopathy was made by Professor Liebreich in a public address, in which its practitioners were denounced as charlatans, quacks, and false doctors. All these attacks were published in the newspapers, with the object of disparaging and discrediting the homœopathic practitioners who have large practices in Berlin in the eyes of the public. The Berlin Homœopathic Society replied to these attacks by opening a dispensary in Berlin, which is served by eight homœopathic

physicians, and during the three years of its existence has relieved 16,000 patients. Steps are now being taken to establish a homœopathic hospital in Berlin. The petition of the allopaths against the continuance of the right of dispensing their medicines by homœopaths has been met by a counter-petition of the homœopaths. Dr. Rigler and the publisher of his libel, as also Drs. Liman and Geldtammer, were prosecuted legally by the Society, and a verdict obtained against them all except Geldtammer, whose process has not yet terminated. Heinze, of Leipzig, who published Rigler's calumnies, was also condemned. Liebreich's libels were met by the publication of a reply by the Berlin Homœopathic Society, and a process is being instituted against him by the Central German Homœopathic Society. But it was felt that the issue of a special periodical was called for, and hence the establishment of this new homœopathic journal, to which we wish all success.

The first article is by Dr. Sorge, and is entitled "Homœopathic Truth." It is a reply to the pamphlet by Dr. Koeppe, reviewed by us in a former number of this journal. It fills 110 pages, and goes minutely into all the points touched upon by Koeppe. Like everything proceeding from the pen of Sorge, it testifies to the great literary ability and sound and extensive scientific acquirements of the author. The only fault we can find with it, and this is a very venial one, is that the pamphlet of Koeppe hardly deserved such a serious consideration as Sorge has accorded to it. Koeppe's misrepresentations differ in no way from those of others which have been over and over again refuted, so Sorge's reply necessarily goes over much the same ground as is already familiar to us, and though it may be desirable that those into whose hands Koeppe's pamphlet may have fallen should see the refutations of the other side, it is doubtful whether its publication in this periodical will effect this desirable object. A shorter and more popular essay published as a pamphlet would perhaps have been a better way of meeting the attack of Koeppe. Moreover, an exhaustive reply to Koeppe's attack, by Dr. Mayntzer, has already appeared in the *Allgemeine Homöopathische Zeitung*,

and has, we believe, been published as a separate pamphlet, so Sorge's work, which goes over the same ground, might as well have been unperformed. Two long replies to a pamphlet of the calibre of Koeppé's seem to be at least one too many.

The next article is the counter-petition of the Berlin Homœopathic Society referred to above. In this country, where the liberty to prepare and dispense their own medicines has always been enjoyed by practitioners, we are not interested in the subject in the same way as our German colleagues, who, without the special dispensation that has been accorded to them by Government, would find themselves at the mercy of the apothecaries, whose interests are quite opposed to the pharmacy of the homœopath.

This is followed by an appeal by the Homœopathic Society of Stettin to all who are interested in homœopathy—both medical and lay—to unite in order to repel the onslaught that the allopathic school has commenced against homœopathy.

The last article is an appeal to the physicians of Berlin against their recent action in their societies against their homœopathic colleagues. It consists of a short and pithy exposition of what homœopathy is, and an urgent request to them to cease from their attempt to suppress homœopathy by the unworthy means adopted by several influential members of these societies.

Altogether this first No. of the new German homœopathic periodical is not so interesting as we might have expected, and we trust that subsequent Nos. will furnish us with some of the valuable practical experience of our Berlin colleagues, and less of that uninteresting controversial matter which does no good to the adversaries of homœopathy, who never read it, and is of little use to the friends of homœopathy, who have read it already too often.

*Allgemeine Homöopathische Zeitung*.—Continuing our examination of this periodical we commence here where we left off in our last vol. with vol. 103, No. 8.

The first thing that strikes us is a case quoted by Goullon

from Welsch. The subject was a lady who, in addition to a congenital vascular tumour on the left side of the face, with atrophy of the left eye, had a polypus projecting from the left nostril of the size of a walnut, which had been growing for two years. By the use of *Thuja* 30, six drops daily, in three months the polypus had diminished to the size of a small pea. Goullon gives a still more striking case of Schlegel's:—"On the 11th March of this year, V—, a gardener, consulted me about a small cutaneous growth at the outer canthus of the right eye, the size of a hemp seed, pedunculated, and latterly the seat of burning pain, whereas formerly there had been no feeling in it. I advised against cutting it off, which the patient proposed I should do, and gave two globules of *Thuja* 30 on the tongue dry. My astonishment was great to find next day at the same hour a withered, brownish-black, dry lump instead of the cutaneous growth. I suspected that an attempt had been made to remove it by a ligature, but was distinctly assured that nothing had been done to it, but that a change had been made in the growth an hour after taking the medicine. It fell off that same evening, twenty-five hours after taking the medicine."

In No. 9 Amberg relates a case of religious melancholia in a woman of 44, the patient imagining she had committed in her youth an unpardonable sin, for which she must certainly go to hell, she refused to take food or medicine, did not sleep, tore her clothes and bedclothes, supposed she had murdered several of her relatives who were all alive, did not know those about her, &c. *Bromide of Potassium*, *Chloral hydrate*, and *Morphia* failed to produce sleep, but *Kali phosph.* 6, soon effected a perfect cure.

The specific curative action of *Merc. cyan.* in diphtheria, as established by Dr. von Villers, has been corroborated by an allopathic physician, Dr. Rothe, of Altenburg, who gives in the *All. Med. Central Zeitung*, No. 89, thirty-five cases of diphtheria treated with this medicine without a single death. Rothe added *Tincture of Aconite* in mild doses to the solution of *Merc. cyan.* occasionally, to subdue the febrile symptoms, but doubtless the cures were attributable

to the latter medicine, as *Acon.* does not stand in any specific relation to diphtheria.

In No. 17 Wiel relates an interesting case of nephritis desquamativa, with dropsical swelling of legs, following pneumonia, which was fruitlessly treated with *Bell.*, *Canth.*, *Sulph.*, *Coccus*, *Tereb.*, but which rapidly yielded to *Plumb. acet.* 2x. The indications for this last remedy were headaches from occiput to forehead, relaxed and œdematous eyelids, sunken eyes with staring look, pains in limbs, emaciation, small slow pulse, hoarse voice, catarrh of wind-pipe with secretion of viscid mucus, dry short cough, total loss of appetite, vomiting, loathing of all food, eructations and vomiting of slimy stuff and constipation, retention of urine, spasm of the bladder, urine passed with pains, bloody, fiery red urine containing albumen, restless sleep and sleeplessness, great dejection and indifference.

Leeser relates a case of Ménière's disease in a man of 71. He had suffered for three years from attacks of vertigo, which recurred every three or four weeks. The vertigo was worse on rising or walking, so that he could not move without assistance. The vertigo persisted even when he lay with closed eyes. Before the attack commenced the hearing was very much diminished, the appetite was small, and there was severe headache. The attacks lasted two or three days, then salivation set in, and the vertigo and deafness ceased. The patient had recovered from an attack eight days, when a more severe attack came on, with great thirst, eructation and vomiting of sour stuff; he also complained of coldness in the occiput. Examination showed no affection of the drum-head or of the middle ear. As no cause could be discovered, he was guided in the treatment by the symptoms, and as the vertigo persisted even when lying, he selected *Arnica* 3x, three drops every three hours; the first dose improved the vertigo, which gradually went off, the hearing returned, and in eight days all the symptoms were gone. Nine weeks have elapsed and he has had no further attack.

Köck gives a case of a man aged 50, who said that thirty years previously, when he was a soldier, he had got ague,

and since then he was subject to attacks of the most horrible pains in the head every six or eight weeks. For this he has undergone all sorts of treatment. The seat of the pains was chiefly the crown of the head, whence the pains spread all over the head, and were so violent that those about him could with difficulty prevent him blowing his brains out. He was always quite well during the day. The pains commenced about 9 p.m. and increased in violence until the morning. The character of the pains was indescribable; they were tearing, shooting, burning, and pressive; to use his own expression, he felt as if all the devils were in his hair and brain, he could not remain in bed. About 4 or 5 a.m. the pains subsided, he fell asleep, and was quite well during the day, but the old story recommenced in the evening. This was repeated for from eight days to three weeks, after this he felt quite ill and exhausted and half-paralysed in the arms and legs. He was refreshed by a journey, but was sure of a repetition of the attack in two months. The first medicine given was *Stram.* 2, but this did no good. Under the use of *Thuja* 30 he was completely cured, and when Köck saw him two years later he found that he had had no recurrence of the headaches.

In No. 18 Weil gives from various sources a collection of cases proving the power of *Cinchona Bark* to cause a febrile attack resembling ague.

In No. 19 Köck gives an interesting case of a kind of goitre, the size of a hen's egg, not in the usual place of goitres, but lying upon the larynx. Two doses of *Thuja* 30 removed it in four weeks. It had been there three years. Another case of very severe neuralgic pain in the supra-orbital region in a man who had a chronic gleet was cured in three days by *Thuja* 10. Still another case of gonitis, with great swelling and redness of the knee, in a young married woman, yielded rapidly to *Thuja* 10, after *Bell.*, *Atropin.*, and *Merc. sol.* had proved useless.

In No. 22 and following Nos. is a report by Dr. Huber of the Lebenswarth Children's Hospital in Vienna. Four cases are reported in detail, among others a case of diabetes mellitus in a boy, aged 8, which yielded to *Acid.*



*phos.* 4, but a relapse occurred and the urine, in addition to sugar, contained albumen. *Arsen.* 6 cured completely in five weeks. A case of polyuria in a girl of two and a half years was cured by *Ferr. phos.* 2 and *Arsen.* 6 alternately, each for two or three weeks. The cure was interrupted by whooping-cough which yielded to *Ipec.* and *Verat.*, and by attacks of catarrh of the bowels which required *Merc.*, *Chin.*, and *Acid nit.* Three cases of rheumatic arthritis were successfully treated by *Arsen.*, *Bry.* and *Puls.* One in which there was endocarditis required *Arsen.* and *Spigel.* Another case in which there were very severe symptoms of endocarditis was cured by *Arsen.* In this case there was also an extensive pleuritic exudation, for which *Bry.* was given, but it had to be discontinued and *Arsen.* completed the cure, only there remained insufficiency of the mitral valve, though the patient was otherwise well. Six cases of ileotyphus were treated. One case died. He had been treated allopathically, and when brought to the hospital was in complete stupor, cyanotic, with pneumonia of the right side, diarrhœa, &c. He was dead in three days. Another case of a girl of 9, very weak and bloodless, slight diarrhœa. *Rhus* 8 and *Chin.* 1 cured the disease. Another case of a girl of 13, with constipation. *Bry.* was effectual. An abscess that came on during the convalescence was treated by *Hepar*, and diarrhœa, which came on later, and occurred in the morning, was cured by *Rhus* 4. Another case, complicated with pleurisy, was cured by *Bry.* The last case was of a boy of 5, in which the weakness was extreme. Though the temperature was high in the axilla the hands felt icy cold and were blue. *Arsen.* 6 was of use. Bloody stools set in after a week, and were cured by *Carb. veg.* 6. He made a good recovery. One case of intermittent fever was observed in a girl of 10. She had quotidian fever for three months. The cold stage was slight, but the hot stage was severe, and the sweating stage slight. *Ars.* 6 cured her in a week. Nine cases of tubercular meningitis were admitted, of whom eight died. The one that was cured was a boy of 8. When admitted he had severe fever, headache, vomiting. The first two

days he got *Acon.* He then began to squint, to bore the head in the pillow; the pupils were insensible to light; the child lay quite apathetic; the abdomen retracted; no stool. *Bell. 4* was given. Some days afterwards a normal stool occurred. Then the other symptoms gradually declined. The child was dismissed cured after less than five weeks of treatment. An obstinate case of sciatica in a girl of 12 years was unaffected by *Rhus, Ars.* and *Carb. veg.*, but at length yielded to *Gels. 6*. In the cases of whooping-cough *Verat.* when the attacks were severe, and *Con.* in nocturnal attacks, were the best remedies. In two cases where the child became quite blue *Cupr. met. 4* was of use, when there was much mucus *Ant. tart.* *Atrop.* was useful in the beginning when the head was congested. *Dros.* and *Ipec.* were of no use. *Napthaline* was frequently prescribed, but did no good. Two cases of croupous pneumonia were admitted. One, a boy of 2½ years, recovered under *Acon.* and *Iod.* followed by *Sulph.* The other, a girl of 12, had also muscular rheumatism; she got *Bry.*, and in a relapse occurring in convalescence *Phos.* Four cases of catarrhal pneumonia recovered under *Phos. 6*, followed by *Sulph.* In one case of chronic pneumonia, where the whole left lung was infiltrated, percussion quite dull, breathing bronchial, no displacement of heart, dyspnoea, cyanosis, the left cheek always with a circumscribed red patch, *Sulph. 6*, twice or thrice a day, completely restored the lung in three weeks. A second case got, on account of a troublesome dry cough, *Phos.*, which promoted absorption, afterwards *Calc. phos.* The third case was improved by treatment, but, as she had fever and night sweats, she was sent into the country. Nine cases of slight diphtheria were treated. *Merc. cyan. 6* was the only remedy employed, and all recovered in from six to nine days.

A case of enteritis follicularis is remarkable. The patient, a boy of 1½ year old, emaciated to a skeleton, lay day and night on his right side with the legs drawn up. The number of stools *per diem* could not be counted, as whenever he was looked to he lay in his excrement. The evacuations were almost entirely composed of

bloody mucus, and excoriated the anus and surrounding parts. The abdomen was distended like a drum. The child uttered cries of pain day and night, and cried half the night. Appetite almost *nil*, small quantities of milk only could be given. *Cham.* and *Coloc.* had no effect on the pains, but *Cupr. met.* 4 allayed them and caused a diminution in the frequency of the stools. As soon as the pains were gone the child got *Ars.* 6, at first every two or three hours, later twice a day. Scarcely had the patient got rid of the enteritis than laryngitis crouposa came on, which was cured by *Hep.* and *Spong.* Then the enteritis recurred, which was first treated with *Merc. cor.*, and again cured by *Ars.* and *Cupr.* Afterwards the child got a daily dose of *Calc. c.* 12, and was soon dismissed cured. Two other cases were cured by *Merc. cor.* and *sol.* 6, followed by *Sulph.* Another case which died was syphilitic, shown by severe angina and stomatitis and *plaques muqueuses.* Eczema of the hairy scalp was cured in three weeks by *Hep.* 4 when there were thick scabs, by *Graph.* 6 when there were scales. Humid eczema of other parts yielded to *Petrol.* and *Merc.*, followed by *Sulph.* and *Calc.* An obstinate case of facial eczema was rapidly removed by the local application of Hebra's diachylon ointment, but as it broke out again in a week it was treated with *Ars. iod.* and cured.

No. 26 contains a remarkable testimony to the truth of homœopathy by an orthodox practitioner, extracted from *Allg. Central f. Zeitung.* The physician is Dr. Ide, of Stettin, and he introduces his experience in the following words :

“ ‘ Je ne suis ni allopathe ni homœopathe, je me contente de rester médecin.’ ”

“ Without engaging in the strife that is now going on as to the justification of homœopathy, which, in my opinion, can neither lead to conviction nor be justified as long as it is conducted on mere *à priori* principles, and in its form proves the truth of the saying, ‘ *invidia medicorum pessima,*’ I will allow simple experience to speak, which is alone reliable in the question, and give the testimony of cases of disease from my practice, which is not that of a

homœopathic practitioner in the ordinary sense of the word, for I do not dispense my own medicines, nor do I employ exclusively homœopathic remedies or so-called potencies. These cases show (1) that the Hahnemannic maxim, *similia similibus curentur*, has really a high therapeutic significance, though perhaps it is not a therapeutic law, but it is at all events a therapeutic guide; (2) that small and very small doses act and cure. Such a confession on my part may at the present time seem serious and even dangerous. But I hold it to be a duty to acknowledge publicly a recognised truth.

“Nor was it mere culpable curiosity that led me to touch the forbidden fruit: it was the necessity, the endeavour to help my patients in cases where the methods inculcated by the schools and the experience of them left me in the lurch—cases which are not rare in the practice of other physicians. The insufficiency of the ordinary methods drove me to seek the help promised by homœopathy, and I experienced the help often enough. I believe that such a situation excuses the practical physician, for *salus ægroti suprema lex*.

“It has happened to me, and I know to many others of my colleagues, that patients who, after long treatment by myself were not cured, have had their health restored, and often very quickly, by the homœopathic treatment. It is quite irrelevant and even silly to ascribe the effect to diet, cure by nature, and so forth. The public does not believe this, and simply asks, why we did not employ the homœopathic remedies, which would be so easy? But I hold it to be immoral, and the public ascribes it to hateful envy, when in cases where homœopathy has succeeded we inveigh against the system and denounce it as nonsense or worse, and that only because it is incomprehensible to us, and we cannot understand it. The history of the sciences should teach us better, so that we should not expose ourselves to have it said to us:

“‘There are more things in heaven and earth, Horatio,  
Than are dreamt of in your philosophy.’”

and what strikes us as incomprehensible and astonishing is not on that account false.

“It is much more honest and honourable to confess a more or less complete ignorance of this method of treatment, and provided we have the requisite power and will, not only to study theoretically the homœopathic doctrine, but to make ourselves thoroughly acquainted earnestly and diligently with its materia medica, and to test repeatedly its efficacy and truth, which are testified to by such a large number of practitioners.”

In No. 1 of vol. 104, Grubenmann gives several cases of pleuritic exudation cured by *Kal. iod.* 2 to 4. He mentions also a case of lobular pneumonia where *Sulph.* and *Phos.* were of no use, but which was cured by *K. iod.* 3. In chronic syphilis, where gummata, nodes on the bones, ostitis, necrosis, or ulcers of the mucous membrane were present, and in the so-called tuberculous syphilide, *K. iod.* was almost always efficacious. But here he gave larger doses, 3 grammes in distilled water for fourteen days, the dose always given in warm milk, in which excipient it acts better than in water.

In No. 2 Bergk relates a case of subacute gastritis and hepatitis in a young lady who, after a severe mental shock, was attacked by violent convulsions and long-continued unconsciousness, followed by complete anorexia and vomiting of all food and drink, with the exception of diluted milk and a couple of rusks. For six months she was treated allopathically with all sorts of strong medicines, such as *Opium*, *Morphia*, *Calcarea*, and *Nitrate of Silver*, without the least benefit. She also underwent a cold-water treatment with the same result. At length it was resolved to try homœopathic treatment. In spite of the six months' vomiting, the patient had a fresh complexion and rounded form. The tongue was normal; the patient complained only of very sour taste of the vomited stuff, and constant nausea and painful sensitiveness of the stomach. Local examination showed great tenderness of the gastric region from the epigastrium to the navel; the left lobe of the liver was also very tender and was perceptibly swollen. In the course of

ten days after *Ipec.* and *Bry.* 3 the vomiting ceased. Still the disgust at food continued, and she could only take the diluted milk and rusks. Under *Merc.* 4 and 6 and *Lawroc.* the tenderness of stomach and liver subsided, and after two to three months nothing remained of her complaint but a slight swelling of the left lobe of the liver. A curious feature in this case was that each time *Merc.* was given there appeared a hard, smooth, painful swelling of the left mamma, the size of a hen's egg, which soon disappeared when the *Merc.* was left off, but recurred when it was again administered.

In No. 3 Wiel gives three cases of detached retina, which was cured by the constant galvanic current.

In No. 5 Goullon relates a case of otorrhœa following catarrh of the middle ear in a boy of 6 years. The child was deaf, but after taking *Silica* 12 for 4 days the hearing returned and the discharge ceased.

In No. 7 Mossa gives a case of vomiting cured by *Ferrum*. The patient, a woman of 29, of sanguine temperament, had suffered for five years, after drinking cold water when greatly overheated, from the following symptoms:—Anorexia, especially dislike of milk; after eating, nausea, vomiting of food; the vomited matter is so sour it sets her teeth on edge. She cannot bear sour things; fish and flesh cause distress, especially coffee with cakes. The vomiting often occurs in the morning before eating, otherwise after eating complains of hammering in the forehead and temples, formerly most on the left, now on the right side; it is so severe she is fearful of an attack of apoplexy. Catamenia every three weeks and very profuse, with pressure in abdomen and sacrum. Stools regular, sleep restless, with anxious dreams; feels prostrated in the morning. In the evening she feels so tight that she must loosen her garments. Pulse 100. Emaciation, in spite of the long continuance of the disease, moderate. *Ferr. phos.* 6 trit., 3 times a day, cured her completely in a fortnight.

In No. 9 Welsch gives a case of severe bronchitis and œdema of the lungs in an old lady of 76, with universal mucous râles and great dyspnoea, which yielded very

quickly without expectoration to *Carbo veg.* 10. Another case of severe nephritis, the inflammation extending down the ureters and involving the bladder, was rapidly cured by *Canth.* 6.

From an allopathic periodical, the *Allg. Med. Central Zeitung*, the record of thirty-seven cases of croupous pneumonia treated by Dr. Riebe is given, in which small doses of *Kal. hydriod.* were given with excellent results. The duration of the disease was remarkably shortened, and only one death occurred.

In No. 10 *et seq.* Hannes relates a series of cases cured by *Chelid.* The first case was a woman, aged 48, who during the whole of the summer was ill. She had first painful stiffness of back and loins; this went off after some weeks, when she had shooting pain in the right hypochondrium, going sometimes up to the axilla, sometimes to the spine under the right ribs. These pains continued with remissions for many weeks; they were aggravated by deep breathing, turning in bed, &c. The right hypochondrium was very sensitive to pressure, there was distension and fulness of the abdomen, accumulation of flatulence, a feeling of emptiness in the stomach inducing her to eat, which caused renewed distension; at the same time occurred spasmodic pressure pains in the scrobiculus cordis, anorexia, furred tongue, urine brick-coloured, obstinate constipation, afterwards dysenteric diarrhoea, with evacuation of undigested food and violent tenesmus, always recurring after eating; latterly the stools were white, the urine very dark, the sclerotic yellow. *Nux v.*, *Lach.*, *Lyc.*, *Ars.*, and *Ferr.* were of no use, but *Chelid.* 1 effected a speedy cure. The second case was of a girl of 4, who had had jaundice for four weeks, defective appetite, clean tongue, whitish diarrhoeic stools, liver much enlarged. After several remedies had been tried in vain, speedy amelioration and cure were effected by *Chelid.* 1. The third case was a sailor, aged 60, who for three weeks had watery diarrhoea, especially at night, stools clay coloured, urine dark, no appetite, great thirst, fulness and distension of abdomen, complexion dirty greyish-yellow, sclerotic yellow. Allopathic remedies had

proved useless. *Chelid.* 1 cured in a short time. The fourth case was one of jaundice of four months' duration that was benefited by *Chelid.* 30, but the case was lost sight of. The fifth case was a man of 35, with some affection of the liver, dull pain in right hypochondrium, fetid breath, furred tongue, good appetite, obstinate constipation, stools dark coloured, urine sometimes clear, sometimes dark coloured, weakness. *Chelid.* 30 soon removed these symptoms. The sixth case was a woman of 53, who had enlarged liver, great palpitation of the heart, emaciation, yellowish anæmic complexion, little appetite, weakness, sclerotic yellow, stools light yellow, urine dark, feet swollen. *Chelid.* 30 effected a cure in a short time. Several other similar cases are given in which *Chelid.* was efficacious. The author adds a proving of *Chelid.* 30 by a man of 60 years, who took two globules every morning for ten days, and developed a number of symptoms, the chief of which were great development of flatulence and urging to stool, with evacuation of mucus several times a day, not at night.

Mossa calls attention to the efficacy of *Natr. mur.* in some forms of intermittent fever, which he describes.

In No. 11 is a case of intermittent fever that had been treated for six weeks with *Quinine* without result, but was cured by Weinke in a short time by *Eucalypt. glob. φ*, four drops in ten spoonfuls of water, a spoonful every two hours during the apyrexia. Gerstel gives a case of severe emphysema pulmonum, where the heart and liver were displaced, the thorax dilated; the patient could not lie down but must sit up all night. Under *Lach.* the patient was completely cured, the thorax contracted, and the displaced organs resumed their normal position. A subsequent attack of bronchial catarrh with irregular heart's action yielded to *Phos.* and *Cactus.*

Allopathy has had its revenge by the condemnation, at the suit of Dr. Wagner, of Dr. Heinicke for his pamphlet, *Die Homöopathie vor der Strafkammer.* Heinicke was fined fifty marks, had to pay the costs of the suit, and his pamphlet was confiscated.

In No. 12 Veith relates how he cured an elephant that



was affected with paralysis of the trunk and legs by means of *Nux vomica*, dilution not stated. Mossa relates a case of stomach affection with hæmatemesis; the gastric symptoms were relieved by *Nux. vom.*, but the hæmorrhage remained, and was cured by *Natr. mur.* 30. A relapse yielded to the same remedy. Weinke mentions the case of a boy of 8 who, after receiving a great shock from the sight of a corpse, was affected with paralysis of the sphincter ani for several years. *Alumin.* 9 produced amelioration in three days, and a perfect cure in eight days. Frölich describes a case where cow-pox and variola occurred simultaneously.

In No. 13 Kunkel gives a case of epilepsy in a woman of 48, who had suffered for twenty years from the disease. She had no fits while pregnant, but after delivery they always recurred more severely. After treatment for a year, during which she got *Sepia*, *Puls.*, *Plat.*, and *Cupr.*, she was completely cured.

A practitioner, who only gives his initial, R., gives his experience of the Schüsslerian remedies. In chronic painfulness of the gums *Kali sulph.* was always efficacious. The effects of vexation yielded always to *Ferr. phos.*, especially the stomach ailments caused by vexation. He cured thirteen cases of cataract: eleven with *Calc. fluor.* alone, two others with that medicine followed by *Kal. chlorat.* Whitlows are speedily cured by *Calc. fluor.* Chronic inflammation of the knee, of which he gives a case, yields rapidly to *Calc. fluor.* The editor expresses his doubts as to the cure of the thirteen cases of cataract.

In No. 15 Hirsch says there are cases in which we may be guided to the remedy by one symptom only, and he gives two illustrative examples. The first was that of a gentleman who consulted him about a very severe headache he had had for several weeks. On asking what kind of pain it was, the only description the patient could give was that it was "a very impertinent pain." On inquiring at what time it came, the reply was that it came when it liked, sometimes when eating, sometimes after eating, sometimes in the evening, sometimes also at night. All he could ascertain by close questioning was that the pain attacked different

parts of his head, and was sometimes attended by vomiting. These symptoms were not sufficient to guide to the choice of a remedy. On further inquiry it came out that though he had no hæmorrhoids, he frequently had a discharge of mucus from the anus that troubled him often when walking. This symptom led to the selection of *Phos.*, a few doses of which removed the headache and improved the mucous discharge. Another case was that of an old lady who had long suffered from pains in the stomach, for which she had been treated allopathically without effect. Nothing more could be learned from her than that the pain occurred sometimes before, sometimes after eating, and sometimes when moving. As she was a coffee drinker, Hirsch thought that might be the cause of the pain, so he got her to leave off coffee and gave *Nux vom.* in various dilutions without benefit. One day he noticed that she frequently wiped her tongue with her pocket-handkerchief. On inquiring why she did this, she said that she felt as though there was a hair on her tongue. This led him to give *Natr. mur.*, one dose of which completely removed the stomachache and also the sensation of a hair on her tongue. A third case was that of a hysterical young lady, to whom he was called in haste, as she had lain four hours in syncope, from which all the efforts of two physicians could not rouse her. On making inquiry, he was told by her mother that on the occurrence of the catamenia, which were very scanty, she was attacked by weakness, exhaustion, stupefying headache, and hysterical symptoms. Also that excitement, such as a ball, always caused a cessation of these symptoms, which, however, recurred after the excitement was over. He also found that she constantly complained of paralytic weakness of the right upper and lower extremities. This symptom guided Hirsch to *Cocculus*, a drop of the sixth dilution of which he put on a powder of milk-sugar and introduced into the mouth. In a few minutes consciousness returned, and on continuing the medicine she was completely cured of her hysterical symptoms, and also of the paralytic feeling of her limbs.

Ide, who by this time seems to be thoroughly converted

to homœopathy, relates a case of hydrocele of the spermatic cord in a boy of 8, that came on after jumping about and attempting to lift a heavy cask. The swelling was as big as a pigeon's egg and was very painful. *Arnica* 3 internally and a lotion of *Arnica* to the swelling removed the pain and swelling in one day. He gives also a case of paresis of the detrusor vesicæ in a man aged 26, that came on after long retention of the urine. He must frequently urinate, passed but little at a time, and could never completely empty the bladder. *Nux vom.* 3 soon removed these symptoms, and also cured a relapse after drinking too much beer. Another case is that of a woman, aged 25, who as a child had suffered from a skin disease. The menses were too soon and she had leucorrhœa and headaches. On the 15th of March she began to be affected with painless twitchings, which drew the head down towards the right shoulder. These twitchings gradually increased in violence and there were sometimes tonic spasms between head and shoulder. These spasms lasted day and night, she was long of falling asleep, and was frequently awakened by the spasms. The affected parts, particularly the shoulder, were painful. The trapezius muscle was chiefly affected, the sterno-cleido-mastoideus not so. There were quiverings in the trapezius where it covered the shoulder. The patient was anxious, sad, and wept much. No cause could be ascertained. *Cupr.* 8 three times a day cured her in four days.

In the Medical Society of Merseburg and the Duchy of Anhalt Professor Ohlshausen sought to get a law passed forbidding the members to consult with homœopathic practitioners, but this created great opposition, and it was finally resolved that members might if they chose consult with the heretics.

In No. 17 Kunkel gives a case of a married woman, aged 47, who had three warts that troubled her greatly. One was a pedunculated wart on the tip of the nose, another on the upper lip, and the third on the left forefinger. Under *Causi.* 3, a drop night and morning, the warts disappeared in six weeks.

In No. 21 Hirsch relates a case which is a triumph for

the high potencies. An infant, nine months old, had eczema behind both ears for fourteen days. The last two days it began to itch and exude so much that the child cried and moaned all night. *Hep. 3* was given without any good result, on the contrary, the eruption was worse, and the crying and moaning increased. *Graph. 12* was then given, with *Coff. 6* at night. After continuing this for several days, the eruption was not better nor were the nights quieter. Hirsch, though prejudiced against the high potencies, resolved to try a high dose of *Graph.* He gave one powder of the 100th and left several powders of milk-sugar. Four hours after the dose of *Graph. 100* the child was observed to be much quieter, and though no other medicine was given, and the dose of *Graph.* was not repeated, the child was quite cured in a fortnight.

In No. 23 is reproduced an article by Dr. Ide in the *Allg. Med. Central Zeitung*, showing the homœopathicity of several medicines in a striking manner. The first relates to *Ipecacuanha*. A hospital attendant, aged 32, strong and healthy, passed through a room in which a bag of *Ipec.* powder was being emptied into a vessel. He was immediately seized with dryness of the fauces and a sensation of constriction of the glottis. The face became red, the conjunctivæ injected, the thorax arrested in expiration, speech and cough impossible. In his anguish he rushed into the open air, where he was able to take an inspiration, and sneezing and cough occurred without expectoration. In five minutes the facial redness was somewhat lessened. The conjunctivæ were still injected, and he had violent headache, sore feeling in the pharynx, and some hoarseness. The mucous membrane of the velum and pharynx were much injected and showed many small hæmorrhagic points. Breathing regular, 24, difficult without the aid of the auxiliary muscles, and noisy. Sharp vesicular respiration all over the lungs, with loud whistling and râles. Expectoration of a moderate quantity of lemon-coloured viscid phlegm in balls, and traces of blood. No nausea, pulse 112, temperature normal. On the fifth day the expectoration was purely catarrhal. Then followed a violent bronchial catarrh, with great exhaustion. After fourteen days he

was well. As a pendant to this the following case is given. A girl, aged 21, subject since childhood to attacks of asthma more or less frequently, that generally occurred at night or in the morning after waking. She usually suffered from catarrh in winter. In addition to the signs of catarrh in both lungs posteriorly, there was some pulmonary emphysema. Besides the dyspnœa there was cough with yellow expectoration, emaciation and sickly appearance. The patient had great feeling of constriction in the glottis, which made her rush out into the open air, where she felt somewhat relieved. Small doses of *Ipec.* tincture soon cured her.

*Iodoform.* — Moleschott, Crasfeld and Bauer have published cases of meningitis tuberculosa cured by *Iodoform*. On the other hand, Max Schade mentions that during the employment of this substance in surgical practice, dangerous cerebral symptoms, resembling acute meningitis, often occur. Prof. Kœnig relates similar experiences.

*Pilocarpin.*—The sudorific properties of this substance are well known, and Ringer, Pancoast, Weckel, Murrell, and Dulacska have found it efficacious in the night sweats of phthisical patients, but it must, says the last-named, be given in small doses.

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## MISCELLANEOUS.

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### *The Commentary on Allen's Encyclopædia.*

I HAVE thought it better to discontinue this undertaking. The result of my examination of Dr. Allen's work has disclosed so much that is faulty, that I feel the mere corrections I have indicated as necessary for his text to be insufficient. The compilation and translation must be done over again, and presented in a better form. The pathogenesis of *Aconitum*, given as an appendix to our present number, is an attempt in this direction. It has been drawn up by a Committee of the British Homœopathic Society, at whose request we have printed it for the sake of greater publicity, that the opinion of our body upon the plan may be obtained.

To complete what I have hitherto done by way of commentary, the following words should be written in on p. 80 :—"are Dr. Marcy's favourable results from it; while Hoyne adds [from several sources, vertigo, nervous vertex headache, and *angina granulosa* (?)]. Mr. Nankivell has verified S. 1, and Dr. Lawrence Newton S. 219—both Hahnemann's."—R. HUGHES.

*The Jubilee Meeting of the British Medical Association.*

By JOHN H. CLARKE, M.D.

THE British Medical Association has just celebrated its Jubilee at Worcester, the city of its birth, and the transactions of this, its fiftieth Anniversary Meeting, are not without their interest to us. It was evident that, among other things, the question of homœopathy must come before it, after the storm raised by the addresses at Ryde last year, and the doings of various branches of the Association during the following twelve months.

The President, Dr. Strange, of Worcester, very cleverly eluded saying anything directly on the question in his address, and herein gave evidence of a certain amount of wisdom which otherwise the address did not disclose. Indeed, few men could have said as much as he did without saying something new and original. It is true he did become funny now and then, as when he very aptly compared the *Lancet* to that unsavoury animal, the *Polecat*—a very fit comparison indeed, and it is to be hoped that that journal will take the hint, and change its old, obselete title for this new and most appropriate one. But the President was nowhere so funny as where he thought himself most solemn. "I think," he says in one place, "I have established our claim to two great Christian virtues—viz. true liberty, and charity or love." This is extremely funny in every way. In the first place, who ever heard of *liberty* being a *virtue* at all, much less a great Christian virtue? And then let the sequel, the Report and the discussion on it, show the curious kind of liberty and love this august body, including the President, displays, and the funniness of the whole thing becomes simply exquisite.

But I am wronging the author of the address; he did say something original, and it was this :—"What is to prevent that council (the Consultative Council of the Association) from becoming a High Court of Equity and Ethics, before which all important questions affecting professional honour and conduct may be

brought up for judgment?" I will make one more quotation, from another part of the address. "Looking, then, upon the evolution of the medical mind as a continuous process, coming from whence we started, and going we know not whither, what are its characteristics at the present time? The first and noblest of them, I opine, is the love of liberty! freedom to think; freedom to speak; freedom to write; freedom to teach! Fortunately for us, we have no thirty-nine articles to subscribe. We have no senate to revise and overrule the decisions of the commonalty of medicine; no courts of appeal like our friends the lawyers." Then why, Mr. President, do you want to saddle us with your High Court of Equity and Ethics? "The great corporations, so long as we do not get convicted of felony, leave us pretty much to our own devices. Neither do they set up any standard of correctness, either of theory or of practice. There is no theory which we may not promulgate; no practice short of manslaughter which we may not pursue (!); an unfettered press and open criticisms are the courts before which all claims to new discovery, to improved practice, to advance in knowledge, must be brought. All must stand or fall by their own merits. Still"—and here the president became very funny again—"great names have their weight. The words of a Jenner or a Paget, compared with those of little known authors, are as the discharge of an eighty-ton gun compared with that of a pocket-pistol." It is to be hoped for the stomachs' sake of these two gentlemen that this did not meet their eyes soon after dinner. This, I suppose, is the President's idea of utterances "standing on their own merits." Fraternity and equality are evidently *not* "great Christian virtues" in his estimation.

Let us now turn to the commentary on all this. Let us see how the Association signalises its fifty years of liberty and love brought thus happily to a close. We find it in the Annual Report read and discussed immediately after the delivery of all the fine sentiment quoted above. Here is an extract from the Report:

"The question of Homeopathy, recently discussed in some Branches of the Association, and unfortunately mooted in the addresses in Medicine and in Surgery at the Annual Meeting at Hyde, has occupied much time and thought on the part of the Committee of Council.

"Immediately on the delivery of those addresses the idea arose in many minds that the views enunciated by the readers of the addresses had, in some way, been put forward (through them) by the Committee of Council itself: and it was not until the President of the Council, Dr. Bristowe, and Mr. Hutchinson had severally and in the most public manner shown that this was not so, that the feeling was allayed.

"Following upon this, a Memorial was presented to the Committee of Council from one branch, demanding the expulsion of a member on the ground of his public profession of homœopathy.

"To this extreme measure the Committee of Council could not accede.

"*As far as possible, they have rigidly closed the door of entrance,*"—where is our "great Christian virtue" of liberty now?—"*and have made it impossible for a professing homœopath to enter the Association through election by the Committee of Council; and they have called upon the branches to aid them by demanding that every name proposed for election should be inserted in the circular summoning the meeting at which election is sought.*

"They conceive that, by these means, such effectual supervision will be exercised by the Branch Councils that no homœopath will be able to gain admission, either through the Committee of Council or through the branches, and that thus both doors of entrance are effectually closed.

"Against perversion to homœopathy after admission they are at present, powerless, except by the expulsion of the offender; and this, under present circumstances, they consider inadvisable; first, because they hold that such a course would be beneath the dignity of the members of a great liberal (!) profession; and secondly, because it would confer an amount of notoriety, which is very undesirable, upon those who were expelled."

(If it is beneath the dignity of an association of a great liberal—here is our "virtue" at last—profession to *turn out* freedom of thought and candour of expression; how is it not beneath its dignity to *bar every entrance against them*?)

"At the same time, the Committee of Council courts a full expression of opinion on the part of the whole Association as to whether it will tolerate homœopathy in its ranks or not; and if it should determine that the profession or practice of homœopathy



shall *ipso facto* disqualify from membership, then they conceive that the course will be clear, since the unwitting election of a homœopath would thereby be rendered null, and perversion after election would imply the voluntary cessation of membership."

An amendment to the latter effect was proposed by a Mr. Nelson Hardy, of London, but was lost by a large majority and the Report carried. This might seem a triumph of true liberality, but on looking a little closer at the facts, it can hardly be claimed as such. Here are some of the reasons why it was determined not to *turn* homœopathists out but to rest content with *keeping* them out. Mr. Husband (Bournemouth) was strongly opposed to homœopathy, but such a crusade against it as was proposed (by those who wished to expel as well as exclude homœopathists) would only give the men expelled the very notoriety they wanted. "They would go to a court of law with their grievances; and it should be remembered that the Lord Chief Justice was at the head of the anti-vivisectionists, and for aught he knew was a homœopath,"—and therefore, by inference, ready to pervert justice on the side of his beliefs. Mr. Husband's sense of decency must be on a par with his sense of the ridiculous. But, be it noted, there was not a man in that assembly, and there has not been since a voice among the journals to protest against that foul aspersion cast upon the English judicial bench! Is there another learned profession, in such a representative gathering, that would not have at once put such an offender down? Let us hope not! Upon such lofty grounds as these, then, it was decided to let the homœopaths already members of the Association remain such,—for which boon may they be adequately grateful,—but to keep others out by all manner of means.

Perhaps the President was too much exhausted by the delivery of his lofty sentiments to be able to put any of them into practice, but what of Dr. Wade, who was also present? He, on the following day, delivered the address in Medicine. He was present when the Report was read and discussed, and was already big with the profound reflections he was soon to utter to a delighted audience. Let us consider some of them. He is discussing the factors which led up to the discontinuance of bloodletting as a universal remedy, and very properly gives Hahnemann a share, if not his due share, of the credit of that revolution. Of course he blunders about Hahnemann and his doctrines, but we

always expect that, and rarely fail to find it in allopathic sayings and writings. Here, however, he is on safer ground: "Rightly or wrongly, cures apparently wrought by such medicaments (infinitesimal doses) were and are judged to be instances of spontaneous recovery. This interpretation necessarily facilitated the reception of that higher ideal of the powers of nature which was then arising; *indeed, from that it is possible that the suggestion proceeded.* Such a conception would undoubtedly make more easy the relinquishment of severe and violent modes of treatment, and amongst these bloodletting was conspicuous."

Now, let us hear what he has to say of the danger of trusting too much the dictates of science, and how ably he sets forth the fickleness of the foundations on which we are compelled to build. "That medical science as a whole is imperfect; that the individual sciences of which it is composed are imperfect; that of these the science of therapeutics is the most imperfect; that above all, we, the agents who have to apply these sciences in our daily life, are imperfect—all this is not only true, but is universally admitted to be so. The doctrine that we must incessantly compare that which does happen with that which we think ought to happen is therefore no new one. Yet those who venture to submit rules and methods which, it is hoped, may minimise these defects, are somehow supposed to disparage if not to dethrone science, and to be wishful to replace it by some fanciful hocus-pocus of their own. Nothing can be more unjust, nothing can be more injurious, not to those who use, but to those who reject, precautions and safeguards, and to the science which they honestly desire to exalt. Disguise or dislike it as we may, it is not the less certain that, in the treatment of disease, *we have no firmer basis than the doctrine of probabilities.* . . . In medicine we have, in an ordinary way, to deal with some things that are highly probable, some fairly probable, some slightly probable, some improbable, and some only just possible, but with *nothing absolutely certain and nothing absolutely impossible.* This is not a reasonable cause for discouragement, much less for despair, though it is a reasonable cause for reflection, care, and thoughtfulness," and, we may add, for modesty. Will Dr. Wade tell us, after this masterly sketch of the foundations of our art, on what grounds he voted for the clauses in the Report debarring admission to his professional brethren who take the liberty to think, and are not

afraid to say it, differently from himself, where, as he tells us, nothing is certain? Look on this picture and on that! Consider what they say, and then see what they do. Nothing is impossible, we are told, and then he who says it gives his vote with the rest to exclude those who hold a belief which to him and them is highly improbable, but, which after all, may be true? Is not this, Mr. President Strange, a flagrant example of the "self-assertion, self-laudation, self-sufficiency" you justly complain of? You yourself, sir, are loud, no one louder, in praise of liberty of the fullest, widest kind; and yet you preside at a meeting in which your Association does its best to stamp out liberty of thought and honesty of profession, and only regrets that it dare not take stronger measures than those it decides to adopt. How is it that you preach, and your Association endorses the doctrine of liberty of thought and action, and the next minute you proceed in a body to enact laws couched in the very spirit of tyranny? What, Mr. President Strange, has the High Court of Ethics—not *medical* ethics, but the sense of right and wrong that lives in every unwarped human heart—to say to this? Think you not it will use your own words and pronounce it to be "organised hypocrisy"?

Homœopathy may be well content to remain outside of such an Association as this. It would find no congenial atmosphere there in which to live and flourish, and might soon be in danger of pining away. The sayings and doings of the Association affect homœopathy not at all. It goes on calmly with its work as before. At the same time, we who believe in and practise it, for the sake of the great profession to which we belong, cannot but be grieved to witness the indecent exhibition of illiberality and inconsistency which the Jubilee meeting of the Association has furnished to the world.

And now a word on medical ethics. Perhaps the greatest medical discovery of the last fifty years, which in some unaccountable manner was lost sight of by the Jubilee orators, is the discovery of the world of medical ethics. Indeed, it is nothing less than the discovery of a new world. A philosopher of recent times said he could conceive of there being a world somewhere where two and two made five. If his life had only been a little prolonged he might have lived to see his conception realised, for this new world of medical ethics is just one of that kind. It is

even more wonderful, for in it we never know whether **two** and **two** may make five or five hundred. The only thing we can be certain about is that they never make four.

Wordsworth tells us we are "Moving about in worlds not realised," and until recently we did not realise this one. But it would be idle to deny that such a world exists. All medical men talk about ethics, all the journals prate of ethics, and nothing can be plainer than that the ethics they mean is not the ethics of the rest of mankind. The principles of medical ethics are obscure. They are not founded on the belief in the existence of any absolute right, or of a right based on utility. Plato lacked the strength of imagination needful to reach the principles of medical ethics, and Aristotle the keenness of intellect to pierce into them. To this day they remain hidden from our eyes, and waiting for a greater than Plato or Aristotle to reveal them to us. And yet their workings are plain enough. We see them busy in guiding the action of medical bodies and individual medical men. We see them strongly working in the popular medical journals of the day. Now we see them condensing into a "code;" and we have recently had a grand display of them at Worcester.

So long as the principles on which medical ethics are founded are concealed from us, we must be content to form provisional ideas of the world they dominate from the examples we have of their working. It would seem, then, that it is right to take credit to yourself for virtues, and trumpet loudly your approval of them, whilst you give the lie to it all by your actions. It is right, in this strange sphere, where nothing is certain, to condemn those who are *not certain that something* (homœopathy) *is false*. But in this new world nothing is more curious than the way in which honour is apportioned out to discoverers and reformers. In the world of ordinary ethics it is customary to give the credit of a discovery to him who first strikes out an idea and works it out till it is demonstrated to be a truth. Or, if one should strike out the idea, and another work it out, the honour is shared between them. In the world of medical ethics it is not so. There the true discoverer comes in for little of the praise. The bulk of it goes by (medical) right and title to *him who first performs vivisections that can in any way be remotely connected with it!*

We see then how it is that Marshall Hall is to be credited with the greatest improvement in ordinary medical practice brought

about in the present century. It mattered not that Hahnemann had discontinued the practice of bloodletting, had inveighed against it, had proved to the world how much better patients did without it. It mattered not that Marshall Hall had very praiseworthy followed in his steps for ten years, endeavouring to open the blind eyes of his colleagues. The full credit of the reform is his, not on this account, but because at the end of that time he undertook certain vivisections. These were undertaken to show—

- (1) The effects of loss of blood in health.
- (2) At different ages.
- (3) To ascertain organic changes due to loss of blood.
- (4) The limits for the employment of venesection in disease, and the means of restoration when carried too far.

We are not told that he found out anything by these experiments that was not known before, but in medical ethics that has nothing to do with the question. It is plain, too, that none of these questions, if even accurately ascertained, could have done anything to stop the melancholy practice of indiscriminate bloodletting, if Hahnemann and his followers had not proved at the bedside that it was fraught with danger and death. But medico-ethically this is not the point, and the laurel wreath must be laid on the brows, not of Hahnemann, but of Marshall Hall.

Or, if there are no vivisections in the case, the credit of a discovery goes to him who, whilst roundly abusing the true discoverer, relying on the ignorance of his auditory, boldly appropriates the fruits of the other's labours to himself, and fills his book with them, without acknowledgment of their source. Such a one is sure to sell his book, which but for his appropriations would be so much waste paper, he is sure of fame and practice, and sure to be elected to the first vacant lectureship or professor's chair. Such are a few characteristics of this new world of medical ethics.

This interesting region would well repay further exploration, but I cannot follow it at present. It is to be hoped that Dr. Strange will see his idea carried out. A High Court of (medical) Equity and Ethics would afford us endless entertainment. I hope when it is formed that Mr. Husband will not be forgotten. By the tone of his reference to a judicial functionary in another sphere he has given us a fair gauge by which to measure his own ideas of justice, and has proved his supreme fitness to be first President of any High Court of Medical Equity and Ethics.

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## ACONITINUM.

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*Nat. Hist.*—An alkaloid contained in *Aconitum napellus*, and also in all other species of *Aconitum* save the *lycoctonum*. The German and French preparations differ widely in strength, as seen in two of the cases of poisoning which follow; the former is amorphous, the latter crystalline. What is commonly called "English Aconitine" is a secret preparation of Morson's, and is believed to be made from the *A. ferox*. The alkaloid most abundant in this plant differs somewhat from ordinary Aconitine in chemical composition; and Schroff's statement that the *ferox* causes much dyspnoea but no facial neuralgia is supported by the comparative results of the provings of Harley and Hottot respectively. The Aconitine of Messrs J. and H. Smith, of Edinburgh, seems identical with that of Morson; but the preparation of the British Pharmacopœia is made from the *A. napellus*, and would represent that of the French and German observers.

*Pharm.*—Solution in rectified spirit.

### *Provings.*

SCHROFF.

(*Präger Medic. Vierteljahrschrift*, xi Jahrg., Bd. 2, p. 153. 1854.)

Dworzack and Heinrich took the German A., both in substance and in alcoholic solution.

1. *Dworzack*. Its taste was intensely bitter, and lasted a long time; and even when the bitterness had disappeared, after large doses had been taken there still lingered for a short time on the lips and tongue a biting, burning sensation. Immediately after taking it, eructations and rumbling in the bowels set in; the head and face became suddenly warm; the warmth extended over the

rest of the body, was most intense in the region of the stomach, and was accompanied by sweat. There then arose a peculiar drawing, pressing sensation in the cheeks, the upper jaws, the forehead, in short through the whole tract of the trigeminus, increasing by degrees in intensity, alternating with actual pain, which, at first occasional and fugitive, finally became steady and severe. The pulse at the beginning, coincidently with the accession of warmth, was more frequent; but soon after sank below the regular standard, was small, weak, and at times dicrotic. The pupil showed at first an unusual mobility, was at one moment greater, at another smaller, but finally became so much dilated that only a small ring of the iris could be seen. The fulness of the head becomes more marked; there sets in a ringing in the ears and feeling of pressure there, giddiness, and distraction. The flow of ideas is sluggish, long reflection impossible, and the power of attention, much impaired. After the slightest mental exertion the head- and face-ache become very intense. There is a certain amount of relaxation in the limbs, and every muscular exertion—such, for instance, as going upstairs—is accompanied by unusual fatigue and prostration, and by increase of the pain in the head and face. The flow of urine is very much increased.

As regards difference of symptoms according to different dosage,—the eructations, the rumbling in the bowels, the drawing, stretching feeling in the trigeminal tract, and the primary rise and subsequent fall of the pulse, were always present. A dose of 0·004 gramme was always followed by heat, tightness, and pain in the head, lasting only a few hours; while after a dose of 0·01 gramme the symptoms recurred the day following the trial on any attempt at mental or bodily activity. After a dose of 0·02 and 0·03 grammes, the pulse sank to two thirds of its normal standard, and remained thus low for more than 24 hours, and for the same length of time continued also the pain in the face and head, the feeling of fatigue, the weakness of memory, &c. Not until the second day after the experiment, when these doses were given, did the condition become normal.

2. *Heinrich.* 0·05 gramme. The taste was disagreeable and disgustingly bitter; in ten minutes there was a burning sensation on the tip of the tongue and on the lips; the pulse was at first accelerated, but afterwards became slower, falling in an hour and a half to 47—52; the whole body was warm, perspiration set in,

the head was dull and heavy, and therewith was exhaustion and weakness; there was a crawling sensation in the face, and a feeling as if the epidermis were scaling off; on the skin appeared red spots as if from punctures; the pupils were dilated, there was pain in the head and face, roaring in the ears, weakness of the muscles, and difficulty of respiration. Eructations and rumblings in the bowels did not set in till two hours after the dose had been taken. After supper there was a burning sensation all over the mucous membrane of the mouth. The head- and face-ache lasted all the evening, as did also the debility; the sleep was disturbed. The day after the proving the pain in the head and face returned, together with forgetfulness and trembling of the legs.

Even from smaller doses these symptoms were constant,—the acceleration of the pulse at first and its retardation afterwards, the burning on the tongue, and the pain in the face and head (particularly in the course of the supra-orbital nerve). A dose of 0·01 gramme was followed besides by an inclination to cough, cough with easy expectoration, dryness in the throat, eructation and exhaustion.

### HORROR.

*(L'Aconitine et ses effets physiologiques. 1868.)*

The effects of Aconitine\* have been studied upon myself and upon two persons who have been good enough to lend me their co-operation.

*Externally.*—When Aconitine is applied to a sensitive part of the skin, whether in solution in alcohol or as a pommade, it soon produces a feeling of warmth, then of burning, accompanied with sharp pains and itchings; later on, one experiences a weight and numbness in the parts affected, they seem to be compressed by a heavy weight; at other times the skin seems as though it were heaved up and contracted by the muscles beneath; its colour is not modified; there is anæsthesia. These symptoms last several hours, sometimes a whole day; they are never followed by general disturbances.

*Internally.*—The doses have been carried successively as far as three milligrammes. It is the symptoms experienced after this dose that I am about to set forth.

\* The preparation known by his name.

Almost immediately after taking the Aconitine one experiences all over the buccal mucous membrane a sensation of acridity and heat, which travels rapidly to the throat and later to the stomach. This feeling soon becomes more and more acute; there is burning and numbness of the lips, tongue, and pharynx; at the same time occurs salivation, often very abundant, produced no doubt by the irritant action of the Aconitine upon the muciparous glands.

To these local effects general phenomena are soon superadded; one first experiences malaise, feebleness, a weight about the head; then nausea, frequent yawning, oppression and very pronounced muscular enfeeblement. The pulse rises, but to a slight extent only. The skin is moist. One is sensible of creepings on various parts of the body, and more particularly on the face and extremities.

After a variable space of time the depression increases, there is headache, often darting pains in the face, sometimes accompanied by vomiting. The muscular enfeeblement is greater, the creepings more palpable, especially during immobility; the limbs are as though benumbed, the face tense and swollen; the pulse falls, respiration is difficult, the sensation of burning in the throat becomes painful; one notices profuse perspirations. Later on there is general prostration; one experiences bruised feeling in the limbs, a difficulty in grasping objects; the least effort exhausts, one feels enervated; the respiration is slow and deep, the pulse markedly lowered. The mind remains clear; there is rarely any tendency to sleep; the pupil is dilated, but this dilatation is far from being as energetic as that produced by atropine; it develops itself slowly and mostly ceases under the influence of a brilliant light. These symptoms last from ten to sixteen hours; little by little the pulse rises, the respiration becomes more free, the strength rallies, the suspended appetite revives, in a word everything gets into good order again. The symptoms which persist to the last are the acridity of the throat the weight about the head and the prostration.

*Observation.*—8.30. in the morning. Six granules of Aconitine of a half-milligramme each; pulse 68. 8.40.—Feeling of heat in the stomach. 8.50.—General malaise, yawnings, eructations, turns of nausea. 9.—Greater heat of the stomach; pulse 76; burning sensation at the tip of the tongue, general debility, muscular enfeeblement, turns of nausea. 9.10.—Burning of the



lips, throat, and the whole buccal mucous membrane. 9.15.—Creepings in the face and fore-arms; pulse 84. 9.30.—Oppression, headache, feeling of acridity and burning of the throat much more marked, salivation. 10.—General depression, great muscular enfeeblement, sweats; pulse 68; turns of nausea, vomiting. 11.—Creepings in the face, which seems swollen and tense, also in the fore-arms and hands, which are benumbed and heavy; pulse 60. 12.—Breathing irksome; pain at the temple and along the course of the supra-orbital nerve; abundant perspirations; pupil not dilated; burning sensation very painful in the whole mouth and larynx; the lips are benumbed; abundant salivation, entire want of appetite, occasional nausea. 1 p.m.—Same symptoms; complete prostration of strength, heavy gait, general enervation, a slight tendency to sleep. 3 p.m.—Headache with constriction at the temples, pupil dilated, respiration difficult; pulse 52. 5 p.m.—Same symptoms; sensibility appears to diminish, especially in the hands and cheeks; the mind is clear, no drowsiness. 7 p.m.—The symptoms appear to amend, the head clears, the creepings diminish, the depression is less; pulse 60. 8 p.m.—There is a marked improvement, the respiration is easier, the acridity, dryness and burning of the throat are less pronounced, there is, however, febleness and general lassitude; the pupil remains dilated; pulse at 68. 8.30.—Easy sleep without agitation or dreams. The following day on waking there remain no traces of the effects of Aconitine.

One notes in this observation that the irritant action of the Aconitine upon the mucous membranes of the mouth and pharynx made itself felt only gradually. This is owing to the fact that the Aconitine having been conveyed directly into the stomach in the form of granules, could only exert its irritant action mediately; when, on the contrary, it is taken in solution, and is consequently in direct contact with the mucous membrane, its local effects make themselves felt almost instantly.

J. HABLEY.

(*St. Thomas's Hospital Reports*, v, 146.)

I. The subject of the following observations was a large but lethargic man, æt. 54, lamed by chronic sciatica. The pupils were a little unequal; at a given light the right was  $\frac{1}{2}$ , the left  $\frac{1}{4}$ .

The pulse was 66, regular, of good volume and power; the respirations 16 to 17.

In order to test the value of the following observations, I watched the effect of complete rest of mind and body on the respiration and pulse during  $2\frac{1}{2}$  hours as he sat still without once rising from his seat. After  $1\frac{1}{2}$  hours the pulse was 61, of initial volume and power, the respirations 16; there was slight somnolency. After  $2\frac{1}{2}$  hours the pulse was 58, not changed appreciably in volume and power, and the respirations were 15; the pupils were unchanged.

1. The  $\frac{1}{300}$ th of a grain of Aconitia,\* taken by the mouth at intervals of three days, always caused slight tingling in the mouth and face, coming on within an hour and lasting for two or three hours. On another occasion, after the  $\frac{1}{13}$ th of a grain, a faint glowing feeling in addition was perceptible throughout the body, and there was a little somnolency. On another occasion, the  $\frac{1}{30}$ th of a grain converted the glowing feeling into a numbing glow—a comfortable feeling as if he were going off to sleep, and, if he did not move about, actual somnolency. These effects attained their maximum 2 hours after the dose; he felt warmer while they continued, and there was at the time and afterwards some difficulty in voiding urine.

2. The pulse being 66 and the respirations 17 he took gr.  $\frac{1}{30}$ , and did not rise from his chair for 3 hours. After 40 minutes the pulse was 60, unchanged, the respirations 17; somnolency was coming on. After  $1\frac{1}{2}$  hours, pulse 58, unchanged; respirations 16; pupils unchanged. He had slept for 20 minutes; a general glow pervaded the body. After 3 hours pulse 56, unchanged, unaffected by deep inspirations; respirations 16, regular. The glow and somnolency continued, and he had dozed several times; the tongue and pupils were unchanged, and he felt comfortable throughout.

3. On another occasion, after sitting still for  $1\frac{1}{2}$  hours, at the end of which time the pulse was 60, the respirations were 17 to 16, I gave him gr.  $\frac{1}{30}$ . After  $1\frac{1}{2}$  hours the pulse was 54, unchanged in volume and power; the tongue and pupils unchanged. After 3 hours pulse 52, of initial volume and power; the respira-

\* The pure crystallised Aconitia of Mr. Morson, or of Messrs. T. and H. Smith, of Edinburgh, was employed in every case.

tions 16, natural; the pupils very slightly dilated (?). He felt warm and dozed much after the medicine.

4. He took gr.  $\frac{1}{6}$  repeatedly, at intervals of three days, at 9 a. m. The effects were uniform. The medicine "upset him" very much all day; he felt languid and sleepy; he could not hold his head up or keep his eyes open. He was giddy, and could not walk across the room without help; the vision was hazy; the erect position induced nausea. He could not eat much on the medicine days on account of a difficulty of swallowing and a pain in the back of the neck and behind the jaws in the parotid region, so that in eating he had to press the back of the neck with his hand. A glowing, tingling feeling pervaded the body, and there was a burning feeling in the gullet, as if a hot coal were there. The tingling in the mouth and face came on within half an hour, the somnolency after  $1\frac{1}{2}$  or 2 hours. At first he slept for an hour, but afterwards the sleep was dreamy and broken. The giddiness, dimness of vision and muscular weakness were most marked within the 6th and 10th hours. There was always some dysuria, and occasionally retention with hypogastric pain. Nausea was generally a prominent symptom, and the pain in the neck often remained until the next day.

I kept him under observation for three hours after one dose, but could detect no appreciable effect on either the pulse, pupils, or breathing. At the end of this time the pulse was 60, of good volume and power, a trifle more compressible, perhaps, than before the dose; but this will always be found the case after a long rest of mind and body, and with a tendency to sleep. The respirations 17, regular and easy; the tongue and pupils unchanged.

II, III. These observations were repeated on two other adult males with uniform results. Doses ranging from gr.  $\frac{1}{5}$  to gr.  $\frac{1}{6}$  always produce decided aconitism, general numbness and tingling, but most marked in the face and throat; nausea, giddiness, somnolency, and muscular weakness. This latter is always a prominent effect, and it strongly resembles the condition induced by hemlock.

IV. F. G., æt. 12, a well-developed boy, afflicted with epilepsy. The  $\frac{1}{6}$ th of a grain given repeatedly at intervals of three days produced the following effects:

After three quarters of an hour a tingling pricking sensation

running up the legs to the spine and head, and tingling of the fingers, much giddiness and somnolency, but the sleep was disturbed by frequent awakings. After two hours he was unable to walk or even stand without great exertion, and on rising from the recumbent posture he was unable to see for a minute, and there was nausea. The effects lasted for seven or eight hours, after which he slept quite comfortably, and felt quite well the next day. I was unable to discover any influence on the breathing, pulse, pupils or tongue, nor was there any diminution of temperature.

V. This observation was repeated with uniform results on another boy, set. 9.

#### REIL.

(Stillé's *Mat. Medica*, ii, 311.\*)

Reil dissolved gr. 1½ in 200 drops of alcohol, and took from 5 to 30 drops (gr. ⅓ to ⅔), diluted with water, in gradually increasing doses. He experienced a feeling of fulness in the cheeks and temples, which by degrees was exchanged for a painful sense of tension, formication, and prickling; the temples throbbed, the head ached, the eyes felt strained, the pupils were dilated, the sight was obscure, there was oppressed and sighing breathing, ringing in the ears, and increased urination. There was also a sense of heat in the stomach, with eructation, and, for three days following, nocturnal pollutions, to which the experimenter was not accustomed.

#### *Poisonings.*

##### GOLDING BIRD.

(*Lancet*, January 1st, 1848.)

A gentleman took two grains and a half. He must have fallen almost immediately, and struck his head against the furniture; either the poison or the blow must have caused violent vomiting, as the floor of his room was found flooded with vomited matter; in eight hours the patient was fearfully collapsed, the skin cold, sweating and quite pale; the heart's action almost imperceptible; pupils acted; no paralysis; intellect unimpaired; he suffered

\* Referred to "Mat. Med. d. rein. chem. Pflanzenstoffe, p. 26," but this work not accessible.

from severe vomiting, which recurred every two or three minutes, and was performed by a sudden jerking action of the abdominal muscles, accompanied by a loud shout, probably dependent upon a sudden contraction of the diaphragm. Every attempt to swallow was followed by the spasmodic contractions so characteristic of hydrophobia, but they were not renewed by the sight of water. All these convulsive movements, however, were easily excited by simply touching him. Stimulants, with opium, were administered. He passed the night in spasms and exhaustion, but his intellect was perfect, even vivid; after a hard struggle he seemed out of danger next day.

#### A. BUSCHER.

(*Berl. Klin. Wochenschrift.* 1880.)

I. H. L., labourer, was given, for a periodical hemicrania (he being otherwise well), a solution of nitrate of Aconitine in tincture of chenopodium, which he was to take in increasing doses.

March 14th, at 7 p.m., took 5 drops (= gramme 0.0004). Complained immediately of constricting and burning sensation extending from mouth to stomach. Feeling chilly, went to bed. At 9 p.m. took 20 drops, and experienced same sensation more severely. A quarter of an hour later felt very sick and complained of fear that he would die; an ice-cold sensation creeps up from his feet; in the præcordial region an oppressive anguish, and an excessive bitter and burning anguish in the throat. His whole body is bedewed with a cold, clammy sweat; he cannot see any more; is dizzy and deaf. Fifteen minutes later he vomits copiously, with gradual decrease of all the symptoms, and sleep followed. During the whole time he felt fearfully exhausted as if he were paralysed, with great difficulty of breathing. His wife says that his breathing was audibly rattling, but that consciousness was undisturbed. No urination during the night nor any inclination thereto. Next morning he felt tolerably well, and took a cup of coffee and an egg without any inclination to vomit. At 8 a.m. took 20 drops, and shortly afterwards the same symptoms reappeared. He grew cold, had sensation of anguish in the præcordial and gastric region, breathing oppressed, was deaf and blind, and felt great malaise. His wife says that twitchings and spasms over the whole body set in, especially in

the face. Twenty minutes after taking the dose spontaneous vomiting occurred, with relief of all the symptoms.

At 11 a.m. 20 drops; same symptoms. With every dose the state during the intervals became worse. He felt continually weaker and more exhausted, with all energy lost, and sense as if paralysed. In the afternoon again 20 drops, with the same result. Increasing constriction of mouth and fauces after the doses. At 9.30 p.m. again 20 drops. Though the medicine was always diluted with water, he drank now an extra quantity of cold water to prevent vomiting, and did not throw up the dose. He went to bed, and soon fell asleep. Sleep restless, rather a slumber only. Between 11 and 12 he felt very sick, and called out, full of anguish; "So chilly, my chest, my chest, I feel awfully chilly, what shall I do? I am poisoned." Now genuine convulsions in the hands, arms and face set in. He was totally blind and deaf, His eyes were closed, his lips dry and fissured, his tongue stiff, he could not open his mouth, he felt chilly and as if dying; breathing became rattling and moaning, quick. More severe convulsions alternated with quieter intervals. His wife prepared a strong infusion of black tea, and gave him during half an hour nearly half a litre of it mixed with milk as hot as possible. At first he could hardly drink, as the mouth was closed, and swallowing difficult. His taste was entirely gone, so that he did not know whether the tea was hot or cold. Five minutes after drinking it he vomited copiously, with great rattling in his chest. All this time he remained perfectly conscious. About fifteen minutes after having vomited he felt some relief. With every subsequent vomiting, aided by the copious draughts of hot tea, the amelioration increased and his chest felt more free. The symptoms gradually abated, and for an hour he enjoyed a quiet sleep with easy respiration. On waking he complained only of weakness. He passed no urine during the night, though he tried to do so towards morning.

During the 16th, he felt moderately well, but for a pressure on the chest, and a sense of fatigue. His wife visited the doctor in the afternoon to report about the action of the medicine. In order to quiet her he poured 50 or 60 drops of it into a glass of wine and drank it down in her presence, at the same time advising her to continue its use.

Returning home, her husband took at 6 p.m. ten drops only.

He immediately lost all taste ; the burning in mouth and stomach returned ; he felt chilly—in short all the symptoms returned, only in a more moderate degree, till vomiting 15—20 minutes afterwards again brought relief. No more medicine.

L. further affirms that he felt during the intoxication a heaviness as of lead all over the body, always relieved by vomiting. During the entire poisoning his colour was cadaverous. On the 17th he still complained of a burning constricting sensation in mouth and fauces, his taste altered, and his vision unusual. A few days later complained of more difficulty of breathing ; his taste is not as good as usual, and the teeth are more sensitive when biting. The urine also passes only in drops, and less easily. No more hemicrania.

2. N., æt. 62, of good constitution ; never sick save some slight colds. After having felt well the day previous, he went to bed March 20th, 1880, feeling unusually cold, and later felt an anxious pressure on the chest. An hour later, his wife heard him moaning, and found him in spasms, though fully conscious. As his state grew worse, Dr. Buscher was called at 3 a.m. He found the patient in bed, very restless but quite conscious. Skin very pale, and cold, especially in the extremities, which are bedewed with cold clammy sweat ; radial pulse very small, irregular, dicrotous, sometimes it can scarcely be felt. Sounds of heart only heard at apex, and scarcely distinguishable ; heart's action very weak, irregular and quick. Breathing very laborious short, very irregular, superficial, sometimes 40 per minute, a few minutes later much slower. Pupils contracted, with sluggish reaction ; features spasmodically distorted, especially about the mouth (facies hippocratica) ; swallows without difficulty ; patient complains of terrible præcordial anguish ; throws himself continually around in the bed ; conscious ; very irritable and quick in his replies.

During my observation of the patient, a sudden change took place. The extremities turned colder ; heart sounds and pulse disappeared. His skin turned of a marble colour, the face somewhat turgescient, the pupils dilated, the conjunctiva became injected, the whole body bathed in cold, clammy sweat ; breathing more laborious and superficial ; tracheal rattling sets in ; a peculiar, clear, short moaning is heard. Beginning in the fingers, then in the face, tonic spasms, trismus ; after a while, clonic

convulsions over the whole body. Consciousness is lost. This convulsive paroxysm lasted about five or six minutes, during which we expected his death every second. It then abated; the skin took on a better colour; a warmer sweat occurred; the pulse could again be felt; the sounds of the heart became more clear, and its action, though irregular, at some moments was full and strong. Consciousness returned; he opens his eyes, and said, "I must have slept and had bad dreams." He tried to remove a mildly burning night lamp, as the light felt disagreeable. This amelioration lasted fifteen minutes (though the præcordial anguish and chilliness continued), and then the convulsions returned in the same manner as before, followed by relaxation with the same phenomena. During this attack respiration nearly stopped; and the pupils were found insensible to light.

Fully conscious again, he replied to the question how he felt: "Pretty fair, only I feel a terrible anguish in the gastric and cardiac region, and it is dreadfully cold." The anguish he believed to be diaphragmatic. No other pain; of his whole body he feels only these regions and his head, all other parts seem as if filled with lead; no headache or vertigo, only some deafness.

Immediately after taking a large cup of strong coffee, copious vomiting. A second cup, shortly after taken, remains, as also ether given in full doses and strong Spanish wine. Vesicants and sinapisms along the medulla and on the extremities. Another exactly similar convulsive attack occurred, but lighter and shorter than before. With returning consciousness he complains now of deathly lassitude. Requested to state his sensations before the convulsions set in, he replies: "I get colder and colder, become blind and deaf, I feel as one sleeping and dreaming." Now continuous severe vomiting occurs, during which the convulsions decrease in duration and strength, and the intervals of relaxation lengthen. At 5 a.m. the danger seemed to have passed, and at 7 nothing remained but some præcordial anguish and sensation of coldness, with slight spasms. At 10, after a refreshing sleep, he awoke well. He did not urinate till noon, when 200 grammes, of dark colour, were passed.\*

\* It is merely said, with reference to this case, that the quantity of the drug taken was unknown. No statement is made as to any being taken at all; but it is put forward with the other as a case of poisoning with Aconitine, and its symptoms are such as would be thus caused.



*Experiments on Animals.*

I. Harley (*St. Thomas's Hospital Reports*, v, 146) made nine experiments with hypodermic injections of the alkaloid in horses, dogs and cats. His results (which he considers to present "the most perfect uniformity") he sums up thus :

1. Aconitia affects a portion of the cranio-spinal axis in the same manner that strychnia affects the whole.

2. The focus of the action is the medulla about the roots of the pneumogastric, hypoglossal, and spinal accessory nerves. Thence its influence radiates along the cranio-spinal axis with rapidly-diminishing intensity, as far forwards as the centres of the third nerve, and as far downwards as the origin of the phrenic. The centres about the focus of action are more or less in a state of constant excitation, while those toward the limits are sometimes in a state of depression and sometimes in one of excitation ; thus, for example, during a spasm the pupils may be completely contracted, but in the intervals, and always after moderate doses, they may be slightly dilated. And so also with the diaphragm ; it is enfeebled by small doses, and is alternately affected by spasm and exhaustion after large ones. Occasionally, however, and during the more violent suffocative spasms, the muscles of the whole of the anterior part of the body, including the anterior extremities, are involved in the attack.

3. Beyond the limits above indicated it exercises a depressing influence on the cranio-spinal axis, almost amounting to paralysis.

4. The action of the alkaloid on the sensory function appears to be co-extensive and co-equal with that on the motor function, the area for intense action having the same limits, beyond which the anæsthesiant action rapidly diminishes in intensity. Thus, while the head and neck are deprived of sensation, the rest of the surface is only partially affected, and the sensibility of the further parts of the body only slightly or not at all disordered.

II. Von Praeg (*Virchow's Archiv*, vii, 438). The following are his conclusions from various experiments :

Respiration was more or less retarded by A. in the mammiferæ ; the beatings of the hearts become irregular ; the muscles are relaxed ; there is excessive feebleness and inertia, horror of all movement so to speak, in the most acute cases paralysis of all the muscles is the most frequent symptom. The action of A. then is

to depress the muscular system without previous excitation. The brain was evidently attacked, in three cases loss of consciousness, indolence, and in all a certain apathy was present, in one case complete anæsthesia; the eyes become very sensitive, the pupils dilated. The stomach presents the symptoms common to all poisonings, retching, vomiting, &c. The digestive activity was not over excited; the urinary system was affected (ischuria) in one out of thirteen experiments: three salivations. With dogs, the mean length of an intoxication was five hours and ten minutes. The greatest length, twenty-eight hours and forty minutes; the least, eleven minutes; the largest dose was two grains; a grain and a half injected into the jugular occasioned death in eleven minutes. With birds, general depression of the muscular system; dilated pupil was only seen in one case, salivation in one single case. With frogs, very speedy adynamia soon followed by paralysis, loss of reflex irritability, and complete anæsthesia; the hind paws, the front paws, finally the muscles of the head, were successively paralysed; in one case, respiration was suddenly suspended, in another it was, on the contrary stimulated; the heart preserved its reflex irritability just as long as in cases where the heart is simply cut out. With fish, same symptoms on the part of the muscles, dyspnoea and diminution of the respiratory movements. Post-mortem examination showed the membranes of the brain very much congested, as well as the brain itself, the jugular distended with blood. The blood varied, in some cases it was viscid and uncoagulated, in others there were firm fibrinous clots as after natural death.

III. Dyce Duckworth (*British Med. Journal*, 1861, i, 224). Experiments on cats and rabbits, with preparations of Morson and Smith. Given internally it occasions in the first instance a sensation of intense tingling in the tongue and fauces, and almost immediately there supervenes an extremely abundant secretion of saliva, the involuntary flow of this liquid seeming to prove that at the same time the influence of the will upon the act of deglutition is almost entirely effaced; the respiratory functions are troubled in their turn, respiration becomes laborious and spasmodic, and is accompanied by cries more or less vigorous according to the dose employed. One then observes vomitings, which may be referred to a disturbance in the functions of the vagus, because in the examination of poisoned animals one finds

no lesion of the stomach. Later still, sensation is entirely suspended; the animal, as if mad, tosses itself about wildly, makes vain attempts to walk, takes prodigious leaps, and then falls on its side in a state of prostration, interrupted from time to time by convulsions; lastly, as ulterior phenomena, one observes the relaxation and growing embarrassment of the respiration, and, finally, a general and complete paralysis and death. With regard to the state of the pupils, in the first phases of the poisoning they are more or less contracted, they dilate, on the contrary, extremely two or three minutes before death, and remain in this condition at the moment when the animal expires; after death they are sometimes dilated, while at others one observes in one or in both of them the alternatives of dilatation and contraction, and these variations sometimes do not cease till twelve hours after death.

When, instead of giving Aconitine internally, Fleming injected a solution of it into the veins, the dilatation of the pupil supervened almost immediately without being preceded by a contraction, which seems to be due to the fact that the poison acts then with a greater rapidity. The contraction again is very transient, and is rapidly succeeded by dilatation when Aconitine is given internally in sufficient quantity to kill rapidly.

#### *Post-mortem Observations.*

Dr. Meyer, the physician mentioned in Buscher's first poisoning case, was found dead five hours after taking the dose.\* At the autopsy, 43 hours later, the body was strikingly pale and the jaws firmly closed.

Internal examination.—Diaphragm on both sides reaches fifth rib; muscles of a bright red colour; omentum pale and anæmic; cæcum partly filled with gas, partly with solid and fluid contents, its colour pale, no injected vessels visible. Duodenum from below upwards more injected, of darker colour as it approaches the stomach, but the mucous membrane intact. Interior of stomach strongly hyperæmic and brightened from the intense vascular injection. The spleen of twice its size, of dark, nearly

\* The alkaloid used in these cases was Petit's, which is (it seems) 170 times stronger than Friedländer's,—the latter being intended by the prescriber. Hence his patient's peril and his own death.

black-red colour. Incised it is full of blood, soft and friable. Liver enlarged, exterior smooth, dark, the posterior part nearly black. Incised it is seen to be full of blood, but otherwise normal. Kidneys equally hyperæmic. The fluid contents of the abdominal cavity thin fluid and of bright cherry red colour. The right ventricle holds much bright red thin fluid blood coronary arteries full of blood; in the pericardium much bloody serous fluid. The very voluminous brain even in its membranes very hyperæmic: sinuses full of thin bright red blood. In the hemispheres sub-arachnoid extravasations here and there. The grey substance of the brain shows on surface of section small red blood points, the whole very hyperæmic, less so in the medullary substance.\*

\* The post-mortem examination of the lad Malcolm John, poisoned with Aconitine by Lamson in 1881, disclosed a precisely similar state of stomach, duodenum, liver, spleen and kidneys.



