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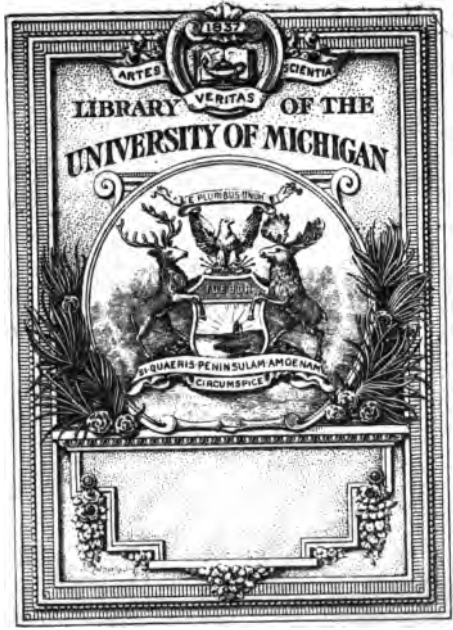
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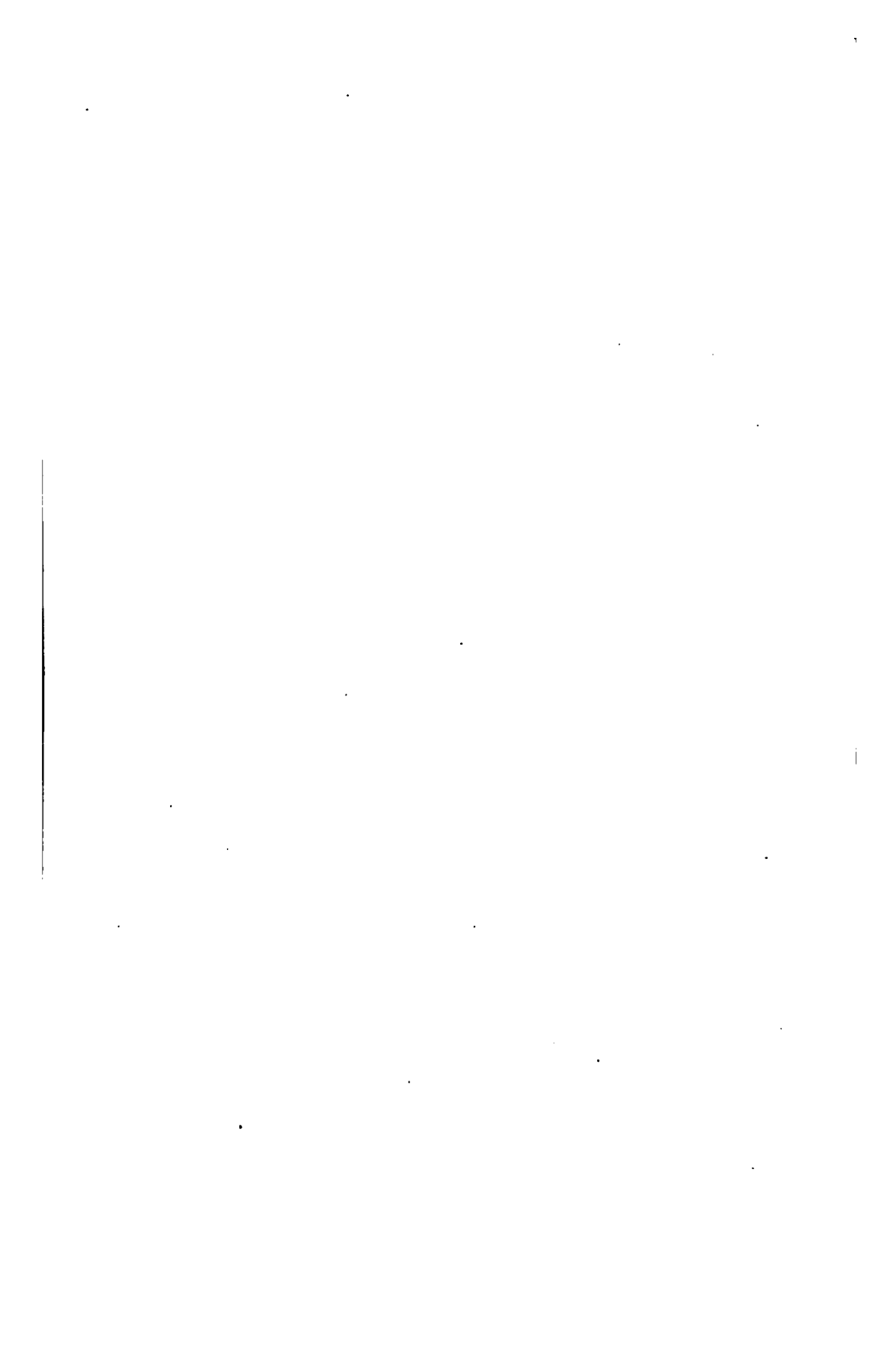
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NEW SERIES

VOL. IV.

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EDITED BY

RICHARD HUGHES, M.D.

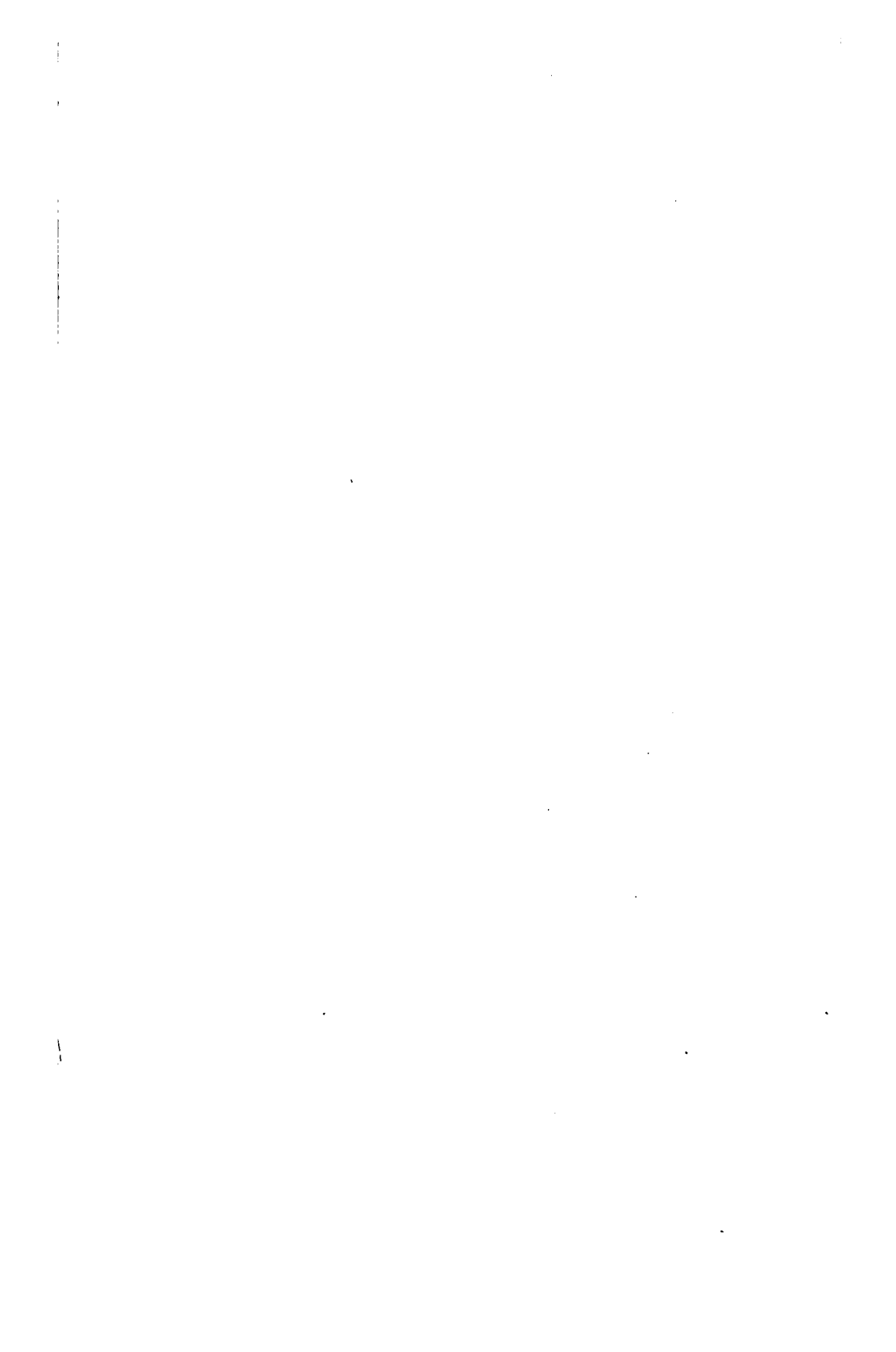
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1896.



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This volume comprises the proceedings of the **BRITISH HOMŒOPATHIC SOCIETY** during its Fifty-first Session, 1895-96.

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- 1888 ALEXANDER, ARCHIBALD SPEIRS, M.D., C.M.Glasg.; Physician to the Devon and Cornwall Homœopathic Dispensary and Cottage Hospital; 6, Sussex Terrace, Plymouth.
- 1890 ALEXANDER, SAMUEL PHILIP, M.D., C.M.Glasg., M.R.C.S. Eng.; Tecumseh House, Kent Road, Southsea.
- 1893 ARNOLD, FRANCIS SORELL, B.A., M.B., B.Ch.Oxon., M.R.C.S.Eng., L.S.A.; 332, Oxford Road, Manchester.
- 1894 BARRETT, JOHN JAMES, M.D. St. And., L.R.C.P.Lond., M.R.C.S.Eng.; 170, Ramsden Road, Balham, S.W.
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- 1868 BELCHER, HENRY, M.D.Erlang., L.R.C.P.Edin., M.R.C.S. Eng.; Honorary Physician to the Sussex County Homœopathic Dispensary; 28, Cromwell Road, West Brighton, and Steine House, 55, Old Steine, Brighton.
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- 1867 CROUCHER, ALEXANDER RICHARD, M.D. St. And., M.R.C.S. Eng., L.S.A., L.M. ; Physician to the Hastings and St. Leonards Homœopathic Dispensary ; 26, Grand Parade, St. Leonards.
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- 1847 \*DUDGEON, ROBERT ELLIS (*Council*), M.D., L.R.C.S.Edin. ; Consulting Physician to the London Homœopathic Hospital ; 53, Montagu Square, W. (P. 1879. 1890. V.-P. 1874-5, 1881. T. 1883-93. S. 1846-48. C. 1892-94.)

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- 1875 \*EPPS, WASHINGTON, L.R.C.P.Edin., M.R.C.S.Eng.; Physician to the London Homœopathic Hospital; 55, Queen Anne Street, W., and 89, Great Russell Street, W.C. (C. 1893-94.)
- 1889 FERNIE, WILLIAM THOMAS, M.D.Durh., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.; The Nook, Great Malvern.
- 1892 FINLAY, JOHN THOMAS, L.R.C.P., L.R.C.S., L.M.Edin., L.A.H., L.M.Dub.; Greystone House, Rawtenstall, Lancashire.
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- 1881 \*GOLDSBROUGH, GILES FORWARD (*President*), M.D., C.M.Aberd.; Assistant Physician to the London Homœopathic Hospital; Cedar Lodge, 133, Coldharbour Lane, S.E. (V.P. 1894-95.)
- 1892 GORDON, JOHN NEWLANDS, M.B., C.M.Aberd.; Ophthalmic Surgeon to the Hahnemann Hospital, Liverpool; 70, Upper Parliament Street, Liverpool.
- 1886 GOULD, EDWARD GARDINER, L.R.C.P.I.; 1, Streatham High Road, S.W.
- 1892 GREEN, CONRAD THEODORE, M.R.C.S.Eng., L.R.C.P.Lond.; Honorary Medical Officer to the Wirral Homœopathic Dispensary; 33, Grange Mount, Birkenhead.



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- 1876 HALL, EDGAR ATHELING, M.B., C.M.Edin.; Physician to the Surbiton, Kingston and Norbiton Homœopathic Dispensary; Laurel Villa, Victoria Road, Surbiton.
- 1892 HALL, FREDERICK, L.R.C.P., L.R.C.S.I., L.M.; Oak House, Bacup, Lancashire.
- 1847\*†HAMILTON, EDWARD, M.D. St. And.; 16, Cromwell Place, S.W. (V.P. 1865-6, 1878-9. T. 1848-1881.)
- 1892 HAMILTON, JOHN, L.R.C.P.Edin., L.F.P.S.Glasg.; 16, Eldon Square, Newcastle-on-Tyne.
- 1894 HARDY, JAMES EBENEZER, M.B., C.M.Edin.; 183, Bath Street, Glasgow.
- 1859 HARPER, JAMES PEDDIE, M.D.Edin., L.R.C.S.Edin.; 43, Hertford Street, Mayfair, W.
- 1878 HAWKES, ALFRED EDWARD, M.D.Bru., L.R.C.P., L.M., L.R.C.S.Edin.; Medical Officer to the Hahnemann Hospital, Liverpool; 22, Abercromby Square, Liverpool. (P. 1892. V.-P. 1893. Liverpool. Br.)
- 1888 HAWKES, EDWARD JOHN, L.R.C.P., L.R.C.S., L.M.Edin.; 4, West Cliff Road, Ramsgate.
- 1886 HAYLE, THOMAS HAHNEMANN, M.B.Lond.; 154, Drake Street, Rochdale.
- 1892 HAYWARD, CHARLES WILLIAMS, M.D., C.M.Edin., D.P.H. Camb., M.R.C.S.Eng., L.R.C.P.Lond.; Assistant Surgeon and Surgeon to the Throat, Nose and Ear Department, Hahnemann Hospital, Liverpool; 117, Grove Street, Liverpool.
- 1892 HAYWARD, JOHN DAVEY, M.D.Lond., M.R.C.S.Eng., L.S.A.; Surgeon to the Hahnemann Hospital, Liverpool; 15, Prince's Avenue, Liverpool.
- 1868 \*HAYWARD, JOHN WILLIAMS (*President, Liverpool Branch; Council*), M.D. St. And., M.R.C.S.Eng., L.S.A., M.D. (Hon.) New York; Consulting Physician to the Hahnemann Hospital, Liverpool; 61, Shrewsbury Road, Birkenhead.

## ELECTED.

- 1885 HILBERS, HERMANN GERHARD, B.A.Camb., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg.; Honorary Physician to the Sussex County Homœopathic Dispensary; 49, Montpelier Road, Brighton.
- 1887 HILL, WILLIAM REED, M.B., C.M.Edin.; 38, Berners Street, Ipswich.
- 1861 \*HUGHES, RICHARD (*Editor, C.*), M.D.(Hon.), L.R.C.P.Edin., M.R.C.S.Eng.; Physician to the Brighton Homœopathic Dispensary; 36, Sillwood Road, Brighton. (P. 1887. V.-P. 1885-6. S. 1879-84.)
- 1892 HUXLEY, JOHN CHARLES, M.D., C.M.Aberd.; 91, Harborne Road, Edgbaston, Birmingham.
- 1882 JAGIELSKI, VICTOR APOLLINARIS, M.D.Berlin, M.R.C.P. Lond.; Physician to the Infirmary for Consumption, Margaret Street; 54, York Terrace, Regent's Park, N.W.
- 1894 JOHNSTONE, JAMES (*Council*), B.A., F.R.C.S.Eng., M.B., C.M., D.P.H.Aberd.; Assistant Surgeon to the London Homœopathic Hospital; 47, Sheen Road, Richmond.
- 1887 †JONES, DAVID OGDEN ROEBUCK, M.D.Trin. Coll., Toronto, L.R.C.P.Lond.; Physician to the Grace Hospital (Homœopathic); 126, Carlton Street, Toronto, Canada.
- 1893 JONES, GEORGE REGINALD, L.R.C.P.Lond., M.R.C.S.Eng., House Surgeon to the Homœopathic Institution, Manchester; 143, Lloyd Street, Greenheys, Manchester.
- 1866 JONES, JAMES, M.D.Edin., M.R.C.S.Eng., L.R.C.P.Lond., 41, Castle Street, Reading.
- 1881 JONES, THOMAS REGINALD, L.R.C.P.I., L.M., M.R.C.S.Eng.; Physician to the Wirral Homœopathic Dispensary; 26, Lorne Road, Claughton, Birkenhead.
- 1879 KEE, CLAUDIUS BUCHANAN, M.D.Edin.; Consulting Physician to the Cheltenham Homœopathic Dispensary; Hadley House, Cheltenham.
- 1875 †KITCHING, CHARLES WATSON, M.B.Lond., M.R.C.S.Eng., L.S.A.; 6, Church Street, Cape Town, S. Africa.

**ELECTED.**

- 1872 †**KYNGDON, BOUGHTON, L.S.A.**; Bowral, near Sydney, New South Wales.
- 1893 **LAMBERT, JAMES RUDOLF PAUL, M.D., C.M.Edin.**; Medical Registrar and Ophthalmic Clinical Assistant to the London Homœopathic Hospital; 11, Sydney Place, Onslow Square, South Kensington, S.W.
- 1891 **LOUGH, GEORGE JOHN, L.R.C.P.I., L.M.**; Surgeon to the Buchanan Cottage Hospital, and Ophthalmic Surgeon to the Hastings and St. Leonards Homœopathic Dispensary; 35, Wellington Square, Hastings.
- 1850 \***MACKECHNIE, JOHN HAMILTON, M.D. St. And.**; Physician to the Hahnemann Free Dispensary, Bath; Hartley House, Manvers Street, Bath. (P. 1885. V.-P. 1872. S. 1867-69.)
- 1893 **MACNISH, DAVID, M.A., M.B., C.M.Edin.**; Assistant Physician to the London Homœopathic Hospital; 4, Leinster Square, S.W.
- 1886 **McKILLIAM, ROBERT, M.D., C.M.Aberd.**; 1, Bennett Park, Blackheath, S.E.
- 1892 **McLACHLAN, JOHN, M.D., C.M., B.Sc.Edin., F.R.C.S.Eng., L.S.A.**; Physician to the Oxford Homœopathic Dispensary; 38, Beaumont Street, Oxford.
- 1876 \***MADDEN, EDWARD MONSON, M.B.Edin., M.R.C.S.Eng.**; Physician to the Phillips Memorial Hospital; Burlington House, Bromley, Kent. (V.-P. 1892-93. C. 1894.)
- 1892 **MAHONY, EDWARD, M.R.C.S.Eng., L.S.A.**; Honorary Medical Officer to the Hahnemann Hospital, Liverpool; 30, Huskisson Street, Liverpool.
- 1895 **MARCH, EDWARD GEBALD, M.D.Brux., F.R.C.S.Edin., M.R.C.S.Eng., L.R.C.P.Lond.**; Maple Lodge, Watford, Herts.
- 1885 **MARSH, THOMAS CHARLES, L.R.C.P.Edin, M.R.C.S.Eng., L.M.**; Assistant Physician to the London Homœopathic Hospital, and Visiting Physician to the Margaret Street Infirmary for Diseases of the Chest and Throat; 56, Fitzroy Street, Fitzroy Square, W.
- 1885 †**MASON, HENRY, M.D., C.M.Glasg., M.R.C.S.Eng.**; 52, London Road, Leicester.

## ELECTED.

- 1888 †MATTHIAS, WILLIAM LLOYD, L.R.C.P.Lond., M.R.C.S. Eng.; Sydney, New South Wales.
- 1893 MEEK, WILLIAM OMBLER, M.B., C.M.Edin.; 256, Oxford Road, Manchester.
- 1893 MILLER, ROBERT GIBSON, M.B., C.M.Glasg.; 10, Newton Place, Glasgow.
- 1892 MITCHELL, JOHN JAMES, L.R.C.P.Lond., M.R.C.S.Eng.; 1, Howard Place, Stoke-on-Trent.
- 1882 \*MOIR, BYRES (*Council*), M.D., C.M.Edin.; Physician to the London Homœopathic Hospital; 16, Upper Wimpole Street, W. (P., 1894. V.-P., 1891, 1892.)
- 1892 MOIR, DOUGLAS, M.D., C.M.Aberd.; 333, Oxford Road, Manchester.
- 1889 MOLSON, JOHN CAVENDISH, L.R.C.P.Lond.; Assistant Physician to the London Homœopathic Hospital; 13, Lingfield Road, Wimbledon.
- 1877 MOOKE, JOHN MURRAY, M.D., C.M., L.M.Edin., M.R.C.S. Eng., M.D. New Zealand; Hon. Medical Officer to the Hahnemann Hospital, Liverpool; 51, Canning Street, Liverpool.
- 1867 MORGAN, SAMUEL, M.D. St. And., M.R.C.S.Eng., L.S.A.; Consulting Physician to the Bath Homœopathic Hospital; Physician to the Bristol Homœopathic Dispensary; 15, Oakfield Road, Clifton.
- 1890 MORRISON, STAMMERS, M.D.Phil., M.R.C.S.Eng., L.R.C.P. Lond., L.M.Eng.; Grafton House, The Pavement, Clapham Common, S.W.
- 1895 MÜNSTER, HARALD VALDEMAR, M.B., C.M.Edin., 89, Loughboro' Road, S.W.
- 1882 MURRAY, JOHN, L.R.C.P., L.R.C.S., L.M.Edin.; Physician to the Folkestone Homœopathic Dispensary; 15, Trinity Gardens, Folkestone.
- 1895 NANKIVELL, BERTRAM WRIGHT, M.R.C.S.Eng., L.R.C.P. Lond.; Resident Medical Officer to the London Homœopathic Hospital, Great Ormond Street, W.C.
- 1888 NANKIVELL, FRANK, M.D., C.M.Edin., M.R.C.S.Eng.; 60, Kirkdale, Sydenham, S.E.
- 1888 \*NANKIVELL, HERBERT, M.D.Edin., M.R.C.S.Eng.; Physician to the Hahnemann Convalescent Home, Bournemouth; Penmellyn, Bournemouth.

## ELECTED.

- 1893 NEATBY, ANDREW MOSSFORTH, L.R.C.P., L.R.C.S.Edin.,  
L.F.P.S.Glasg.; Physician to the Sutton Homœo-  
pathic Dispensary; Mulgrave Road, Sutton, Surrey.
- 1885 \*NEATBY, EDWIN AWDAS (*Vice-President, Librarian,  
Council*), M.D.Brux., L.R.C.P.Lond., M.R.C.S.Eng.;  
Assistant Physician for Diseases of Women, London  
Homœopathic Hospital; 178, Haverstock Hill,  
Hampstead, N.W.
- 1885 NEILD, FREDERIC, M.D., C.M.Edin., L.R.C.P.Edin.;  
Physician to the Tunbridge Wells Homœopathic  
Hospital and Dispensary; Belvedere House, Tun-  
bridge Wells.
- 1891 NEWBERRY, WILLIAM FREDERICK HOYLE, M.D., C.M.  
Trinity College, Toronto, L.S.A.Lond.; 109, Cazenove  
Road, Stoke Newington, N.
- 1894 NICHOLSON, THEOPHILUS GEORGE HUSBAND, M.R.C.S.Eng.;  
Out-door Stipendiary Medical Officer, Hahnemann  
Hospital, Liverpool; 27, Catherine Street, Liverpool.
- 1892 NICHOLSON. THOMAS DICKINSON, M.D., C.M.Edin.,  
M.R.C.S.Eng.; Physician to the Clifton Homœo-  
pathic Dispensary; 2, White Ladies Road, Clifton,  
Bristol.
- 1895 NIVEN, CHARLES RITCHIE, M.B., C.M.Glasg.; Stipendiary  
Medical Officer to the North End Dispensary, Liver-  
pool; 82, Queen's Road, Liverpool.
- 1880 NOBLE, JAMES BLACK, M.R.C.S.Eng., L.R.C.P., L.M.Edin.;  
167, Kennington Park Road, S.E.
- 1876 NORMAN, GEORGE, M.R.C.S.Eng., L.S.A.; Physician to  
the Hahnemann Free Dispensary, Bath.; 12, Brock  
Street, Bath.
- 1892 OCKENDEN, ARTHUR JOHN, M.R.C.S.Eng.; 25, Regency  
Square, Brighton.
- 1893 ORD, WILLIAM THEOPHILUS, L.R.C.P.Lond., M.R.C.S.Eng.;  
Visiting Surgeon to the Bournemouth Homœopathic  
Dispensaries; Greenstead, Madeira Road, Bourne-  
mouth East.
- 1895 ORR, FREDERICK LAYTON, M.B.Lond., M.R.C.S.Eng.,  
L.R.C.P.Lond.; 27, Carlton Terrace, Surrey Road,  
Norwich.

## ELECTED.

- 1886 **PINCOTT, JAMES COLE**, M.R.C.S.Eng., L.R.C.P., L.M.Édin.;  
Surgeon to the Tunbridge Wells Homœopathic Hos-  
pital and Dispensary; Calverley Parade, Tunbridge  
Wells.
- 1862 \***POPE, ALFRED CROSSY**, M.D.Phil., M.D. (Hon.) New York,  
M.R.C.S.Eng.; Watergate House, Grantham. (P.  
1881. V.-P. 1873-4.)
- 1879 **POWELL, ALFRED JOHN**, M.D.Erlang., M.R.C.S.Eng.;  
Sewardstone Lees, Anerley Road, S.E.
- 1868 †**PRETCHARD, JOSIAH**, M.R.C.S.Eng., L.S.A.; 63, Richmond  
Road, Montpelier, Bristol.
- 1893 **PROCTOR, PETER**, M.R.C.S.Eng., L.R.C.P.Édin., L.S.A.;  
17, Hamilton Square, Birkenhead.
- 1884 **PULLAR, ALFRED**, M.D., C.M.Édin.; 111, Denmark Hill,  
S.E.
- 1884 **PURDOM, THOMAS EADIE**, M.D., C.M.Édin., L.R.C.P.,  
L.R.C.S.Édin.; Physician to the Croydon Homœo-  
pathic Dispensary; Ellerslie, 25, Park Hill Road,  
Croydon.
- 1893 **RAMSBOOTHAM, SAMUEL HENRY**, M.D.Édin., M.R.C.S.Eng.;  
Hon. Medical Officer to the Leeds Homœopathic Dis-  
pensary; 16, Park Place, Leeds.
- 1862 **REED, ROBERT RHODES**, M.D.Clev., M.R.C.S.Eng.; Market  
Square, Lynn Regis, Norfolk.
- 1892 **REED, WILLIAM CASH**, M.D., C.M.Édin.; Physician to the  
Devon and Cornwall Homœopathic Dispensary and  
Cottage Hospital; 8, Queen Anne Terrace, Plymouth.
- 1895 **REID, ARTHUR LESTOCK**, M.R.C.S.Eng., L.R.C.P.Lond.;  
Assistant Resident Medical Officer to the London  
Homœopathic Hospital, Great Ormond Street, W.
- 1872 †**REID, LESTOCK HOLLAND**, M.R.C.S.Eng., L.R.C.P. Lond.;  
Bowmanville, Ontario, Canada.
- 1894 **RENDALL, JOHN MURLEY**, L.R.C.P., L.R.C.S.Édin.,  
L.F.P.&S.Glas.; Physician to the Edinburgh Homœo-  
pathic Dispensary; 75, Leamington Terrace, Edinburgh.
- 1885 **RENNEB, CHARLES**, M.D.Würzburg, L.R.C.P.Lond.,  
M.R.C.S.Eng.; 186, Marylebone Road, N.W.
- 1893 **REYNOLDS, EDWARD ROBERT BRADLEY**, M.R.C.S.Eng.;  
Highcroft, Shepherd's Hill, Highgate, N.

## ELECTED.

- 1894 RICHARDS, GEORGE PERCY PEEL, M.B., C.M.Edin.; 29, Houghton Street, Southport.
- 1892 ROBERTS, ARTHUR, M.D. St. And., M.R.C.S.Eng., L.S.A., D.P.H.; Hon. Physician to the Children's Sanatorium, Harrogate; Kingswood House, Princes Square, Harrogate.
- 1893 ROBERTS, WILLIAM HENRY, L.R.C.P., L.R.C.S.Edin., L.M.; Physician to the Dublin Homœopathic Dispensary; 63, Lower Mount Street, Dublin.
- 1878 ROCHE, ELEAZER BIRCH, L.R.C.P.Lond., M.R.C.S.Eng., L.M.; Physician to the Norwich Homœopathic Dispensary; Hon. Medical Officer to the Orphans' Home, Norwich, and to the Norwich' City Mission; 27, Surrey Street, Norwich.
- 1892 ROCHE, WILLIAM, L.R.C.P.I., L.M., M.R.C.S.Eng.; Physician and Surgeon to the Leaf Homœopathic Cottage Hospital; to the Eastbourne Homœopathic Dispensary; and to the Eastbourne Homœopathic Convalescent Home; Cornfield House, Devonshire Place, Eastbourne.
- 1892 ROSS, ALFRED, L.R.C.P., L.R.C.S.I., L.M.; The Elms, Vernon Place, Scarborough.
- 1891 ROSS, WILLIAM, L.R.C.P., L.R.C.S.I., L.M.; Physician to the Northampton Homœopathic Dispensary; 65, Abington Street, Northampton.
- 1892 ROWSE, EDWARD LEOPOLD, M.D.Brux., L.R.C.P.Lond., M.R.C.S.Eng.; 114, Upper Richmond Road, Putney, S.W.
- 1880 SANDBERG, ARTHUR GREGORY, M.D. (Hon.) Verm., L.R.C.P., L.R.C.S., L.M.Edin.; 151, Brixton Hill, S.W.
- 1893 SANDERS, HORACE, L.S.A.; 77, Camden Road, N.W.
- 1895 SCOTT, WILLIAM, M.D., L.R.C.S.Edin.; Melbourne House, Huddersfield.
- 1892 SCRIVEN, GEORGE, M.D., B.Ch.Dub., L.M., F.R.G.S.; Physician to the Dublin Homœopathic Dispensary; 33, St. Stephen's Green, Dublin.
- 1856 SCRIVEN, WILLIAM BARCLAY BROWNE, A.B., M.B.Dub., M.R.C.S.Eng., L.M.; Physician to the Dublin Homœopathic Dispensary; 33, St. Stephen's Green, Dublin.

## SELECTED

- 1895 **HEATHON, JAMES, M.D.Brux., L.R.C.P., L.R.C.S.I.;**  
Eathon House, Ealing, W.
- 1895 **FRIDDLETON, HENRY, B.A., M.D.Dub., M.B.C.S.Eng.,**  
L.M.R.C.P.I., L.M. Bot. Hosp., Dub.; 12, West  
Hill, Sydenham, S.E.
- 1893 **SHAW, CHARLES THOMAS KNOX (Secretary. C. L.R.C.P.**  
Lond., M.R.C.S.Eng.; Surgeon and Ophthalmic Sur-  
geon to the London Homœopathic Hospital and to  
the Buchanan Cottage Hospital, St. Leonards; Con-  
sulting Ophthalmic Surgeon to the Hastings and St.  
Leonards Homœopathic Dispensary; Consulting  
Surgeon to the Tunbridge Wells Homœopathic  
Hospital, and to the Phillips Memorial Hospital,  
Bromley; 19, Upper Wimpole Street, W. (P. 1891.  
V.-P. 1890.)
- 1885 **SHAW, FRANK HERBERT, M.R.C.S.Eng.;** Surgeon to the  
Buchanan Cottage Hospital, and to the Hastings and  
St. Leonards Homœopathic Dispensary; 33, Warrior  
Square, St. Leonards-on-Sea.
- 1895 **SHUTLIFF, EDWARD DICKINSON, M.R.C.S.Eng., L.R.C.P.**  
Lond., L.S.A.; Holmwood, Cowleigh Road, Malvern.
- 1888 **SIMPSON, THOMAS, M.D. St. And., M.R.C.S.Eng.;** Hon.  
Medical Officer to the Hahnemann Hospital, Liver-  
pool, and to the Bootle Homœopathic Dispensary;  
10, Crosby Road, Waterloo, Liverpool.
- 1885 **\*SMITH, GERARD, M.R.C.S.Eng.;** 37, Gloucester Place,  
Portman Square, W., and Craigholm, Upper Clapton, N.E.
- 1892 **SMITH, ROBERT GORDON, M.B., C.M. Aberd.;** Hon. Medical  
Officer to the Hahnemann Hospital, Liverpool; 164,  
Upper Parliament Street, Liverpool.
- 1893 **SOUTHAM, JOHN BINNS, M.R.C.S.Eng., L.S.A.;** (*address  
not communicated*).
- 1893 **STACEY, HERBERT GLEESON, M.D.Brux., L.R.C.P., L.M.**  
Edin., M.R.C.S.Eng., L.S.A.Lond.; Honorary Physi-  
cian to the Leeds Homœopathic Dispensary; 28,  
Park Square, Leeds.
- 1893 **STALEY, JOHN CHRISTOPHER GEORGE, L.R.C.P.I.;** Physi-  
cian to the Rochdale Convalescent Home; The  
Mount, St. Anne's-on-Sea.
- 1890 **STANCOMB, ERNEST HENRY MURLY, M.B., C.M. Edin.;**  
Westbourne, College Place, Southampton.



## ELECTED.

- 1892 STEINTHAL, WALTER OLIVER, L.R.C.P.Lond., M.R.C.S. Eng., L.S.A.; 128, Tweedale Street, Rochdale.
- 1866 †STEPHENS, SAMUEL SANDERS, M.R.C.S.Eng.; Stedcombe Manor, Axminster, Devon.
- 1889 STONHAM, THOMAS GEORGE, M.D.Lond., M.R.C.S.Eng.; Elsinore, Alpine Road, Ventnor.
- 1892 STOPFORD, ROBERT, L.R.C.P.I., L.M.; 75, Hoghton Street, Southport.
- 1887 STORRAR, WILLIAM MORRISON, L.R.C.P., L.R.C.S.Edin., L.M.; Senior Physician to the North of England Children's Sanatorium; Physician to the Southport Hydropathic Hospital; 15, Hoghton Street, Southport.
- 1892 STUART, PETER, L.R.C.P., L.R.C.S.Edin., L.M.; Assistant Physician to the Hahnemann Hospital, Liverpool; 36A, Rodney Street, Liverpool.
- 1877 SÜSS-HAHNEMANN, FREDERICK LEOPOLD ROBERT, M.D. Leipzig; 14, Highbury Crescent, N.
- 1892 THOMAS, BERNARD (*Secretary, Liverpool Branch*), M.B., C.M.Edin; Stipendiary Medical Officer to the Roscommon Street Dispensary, Liverpool; 22, Grove Street, Liverpool.
- 1886 THOMAS, EDWARD JOHN HAYNES, L.R.C.P., L.R.C.S.Edin.; Physician to the Chester Free Homœopathic Dispensary; 18, Pepper Street, Chester.
- 1891 THOMAS, HAROLD WYNNE, M.R.C.S.Eng., L.R.C.P.Lond.; Resident Medical Officer to the Phillips Memorial Hospital, Bromley; 55, Park Road, Bromley, Kent.
- 1893 THOMPSON, CHARLES, M.R.C.S.Eng., L.S.A.; 226, Stamford Street, Ashton-under-Lyne.
- 1895 THORNTON, FRED WHITFIELD, M.R.C.S.Eng., L.R.C.P.I.; 35, New North Road, Huddersfield.
- 1886 VAWDREY, THEOPHILUS GLASCOTT, L.R.C.P.Lond., M.R.C.S. Eng.; Stipendiary Medical Officer to the Devon and Cornwall Homœopathic Dispensary; Surgeon to the Cottage Hospital; 4, Buckland Terrace, Plymouth.
- 1893 WADDINGTON, CHARLES EDWIN, L.R.C.P.Lond., M.R.C.S. Eng.; 2, Marlboro' Road, Manningham, Bradford.

## ELECTED.

- 1895 WATKINS, FRANK AUGUSTUS, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.; St. Olaves, Newport, Monmouthshire.
- 1862 †WATSON, CHARLES GEORGE, L.R.C.S., L.R.C.P.I., L.M.; Hobart, Tasmania.
- 1858 †WAUGH, J. N., M.D. St. And., M.R.C.S.Eng., L.S.A.; Brisbane, Queensland.
- 1893 WEDDELL, JAMES CALL, M.D., C.M., L.M.Edin.; 1, Park Place East, Sunderland.
- 1894 WHEELER, CHARLES EDWIN, M.D., B.S., B.Sc.Lond., M.R.C.S.Eng., L.R.C.P.Lond.; Manor House, West London Road, Norbiton, Kingston-on-Thames.
- 1861 WHEELER, HENRY, L.R.C.P.Lond., M.R.C.S.Eng.; 43, Alkham Road, Stoke Newington, N.
- 1893 WILDE, STANLEY, L.R.C.P., L.R.C.S., L.M.Edin.; Physician to the Cheltenham Homœopathic Dispensary; Ingleside, Bayshill, Cheltenham.
- 1893 WILDE, HERBERT, M.B., C.M.Edin., L.R.C.P., L.R.C.S. Edin.; 18, Clifton Terrace, Brighton.
- 1893 WILDE, JOHN, L.R.C.P.Edin., M.R.C.S.Eng., L.S.A.; Physician to the Weston-super-Mare Homœopathic Dispensary; Park House, Weston-super-Mare.
- 1891 WILDE, PERCY ROBERTS, M.D., C.M.Aberd.; Physician to the Bath Homœopathic Hospital; 23, Circus, Bath.
- 1891 WILDE, ROWLAND STANLEY, M.B., C.M.Edin.; Physician to the Weston-super-Mare Homœopathic Dispensary; Park House, Weston-super-Mare.
- 1892 WILKINSON, ALFRED GEORGE, M.R.C.S.Eng., L.S.A.; 28, Newland, Northampton.
- 1892 WILKINSON, CLEMENT JOHN, M.R.C.S.Eng., L.S.A.; Leh House, Windsor.
- 1893 WILLIAMS, ARTHUR LLEWELLEN, L.R.C.P.Edin., L.M.; 127, Moss Lane, Manchester.
- 1892 WILLIAMS, EUBULUS, M.D. St. And., M.R.C.S.Eng., L.M., L.A.C.; Physician to Müller's Orphan Houses; 2, Beaufort Road, Clifton.
- 1892 WILLIAMS, LEMUEL EDWARD, M.R.C.S.Eng.; Surgeon to the Skin Department, and Honorary Assistant Medical Officer to the Hahnemann Hospital; Honorary Medical Officer to the Hahnemann Dispensary, Liverpool; 62, Spellow Lane, Liverpool.

## ELECTED.

- 1896 WILLS, REGINALD GRAHAM, M.D., C.M.Aberd.; 23, Circus, Bath.
- 1892 WINGFIELD, JOHN, L.R.C.P., L.R.C.S.Edin., L.F.P.S. Glasg.; Honorary Physician to the Birmingham and Midland Homœopathic Hospital; Aubyn House, Alcester Road, Moseley, Birmingham.
- 1889 WITHINSHAW, CHARLES WESLEY, L.R.C.P., L.R.C.S.Edin., L.M.; 3, Earlstoke Villas, Lansdowne Road, Clapham Road, S.W.
- 1893 WOLSTON, CHRISTOPHER, B.A.Lond., M.D. St. And., M.R.C.S.Eng.; 5, West Circus Street, Finsbury Circus, E.C., and Holmdene, Southlands Grove, Bickley.
- 1877 WOLSTON, WALTER THOMAS PRIDEAUX, M.D.Edin., M.R.C.S.Eng.; Physician to the Edinburgh Homœopathic Dispensary; 46, Charlotte Square, Edinburgh.
- 1876 WOOD, HENRY THOROLD, M.R.C.S.Eng.; 86, Seymour Street, W.
- 1893 WOODGATES, HENRY, M.D.Glasg., M.R.C.S.Eng.; Physician to the Exeter Homœopathic Dispensary; Mona Lodge, Lyndhurst Road; and 12, Bedford Circus, Exeter.
- 1889 \*WRIGHT, DUDLEY D'AUVERGNE (*Council*), L.R.C.P.Lond., M.R.C.S.Eng.; Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homœopathic Hospital; 55, Queen Anne Street, W.
- 1854 \*†WYLD, GEORGE, M.D.Edin.; Fieldhead, Wimbledon Park, (V.-P. 1876.)
-

LIVERPOOL BRANCH.

Meetings are held at the Hahnemann Hospital, Hope Street,  
Liverpool, on the second Thursday in each month.

MEMBERS.

HAYWARD, J. W., <i>President.</i>	CAPPER, E., <i>Vice-President.</i>
	THOMAS, B., <i>Secretary.</i>
DAVIDSON, F. W.	MEEK, W. O.
ELLIS, J. W.	MITCHELL, J. J.
FINLAY, J. T.	NICHOLSON, T. G. H.
GORDON, J. N.	NIVEN, C. R.
GREEN, C. T.	SIMPSON, T.
HALL, F.	SMITH, R. G.
HAYWARD, C. W.	STOPFORD, R.
HAYWARD, J. D.	STORRAR, W. M.
HAWKES, A. E.	STUART, P.
JONES, T. R.	THOMAS, E. J. H.
MAHONY, E.	WILLIAMS, L. E.

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*Azmonter.*

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*Bath.*

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Wilde, P. R.

Wills, G.

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*Bickley.*

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*Birkenhead.*

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Craig, J. S.

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*All communications and exchanges to be sent to DR. HUGHES,  
36, Sillwood Road, Brighton.*

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SOME PROLEGOMENA TO A PHILOSOPHY OF  
MEDICINE.

BEING THE PRESIDENTIAL ADDRESS DELIVERED AT THE  
FIRST MEETING OF THE SESSION, 1895-6,

BY GILES F. GOLDSBROUGH, M.D.

*Assistant Physician to the London Homœopathic Hospital.*

I.—INTRODUCTION.

BEFORE inviting attention to the subject of my address, I have two preliminary duties to discharge. I desire to thank the Society most sincerely for the great and undeserved honour conferred upon me in my appointment to the post of the chair for the present session. I am quite unconscious of any reason why I should have been so appointed, unless it be that of possessing a warm interest in the welfare of homœopathy and an instinct for its scientific development. These, at least, I have in my mind's eye, and only wish I could succeed in accomplishing something towards the realisation of these objects while I hold office. With regard to my hopes in this direction I can only say, if health and other circumstances permit,

I shall be at the post of duty, and I do not intend to give our Vice-Presidents anything to do.

The second duty is an exceedingly pleasant one. It is to welcome most cordially every member of the Society to the work of the new session, meeting as we do for the first time in the new London Homœopathic Hospital. Next to the celebration of the Jubilee, I know of no event in the history of the Society which could excite keener pleasure or brighter expectations for the future than the present one. Speaking for myself, who have had so little to do in bringing about these happy auspices, I should like to congratulate the Society on the prospect of results to homœopathy which I feel persuaded will ensue from the opening of the new hospital, and in the name of the Society to congratulate the Board of Management and the medical and surgical staff of the old hospital who worked so assiduously to bring about this happy result.

Our meeting thus for the first time in the new hospital has been one of the considerations which determined my choice of a subject on which to address you this evening. I know not whether this thought was in the mind of our esteemed hon. secretary when he proposed in Council assembled that henceforth the President of the Society should give his address at the beginning of the session instead of at the end, and that this address should partake of the character of a Hahnemann address, having some special reference to Hahnemann's discovery and work, and its influence on the knowledge and practice of medicine of to-day. If he had this thought in his mind, surely nothing could be more opportune, provided, of course, a man were chosen President sufficiently competent to undertake the task. As I have found the task by no means a light one, I ask your indulgence for many defects.

Another consideration which has determined my choice of a subject has been the *raison d'être* of our Society, by comparison with other medical societies. In view of our convictions as to the value of the rule of similars in the treatment of disease, and of the attitude of the profession at large in relation to the avowed adoption of that rule, shut

out as we are from other societies, we are bound to meet together to confer on the wide and difficult subjects in general medicine and surgery and all their branches which we encounter in ordinary knowledge and practice. And as a society we have to embrace the whole field, which, in the experience of most of us, antedated our knowledge and experience of homœopathy. But as homœopaths more especially, we believe ourselves to be the medical reformers of to-day, the pioneers of true scientific medicine in the widest sense of the term. Medical reform I take to be not an engagement in polemical warfare with the general body of the profession who regard us as heretics, but in spite of misrepresentations, misunderstanding and opposition, a promotion continuously and unremittingly of the advance of a knowledge of homœopathy and a seeking in every way to modify practice in accordance therewith.

Now the question must often cross the mind of the convinced homœopathist, why the majority of the profession refuse medical reform in the direction of an avowed and general adoption of the homœopathic rule or method. The medical mind is open to advances in knowledge in all other branches, which are the foundations of practice—medical or surgical. Even pharmacology, although with little generalised system, has found a place among the sciences of medicine. But, when the schools arrive at therapeutics, there is a steady, point-blank refusal even to inquire into a method, which is really simple when once conceived, practically universal as far as the uses of drugs are concerned, and verified by the experience of a large body of medical men throughout the world.

What is the fundamental reason of this attitude—apart, I mean, from wilful ignorance or misrepresentation? I cannot believe that men who have open minds to the new facts of other sciences, can simply be blindly led by bigotry or partisanship when they come to consider a branch of knowledge most nearly concerning their success as practitioners, and their reputation as honest, open-minded observers and seekers after truth.

The reason lies, as it seems to me, in the fact that as far

as the current knowledge of physiology and pathology goes (and therapeutics are rationally based on these sciences), the homœopathic method or rule is ultra-rational, or ultra-scientific. What are the facts on both sides? Take those first of physiology and pathology. The object of physiology is stated by Landois and Sterling<sup>1</sup> to be the establishment of the phenomena of organisms, to determine their regularity and causes, and to refer them to the general fundamental laws of Natural Science, viz., the laws of physics and of chemistry.

And again, the whole series of phenomena of physiology considered as a *sign of life*, and termed metabolism, consist in the introduction, assimilation, integration, and excretion of matter.

With regard to pathology, Sir James Paget says, in Quain's "Dictionary of Medicine": "It is the name generally given to the science of disease, but the subjects which it may include cannot be exactly defined. For ease and disease, well and ill, and all their synonyms, are relative terms of which none can be defined unconditionally," and in a later paragraph, "Pathology finds in physiology its basis, the varying standards of healthy structure and functions with which its subject matters are in contrast, and the models and methods of its study; but its range is wider than that of physiology, inasmuch as the conditions giving rise to disease are much more numerous and more various than those of health." With regard to rational therapeutics, Dr. Lauder Brunton, in the same work, says, "that depending on experimental physiology and pharmacology, the practitioner may hope to recognise, from the symptoms of the patient, the organ affected by disease, the nature of the disturbance in its function, and to apply, with some degree of success, a remedy which will counteract such disturbance." Now it will be readily agreed that neither in physiology nor pathology, have we anything approaching simplicity of aim, or method, or result. In therapeutics, matters are still more confused. The conditions on which the single result desired, the cure of disease, depends, are known to be so complicated, that

<sup>1</sup> "Text-book of Physiology," vol. i., Introduction.

though based on facts from all the natural sciences, uncoordinated and unarranged, it is deemed rational to apply the bare notion of physical force, to bring about that result. Reason, we may well exclaim, but it requires an adjective to qualify it, the reason of blind force, it is true, but not of science either exact or even natural.

But turn to a similar line of facts relating to homœopathy. The ground-work of homœopathy is unquestionably the science of pharmacology or drug pathogenesis, as our classical work on the subject has it.<sup>1</sup> The methods of this science are those of experimental physiology, carried, in theory at least, to the finest degree in the human subject, with side-lights from experiments on animals.

In the application of the method of homœopathy, the facts of disease, in their simultaneity and succession and interdependence, are the only reliable phenomena which have to be dealt with as disease, and the rule of application between these phenomena and those of drug pathogenesis is the authority of a similar relationship. The authority of a similar relationship! What is that authority? Here we have the crux of the question. Two recent writers opposed to each other agree that the method does not "explain itself, and never can." Still, the grounds for the adoption of homœopathy are good, and by a long way higher than the roughly rational quasi-scientific methods of the predominant school. For the past hundred years, in the hands of observers equally competent to any in any field of science, in the phenomena of drug pathogenesis, and in the results of the treatment of disease by homœopathy, we have had, in process of collection, the concrete phenomena for the formation of a science of therapeutics, but the law which connects them has not as yet been defined.

Many analogies in the history of disease and its natural recovery, suggest that there is such a law, some among them having been brought forward by Dr. Madden in his presidential address at the recent Homœopathic Congress at Leeds.<sup>2</sup> A number of explanations have been offered, as you

<sup>1</sup> "Cyclopædia of Drug Pathogenesis." Edited by R. Hughes and J. P. Dake.

<sup>2</sup> *Homœopathic Review*, October, 1896.

know, which are suggestive, but by no means conclusive, but we have no law to explain the operation of the *simillimum*, in the sense that gravitation is law, or in the sense of Ohm's law of electricity, or Bell's law of the sensory and motor functions of the roots of spinal nerves. The advocates of homœopathy, however, by the parallelism they draw between drug effects and disease, and by the universality of the application of one to the other they endeavour to establish, assert in effect, that the rule of similars must be based on a law of equal universality, if only such a law could be perceived, defined, and established in the mind.

Now this philosophical position of homœopathy places it higher in the scale of thought than the current philosophical bases of physiology, pathology, and therapeutics. As far as average science is concerned, homœopathy is therefore ultra-rational—it is beyond science. In the minds of those who are convinced of the practical value of the rule of similars in the treatment of disease, its scientific truth remains as a conviction, a belief, a faith, and there remains yet the necessity of formulating the basis of this conviction in philosophical relationship with other departments of medical knowledge.

What relationship, then, do the supporters of homœopathy bear to the dominant school? In view of the responsibility which attaches to the medical community in the treatment of disease, the relationship between the two spheres of thought is plainly ethical. Not the common ethical basis of professional etiquette. Far higher than that. On the one side, physiologists and pathologists, who are, at the same time, practitioners of medicine, *ought not* to close their eyes to the facts of experience, or the claims of a method which results in those facts, even though no explanation is forthcoming, and the facts run counter to received opinion or reason so far developed. And, on the other hand, men who have become convinced of the practical utility of the homœopathic rule *ought* to set forth their experience clearly and scientifically, in accordance with received and known conclusions in physiology and pathology, and to spare no pains to discover, if possible, the law or laws on which the issue



of those facts depends. This philosophical aspect of homœopathy is another, and the main consideration, why I have chosen to address you on the subject of the philosophy of medicine this evening, and to give you the views which form the chief part of the following address. But before I do give you those views I should like to make a personal explanation respecting them.

These views did not arise in my mind, while endeavouring to find a scientific or rational explanation for the rule of similars, but while giving close consideration to another branch of philosophy. I make this explanation so that without "special pleading" I may emphasise the fact that I believe homœopathy may fall naturally into its place in a general philosophy of life and mind.

In the preparation of this address I have to gratefully acknowledge my indebtedness to a number of authors and works. For the scientific part, I have relied mainly on Quain's "Anatomy," the latest edition, edited by Professors Schäfer and G. D. Thane; Landois and Sterling's "Text-book of Physiology"; Quain's "Dictionary of Medicine"; and a little "Manual of Bacteriology," by Professor Klein. I must add to these the works of Hahnemann as translated by Dudgeon, and the writings of Hughes, Carroll Dunham, Drysdale, Hayward, H. R. Madden, and others. In philosophy, including psychology, I have taken much from the works of Bain and Spencer and William James. "The Protoplasmic Theory of Life," by the late Dr. Drysdale, has been a great help to me, as also, in philosophical purpose and method, a presidential address by Mr. Shadworth Hodgson, entitled, "Philosophy and Experience";<sup>1</sup> and various articles which, from time to time, have appeared in *Mind*.

## II.—NEED AND CONDITIONS OF PHILOSOPHY IN MEDICINE.<sup>2</sup>

§ 1. The attainment of success is uppermost in the mind of every medical man. Success is what every man

<sup>1</sup> Williams and Norgate, 1885.

<sup>2</sup> About half the paragraphs in this and the next section were omitted in delivery.

hopes for, and it is the only goal he can be satisfied with as a result of his study, his knowledge, and his practice. But the word must not have given to it a narrow or restricted meaning. Success does not include merely personal success. Such is the place medical men occupy in the social organism, that it is the welfare of the community they are bound to consider before their own. Although personal success does not fall out of consideration, it occupies distinctly a second place. It is wrapped up in the welfare or success of suffering humanity; or, we might say, it is on the relief of suffering humanity that medical success depends.

There is another aspect of success which must not be overlooked. As personal success depends on the welfare of the community, whom it is the duty of the medical man to serve, so does it also depend on the combined success of the whole profession. What is success for one man to-day, will be, by imitation, success for all to-morrow. What is success for the whole profession to-day, may be success for the single man to-morrow.

§ 2. This three-fold view of success may be illustrated by a reference to the possible experience of surgeons in the development of a major operation; taking ovariectomy for an example. In order to make the operation of ovariectomy a success the whole mind and interest of the surgeon are, for the time, intent upon the preparations, the instruments, and the manipulations required for its performance. On these, all combined, the condition of the patient being considered suitable, the successful result of the operation depends. The operation is performed; and is successful if the patient survives its actual performance. This is a personal success for the surgeon so far; and such success is not detracted from by the fact of the death of the patient after the operation, from any cause not directly ensuing from the fact of its performance. But if all patients died after the performance of that operation, even though every attention had been paid to ensure its successful performance, and the patients had survived the performance, the surgeon would not consider he had attained success in that operation, and he would seek for *an explanation of the reason why*. But supposing the ex-

perience of the particular surgeon was but the experience of all surgeons (which was, in fact, the case with ovariectomy before the introduction of antiseptics), the success of the one man would not be such a serious consideration to him personally, except in so far that in his own success was implied the success of the whole profession; and that the success of the whole profession would become one condition of the success of the single man.

§ 3. The illustration here used serves to point out the place of philosophy in medicine, and to suggest that the success of every man depends on his exercising a philosophical habit of mind. It was impossible that an operation like ovariectomy, which had aroused the keenest interest among surgeons, and which had in it all the elements of successful performance, could be allowed to drop. What was the process which raised it to its present position as not only a justifiable operation, but as a triumphant success to the community, to the profession, and to the individual surgeon?

This success depended in the first instance on *the explanations of failure*. The philosophy of the subject was brought into view by a re-examination of the facts and principles on which the operation had been based; these were found to be good in all save one most important particular. But this particular, the septic condition of wounds, was being investigated in collateral fields; the method of antiseptics was introduced; it was tried in this operation with partial success, the inference of asepsis was drawn from partial failure under antiseptics, and now under asepsis and antiseptics, the operation has become a success of which the whole profession, as well as the individual surgeon, might well be proud.

§ 4. It is an extension of the method of explanation in view of failure to attain success in every disease which makes possible a philosophy of medicine. If, in the face of failure and in the absolute necessity of success, and in the interest which a view of both failure and success excites in the mind, we have impelled a philosophical habit of mind which invites investigation of particular points, and by

means of explanation, and the application of principles and inferences from different departments of knowledge, there ensues great practical advance in the direction of success—that is to say, that inferences of the mind are as real in themselves as the processes concerning which the inferences are made—it is a legitimate deduction that a proportionately great practical advantage would ensue if the process of explanation were so extended that a final explanation of all the explanations becomes possible. It also may be safely inferred that such an explanation may be as real as any of the explanations it seeks to explain (and they have been proved real by serving practical purposes); therefore, if the final explanation is real, it also will be conducive to success, relatively that through it all facts, causes, processes, and results included in both failure and success can be understood as they become objects of thought and relation by the mind.

If, on undertaking the consideration and treatment of a case of disease the practitioner of medicine or surgery knows precisely and definitely the relationship of causes, symptoms, and morbid anatomy so that a prognosis can with certainty be made, whether the case were left alone, or what would ensue if all available measures of treatment were adopted, he would look upon the consideration and treatment of such a case with perfect confidence or rest of mind, provided always that recovery were the issue he knew would follow. The practitioner would be confident of success. It is confidence, or rest of mind, that is the goal of philosophy and that all understanding aims at, not rest in the sense of inactivity, but rest as preliminary to, and a basis of, increased personal activity. If a practitioner understands a case, he is in a position to treat it. His position is satisfactory philosophically. His knowledge furnishes his understanding with objective thought. Objective thought leads to the subjective act. The subjective act leads to further objective thought; the relation between the two sides of the shield is one of rest; and, as a final point, the rest of the practitioner of medicine is in philosophical relationship to his life and mind as a man among

Thus we have set out the scope and purpose of philosophy in medicine. It begins with explanations of failure in single instances, and it ends by arriving at an explanation of the relationship of all medical knowledge to other knowledge, and also in what all knowledge consists, and on what it depends.

§ 5. An immediate practical inference may be drawn from a recognition of the wideness of a philosophy of medicine. The vastness of knowledge and the success which results from it, do not depend upon the knowledge and practice of one man but upon all. "Every man in his place," to the exercise of the highest and all his capacity, is as much a motto for the medical profession as for the ancient Hebrew army man. And every man who does what he can, cannot be done without. Whatever in the opinion of Mr. Herbert Spencer<sup>1</sup> may have been the ancestry of "physicians and surgeons," and by what process of evolution their descent down the ages has been accomplished, the point in evolution which interests them most is that they are here, they have arrived, and, *nolens volens*, they find themselves dependent on each other for the work they have to do.

§ 6. In philosophy as applied to medicine as to any other department of knowledge, a distinction has to be drawn between philosophical method and scientific method. For a complete account of this distinction the reader is referred to Mr. Shadworth Hodgson's Aristotelian address entitled "Philosophy and Experience."<sup>2</sup>

Experience is the field both of philosophy and science, but in philosophy the question is asked, What is? as distinct from the question of science, How comes? and the question, What is? asked after the question, How comes? has exhausted the possibility of an answer. Science makes her answers first and then hands them on to philosophy for further investigation, and she puts again the question to each of them, What is? There are, however, two aspects of scientific investigation, and philosophy in reality deals with

<sup>1</sup> *Vide Contemporary Review*, June, 1895.

<sup>2</sup> Williams and Norgate, 1885.

only one of them, and her results are applicable as explanations through one to the other. Philosophy explains through psychology to positive science and common-sense. Take as an illustration the ordinary common-sense idea of the cure of disease. Science asks, How comes it? Philosophy takes up the answers given and asks of each of them, What is it? Her answer can only be given in terms of science plus the personal experience of science. Even then the question may be re-asked of the answers given, What is it? And the answer given is the most final one that can be given. However often the question, What is? may be put, the nearest answer that can be given is a psychological or subjectively scientific one; therefore, if positive science and common-sense are treated philosophically they must be so through psychology or subjective reality.

§ 7. Hahnemann has said that "the physician's high and *only* mission is to restore the sick to health, to cure, as it is termed."<sup>1</sup> Some of the sick, however, cannot be cured, and it is a matter of common experience that they cannot. Where the structure of organs has been destroyed by disease—and such a contingency may arise in a moment of time—neither knowledge nor practice are of any avail to restore the sick to health, or to *cure* as it is termed. Thus, as well as asking *what is* the cure of disease, the mind cannot help asking, What is *incurable* disease? And so opens up at once one of the widest questions of the medical philosopher, What is disease at all? An attempted single answer to this question is not a primary one, however, and would not give much aid to a true solution of it.

But the common experience of disease and of incurable disease, also the discovered power to prevent some of the causes of disease, has led to further inquiry into the cause of all disease, and the aim to prevent it all. Hence is arrived at a further conception of the mission of the physician. He is the curer of disease; but he is also the preventer of disease. It is not, however, by an attempted answer to the question, What is the cause of all disease? that disease

<sup>1</sup> "Organon of Medicine," § 1, translated by Dudgeon, 1898.

can be prevented: but in the scientific way of all true philosophy, the question is asked in a given instance, What is the cause of this? Having ascertained the cause of one, it can be correlated with others, and with the power to prevent them. So by a widening and deepening of knowledge of proximate causes with the ability to prevent some of them, the modern science of preventive medicine is being built up. It would not be very hazardous to prophesy that, as knowledge of disease and its causation advances, and as higher conceptions of responsibility in general human life emerge, the major consideration in medical practice will become the prevention of disease rather than its cure. The differentiation of medical knowledge into curative medicine and preventive medicine had not been made in Hahnemann's time, although he was fully alive to the importance of it when he says: "He (the physician) is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health."

§ 8. But we must enlarge the mission of the physician even yet. As we saw that the success of the single man depended so largely on the success of the whole profession, so the continued inevitable progress of the knowledge of the whole profession, and the modification of practice in accordance therewith, depends for its advance upon the observation and practice of the single man. I need not enlarge on the detail of what such a conception of the mission of the single medical man involves. Broadly, it may be said, the education of the profession depends upon him. Although, in accordance with custom and best method, certain men are told off as teachers, and these find their places in colleges and universities, the facts of knowledge have to be gleaned first from the single case and group of cases; and the profession depends on every man to furnish some fact or facts to the common fund. How much this is the case may be noticed by a reference to the conditions under which medical education is conducted. The position occupied by hospitals, their relation to the medical schools, and the attitude of the State to both of them, are such that the responsibility for the record of facts is placed almost entirely upon the single man, or, at the

most, on the voluntary association of men together, for the purpose.

§ 9. These three common conceptions; the cure of disease, the prevention of disease, and the education of the profession, thus indicate the experience which marks off the medical man from other individuals in the social community. We are, therefore, in a position to indicate the scope and limitations of a complete philosophy of medicine.

A philosophy of medicine will include a personal analysis, with results giving in psychological fact and arrangement all objects and branches of knowledge which can be included within the conceptions of the *prevention of disease*, the *cure of disease*, and of what is special in the acquisition or the imparting of knowledge included in these conceptions. Having made his analysis, the philosopher will be then in a position to bring his results to a psychological arrangement with each other, in the ordered system of his entire mental experience. He may become constructive. It will thus be perceived that philosophy is regarded as a process, a living and growing process, which can go on in the experience of every man, if he gives his attention to it; and, as we have gathered, the medical man is compelled, by the very nature of that experience, to engage somewhat in the philosophical process. A system of philosophy is the final result if the philosophical process is pushed to the utmost limits the mind is capable of, which involves a final analysis and construction of itself, as the philosophising instrument.

It may, however, be added that inasmuch as knowledge is for ever growing, any system of philosophy, to be of value, must give an account of and allow for this growing process, or it will have little explanatory value except for the immediate present. It will soon be relegated to the limbo of forgotten thought.

And it must also be added, that what one man may do by way of a personal analysis and synthesis of his own knowledge, has a supreme value for himself alone, until he can set forth the process of his thought in language that may be used and understood by other minds, and by the association of this language in their own minds they are



able to perceive and co-ordinate their own experience by his.

§ 10. In a series of prolegomena to a philosophy of medicine it must first be noticed, what are the special features in medical knowledge which distinguish it as knowledge from the ordinary every-day knowledge of people at large? And what are the special conditions of its acquisition?

Broadly stated, this distinction consists in the difference carried as far as possible between positive science and common-sense. In the education of students of medicine, it is necessary to attract attention away from the ordinary objects of experience and common-sense, and to fix it on an accurate and orderly presentation of the facts which are to form the content of his medical knowledge. But the difference does not lie here alone. In ordinary common-sense knowledge and experience, the conceptions of objects and relations between them and generalisations from them, of which this knowledge is built up, has a certain indefiniteness about it; the sensory impressions received from without have not had their utmost afferent discharge; they have been inhibited, partly by their multiplication and confusion together, partly by want of voluntary attention to one element or group of elements at a time, and partly by some other process in consciousness, or a feeling of self. Common-sense knowledge, however, serves the ordinary every-day requirements of man that he has in common with the average of his fellows. But such common-sense knowledge is by no means sufficient when from one branch of thought an accurate co-ordinate practice has to ensue. A step in advance of common-sense has then to be made. Such is the case *par excellence* with medical knowledge. Were it not so, every element of that knowledge would have to be accompanied with a further explanation and life would be all philosophy and no science and no practice. In medicine, as, indeed, in all positive science, the inhibitory process, which is everywhere prone to operate on sense impressions, is itself further inhibited by a higher requirement of interest or duty on the part of the mind. Every sense impression which this

interest or duty points to as important is allowed to have its full afferent discharge. Attention, which from one point of view may be described as the inhibition of inhibition, has the exercise of its full voluntary activity, discrimination of relations is exercised to the utmost, and generalisations formed are definite, and rounded off only by the impressions and relations which have been received from without and conceived to exist. If to a generalisation is added any contributory element of the mind other than that supplied from without, either past or present through association, the generalisation partakes of the character of unverifiable theory, and can have no place as real and positive medical knowledge.

From a survey of this distinctive quality of medical knowledge arises at once the reason why personal observation and experiment and practice are so necessary in medical education, and in proportion as the student can see for himself and think for himself and operate himself, so will he, consistently with his relative capacity, be the most successful medical man.

§ 11. On entering into a philosophical consideration of the remaining distinguishing features of the calling of the medical practitioner, viz., the *prevention of disease* and the *cure of disease*, the question may be asked, "What is the first content which marks off a consideration of knowledge involved in these two conceptions from other knowledge?" A reply might be ready at once—"A state or states of health." This would be the common-sense reply, but from the scientific standpoint, it does not carry very far. The standpoint of health is a common and familiar one, as well as the liability to departures from it, but when we consider the transition from bad health to good health, from illness to wellness, the notion of a state of health is seen to be a very relative and a very general one. It is the feeling of life plus the very important consideration as to whose life. Thus at the very outset of our philosophical analysis we are met by the great problem of individuality. If a patient is asked by the physician or surgeon as to his state of health, his answer, if given at all, is always referred to his own

personality, such as, "I am very ill," or "very well," as the case may be. It will be readily allowed, however, that the very consciousness or notion of personal individuality may become an object for the physician or surgeon to consider as to the goodness or badness of health, more especially when the particular person in question has disordered feeling on the subject, or no feeling whatsoever.

Accordingly, the notion of the state of health for philosophical purposes must be set aside as inadequate for a fundamental distinguishing element in the knowledge of medicine, and the wider notion of *life* must take its place. Both the feeling of health, and the generalised conception of it, and the consciousness of individuality, are included in the notion of *life*.

§ 12. What is life? is the point, then, from which we start. The very utterance of the question suggests that we can conceive of something which is not life, and yet something as real, tangible, and as much an object of sense and thought as life itself. Even if we knew no more about the *not-life* than that it was a bare set-off or relation to *life*, should we dare to exclude that relation from philosophical consideration? But as we do know more about it than that it is a mere relation, and have reason to believe that what is *not life* is as important to the existence and maintenance of life as life itself, two questions then confront us—What is *life*? and What is the *not-life* in relation to *life*?

All the facts which are included in the word life come under consideration in our analysis, also all the facts of the *not-life* which can be perceived to have any relationship to life. It is also from the standpoint of *life* the *not-life* is to be viewed, and *not life* from the standpoint of *not-life*.

But it is necessary carefully to note that we have not to do with the origin of life, except in so far as, if it can be discovered, it affords any explanation of the forms or processes of life. Nor have we anything to do with the cessation of life, except in so far as it affords any explanation of those forms and processes. We have, however, to do with the effects of life on the *not-life*, because they may afford explanation of the forms and processes of life, the whole

realm of organic chemical effects for example ; and also, for a similar though much wider reason, we have to do with the effects of life upon life. Part of the effects of life upon life are perceived in consciousness alone, and knowledge as a part of consciousness has an effect upon life. Accordingly, the whole realm of consciousness and knowledge comes under analysis in a philosophy of medicine.

§ 13. In relation to life, a complete scientific theory, or generalisation of it, has never yet been made which includes all the elements indicated in the last paragraph. The reason of this must be that life, as including consciousness and knowledge, has never yet been conceived by the mind in its entirety. Yet common-sense and positive science from a certain standpoint both consider life as *one*. Consciousness declares itself as unity, and the objective thought that life is manifested in separate organisations, which, in the case of man at least, include nearly all the separate phenomena of all animal life, witnesses to the correctness of the conclusion that there must be a single law or principle underlying both consciousness or the subjective view of life, and organisation in unity, the objective view. The reasonableness of this conclusion has led scientific men, and medical men in particular, to spare no effort to discover this law or principle.

Many efforts have been made to generalise upon the phenomena, or facts of life, but the arrival by consciousness at a perfectly satisfactory and definite conclusion has hitherto been inhibited by some other conclusion which had previously found a stronger hold of reason and judgment. Life, as including consciousness and knowledge, has hitherto been looked at from one of two opposing points of view. First, that it is something in itself, independent of that which does not constitute life. Although it appeared to have a certain relative dependence on the *not-life*, yet it has been assumed that this dependence was seeming, or appearance only, and that the reality of life was independent of its material conditions.

The opposite, or negative view, arose out of a critical analysis of the first-named view. It assumes that life is made up only of the phenomena of the *not-life*, and that the

only final interpretation of it possible is by means of the laws and phenomena of the not-life. Present day positive knowledge places life somewhat between these two extremes. The negative critical element predominates, but it is not supreme. Students of medicine begin their studies with a knowledge of the facts of the not-life, on which life is said to depend ; and, indeed, in theory they end here, for they are taught that the purpose of physiology is to refer all the phenomena of life to the natural laws of physics and chemistry. In fact, however, they do not end here, for writers and teachers on physiology postulate certain phenomena, which they term distinctively vital, and which do not admit of being all included in the phenomena and laws of physics and chemistry taken by themselves. The phenomena distinctively vital form the content of the whole division of science called biology, which includes physiology, embryology, psychology, and sociology. Biology, indeed, would have no *locus standi* as a science if all its facts and laws could be referred to the laws of physics and chemistry. This point need not be further pressed, however, for, as every one knows, there is a distinct morphology both of plants and animals, which cannot thus be explained without destroying it altogether.

As stated in the first sentence of this paragraph, life has never yet been viewed philosophically entirely as *one*, including the objective phenomena, subjective consciousness and knowledge all combined.

§ 14. The question thus remains to be considered whether life can be viewed philosophically as *one*. It cannot be by the objective phenomena of life alone, because they do not include feeling, except as inference from reflective consciousness. It cannot be by consciousness observing itself alone, because there would be no proof of anything but the subjective consciousness of one individual. But can it be from an observation of knowledge as including both these elements ? That is, can knowledge understand and explain itself, and the objects which form the content of knowledge ; and can this explanation be stated in one theory, which shall commend itself objectively as positive science and subjectively as psychology in one and the same statement of real fact ?

An answer to this question can be given in an assertion of affirmation ; but the affirmation has philosophical validity only if the theory offered explains all the facts it professes to explain, namely, all the facts of biology, of psychology, and of philosophy. It may be added, too, that this has always been the final goal of all systems of philosophy, although they never yet have reached their aim. It is the purpose of these prolegomena to indicate whether any advance can be made upon the latest theories of life, which have been formulated by minds which have analysed the subject philosophically, and have been able to construct a theory thereupon.

§ 15. We have said that the real and complete theory of life must explain philosophy. This is equivalent to saying that further proof or explanation is unnecessary, the theory, therefore, must be self-evident ; and as it is at the same time to be capable of explaining subjective consciousness, and objective knowledge, it must carry self-evident conclusions or proof with it into every fact of consciousness and objective knowledge.

§ 16. There are two current theories of life which have had much influence over the philosophy of the present day. An examination of each of these theories is necessary, in order that it may be seen how far they cover the ground which is laid down by philosophy as necessary to the answer of the question, "What is life?"

§ 17. The first theory is that of Mr. Herbert Spencer ; and is predominated by two fundamental ideas—change and evolution. Mr. Spencer says that life is "the definite combination of heterogeneous changes, both simultaneous and successive, in correspondence with external co-existences and sequences."<sup>1</sup> If a little thought is given to this statement it will be seen to be self-evident as far as it goes ; that is to say, that life is made up of change ; but if we ask how those changes are made into definite combination, how they can be said to occur together, or successively ; what is internal and external, and what correspondence is there

<sup>1</sup>"Principles of Biology." London : Williams and Norgate.

between them ; and what are external co-existences and sequences ; all these things are not self-explanatory or self-evident ; they postulate something further. Mr. Spencer says this something further is merely the process of change—evolution. But although evolution may be objectively evident when observed externally it certainly is not self-explanatory ; it needs a further explanation. Of this explanation Mr. Spencer himself feels the need ; for he postulates two other things in addition to both change and evolution, of which he offers no explanation. In order to account for certain peculiarities of form assumed by life, Mr. Spencer introduces the term *organic polarity*. The word polarity is adopted from the tendency which certain bodies in the external world have to assume a form peculiarly their own, and Mr. Spencer uses it in reference to what he terms the physiological unit, an aggregation of which give unity and form to organised beings. He terms the sum of the force of this aggregation, the sum of organic polarity.<sup>1</sup> But this is only putting the question of life further off, for we have no explanation of what the physiological unit is, nor any suggestion as to the meaning of the term, "organisation." The other element Mr. Spencer introduces into his philosophy, is what he terms a "unit of consciousness," and he assumes that consciousness in the mass is an aggregation of these units. The same remark applies to this assumption as to the former one, it shifts the ground further off, without being an explanation of the existence, either of unity, or of consciousness.

§ 18. *The protoplasmic theory of life* is of quite a different order from that of Mr. Spencer. It aims at no comprehensive view of life in the abstract but endeavours to arrive at its beginning, and conclude the nature of its essence from that beginning. If I were to characterise it shortly, I might say it is the result of a diagnosis by exclusion. The mind is driven up to the primitive substance of the organism, and its most elementary movement, and the substance itself is recognised as life, and its movements, phenomena belonging to it.

<sup>1</sup> "Principles of Biology," vol. i., chap. iv., p. 181.

The result is very important, for not only is the substance protoplasm discovered to be the ultimate known basis of the life of all organisation, but that itself lives absolutely without organisation, and all organisation is the result of the action of the life-substance, and cannot be maintained apart from it.

The physical characters of this substance are as follows : "It is a clear, transparent, structureless, colourless, semi-fluid, viscid substance, which possesses weight ; its chemical constitution is unknown ; in contact with other substances it possesses the power of spontaneous movement, or of acting against its own gravity."

This theory was the result of scientific observation of life in its simplest forms, and it has found expression in the work of the late Dr. John Drysdale.<sup>1</sup>

Drysdale's book was written in 1874. As a matter of course, researches have been going on ever since ; but the theory in its essential features maintains its ground.

As a summing up of the latest researches I may make the following quotation from Quain's "Anatomy," ed. 1893 : "Until comparatively recent years it was universally held that the principal or living substance of the cell to which the name *protoplasm* is applied is a completely homogeneous material . . . entirely devoid of structure. It is possible that this view may hold good for some cells both animal and vegetable, especially in those which are 'fixed' or non-amœboid. It is found that a differentiation of the protoplasm has occurred in such a manner that a part of it appears under high powers of the microscope in the form of a net-work or sponge-work, whilst the rest of the protoplasm occupies the meshes of this net-work." Be this as it may, both the *spongioplasm* and *hyaloplasm*, as these varieties are termed, are both *protoplasm*.

It has also been noted that the younger the cell the greater is the relative amount of hyaloplasm ; it is, therefore, probably safe for the present to infer that the structureless variety is the more primitive.

<sup>1</sup>Dr. Drysdale was himself an original observer in the field of the microscope, and at the same time an honoured member of the Homœopathic Society.



The relation of the protoplasmic theory to the structure of the cell may be stated as follows :—The cell wall, if present, and whatever structural element there may be within, or helping to constitute the nucleus, such, for example, as the chromatic filaments, are the result of the vital activity of the protoplasm, which vital activity is considered to be more active in the region of the nucleus than in the outer part of the cell. Under the dominion of the protoplasmic theory, all parts of the body which do not consist entirely of this substance are considered to be dead ; that alone is alive ; that alone is the animating substance of the completely developed individual. Thus (following Drysdale) within the body we have—

*So-called living matter.*—White blood corpuscles ; protoplasm of epithelial cells ; bioplasts of different tissues, varying in number according to the different tissues ; nucleus of the cells of grey matter of brain and spinal cord and ganglia ; nuclei of nerve fibres.

*So-called non-living matter.*—Cell wall ; threads and filaments and vacuoles between cells ; fibrous, connective, bony, elastic, or other tissues ; radiating fibres of caudate nerve cells and outer coats of the cells ; nerve fibres in general ; hard parts of epithelial cells ; all liquid secretions and liquid parts of blood, lymph, chyle ; cilia ; cuticle, hair, nails, horn.

Drysdale's summing-up of this theory and conclusions drawn from observations on the phenomena of protoplasm may be stated as follows :—“Life is, therefore, not an entity nor a force, but an action—that action alone which is involved in the consumption and regeneration, from pabulum, of a material compound entirely *sui generis*, under certain conditions or stimuli.”

The main value of this theory lies in the fact that it brings before the mind two elements that are characteristic of all life, all consciousness, and all knowledge. Neither knowledge nor consciousness nor life are known to exist without them.

These elements are known as matter and movement. Whatever validity or significance may eventually be attached

to those terms, they are elemental in their meaning, and may be accepted as the groundwork of a satisfactory explanatory theory of life. But the theory affords another element characteristic of all life, consciousness and knowledge. Protoplasm is said to possess the power of acting against gravity, and although this power is never exercised except under the influence of a power from without, yet it is not a mere result of that power, for according to known physical laws, the energy resulting from potential energy is kinetic energy, whereas when potential energy acts upon protoplasm in degree relative to its mass, the result is not kinetic but potential.

In other words, there is a reaction *sui generis* of the protoplasm, in addition to bare reaction of the mass. Only in this sense can a mass be said to act against gravity. If this activity is imagined in consciousness and knowledge, its truth will become self-evident as a fact of consciousness and of knowledge itself.

In these three points, then, that life consists of both matter and movement, and, dependent on matter and movement, acting upon itself, has a movement of its own, the value of this theory ends. It gives no account of the effects of the movement of life which are peculiar to itself, except to infer that organisation is the result of it. No account is taken of the fact that organisation is made to serve the purpose of this movement, or that this movement is intensified by means of organisation. A further statement concerning this movement is necessary; it requires a further generalisation of the mind—a law to explain it.

§ 19. A final question must be considered, and it resolves itself into a test of the validity of the knowledge which is derived from an observation of itself. The validity must be tested by the results of the inference when arrived at. If it is self-evident, and explanatory of all objective knowledge of life, and of consciousness itself, it will be valid for the purpose for which it is made. With regard to an ultimate test of validity for all knowledge, we accept Mr. Spencer's criterion. The inference must submit to the furthest critical analysis it is susceptible of, and then the contrary must be held to be unthinkable.

## III.—A BIO-DYNAMIC LAW.

§ 1. The requirements of an adequate bio-dynamic law may now be briefly stated as inferences from the foregoing statements :—(a) The statement of the law must set forth the relationship which obtains between life and the not-life. In other words, the facts and laws of physics and chemistry must have their place assigned as causes of the facts of life ; (b) The statement of the law must consist in a generalisation which shall include all the facts of life itself, and distinctive of all forms of its matter and movement ; and (c) On account of the known fact of life having a matter and movement *sui generis*, the statement of the law must indicate the causative or dependent relationship of this movement to the physical and chemical facts and laws of itself.

§ 2. One of the most obvious facts of conscious thought is that it may be either resting or active. Such a statement applies to consciousness itself, as witnessed by the difference between sleeping and waking, or when we say a person is unconscious. It also applies to the process of thinking in relation to consciousness. Another point in relation to both rest and activity is also obvious—namely, that both the rest and activity of consciousness and thinking alternate with each other throughout the whole of the range of consciousness and knowledge, and that the one is in relation of causative dependence upon the other. Consciousness could not continue without rest either as a contained phenomenon of the organism, or as an element of activity. And the same statement applies to thinking in relation to consciousness.

Another very obvious fact is that granting the successive cessations of activity in rest, the activity of the process of thinking increases itself by exercise, or thinking increases by spending itself. Consciousness also increases itself by spending itself in the thought of itself, not in the sense of extension, however, for consciousness is thus bounded by the extended object in which it rests, but in the sense of intension or intensity. When it is said that thought widens, it is not meant that it extends, but that it intends—that is, every increase of thought becomes potential for further

increase. The same applies when it is said thought deepens when it comes to think more and more upon itself.

§ 3. These are obvious elements in the process of knowledge, and if an attempt is made to believe their contrary, it will be found impossible. It is proposed, then, that these elements shall be gathered into a formal statement, and applied to what is known of life in protoplasm and organisation. It will then be seen if they afford any further explanation of protoplasm and organisation than has already been given. One word, however, as to the meaning of the term *rest*. It is relative rest that is to be understood. For instance, thought rests in personal consciousness; consciousness rests in the organism which contains it; the organism rests by gravity on the earth; the activity of the organism rests in its own gravity resting in the gravity of the earth. Thus the law of gravity is an absolutely essential condition to a knowledge of life and to the existence of life. It may be most fittingly termed the physical basis of life, and the law of gravity is part of the law of life.

§ 4. The theory of life may accordingly be stated as follows:—

*In absolute dependence on the phenomena and laws of physics and chemistry, life is a mode of energy, sui generis, occurring simultaneously in the resting and active conditions. The law of its resting condition is the purpose of the active. The law of the active condition is that it increases itself by spending itself.*

§ 5. Before proceeding to give illustrations of the theory, it will be necessary to make some general observations explanatory of the phraseology used in the statement.

(a) No further attempt is made to explain the relationship of the laws of physics and chemistry to the universe at large or their special causative relationship to life. Their special causative relationship to life is not yet known, except the fact of an *absolute dependence* on their *constancy* and *operation*. Their relationship to the universe at large is outside the immediate scope of a philosophy of medicine.

(b) *On the use of the word Energy*.—This word is used

advisedly because of its ultimate conceptual character. Potential energy must be understood, and it must be carefully distinguished from the isolated conception of force. Force may be the result of potential energy, but it cannot exist without matter, whereas potential energy or power is behind both matter and force. Life is thus a mode of energy—that is, it exists as matter and displays force in certain ways or modes, but it is not a force distinct and by itself. To term it so is recognised at the present day as a mere convenience of phrase which may belong to common-sense but not to positive science.

(c) The statement of this theory will be discovered to be self-contradictory if, as far as the objective phenomena of life are concerned, any attempt be made to imagine it in its entirety in the mind. Why so? Because in whatever state of life these phenomena are observed, only a part of the process is seen to be in operation at once. The total process includes the opposite or contrasted and inter-dependent part, which may come under observation the next minute, and be perceived to be a part of the whole by an effort of the mind. Take a simple example :—The phenomenon of the action of the biceps muscle is observed and known to be the result of the contraction of the fibres of that muscle, which again results from an impulse received from its related nerve. But if we turn from watching the action of the muscle, say in lifting a weight, to examine the muscle itself or its nerve, or the connection between the two, the action of the muscle for the time being drops out of mind, although there is an association by the mind of the one being dependent on the other. They are both referred to a vital process, although this vital process cannot be witnessed in its entirety at once.

(d) *The bio-dynamic law* illustrates what I have been noting in its most extreme form. It will be recollected that an element in the protoplasmic theory was that protoplasm could act against gravity. If an effort is made to conceive this, it is impossible, yet there is no doubt that if a man or an animal tumbles down, and has conscious intelligence or vitality enough, he will get up again and assume a position

of equilibrium, that is, he will set his vitality against his gravity, depending, of course, on the gravity of the earth. But the bio-dynamic law means more than this, and something which makes it more difficult still to image in the mind. Not only does vitality act against gravity, but, depending on it, it increases itself by spending itself. This is the central fact of life. What is lacking in previous explanations of life receives interpretation from this fact observed in the relations on which it depends.

§ 6. The statement of the law is now given ; and, of course, its value depends on its applicability to the phenomena of life as they are known in the sciences included under the class biological.

The theory here given may be stated shortly again in the sentence, that it is the protoplasmic theory plus the fact that life increases itself by its own activity. It will now be necessary to illustrate its explanatory value by a reference to facts relating to the movement of protoplasm itself, to the physiology of the cell, embryology, general physiology, and psychology.

§ 7. *The Movement of Protoplasm.*—In considering the phenomena of the movement of protoplasm, it is necessary to assume that these phenomena will not be exhibited at all except under the stimulus of energy from without. But note this:—That wherever protoplasm exists at all there always is energy without, which in popular language is called the environment. The protoplasm is dependent on *some* influence from its environment as an incentive to the manifestation of any of its activity. There are the simple mechanical action of currents of air, different degrees of heat and electrical tension, and a relative intensity of light. Other gases besides those included in air exert an effect upon it, as well as liquids and solids of the greatest variety and difference of density. The wonder is, that considering the physical qualities of protoplasm it does not on the slightest stimulus become dissolved ; but wonder ceases if we recognise a law for itself in addition to the laws of the environment. Protoplasm reacts upon the varying stimuli which are operating upon it. Can we doubt the significance

of the "amœboid" movements, that they are a direct response to different movements in relation to it? In these amœboid movements we have an expenditure of force, a reaction against other force. But what is the result? A dissipation of the particular substance which is the potential source of it? Not at all, but the very reverse. In the course of these movements, oxygen is being absorbed, heat is generated, some particles of other substances are caught and invaginated into the protoplasmic substance, movement is possible, some so-called organic material excreted; all being, in common language, a dissipation of energy. But does the protoplasm body dissipate? Not at all, but the reverse. It gets larger, its activity intensifies. Now allow a sufficiently strong mechanical stimulus to divide the protoplasm gently into two. What is the result? A dissipation of the energy of the whole? Not at all, but the reverse. Each division in itself becomes a centre, a focus for a reaction against the environment equal to the original reaction of the parent multiplied by two.

I am arguing for an absolutely self-contained reaction of the protoplasm on the environment; but, as a matter of *fact*, that is never *observed* to take place. What is seen is only part, which is the result of the operation of a law of the whole. Part is at rest and part in movement: *at least so it appears*; and the resting part is a basis for the acting part, as witness the support which the main part of a corpuscle must give to the pseudopodium as it is projected out from the body in response to a stimulus. This latter point will be illustrated better when we consider the subject of organisation.

§ 8. *The Physiology of the Cell.*—The cell is the first step in the process of organisation. The cell wall and reticulum, when present, serves a double purpose. If any portion of protoplasm can display degrees of energy in its reaction on the environment, and can, by means of energy received from without, convert itself into a substance of greater density than itself and of different relative density to substances which constitute the environment, this substance will become a substance on which the protoplasm may

depend, and against which it may react. This is an obvious truth, but it is the root-fact of all organisation. In the formation of the cell wall or reticulum, even though it may result from some special influence of the environment, and death of some protoplasm substance, as long as it remains round or in contact with the cell, and is renewed by its activity, it becomes a means to the increase of its vitality. The formation of such a structure is an illustration of the law that life increases itself by spending itself.

A careful note must be made of the fact, that the cell wall or reticulum, or spongioplasm as it is termed, possesses in its inherent quality the merest shade of difference from the original protoplasm. Too much importance cannot be laid on this difference. Its significance is more than can be sufficiently emphasised. In that shade of difference may be perceived not only the beginning of organisation, but also the foundation of all pathological conditions, and likewise the possibility of scientific therapeutics. As structure becomes more differentiated in form, and life more intensified; as the body of formed material and protoplasm becomes more and more an organised unity, the finer differences disappear from view, but their significance remains.

In the phenomena of karyokinesis<sup>1</sup> or reproduction of the cell by means of changes which take place within the nucleus, the significance of this difference may be more fully illustrated. An acquaintance with the phenomena of karyokinesis is assumed; it would take too much space to describe the process in full detail. The first point to which attention should be given is that the process starts when the nucleus is in a state of *rest*. Rest is the basis or condition of the activity of life. The contents of the nucleus, the chromoplasmic network (so termed, because of its highly refractive character) consists of material formed out of the protoplasm of the nucleus or cell; this becomes converted into a closely constricted skein of filaments—shall we say as a result of the protoplasm entering into a highly complicated chemical union with substances which have been absorbed from

<sup>1</sup> Quain's "Anatomy," vol. i., part ii.; Waldeyer, *Quarterly Journal Micros. Science*, vol. xxx., 1889.



without? By a star-like arrangement the skein becomes gradually divided, not, however, without the intervention of a structure more proximate to the protoplasm. This consists of a thread-work in the shape of a spindle consisting of achromatic fibres, which finds its way to the polar area of the nucleus and seems to have an important function in assisting the disposition of the chromatic skein, which eventually results in the division of the nucleus and thereby of the reproduction of the cell. Our bio-dynamic law here suggests that the cell generates the achromatic spindle, and the network of chromatic fibres, by union with some substances in its environment, and then depends upon the presence of this formed material to effect its own division and consequent reproduction. That is, the progressively non-vital achromatic and chromatic filaments effect the division in the nucleus, but the separated protoplasm lives on and increases by its inherent vitality.

§ 9. *Embryology*.—In a consideration of the subject of embryology in the light of our proposed theory of life, it is necessary to allude first to the structure and contents of the ovum in their relations to each other. Taking them in order, as the ovum leaves the Graafian follicle, there is the investing membrane, the zona pellucida, the mass of protoplasm, a number of small, highly-refracting granules, and globules of various sizes, and, lastly, the germinal vesicle. The latter is, perhaps, undergoing the process of karyokinesis, the result being the polar globules, which are extruded, leaving the female pronucleus which becomes the subject of fertilisation by the male pronucleus.

Has the zona pellucida any function? Looked at physically, its occurrence is a mere accident, but vitally, it cannot be so regarded. Consisting of formed material, contributed by the maternal protoplasm, it forms a protective covering for the ovum. But its function is much more important than this. It also forms a preliminary mechanical environment for the protoplasm of the ovum, acting as a stimulus to the activity of the cells after fertilisation and segmentation has taken place, and potent in the production of the outer layer of the blastodermic vesicle. What has been

said as to the function of the cell wall applies, under the altered conditions, to the zona pellucida until it disappears, after the formation of the blastodermic vesicle.

The variety and composition of the granules and globules within the yolk cannot fail to have important physical relationship to the cells of the protoplasm, as they become more and more divided.

Primarily these substances afford nourishment to the protoplasm, but they must have a distributing influence upon the cells as well, if the intimate movement of the cells is capable of being influenced by surrounding conditions. It is not very hazardous to say that varieties in the individuality of different offspring might arise from the influence of varieties in the contents of the ovum at the time of fertilisation. It would be difficult to say where this influence begins or how far it may be extended into subsequent organisation, but the movement of the protoplasm, in its reaction upon this limited environment, is always in the mode of self-increase by self-expenditure.

Before referring to the process of fertilisation, the significance of sex must be alluded to. The most elementary fact of sex is the possibility of fusion of masses of protoplasm, and a continuation thereby of its normal movement. No advantage results from simple fusion, however, until some difference exists in the relative intensity of the normal movement of the different masses, and in viewing sex, philosophically, it may be said to be the extreme advantage of the effect of difference taken by life. The difference would generally consist in intensity of energy or movement, combining in reaction on external stimuli, the result being more highly differentiated organisation. But while sex is the extreme advantage of difference taken by life, it is also the most evenly balanced effect of life upon life. There are homologous parts contributed by both sexes to the reproduction of the new offspring. The male pronucleus has little difference in appearance of structure from the female pronucleus, but the organisation of the spermatozoon is as different as possible from the protoplasm mass of the yolk. These are homologous, but they are relatively almost op-

posite modes of energy, the one representing the active and the other the passive conditions of energy, but both are subservient to the reproduction, development, and increase of life.

How far these principles are applicable to the likeness and difference of sex will be readily seen; one statement only is sufficient to indicate sex as the most conspicuous illustration of the theory of life here given. What is common to both sexes is the uniform mode of movement of life, it increases itself by spending itself. What is distinctive of either (in relative degrees, of course) is the resting or active conditions, and the one is for the purpose of the other, which is common to both—the increase of life. A recognition of these principles will afford an explanation of all problems of the effects of sex, and will be a key to the process of natural or sexual selection, always remembering that the principles are relative in their operation as regards the distinctive, but absolute as regards their essential qualities. And a self-evident inference may be added in the statement that the most highly developed offspring will result when the essential qualities of the sexes are exhibited with the greatest intensity, combined with the most refined and delicate adjustment of their distinctive qualities.

The most conspicuous effect wrought by the process of fertilisation is the determining character which is given to the nucleus formed out of the conjugation of the male and female pronuclei. In the most highly-developed form of life, the determination wrought by the nucleus results in the transmission to the offspring of the most exquisite differences in structure and function found in the parents, and which mark them off from each other as individuals, also with some new qualities produced peculiar to the new offspring, so that a new individuality is the result. The offspring is also marked off by differences which occur in the same family as distinct from other families, as well as by more marked differences in the same race, species, genus, class, or division of the animal kingdom. The one central fact common to all likeness in difference here exhibited, is the intense expenditure of intense energy by the original nucleus, in order

that the same energy may be reproduced, and still further diversified.

What then may be said that energy, acting from without, is the cause of promptings to protoplasmic activity; and that such energy has been operating ever since the beginning of time necessary to the appearance of life? We may say that protoplasm has been exerting its own activity—that of increase of volume and dependence on gravity and other factors which we have not an intelligible explanation of. We may say that the factors which have worked out the forms of life which organisms have

assumed are the nucleus of the yolk which is surrounded by a thin membrane, combined with the refracting qualities of the refracting bodies necessary to the further separation of its further separation, and mesodermic. The character of this character is the basis of the scientific indications of the development of the organism. The concentration of the concentration through generations is determined by the nucleus, combined with the nuclear elements. In proportion as this becomes differentiated, according to the law of life, the surrounding energy in the material within the development of the different forms of young life takes on an

activity in relation to its own organism, constitute the real dividing line between embryology and general physiology. For the purposes of illustration, further references to the processes of development will be made under the head of general physiology.

§ 10. *General Physiology*.—As structure becomes more developed and more complex, the protoplasm in intimate association with it, on account of the extra resistance of structure, loses its energy in proportion. But the very occurrence of structure or formed material, has been a stimulus to other cells to a more intense activity, and as these latter depend or rest on the other structures formed, which are still animated by their own protoplasm, though but feebly, the higher experience a concentration of their energy. On account of this, in accordance with the law of life, these concentrated cells assume more and more a controlling, determining power over other parts. Such a statement in a few words may be called the theory of the nervous system, and in the animal kingdom, as is well known, a germ of a nervous system appears as soon as there is a collection of cells united by structure to form a single organism, for example, in the Cœlenterata. Little or no difference can be noted in the appearance of the protoplasm of the nerve cells from that of ordinary cells, except that the nucleus is larger and perhaps darker than usual. But there is the widest difference in the functional activity of these cells from those of other tissues of the body, for example, those of the epithelium of different serous and mucous cavities, the gland cells, &c., &c., and also between different cells of different parts of the nervous system. The process of differentiation and consequent control is carried so far that even the structure which supports the nerve cells is supplied with nerves in the shape of the *nervi nervorum*. We must not assume, however, that the cells of other organs, or the bioplasts of the formed material, have no independent activity of their own; if they had not, they would cease to be protoplasm. They have an activity of their own and an essential one, only, if left without the guidance of nerve impulse, they would be over-shadowed by the structures to

which they are related, and would so act out of harmony with cells of other organs with which they are intimately connected. I may cite two disorders familiarly illustrative of this—the production of glycosuria as a result of injury to the floor of the fourth ventricle, and functional albuminuria on account of some emotional nervous disturbance.

A modification of nerve cells is exhibited in the nerve fibres. The axis cylinder is developed out of rudimentary ganglia cells, each cell being bi-polar and stretching out its projections to join with other cells, and so constitute a vital or protoplasmic connection through the centres with every part of the body. Thus, what is termed conduction of impression or impulse is as much a vital process as sensation or movement. That the sensory nerves are seen to begin their process of development before the motor, is a fact in keeping with increase of life generally, and with the dynamic law which waits for a stimulus from without for the excitement of its activity.

Another important point is in relation to the connection of the afferent nerves with the nerve centres.<sup>1</sup> “Having entered the nerve centre, the bundle of fibres divides into two branches which appear to break up into fine ramifications without being continuous with the grey substance.” We may gather from this that sensation is a separate and distinct function of life, and is not necessarily connected with movement. The stimulus from without finds the sensory nerve, both organ and fibres, at rest, it awakens their activity, the sensation remains with the end organ or is conveyed to the centre, and the stimulus ceases, the end organ and nerve return to rest; but the centre may have been awakened to activity, that activity may be manifested in discrimination of the sensation, and, associated with others, it may be received and a flush of pleasurable sensation pass over the whole body. But if the sensation be of a different order, other nerve activity may be excited, that which impels a single movement or co-ordinates a number of movements in certain muscles. As soon as the sensation is discriminated the sensory centre returns to rest; as

<sup>1</sup> Quain's "Anatomy," vol. i., part ii., p. 328.

soon as the movement is accomplished, the motor or co-ordinating centre and nerve return to rest. What is the significance of all this? Simply that sensation, discrimination, motor impulse, co-ordination and the resulting muscular movement are all separate functions, and have as their one common associated law the increase or interest of the life of the organism, and that they intimately and separately work from the resting state to the active state, and from the active to the resting, the one being for the purpose of the other, and in so far as rest and activity are properties of one set of structure and function, so do they combined contribute to the activity and rest of the whole organism. Let it also be noted that as sensation and movement are separate functions, they are transitions to and from a more or less full intensity of life. Especially if they are pleasurable, they are transitions to and from a *more* intense life. If they are painful they are transitions from a greater degree of intensity of life to a less.

Neither pleasure nor pain as sensation could result if there were no special law of life. The one results from increase in itself, and the sensation of pleasure is part of the increase, the other results from decrease of itself and is part of the decrease. And so pleasure and pain themselves become confirmatory of the law of life.

Some mention should be here made that symmetry of form and combination of form in symmetrical or multiplied organs can be explained by the operation of the bio-dynamic law in the face of gravity, and influence from the environment, but the proof followed out in detail would occupy too much space for the present address.

Having considered the nervous system in relation to the body generally as possessing the controlling function over all parts of the organism, detailed reference to the separate functions is unnecessary except to indicate their relative importance as contributory to the vitality of the whole. Foremost and most general of these functions is the regeneration of formed material through the circulation of the blood and by means of the subsidiary functions which maintain the blood in its required condition. Mention

might be made of the action of the heart, the combination of its innervation, muscular movement, own blood supply, and rythmical action and reaction to the stimuli wrought by blood pressure as well as blood condition. This complicated mechanism is sustained in its operation by a relative intensity of life in the balance of its innervation and motor function, both being related to the exercise and self-increase of the whole organism.

The same may be said, although in altered relation, of respiration, digestion, absorption, assimilation, secretion (internal and external), and excretion. They all exhibit, to some extent, in their individual operation, the law of self-increase by exercise, but only in relation to the balanced operation of each other, and the integrity of the nervous system which controls them.

Reproduction is so much a manifestation of the law of life in itself, that although the mechanism of it is relegated to certain organs, these cannot act of themselves without the co-operation of all nerve centres, which have a controlling function over the whole organism, and unless any centres which have a higher function than that of reproduction, such as the reflective consciousness in man, are themselves at rest.

All the organs and functions of the body find their unity through the nervous system by means of its operation upon the gravity of the mass. It must, however, be remembered that the nervous system could not exist, and, indeed, could be of no use apart from the whole body, or the integrity of all the parts, and that the function, or purpose, of the whole is that of self-increase, which is accomplished by the expenditure of force on the part of the whole in the balanced operation and alternation of activity and rest.

§ 11. *Psychology*.—(i.) In his "Protoplasmic Theory of Life,"<sup>1</sup> Drysdale refers to consciousness as an incidental phenomenon in relation to protoplasm, and that it is not a link in the chain of material transformations, which are accounted for by other causes and results. "Consciousness (it is said) thus belongs to the properties, not the forces, of

<sup>1</sup> "Protoplasmic Theory of Life," pp. 233-235.



matter, if to matter at all, and is equally out of the province of *à priori* investigation with the qualities of the ether, and the atoms, which must be postulated as the necessary foundations of all scientific inquiry." Such a begging of the question is eminently unsatisfactory; it arises from accepting as a complete theory of life what is only a basis for a theory.

(ii.) Consciousness is the basis of psychological inquiry, and the link which joins psychology to physiology is the conception we have arrived at in the last paragraph—the organic unity of the nervous system. All parts of the nervous system are capable of acting in relation with all other parts. This is an obvious truth from experience and physiological knowledge. But it implies a great deal more than the mere conception of the reception and conduction of sensory impressions, the discrimination of them, the co-ordination of impulses to movement, and the impulses to movement themselves. If all these elements are to act in relation to each other from any part of the body, or in relation to a possible activity of the whole, there is implied a much greater intensity of activity in the centres of the nervous system than in any of its parts, and if one of these elements can act in relation to the whole, there must be a centre for that whole, which must exhibit the greatest degree of intensity of activity of any part of the nervous system. The arrival at such an actual synthesis of all nervous structure and activity may be taken as the organic basis of consciousness.

(iii.) We should like to localise this synthesis in the brain, but as this can only be done theoretically its value is psychological only. Some elements in such a synthesis may, however, be pointed out.

It would include in the lowest animals possessing a developed nervous system, a massive connection and contribution from the spinal cord, both from the posterior and anterior columns, and their commissural fibres in both cord and brain, less massive connections from the centres in the medulla oblongata, these again being associated in some degree with the spinal cord. A most massive connection and contribution from the cerebellum would be included, as

well as the great cerebral ganglia and their connections. The association of all these with the optic and olfactory tracts and the auditory and gustatory centres would make up the group. The cerebral cortex, for this purpose, may be regarded as an after product.

It is impossible to go into detail as to the multiplication of effects both in structure and function, in sensation and movement, in brain states and consciousness, which such a synthesis involves; they form the whole content of brain physiology. A few features may be noted illustrative of the operation of the law of life.

(iv.) What is involved in our conception of the organic unity of the nervous system plus the beginning of consciousness? Let there be carried in the mind the separate functions in the massiveness in which their operation is experienced, and let it be remembered that if one is called into play, there is a certain activity implied of that one, and then rest of that one results. But because a nerve centre is resting, is there no life in it, or is the dynamic law not in operation? Does it not simply wait in a condition of unstable equilibrium, until a fresh stimulus, either from without or within, rouses it into activity again? Apply this principle all round. Suppose there is no activity of any part of the brain going on, the animal is asleep, in a resting state, a relatively passive condition of unstable equilibrium of the whole central nervous system, which may be roused in some part to activity as soon as a sufficient stimulus be applied.

Let that stimulus be applied to some part of the body sufficient to rouse the whole. Bare consciousness is the first experience, plus the sensation of the stimulus, the emerging of an overtone of the organic unity of the nervous system, containing a contribution from all parts, as suggested in the previous paragraph. The inference is that consciousness begins in the experience of an individual, as soon as that unity is organised in the brain, and afterwards it always emerges as a result of that organised unity being in a resting state.

It will have been implied that the conception of the unity

of the nervous system involves the conception of a relative degree of intensity of energy, an intensity which not only allows of each part acting in response to a stimulus but what is common to all, being roused at the same time. This common element is the energy to increase itself by exercise.

(v.) The scheme involved in this conception may be set out in detail as follows: Sensation is increased by the exercise of itself, and it is associated with discrimination and co-ordination and with movement.

Discrimination is increased by the exercise of itself, and it is associated with sensation, with co-ordination and with movement.

Co-ordination is increased by the exercise of itself, and it is associated with sensation, discrimination and the impulse to movement.

The impulse to movement is increased by exercise, and is in association with co-ordination and discrimination and sensation. Now, if this is so, it is not possible for all these processes to be aroused in part, without in some sense the whole to be aroused. But in their mechanical effects, two of them, co-ordination and movement, act against the other two, discrimination and sensation. The physical force between them must therefore be neutralised, but what remains is its combined intensity, *which, as a whole*, manifests itself as consciousness.

If the bio-dynamic law here given is true, in consciousness it will be observed to be acting as a whole and not in part. Is this so?

(vi.) In what does the consciousness of self consist? It may be replied, in an intensification of bare consciousness brought about by the law of increase by exercise, operating through bare consciousness in relation to one part of the brain and in connection with another.

Examine the consciousness of self and see if anything more can be found in it than the uninterrupted and continued operation of the law of increase by exercise, always provided, however, that periods of relative rest are understood, for both whole and part, these again being preliminary and preparatory to a further increase of the whole or part by exercise.

A stimulus can be applied to one part of the body only while every other part is at rest. Or, an incitement to movement from sensation without or within may occur within any part of the central nervous system while every other part is at rest. What is the significance of these facts in relation to consciousness? They are the primary fundamental elements of thought, a feeling of difference, a relation, the first stage of stimulus to the thought of self as distinct from *parts* of the conscious self.

In this elementary feeling of difference there are two qualities. These qualities we saw in effect to exist in the most elementary stages of life, only in consciousness they arise as part of self-feeling. The first quality is the feeling of reaction of the body to the external stimulus. The second is the feeling of rest which results from it, the feeling of rest resulting from the stimulus to reaction of the body against its own gravity.

The whole knowledge of the external world, the whole process of thought, the differentiation by thought of sense-impressions, associated with self and the thought of self, into perceptions, perceptions into conceptions, feeling, and the perception of relations between things and thoughts, and between things and thoughts and self, are one and all built up by the original feeling of difference in response to the stimulus from without, and the reaction of the dynamic law; always remembering the relative capacity of this reaction to rest, that the reaction is always in the nature of increase by exercise, and that the increase takes place in consciousness intensively and not extensively. If this is so, the law affords an explanation of the increase by experience and knowledge, not by mere mechanical exercise of the body, but by an increase in the power to perceive shades of difference in proportion to the intensive activity of the nervous system and thought.

(vii.) A few words must here be said on the subject of attention. The fundamental element in attention is the co-ordination of the activity of consciousness upon some element or elements which arise in thought; these elements consisting of sensations, perceptions, conceptions and the

relations between them, or the relations from them abstracted by thought into a relation to itself. Attention may be involuntary or voluntary. An "arrest of attention" may arise from some stimulus from without or within the organism; the concentrated reaction of the mind arising from an interest in the effect of that stimulus affecting the whole.

This interest partakes either of pleasure or of pain, either of the increase or decrease of life. "Voluntary attention" consists of an intensification of the simply arrested attention, where all the energy of the mind is concentrated upon the stimulus to thought in consciousness.

(viii.) A reference to the known laws of association must conclude our illustrations under the head of psychology. Here I draw largely from the most modern work on physiological psychology, that of Professor William James, of Harvard University.<sup>1</sup>

Professor James attributes association primarily to the mechanical arrangement of the brain structure. Under the influence of what law this has been developed, has been suggested in previous paragraphs.

But we cannot consider that the mere mechanical arrangement of the brain structure is sufficient to account for association. The whole multitude of sensations, percepts, concepts, and their relations depend, no doubt, upon the organic activity of the nervous tissue; but it is to be doubted that by the laws of nervous action, as hitherto formulated, these can be summoned before the mind in a certain order; some of them selected, and some of them rejected—a new thought compounded by the process, and this thought perceived and conceived in relation to all the others, to personal consciousness, and to all the new sensations of the external world.

The most elemental conception of association is the occurrence of two thoughts of objects, together with something as a common bond between them, namely, consciousness understood. But the thought which binds the two thoughts together and makes a new one of them, is by no

<sup>1</sup> "Principles of Psychology," [Macmillan and Co., 1891, vol. i.

means a mere conductor of sensation or impulse to movement, as might be supposed to take place through a nerve fibre.

This so-called combining thought is itself an activity, a synthesis, or what appears as a new thought never could arise. And what I contend for is that this very process of association itself is an illustration of the operation of our dynamic law. The essential element in it is that thought is increasing itself while it is spending itself; and that both the first object or relation thought of and all the elements it is associated with are part of the activity of personal consciousness which in its turn is brain activity.

Let this essential element of association be kept in mind while the laws of association are considered alongside of it, and they will be observed not only to corroborate the view here given, but to be themselves illustrations of the same fundamental law. Take the law of contiguity, for example.<sup>1</sup> "Objects once experienced together tend to become associated in the imagination, so that when any one of them is thought of, the others are likely to be thought of also in the same order of sequence or co-existence as before."

What have we at the foundation of the following conceptions: "Objects occurring together," "associated in the imagination," "likely to be thought of," "same order," "sequence," "co-existence," "before"? Every thought in this sentence implies the operation of the law here given in its entirety, and observed in different degrees of operation, with different resting states.

In the ordinary process of association the law does not have free play to act of itself. "In no revival of past experience are all the items of thought equally operative in determining what the next thought shall be; some ingredient is prepotent over the rest, and the prepotent items are received from some element of *interest* to the personal consciousness or organism." And all elements of interest, as I have tried to show, can be reduced in their lowest physiological terms to an increase of self by spending self, or to a spending of self for the increase of self, and

<sup>1</sup> "Principles of Psychology," W. James, vol. i., p. 561.

through rest to a perpetual increase of the operations of the law.

(ix.) The operation of association depends entirely upon one, and very much upon other, certain conditions of mind and brain, which, in their related order, could be shown to be dependent in themselves and their effects upon the same law. They must be simply named, however, and the inference drawn from what has already been said. These conditions are as follows :—

(1) The principle of constancy in the mind's meanings, whereby "the same matters may be thought of in successive portions of the mental stream, and some of these portions can know that they mean the same matters which the other portions meant." This is the absolute condition.

(2) Automatism and habit, recency and vividness, congruity of both emotional and physiological tone. These are the modifying conditions.

At the present day it is agreed by all psychologists that all the higher operations of the mind are carried on by means of association with attention operating according to its laws. Such, for example, as *memory, expectation, constructive imagination, judgment, reasoning, and generalisation.*

To these must be added transferred feelings of *pleasure and pain, benevolence, conscientiousness*, and, finally, all the generalisations of science, of ethics, and of religion.

In these prolegomena to a philosophy of medicine there is no opportunity to point out how all these higher experiences are related to the law of life. The illustrations given, however, may be sufficient to enforce a preliminary recognition of such a law.

In a full treatment of the subject an adequate exposition of the law in all its bearings would be required.

#### IV.—INFERENCES FROM THE BIO-DYNAMIC LAW.

§ 1. If I have adduced sufficient evidence to enforce the recognition of a bio-dynamic law, we are in a position now to consider its relationship to the ordinary conceptions of health and disease.

A person may be said to be in full health when the law of life has the fullest operation consistent with the structure of the body—that is to say, when the resting and active states relatively balance each other. In the resting state the body will be in a condition of unstable equilibrium, ready for the capacity for increase by exercise to be manifested in any direction. The individual will be refreshed by rest of any description. Waking from sleep will be attended with manifest pleasure in anticipation of a possible increase of life, and, in fact, of that increase already begun. Exercise and increase will ensue, with pleasure in their results, rest will follow, and the round be commenced again. This is ideal health, and pre-supposes external and internal conditions to favour it entirely.

§ 2. If these external and internal conditions do not favour it entirely there will be a departure from health. In some degree, however slight, the equilibrium of the resting state will be disturbed, and the increase by exercise will become out of due proportion in different parts, and be unattended with pleasure if not attended with pain. There cannot, however, be a departure from the law of life as long as life is not destroyed. If this law could be abrogated it would not be a law. The external and internal conditions which do not favour the well-balanced operation of the law are the causes of disease. They are legion, as is well known, and a study of them is a science in itself. Disease is constituted by the reaction of the law of life against these causes, it is the effort of the law of life in the face of conditions which tend to the destruction of life instead of its maintenance and increase.

§ 3. A distinction has been made between these conditions as external and internal. If a group of external conditions has induced an ill-balanced operation of the law of life, some structural alteration may be the result, and this in its turn may be an internal cause of some further disease. Such internal cause may lead to mechanical or chemical defects, which in their turn may lead to further structural and functional defect.

§ 4. The phenomena observed as the result of the re-



action of the law of life against the causes of disease, in their co-existence and sequence, truly vital, mechanical and chemical, are termed the *clinical history* of disease: the structural alterations which are characteristic of it, the morbid anatomy, and the interaction of the law of life with the internal causes as far as it can be observed and generalised upon, are called *pathology*.

§ 5. It is obvious that the causes of disease are immensely more numerous than the conditions of health. Every phase of disease which can be observed is observed as a departure from health of the particular individual who is manifesting these phases.

The recognition of the disease, in its clinical history, morbid anatomy, and pathology, as related to the degree of health it displaces, and as related to all other phases of disease that are known to have occurred, is termed the *diagnosis* of the disease.

§ 6. A classification of disease to be natural follows the anatomical and physiological order (primarily, the resting and active normal states of the organism), beginning with the most general of all caused by some morbid poison and ending with new growths.

Sub-groups are formed following more special anatomical and physiological divisions, naming the disease, first, according to the manifest pathological state, and, secondly, as to the supposed pathological or external cause.

§ 7. Recovery from disease takes place when by its own effort under the ordinary conditions which maintain health, the law of life is able to resume its balanced capacity to the full.

The tendency to recovery was formerly called the *vis medicatrix naturæ*, but it may be observed to be part of the action of the law of life against the causes of disease.

§ 8. An estimation of probability of recovery arrived at by a comparison of the full diagnosis of the disease with what remains of health in the organism is termed the *prognosis* of disease.

§ 9. If the causes, external and internal, of disease can be voluntarily removed or altered in their effects from with-

out, either by a modification of the ordinary conditions of health (hygiene), or by the application of a substance externally, or the introduction of any substance internally capable of altering the balance of the law of life in its full capacity (therapeutics), or if mechanical operative measures are brought to bear on the structure of the body (surgery), these processes, one or all of them, are comprised under the *treatment* of disease.

§ 10. A recognition by the mind of the universal operation of the law of life will serve the widest philosophical or explanatory purpose in *the knowledge of disease*, in its *causation*, *clinical history*, *morbid anatomy*, *pathology*, *diagnosis*, *prognosis*, and *treatment*.

This statement might be illustrated by reference to a single disease such as pneumonia, or a malignant new growth. Let it be suggested to anyone who will undertake the task to read the notes of a concrete case of either of these diseases, or a text-book description of them, in the light of this law, and it will be noticed how explanatory a knowledge of it will be all along the line.

Take the instance of a new growth. Why is it malignant? The law will explain that the structural elements are so much like the normal structural elements of the organism, and the processes of growth so nearly allied to normal processes of growth, that given the cause of heredity in a certain individual, which is itself an illustration of the law, the reaction of the law against the spread of the disease is reduced to a minimum. It is almost like the law of life operating against itself for recovery to take place from a fully-developed cancer. The law of life operating against itself could only be death.

Another point, however, should be noticed. Malignant disease occurs in the tissues which are next less highly organised than the tissue of the nervous system, hence it might be presumed that there would be some reaction against the progress of the disease, which is, indeed, the case. And this reaction is in proportion to the vigour and tone in which the nervous system is able to continue. Note, too, the inferences which our law gives to the general principles of the treat-

ment of malignant disease. Early and complete removal of every vestige of the growth, and of any infected foci of contagion, a maintenance of the health of the patient, as far as this can be made vigorous under the circumstances, and a placing him under the most favourable external conditions, mental and bodily, for the continuance of health.

§ 11. (i.) The wide, new, and fascinating science of *bacteriology* as a branch of biology might afford many illustrations of the operation of the law of life, but they would be out of place in this connection.

Two or three points may be referred to: The relative simplicity of organisation, weakness of natural activity of the single organism of bacteria, makes their propagation by self-division so much the more easy if a suitable nourishing material is provided for them. On the other hand, if this nourishing material is denied them, their propagation is reduced to a minimum, and known substances are capable of destroying nearly all of them. Thus they occupy the lowest standard in the scale of living beings, and in view of the multitude of their forms and habitat, they would occupy a relatively balanced position in relation to the causes or recovery from disease and so, indeed, they do, as witness the phenomena of phagocytosis.

(ii.) It is, however, as causes of disease that bacteria offer the widest field for investigation and speculation in relation to medicine. The whole theory of infection is based upon bacteria, and as this covers the ground of more than one generation, the process of infection is by no means an easy one to understand. Our law will aid us, however, by discriminating in a given disease, or case as to what belongs to the life of the bacteria and what to the life of the infected individual. This point is a most important one in the history of all infectious diseases, but more especially in the history of tuberculosis. Perhaps less than in any other disease, the pathology and morbid anatomy of tuberculous disease does not belong to the life of the tubercle bacillus, but is an organic result of that bacillus acting as an incentive to the life of the organism which it infects.

(iii.) A knowledge of the law of life, too, will aid in the

treatment of infectious disease by effecting a discrimination between the measures to be employed for destroying the micro-organisms, or staying the process of infection, and the measures to be adopted for aiding directly a recovery from the effects of the infective cause.

§ 12. (i.) *The Science of Pharmacology*, which may be held to include both pharmacodynamics and drug pathogenesis, occupies a most important position in the philosophy of medicine.

A distinction must be drawn as to the use of the two terms pharmacodynamics and drug pathogenesis. *Pharmacodynamics* is not a branch of biology, except in so far as some drugs have their orderly place in botany, and a certain behaviour when subjected to preparation before being administered to healthy life. These points, along with their chemistry and the chemistry and physical qualities of non-organic substances, constitute the true science of pharmacodynamics. On the other hand, *drug pathogenesis* is a true branch of biology, or physiology, more strictly speaking. In its origin scientifically, drug pathogenesis is an off-shoot from the science of symptomatology and pathology, although experimentally it has been derived from the common-sense employment of drugs in the treatment of disease.

(ii.) Hahnemann was the founder of the science of drug pathogenesis. It arose from a discontent with the prevalent common-sense medicine of his day, and a perception that unless the effects of drugs were known in themselves from having been administered experimentally in the healthy individual, no accurate, or definite, or reliable inference could be formed for their use in disease.

The paragraph in the "Organon of Medicine"<sup>1</sup> enforcing this truth, deserves to be quoted in full. It is as follows: "There is, therefore, no other possible way in which the peculiar effects of medicines on the health of individuals can be accurately ascertained—there is no sure, no more natural way of accomplishing this object, than to administer the several medicines experimentally, in moderate doses, to *healthy* persons, in order to ascertain what changes,

<sup>1</sup> "Organon of Medicine," translated by Dudgeon, 1893, § § 108, 109.

symptoms, and signs of their influence, each individual produces on the health of the body and of the mind ; that is to say, what disease elements they are able and tend to produce, since, as has been demonstrated,<sup>1</sup> all the curative power of medicines lies in the power they possess of changing the state of man's health, and is revealed by observation of the latter." In a note to this paragraph Hahnemann named one other physician—Albrecht von Haller—who had thought of this plan ; but in the next paragraph he says that he himself was the only one who had pursued it with perseverance. In § 110, Hahnemann affirms that known cases of poisoning by drugs afford additional information in the realm of drug pathogenesis ; and in the present day, experiments on animals have been extensively made with poisonous doses, with a view, if possible, to ascertain the deeper action of the drugs in question. As to how far the results of experiments on animals can be taken as equivalent to similar results being expected on the human subject is an open question as yet ; but the well-proved position of practitioners of homœopathy, that they can be corroborative merely of ascertained results in the human subject, is the only safe one. And the safety of this position is affirmed by the most various effects from bacterial infection observed in different animals by inoculation with the same micro-organism.

(iii.) What is the relationship of the law of life to the effects of drugs? First of all, it teaches that the *action* of the drug cannot be discovered from any inherent dynamic *effect* that it has. This action may be either chemical or physical, but whatever the effects may be, they are the effects of a reaction of life upon the action of the drug. And in no sense of the word are action and reaction in this case equal, any more than the reaction of protoplasm, or of organised life, is equal or opposite to the stimuli which are a condition of its life. The conditions of life as stimuli, all the multifarious drugs which might be proved on the healthy, or observed as poisons, or used in experiments on animals, can separately be compared in themselves, classified in their quantitative, mechanical, molecular, physical, and chemical

<sup>1</sup> *Ibid.*, §§ 24-27.

relations ; and so, indeed, can all the observed effects of the operation of these natural or artificial stimuli on the organism be compared and classified ; and the two groups of causes and effects may be compared, but, *in no sense of the word*, can the effects be said to be the result of these causes unless an account be taken of the reaction of the organism upon these stimuli, by means of the operation of the law of life.

(iv.) An assumption of this position through the recognition of a separate law of life, disposes of the notion of the opposite *action* of small and large doses of drugs.

That they may have primary and secondary effects is another matter, and it is to be expected that they would have primary and secondary effects.

A drug is not a drug, if in a moderate dose it does not cause some symptoms or signs in the organism suggesting disease. These may be slight and quickly pass away, but if the stimulant in the nature of the drug has a more violent action, although this cannot be known, the action of the organism is perceived as both action and reaction, which in pure physics are equal and opposite, but in physiology partake of contrasted effects, which in their successive groups appear as one group opposed to the other. The terms primary and secondary in pure strictness can only be applied to groups which seem directly dependent on each other in their order of appearance. Thus they may be associated with one organ or function, or with one part of that organ or one phase of its function. These terms, however, may be used in a very much broader sense. They are applicable to groups of effects which may form the whole content of a science of drug pathology. Suppose, for example, a hæmorrhage results from an ulcer in the duodenum caused by poisoning by the *bichromate of potash* or *nitrate of uranium*, and the patient suffers severely from the mechanical effect of blood in the intestine, and from the dynamic effect of being deprived of blood-pressure, pabulum supplied to the tissues, or oxygenated hæmoglobin. It would be incorrect to say the symptoms due to the hæmorrhage were symptoms due to the drug, yet they might be most important in the history of the patient's state. This is an extreme case and might

not lead to much confusion in the orderly conception of the effects of the drug in the mind of the observer. But what are we to say of the effects of antimony, arsenic, iron, mercury, lead, silver or phosphorus on the animal economy? Their pathogenesis is mixed up with primary and secondary, functional and structural, direct and indirect effects, which in their co-existence and sequence, dependence and interdependence, is a science in itself.

(v.) Why certain drugs should have an affinity for certain organs or tissues or functions of the body is by no means yet explained. That they have this affinity is undoubted, and it is acknowledged by many modern observers in pharmacology, although they do not recognise its full significance for therapeutics. Efforts are continually being made to explain this affinity by chemical analogy and theory, but as the chemical equations of protoplasm and all the formed material of the organism are not yet discovered, any explanations of pure pathogenetic effects, from the chemical point of view, at present lack the major premise to a satisfactory conclusion.

It is in the sphere of chemistry, however, that we may anticipate eventually a solution of this problem, but what a portentous knowledge the explanation will involve! And when we have it, how many principles and considerations will have to be taken into account in the application of a chemical theory in the *usus in morbis*. And suppose, too, a chemical theory is forthcoming, will the pathogenetic theory be set aside? Not at all. The chemical theory will be simply brought into relationship with it, and it is safe to prophesy, I think, that a theory based on pathogenesis will continue to be the more reliable guide in therapeutics.

(vi.) Granting the principle of drug affinity for certain organs, tissues and functions of the body, in view of the universality of the one law of life, amid the diversity of form and result in which it is manifested, it is not difficult to anticipate that different individuals with different temperaments, idiosyncrasies and susceptibilities, would exhibit different shades of reaction to the influence of the same drug. These different shades of reaction have been termed

*contingent* effects as distinguished from the invariable effects which are called *absolute*.

It may be added that this distinction between the two classes of effects has been carefully worked out by two prominent writers among homœopathic practitioners—viz., Drs. Drysdale and Hayward. A good account of the subject will be found in “*Materia Medica, Physiological and Applied*.” What I wish to remark upon more especially is the scientific value placed upon contingent effects. It is argued that as indications for the use of a drug in disease, these contingent effects, though of corroborative value, are of higher value than the absolute effects. And for this reason,—that what occurs as a real effect in one individual, presupposes the power of the drug to produce the same effect in all.

On what but a universal law of life this conclusion could be based it is impossible to conceive. The contingent effects of drugs, however, could scarcely become admitted facts of drug pathogenesis unless they had occurred in two or more persons. Otherwise, as no two persons are absolutely alike, some peculiarities of the idiosyncrasy might be put down as drug effects which had nothing whatever to do with them.

Every fact set down as a drug effect must be capable of being proved to be a drug effect, or reliance placed upon it may prove to be delusive in the highest degree.

§ 13. (i.) The broad subject of the *Treatment of Disease* has been, by a brilliant writer, Dr. Carroll Dunham,<sup>1</sup> clearly marked out into two sections—therapeutics and hygiene. Therapeutics consists in the treatment of disease by drugs, and measures adopted other than this partake of the character of hygienic measures, as they consist of a modification of the ordinary conditions of the patient's health. It is only within the last few years that the British Medical Association has devoted a special section of its work to pharmacology and therapeutics. At the first annual meeting of this section in 1884,<sup>2</sup> Dr. T. J. Maclagan, the president of the section,

<sup>1</sup> “Lectures on *Materia Medica*,” vol. ii., Philadelphia, 1886.

<sup>2</sup> *British Medical Journal*, vol. ii., 1884.



laid down the following principles for the guidance of the section. He grouped his remarks under two heads, viz.: 1, Methods of therapeutic research; and 2, Points necessary to scientific inquiry as to results of treatment. Under the first head we have given: (1) Experiments on the lower animals, (2) Statistics, and (3) Individual observation at the bed side. Under the second heading he gives: (1) Accurate noting of all symptoms throughout the course of disease, (2) A statement of the constitutional peculiarities of the patient, (3) Details of the mode of application of methods of treatment, (4) Details of comparisons of different methods. To men who, for a considerable part of their lives, have been familiar with the method of Hahnemann, these points seem poor and meagre in the extreme. But really, in view of the chaotic state of drug treatment at the time of the inauguration of the therapeutic section of the British Medical Association, they contain some excellent principles, which might serve as a foundation for a science of therapeutics. Of course we shall not forget that Dr. Maclagan, as the custom was and is, simply ignored Hahnemann and his work, and the history of homœopathy since his time.

(ii.) When, in many generations to come, a historian writes an account of medical progress through the ages, the pages recording the theory and practice of the nineteenth century will be branded with shame. The leaders of medicine in this century have seen only the mistakes of the man of surprising genius and unhesitating speculative daring, who, a hundred years ago, founded scientific therapeutics. Had it not been for his capacity for, or even the certainty of his making mistakes, Hahnemann never could have given to the world the suggestion that drugs should be used in diseased conditions similar to what they were capable of causing in health. Even now it seems that this suggestion has been given to the world almost a hundred years before its time. That Hahnemann, in the absence of any defined law of the phenomena of life, should have been able to arrive at the generalisation of the rule of similars, speaks volumes for the range of his observation, his critical acumen, the broad basis of his discriminative power, and yet for the

patient pursuance of the smallest detail of scientific research. He has set a grand example to his disciples and indeed to all leaders of medicine to follow in his train.

(iii.) Hahnemann gave some explanations of the rationality of the employment of the rule of similars. These have been very ably summarised by Dr. Madden,<sup>1</sup> in his Congress address, so that I need not repeat them; and, as Dr. Madden suggested, in the light of present day knowledge they cannot be accepted. Notwithstanding, however, that Hahnemann's explanation of the *rationale* of the rule of similars fails to be correct, in response to his example, the rule has been tested by the experience of thousands of men of unquestioned capacity; and in the estimation of those who have faithfully tried it, it stands higher far than any other principle that could be adopted for the administration of drugs in disease.

(iv.) Does the law of life that I have been illustrating afford a clue as to the *rationale* of the application of this rule? I think it does. It will be remembered that I tried to enforce this truth: *That life takes advantage of fine shades of difference for the increase of itself.* This is observable from the very beginnings of life upwards to the highest scale of thought. We saw it in the phenomena of reproduction by cell division, in the process of fertilisation, the whole phenomena of sex being an illustration of it, and in the early changes which take place in the ovum. Its influence could be traced all through the process of development, in the variety of histological element, as well as in naked-eye morphology. To it we owe multiplication and symmetry of form, and diversity of function in all directions. A large number of experiences of daily occurrence might be brought before you as illustrating this truth. I will only mention two or three. Supposing you have been listening intently to an address, and fixing the eyes for some time on illustrations, a state of fatigue ensues, which eventually, in spite of an absorbing interest in what is going on, makes itself felt in consciousness. The slightest movement in the chair, or a rubbing of the eyes with the hand, or even closing them tightly for a few seconds, will

<sup>1</sup> *Monthly Homœopathic Review*, October, 1895.

bring about a change and relief to the sense of fatigue, so that attention may still go on for a further length of time. Or, suppose one is reading a story, and the author leads the reader along well-worn channels for most of the way, until in the course of the plot, he introduces a slight new feature, which influences the subsequent course of events in a way that was not anticipated. Directly this new feature is observed, a thrill of fresh interest arises in the mind of the reader, which casts its glow over the whole picture. Or again, if in the course of a series of scientific experiments, some slight new result is attained, not significant in itself, but correlated with other results, the interest supplied by this new feature is extended all along the line. I need not multiply instances, but proceed to apply this truth to the subject in hand.

We must remember the law of life never ceases its operation until extinguished into silence by actual death. While life lasts, notwithstanding the virulence of the disease, there is still some vestige left of the operation of the law of life. By the use of drugs, a set of stimuli of a different order from the normal stimuli of healthy life, and different from the causes of disease, are brought to bear on the organism, to which it is bound to make a response. If a stimulus of this kind is applied in the course of disease, which, given in a sufficiently large dose in health, would cause a condition similar to the picture and course of the disease—what is likely to happen? Simply, that the *law of life*, or the *vis medicatrix naturæ*, or *the organism*, if you like, will take advantage of the shades of difference in stimuli, and make a larger effort to increase itself; or, in other words, to return to health. It is the shade of difference in the stimuli between the cause of the disease on the one hand, and the dose of the drug exercising its affinity and causal relationship on the other, which is the essential point to keep in mind as an explanation, while the similar relationship is the guiding principle for the selection of the medicine.

(v.) Let me point out under a few heads how many features which, by experience, are regarded as essential to the success of homeopathic treatment, are explained by a recognition of this truth:—

(a) The removal of the external cause or causes of the disease. If these remain, the appropriate drug will be sure to fail in its effect; it will be neutralised as a stimulus to healthy action.

(b) Rest or exercise of the particular organ, or organs, as may be called for according to the nature of the disease process. These are emphatically hygienic measures, which would favour the organism taking advantage of a drug stimulus of the kind referred to.

(c) Limitation of the dose of the drug to one below that required to produce its physiological effect, or else two similar diseased states might be produced; one could not be an aggravation of the other, however, only *an aggravation of the sufferings of the patient*.

The limitation of the dose, however, must not be pursued so far that there is danger of the patient not having any medicine at all. This question can only be decided by two lines of inquiry: (1) By experiment as to how far drugs can be divided by mechanical means, and yet have some of the substance remaining in the vehicle of division and administration. (2) By a collection of authenticated cases where drugs have been administered in a very high state of dilution, and the effects noted and compared with those which have had other doses administered, and with those which have had none at all.

(d) A frequency of repetition of the dose, corresponding to the length of time each dose takes to exhaust its effect. If the dose be too frequent the organism becomes tolerant of its effect, and the drug ceases to be of use. Generalisations on this question can only be made from clinical observation, and by the careful record of facts over a large number of cases. A required frequency of repetition, too, will vary much with the disease in its character, course, progress, intensity, and prognosis, and with the same disease in different varieties of temperament and degrees of susceptibility to external influences.

(vi.) The explanation which I have suggested will throw light also on some inductions of Hahnemann relating to the observation of disease as a guide in the selection of the

(a) The totality of the symptoms constitutes the disease for the purpose of a cure. Symptoms in preference to the effects of the disease, such as the morbid anatomy, I take it to be meant here. As it is the condition of the patient, rather than the condition of the disease (which is an abstraction of the mind), it is desired to influence by the drug, the symptoms offer a far truer guide to the quality and degree of the reaction of the law of life against both the causes and effects of morbid processes, than the causes and effects themselves. Let me illustrate this point by an example. Take a case of empyema coming for the first time under observation, and diagnosed as such. If any benefit is to be derived from drugs in such a case, it will not be by treating the collection of pus in the pleural cavity as such, which would be absurd, but by giving a drug which shall have a similar relationship in its pathogenesis to the symptoms presented by the patient under treatment. If a drug should have caused such a thing as empyema this fact would, *cæteris paribus*, be an additional indication for the use of such a drug. Of course, the primary and immediate indication in the treatment of such a case would be not by drugs at all, but by the evacuation of the pus and the cleansing of the pleural cavity; but if there is any truth in the law I have been trying to enforce, in addition to the surgical procedure required in this case, the patient will be helped by the administration of drugs according to the rule of similars. That is, if the symptoms depending on the original cause of the empyema are taken into account, the presence of the pus as a symptom, the symptoms of dyspnoea, hectic, &c., depending on the presence of the pus, and a prescription made on these. And a fresh prescription will be required after the pus has been evacuated and the cavity cleansed, because the condition of the patient will be altogether different.

(b) The second induction of Hahnemann I wish to allude to is that the most peculiar and most characteristic of the symptoms out of the totality, particularly those appertaining to the mind, are the more important for the guidance of the physician in the choice of a drug. Let me

still illustrate my argument by the pursuit of the illustration of an empyema case. A case was sent into the London Homœopathic Hospital last year; it was the result of a very severe attack of influenza, and had been under my care for three weeks, the empyema having been diagnosed a few days before the patient was admitted into the hospital. The patient was a lad of 18. Immediately on admission about fifty ounces of pus were evacuated from the pleural cavity by Mr. Knox Shaw, and the patient was put back to bed. I do not know what medicine was given, but I know that in a day or two afterwards the patient developed hæmaturia, and albumen was noted in the urine for some days or weeks afterwards. The patient also was very quiet, depressed, and irritable. These symptoms were doubtless due to the poison of influenza, but the point I want to emphasise is that in this particular case the occurrence of hæmaturia became a most important indication for an entire review of the patient's condition as far as the drug treatment was concerned, not because it was necessary to treat the pathological state of the patient's kidney, but because the occurrence of the hæmaturia afforded an extremely suggestive and important indication as to the influence of the influenza poison, and by contrast to the behaviour of the organism under it, and by contrast still, it was an important indication for a drug, which should have this as one of the characteristic symptoms in its pathogenesis. I do not know what treatment was adopted in this case, but under the skill of Mr. Knox Shaw and Dr. Moir, the young man completely recovered.

Why mental states should have an important relation to the symptoms of disease can only be understood by the recognition of a law relating both mind and body conditions. As we saw that in *mind* the law of life operates in its entirety, the induction of Hahnemann, that mental states are exceptionally important indications as to the whole bodily state, becomes verified by deduction.

(vii.) The explanation I have been offering of the operation of the rule of similars, also throws much light on the scope and limits of its value in the treatment of disease as

at present understood. It is in the large class of functional disorders, which arise from an impingement upon the organism of unfavourable conditions from without, and yet do not give rise to any actual change of structure, and tend to regular and complete recovery, that the method will be most easy to apply, and the organism be most quick to respond to its influence.

The dividing line between functional and structural disease is difficult to mark, but if the knowledge of a single law of life has much influence over the knowledge of diseases, it will determine a much larger number to be regarded as functional than has hitherto been the case. I offer the instance of pneumonia as an illustration for speculation upon the subject. Where, under the influence of heredity, the specific poison of syphilis, or some other long-continued unhealthy condition of mind or body, actual degenerative changes have taken place, or new growths have ensued, there can be little expectation of cure by the operation of the rule of similars. Much, however, may be accomplished by way of relief to conditions which result from the degeneration or the new growth, the principle of treatment being to enable the organism to take advantage of any external stimulus to its normal activity and resistance to the process of disease. Here, again, the symptoms are the guide, provided a careful and accurate discrimination is made between them, past and present, dependent and interdependent.

(viii.) The explanation I have been offering opens up, however, the prospect of new fields of conquest far beyond those at present reached. If the organism invariably takes advantage of shades of difference for the increase of itself, the method of similars in the treatment of disease becomes capable of almost unlimited development, and we may anticipate that eventually no process of disease actually in progress and where death of parts or the whole of organs has not taken place, will fail to be brought under its influence. Under this head the whole question of treatment by nosodes and inoculation by cultivations of micro-organisms, which is still in a nebulous state, will come under consideration.

(ix.) And if this law holds good for the recovery from disease, will it not also hold good for its prevention? In his address at the Congress, Dr. Madden instanced many current views under this head, and which seemed to be analogous to the operation of the rule of similars. My argument, I believe, throws light upon them all. When the organism has once passed through the ordeal of an acute specific disease, it is usually immuned from a second attack. Why? Because of the law of self-increase by exercise. The distinctive peculiar poison in question offers such a different stimulus to the organism from its ordinary conditions, such is the degree of reaction by the law of life, that if the same stimulus is offered again, the organism is proof against it; and that the reaction once offered to this peculiar poison is so universal and intense that it covers the whole life of the organism now and for the remainder of its existence.

Not everyone, however, is immuned from a second attack of any disease, and this arises, as is well known, from a difference in the susceptibility of single individuals as distinguished from the majority. In order to illustrate this point, take an example of contrast which, by way of cause, comes perhaps midway between an exaggeration of some natural conditions of health and an acute specific poison—I mean, croupous pneumonia. If a patient had just thoroughly recovered from acute croupous pneumonia, it would not be anticipated he would have a second attack of that disease immediately following the first, even if exposed to the cause again. True, it would be dangerous to expose him to the cause, but we can imagine a small relative immunity against a recurrence of that form of pneumonia, because its cause has a shade of difference about it from that of simple inflammations of the air cells of the lungs, or of the bronchial tubes. But the poisons of small-pox, scarlet fever, or measles are so specific, so peculiar, and affect the whole organism so thoroughly, that (to strain a point) we should require it to renew its youth before it would be affected by an onslaught of these poisons a second time.

These speculations open up so many channels of thought



that one would fain pursue, did space permit. They must, however, be reserved. Vaccination may be named as an established procedure for the prevention of disease, as an illustration of the same principle, and, from a slightly different standpoint, the injection of antitoxin serum for the prevention and cure of diphtheria.

What is needed for the development of these methods, and an estimation of their relative value, is time and accurate observation and collection of facts. A principle can only be of value in practice when its limits, as well as its scope, are thoroughly understood.

(x.) Two more points only under the guidance of the law of life I propose to briefly allude to. As the rule of similars is the response of the physician to the natural law of health and disease in its widest sense, so it becomes the most scientific basis for the practice of medicine, and we may truly say that, if faithfully pursued, medicine is raised by it to the position of the finest of the arts. Medicine here, as indeed all curative medicine should, not only touches humanity at its foundation, at its spring, but it also depends for its motive upon the inspiration of that spring.

As yet, however, knowledge is imperfect, and the science of the causation of disease is but in its infancy. It is, therefore, impossible to secure the highest results to humanity from the healing art, because the causes of many diseases are still operative and cannot be removed. Accordingly, a pursuance of the science of ætiology, and depending on that preventive medicine, which will progress with far greater strides than hitherto if a knowledge of the law of life is fully grasped, become of primary consideration in the mind of the practitioner. They occupy a major place to that of the intention to cure. Such advances all take time, however, and there are thousands of patients in bed, suffering intolerable pain and dying of incurable disease. What should be done? First and foremost, they should be given every advantage of treatment by the rule of similars carried to its furthest scientific development. But if, on account of ineradicable organic change which acts as an incubus to the organism in its endeavour to maintain and increase itself, and causes untold pain and loss of rest, any or every means

that can be known should be adopted for relief, here it is that surgery in all her branches finds her place, and in surgery the great sphere of anæsthetics. But as long as the patient understands their effect and is willing to place confidence in the wisdom and judgment of the physician, anæsthetics are justifiable in medicine as well as in surgery, I fully believe, and so, less measures than those required to produce anæsthesia—anodynes, sedatives, stimulants, counter irritants and anything which allopathy or antipathy may suggest to the mind of the physician, provided he knows what the effects of the means he uses would be if the patient were in health, and if in the full light of a knowledge of the law of life, he allows the halo of the ideal scientific method to cast its glory down his path. And so, too, with the adoption of all measures which in the treatment of disease might be termed hygienic, such as careful dieting, including the use of animal extracts, the use of hydropathic or electropathic measures or the employment of massage. A place for all these will perhaps be found pending the time when knowledge shall have advanced to the point that the cause of all disease is known to its final degree, and when the primary duty of the physician shall be to prevent these causes operating, and if he cannot prevent them, it shall be his privilege to cure them, *cito, tuto, et jucunde*.

(xi.) One word must be added as to treatment by suggestion. There can be no doubt as to its validity, and that it has its basis in the law of life, and in the predominating influence of the mind over the body in health. As I have stated before, in mind we have the law of life operating on itself, or on its essence, if such a thing can be conceived. And in certain classes of disease, which depend on disordered innervation, either central or peripheral, I see no reason why not, but quite the contrary, that treatment by suggestion should be of great practical service. But theoretically, at least, I fail to see the necessity of inducing the hypnotic state, unless indeed the mind of the patient were excessively morbid. In all cases of treatment by suggestion the mind of the physician must be strong, firm, confident, perspicuous, and broadly benevolent, illustrating the law of life in its

highest degree. To pursue this subject further would be out of place, it belongs to the psychology of the future rather than the physiology of the present.

(xii.) From the philosophical position indicated in these prolegomena, I must pass rapidly to a few practical conclusions relating to the work of the Homœopathic Society in the immediate present.

As regards the views put forward in this address, I trust they will be seen to have sufficient cogency and practical bearing to merit attention and criticism; and finally, in whatever form seems most reasonable, acceptance. In the discussions of the sessions later on, there will be abundant opportunity of putting them to the test. I can only say for myself, that ever since I perceived that there was a single fundamental law, operating in the single basis of life, it has given me an insight into the processes of life in health and disease, and has been a guide in treatment, such as I could never have anticipated a possession of. What is the honest thought of one is not his own, for he never could have attained to it had it not been for his fellows.

As a direct result of this thinking, it seems to me that certain points are immediately necessary to the progress of scientific medicine. The first of these is the improvement of our knowledge of drug pathogenesis. The facts of the *materia medica* still require sifting out from a mass of unverified assertion, which, until verified by competent observers, can never be accepted as fact. I say this in ignorance of what the Index to the "Cyclopædia of Drug Pathogenesis" is yet to be.

Then we need a new presentation of the verified *materia*, in an orderly anatomical and physiological sequence of arrangement. And, finally, the gaps of unknown regions, of suspected pathogenetic effects, require to be filled up by the systematic re-proving of many drugs; and this to be undertaken in all the light of modern physiological inquiry and method. In therapeutics, cases, cases, cases are required, with the remedies used, recorded, and made the most of in the detail of the record. In a society primarily devoted to that subject, the record of therapeutics does not belong to

the *materia medica* section alone; it should occupy its adequate portion of the time of the section of medicine, and dovetail into that of surgery and gynæcology. As regards the special duties of the medicine section, I need scarcely remind you they are common to all societies of medicine. Even though we may possess a method of drug administration which, to a certain extent, is independent of pathology and morbid anatomy, a knowledge of these is absolutely essential to an understanding of the clinical history, than which there is no more important branch of medical knowledge as to what and when and how to apply a remedy.

Accordingly, the more the section of medicine can bring forward cases illustrating unusual points in pathology and morbid anatomy, or unusual occurrences in clinical history, the more useful that section is likely to be.

As to the section of surgery, I scarcely feel myself competent to speak, except that as physiologists, pathologists and therapeutists, we may look to surgeons for side-lights on all these spheres. And so also with gynæcology. •

In a great constructive work of engineering skill, in his drawing of plans and estimation of quantities, the engineer is always bound to reckon on a certain unknown quantity for which the most exact of calculations will fail to account. If this is the case with a science and an art which possess the exactness of the mathematician and physicist, to how much greater an extent is it the case with principles and practice based on the biological sciences, the knowledge of which is based on phenomena which are ever undergoing change. Yet the biologist has one immense advantage over the physicist and mathematician. Although the unknown element in the reckoning of the medical practitioner is almost infinitely greater than that of the engineer, the unknown is invariably offering itself to the effort of his observation, of his interest, and of his understanding.

It is in the transition from the known to the unknown that our Society stands midway. In the present session, as indeed in all future sessions of its existence, may she step still further into the unknown and bring far greater conquests into the known than ever she has done before.

## A GENERAL SURVEY OF OUR POSITION.

BEING THE PRESIDENTIAL ADDRESS DELIVERED BEFORE THE  
LIVERPOOL BRANCH.<sup>1</sup>

BY JOHN W. HAYWARD, M.D.

*Consulting Physician to the Hahnemann Hospital, Liverpool.*

ALLOW me, first of all, to thank you for electing me to preside over your deliberations for the session on which we are now entering.

Your having done so has relieved me from the necessity of preparing a paper on some specific professional subject, and has given me the privilege of laying before you my ideas of how the session may be well spent and made as successful as its predecessors.

When the Liverpool Homœopathic Medico-Chirurgical Society was young, and its members few, and we had only a dispensary, in addition to private practice, wherewith to ripen our knowledge into wisdom, it was the rule that each member took his turn in the reading of papers during the session. This arrangement worked well; it was, perhaps, necessary in those days of small things: now, however, since our numbers have become too numerous to need the enforcement of this rule, since we are no longer a mere provincial society, but have become a branch of the British Homœopathic Society—the great homœopathic medical society of the kingdom—and most of our members have not only had a longer and more extended curriculum of study and the advantage of the discovery of morbid germs and the use of bacterial laboratories to prime them with professional knowledge, and have also had the stimulus and help of a hospital to convert their knowledge into wisdom, we may fairly well look for our younger members to be so full of material as to be ready to burst out in new places,

<sup>1</sup> October 10, 1895.

so to say, and compete with each other for the opportunity to lay their views before the Society.

We will therefore hope that our secretary will have some difficulty in making a selection amongst the many valuable papers that will be offered to him.

(The President then suggested some subjects for papers during the session.)

If gentlemen will take up these subjects, or similar ones, the session will be an eminently successful and profitable one, and at its termination we shall all feel grateful that we belong to the premier branch of the British Homœopathic Society.

On most of these subjects there are already splendid essays in the early numbers of our periodical literature, especially in the *British Journal of Homœopathy*, the *Monthly Homœopathic Review*, the *Annals of the British Homœopathic Society*, the *North American Journal of Homœopathy*, and the *Transactions of the American Institute of Homœopathy*, by some of our pioneer practitioners; and I hope all our members will each snap up a copy of these unique and invaluable publications should opportunity occur to them: they will find them very interesting and instructive reading. The physiology and pathology in these papers may, perhaps, not be up to those of the present day, any more than were those of allopathic essays of those days; yet they will richly repay perusal. These essays show that the homœopathic practitioners of those days were well up in the then existing professional knowledge, and, as well as being diligent students of the *materia medica*, they knew what doses would cure their patients, or at least would hasten their recovery. We must always bear in mind it was their practice and dosage that laid the foundation of homœopathy in this country and America, as well as on the continent. The attenuations they employed were the 30th, 18th, 12th, and 6th, seldom the 3rd or 1st, and rarely the 1x. With these doses—highly infinitesimal ones—they showed the vast superiority of homœopathic treatment, and demonstrated that not only chronic, but acute diseases, such as cholera, dysentery, and yellow fever;

pneumonia, bronchitis, and asthma ; measles, scarlatina, and small-pox ; rheumatic fever, neuralgia, and mental affections ; and all the other acute ailments that form the daily work of the busy practitioner, were cured in less time, and with less mortality, than had ever been known before.

Nor are the results of those days of only two or three years of professional study, of crude physiology and pathology, and with only a nascent *materia medica*, being surpassed in these days of a curriculum of four or five years, with bacteriological discoveries ; with low dilutions and strong tinctures ; with the so-called toxines, antitoxines, antipyretics, and other coal-tar and iodine derivatives ; and the manifold other empirical compounds, concentrated essences, tabloids, &c., provided by the wholesale drug-stores, aided by the increased knowledge of the physiology of digestion, nutrition and hygiene, and with the greatly improved nursing and sanitary surroundings of patients now over what they were then ; though with these helps our results ought to be far superior to theirs.

It may be asked : Are our results superior, or even equal ? Many maintain they are not. If not, why not ? Why not, indeed ? Can it be that our medicines are not so pure ; or the preparations of them not so well made ? Or is it that we do not use them so appropriately ? Or is our *materia medica* less to be depended upon ? Or do all these causes contribute to make our results not superior to theirs—as they ought to be ? These points are all worthy of consideration ; let us review them.

(1) *As to the Purity of our Medicines.*—There can be no question that it is of the utmost importance that our medicines shall be genuine and pure, or, at any rate, shall be exact counterparts of those by which the pathogeneses were produced. This is, indeed, absolutely essential ; otherwise, however carefully they are prepared, and however appropriately prescribed, they cannot possibly be homœopathic to symptoms similar to those recorded in the *materia medica* ; and, therefore, they cannot cure *tuto, cito et jucunde* : disappointment and, perhaps, disaster, must necessarily attend practising with such medicines. We may, I think, be

quite sure that the drugs used in the provings made by Hahnemann and his immediate followers were both genuine and pure—the best of their kind, collected and prepared under proper conditions, and preserved free from contamination of any kind. The symptoms recorded as resulting from them are, therefore, those of pure drugs; and can be met only by medicines equally pure and genuine. It is much to be feared, however, in view of the great competition and endeavour to undersell each other amongst the present-day homœopathic pharmacists, and with the low-priced tinctures and first decimal attenuations, that many of the preparations are anything but those of genuine and pure drugs. This may be part of the cause of much of the disappointment we sometimes experience in practice. This risk is increased by the fact that many of our drugs are procured from ordinary wholesale drug-stores, where they are not prepared with the care necessary for homœopathic medicines. It is very desirable that our own pharmacists should themselves collect and procure the medicines and make the preparations. If they will not, then practitioners should procure and prepare, at least some of them, for themselves.

(2) *As to the preparing of the Medicines.*—Though secondary to the genuineness of the medicines, the careful and accurate preparing of them, strictly in accordance with the formulas and without possibility of slightest admixture, is of the very greatest importance, and is quite essential to success in treatment. The medicines themselves may be genuine and pure, but if improperly or inaccurately prepared—if the preparations are not absolutely according to regulation and free from the slightest admixture—the most careful prescribing of them will be almost sure to be nugatory and the disease be allowed to progress unchecked, perhaps to a fatal issue. It is, of course, impracticable, if not impossible for practitioners to collect and prepare all the medicines themselves; they must of necessity trust to pharmacists for most of them. It is, therefore, of the utmost importance they should be careful to select only honest and faithful tradesmen, and should absolutely eschew co-operative stores and such-like sources. No consideration



of price should tempt practitioners to trust to sources not thoroughly reliable. This care is the more necessary because it is impossible for us to detect fraud or imperfection in attenuations above the second or third: in these, both practitioners and patients are utterly at the mercy of the tradesman; and unless he is himself an earnest believer in homœopathy, as well as a man of the strictest honesty, he is not likely to fully appreciate the necessity of scrupulous cleanliness of mortars, measures, scales, bottles, corks, &c.; neglect of which will defeat the most careful prescribing. No such carelessness as goes on in ordinary pharmaceutical laboratories and in dispensing druggists' shops should be submitted to under any circumstances.

(3) *As to the using of the Medicines.*—As well as it being necessary that the medicines shall be genuine and the preparations of them pure and up to the standard, it is equally necessary that they shall be prescribed carefully both as to the homœopathicity and as to the dose. On this point it is, of course, unnecessary for me to insist, because we are all strongly impressed with it; still, I would like to offer one or two extreme examples, just for the sake of completeness:—It would be folly, for instance, to expect success to follow the use, either locally or constitutionally, of arnica for cuts, or calendula for bruises; nux vomica for acute sthenic inflammatory fever, or euphrasia for acute inflammatory rheumatism. Not even lay homœopaths would think of perpetrating such folly. Each medicine has its own place, and there are no substitutes in homœopathy. Neither are brilliant results to be expected in chronic constipation, for instance, from frequently repeated two or three-drop doses of the strong tincture of opium or nux vomica; or from similar doses of belladonna in acute encephalitis; these doses being pathogenetic. Such illustrations may appear needless and absurd: they are so to us, but not to recent converts, or to old school practitioners who pretend to have tested homœopathy and proved it to be absurd. It is not homœopathy, but their attempt at practising it, that is absurd.

(4) *As to the materia medica.*—This has certainly been

greatly enlarged of late years, but it may well be doubted if its reliability has been increased; it is indeed to be feared that it has been greatly diminished. When the drugs were prepared, the records of poisonings and over-dosings were collected, and the provings made under the direct supervision of Hahnemann himself, the symptoms recorded in the *materia medica* were generally real effects of the drugs; now, however, it is to be feared many of them are more imaginary than real, and are unreliable and misleading. At the end of the nineteenth century, and when homœopathy is about a hundred years old, to put forward long lists of isolated symptoms in mere schema form and call them *materia medica*, is downright disgrace to the medical men who supply them, and to the journals that publish them. Such material ought not to be admitted into our journals, much less incorporated into our *materia medica*; human health and life are too sacred to be entrusted to such material, and it should be rigidly excluded.

So much on a general survey of some of our difficulties; others might be referred to, but

As this is probably the last time I shall have the privilege of addressing the Society on a general professional topic, I would like to say a few words on our relationship with the so-called orthodox members of our profession. Notwithstanding the many concessions we have made to their ignorance, prejudice, bigotry, and intolerance, it does not appear we are any nearer being accorded our legitimate position of honourable and worthy colleagues! This is not because of our want of title thereto, for this has been demonstrated over and over again. Nor is it because our numbers are few and we are unrecognised by the state; for it is not accorded to our brethren in other countries—not even in America, where the numbers are comparatively large, and where they are, by the state, placed on almost an equal footing with old school practitioners. The opposition comes solely from our colleagues who are yet in a majority; and I fear the prospect is hopeless—at least, for many years to come, unless some new effort be made, such as educating the students during their pupilage. It is as

hopeless to look for such justice and generosity from "the men in possession" as it is to look for the Church of Rome to accord religious equality to Protestants, or the Church of England to accord it to Dissenters. The best treatment we can look for, at present, is to be tolerated—not persecuted. If left to fight its own way, possibly, in the dim future, homœopathy may be generally and silently adopted—be absorbed into general treatment, just as have been hydro-pathy, mesmerism, movement cure, electric treatment, &c., all of which have been nearly as violently opposed and persecuted as has homœopathy; but now they form part of the *armamentarium* of all educated practitioners, whilst their discoverers or propounders are studiously ignored. Such is the conservative exclusiveness of established and privileged bodies like the professions of medicine and religion. I anticipate it will be the same with homœopathy. In the meantime, like other pioneers, its votaries must suffer contumely and persecution—must submit to be martyrs for truth, and to bear persecution for conscience's sake. A good conscience is, however, its own reward. The man who is honest to his convictions, though he suffers for it, can afford to despise and pity the man who does violence to his convictions rather than suffer loss. To be poor and honest is better than to be rich and dishonest. It is better we should continue to submit to be denied our legitimate position and privileges, with a good conscience, than that we should buy our rights by abandoning principle, and thus degrading ourselves in our own estimation. What are the terms on which we may be allowed to have our legitimate position? What is required of us in order that deprivation, ostracism, persecution, and neglect may cease, and we may be admitted to fellowship on equal footing in societies and journals and as to professional appointments? Why, nothing less than that we shall absolutely forswear homœopathy and all connected with it—that is, that we shall not only cease to maintain that it is a truth that medicines should be administered in accordance with the rule of similars, and be given in non-pathogenetic doses, but that we shall deny that these are truths, and conditions of curative medicinal treatment

This, and nothing less, will satisfy our persecutors. I need not ask honest, upright men if they will submit to such terms; and I am sure none of us will.

It may be pleaded that had we not been made acquainted with the truth we would have been free from its obligations—that

“ Where ignorance is bliss,  
’Tis folly to be wise.”

This may be true worldly wisdom for time-servers, but it is not so for upright men. Besides, would it be possible to remain in such ignorance? Are there any medical men of any position in the profession now ignorant that there has been propounded, and largely practised, a method of treatment called homœopathy, under which recoveries are reported to have taken place in a larger percentage and in less time than under any other ever propounded? I think not; indeed this is evident from their daily filchings from homœopathy; and if not, heavy is the responsibility resting upon old school practitioners to learn this method. It ought not to silence their conscience, and it will not justify them in the sight of God and humanity when they stand by the bedside of a dying fellow-creature if they are not able to assure him and his friends that everything has been done that could be done medicinally to alleviate suffering and prolong life. It will not do then to plead ignorance of homœopathy any more than it would, when standing at the bedside of a patient dying of unrelieved strangulated hernia, to plead that they did not know how to operate, or that they had not the instruments. They are not more blamable in the latter case than in the former; as surgeons they ought to have had the instruments and ought to have been able to operate; and as physicians they ought to have learnt the homœopathic use of medicines and to have given the patient a trial of it. A knowledge of the homœopathic uses of medicines is a corollary of a medical man’s position and pretensions; no medical man is fully qualified if not possessed of this knowledge; and no man ought to be permitted to take medical charge of families if wanting this part of qualification; it is quite as essential as a knowledge of the

allopathic uses, and should be taught as a part of the students' *materia medica* course; students should be taught both uses.

I suggest, therefore, that we commence an agitation for an amendment of the Medical Act, so as to make it obligatory that in the curriculum for medical qualification provision be made for the teaching of the homœopathic uses of medicines; and that part of the qualification for an Examiner in Therapeutics shall be that he is capable of efficiently examining candidates in this knowledge; also that no candidate shall be granted qualification to practise medicine unless he exhibits sufficient knowledge to enable him to use medicines homœopathically as well as allopathically if ever he should think fit to do so.

Such an amendment is urgently called for in the interests of the public and in order to complete the Government provision for the protection of the people from imperfectly qualified practitioners. Practitioners are not fully qualified without this knowledge.

Let us, then, at once commence agitation. If we succeed we shall not only put a stop to present persecution, but shall certainly bring about a speedy adoption of homœopathy by the whole profession; which is

“A consummation devoutly to be wished.”

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Dr. JONES, after thanking the President for his paper, and hoping that it would not be the last time when Dr. Hayward would address the Society on general subjects, said that he thought that by creating a demand and making lay homœopaths, the supply of medical men would naturally follow. We should make use of our own men in consultation where possible.

Dr. MOORE said we must expect more from the educated laity than from the profession. We were in a very small minority in the profession, and hence our difficulty.

Dr. HAWKES, contrasting the treatment of the two schools, said that although, perhaps, our treatment might have the same result in mild cases, in severe or complicated cases we had better results; he instanced acute rheumatism, and acute rheumatism complicated with pericarditis, scarlatina, and malignant scarlatina. He was opposed to medical men making any agitation publicly, as it would place them in a false position.

Dr. GORDON thought the agitation suggested by Dr. Hayward was not feasible.

Dr. DOUGLAS SMITH mentioned that with regard to the modern treatment of acute rheumatism by salicylic acid and its compounds, the treatment had to be kept up for ten days after the fever had disappeared, and, if omitted, the symptoms re-appeared. This showed that the disease was suppressed and not cured.

Dr. THOMAS mentioned a suggestion that had been made by Dr. Proctor at the last Congress dinner, to provide the student on leaving college with a book on homœopathy. He thought the suggestion worthy of consideration.

Dr. WILLIAMS thought that one difficulty in our way was the adoption of our drugs by the allopaths without acknowledgment.

Dr. GORDON SMITH said an important matter was that while the *materia medica* was enlarged it was rendered less reliable, because of the introduction of new, improperly proved remedies. With regard to consultations, we had often to be guided by the wishes of the patient's friends.

Dr. CHARLES HAYWARD said we had sometimes to go outside for consultations, as there were not a sufficient number to keep men up as specialists. He thought we should encourage all things like the post-graduate course of lectures in London. He did not think we should call ourselves homœopaths, and he thought this went very much against us in the opinion of the old school.

Dr. GREEN cordially endorsed Dr. Charles Hayward's remarks.

Dr. ELLIS did not think Dr. Hayward's plan feasible. He agreed with Dr. Gordon Smith that we should try and make ourselves independent of the allopaths. He disagreed with Dr. Charles Hayward, and was rather proud of the title of homœopath.

Dr. J. HAYWARD agreed with Dr. Charles Hayward that we should not call ourselves homœopaths. In small towns it was sometimes very hard for homœopaths to get a consultation.

Dr. CAPPER remarked that no practical suggestion had been proposed in the discussion about how to advance homœopathy. He thought the two chief dangers were empiricism and that the younger men were afraid of the name.

Dr. HAYWARD, in reply, said the league tracts were no longer published, and it seemed necessary to take further steps to promote homœopathy. There was difficulty, he admitted, in the plan he recommended, but that should not deter us from trying to carry it out.

TWO RARELY-USED MEDICINES—OCIMUM  
CANUM AND TROMBIDIUM.<sup>1</sup>

BY JOHN H. CLARKE, M.D.

*Physician to the London Homœopathic Hospital.*

On September 1, 1893, a gentleman, aged 27, was shown into my consulting room complaining of repeated attacks of abdominal pains, with which he had been troubled for a period of seven years. During all this time he had suffered many things of many allopaths, and being nothing the better, but rather worse, he now determined to give homœopathy a trial. Having recently returned from China, and being then on the eve of sailing for the United States, the trial was of necessity a brief one; but I determined to accept the conditions and make the best of them, with what result you shall hear.

On inquiring into the history of the case I found that the attacks (which had been ascribed to the passing of oxalates by some of his former attendants) were as follows:—Every three or four weeks he was seized with violent pains of a dull, leaden character in the right side of the abdomen. The attacks at the time of his visit to me began in the morning; when they first came on they began in the evening. The attack lasted from twelve to fifteen hours. For four hours from the commencement the pain grew steadily worse, culminating in an attack of vomiting, the vomit consisting, first, of sour fluid, then of slime, and, finally, of a fluid like coffee. After the vomiting there was a little abatement of pain. The urine was clear and contained no sediment. A specimen I examined was clear, pale, had a specific gravity of 1016, and contained no albumen. After standing two days it threw down a white deposit, amorphous under the microscope. There was no trace of oxalate crystals.

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, November 7, 1895.

In appearance the patient was tall, well developed, and rather pale. As a child he had had fits, and five years before I saw him, when much run down, he had three more fits. He had had none since then, but when walking out on a bright day he would come over deadly faint. A great-great-uncle had had fits, and one sister had had them as a child. His mother had symptoms something like his own attacks, but otherwise his family history was very good. Ten years before he had a threatening of lung trouble, but when I saw him there were no pulmonary symptoms.

In addition to the oxaluria hypothesis he had been treated for "liver" and "catarrh." The only drug that made any impression on his attacks was iodide of potassium in large doses, which stopped the attacks for three or four months, but the drug caused such excessive weakness with giddiness that the patient preferred the disease to the remedy, and decided to take no more.

The recital of his symptoms called to my mind one medicine as indicated before all others; and as there was no time to lose, I put on his tongue a powder of ocimum canum 200, and gave him two others of the same with instructions to take one after each subsequent attack *if he should have any*.

In January, 1894, I received the following letter from him, dated from a town in Ohio :—

"DEAR DR. CLARKE,—On September 1 last I consulted you about a pain in my side, to which I had been subject at intervals for several years, and which allopathic physicians had attributed to a periodical passage of oxalates. If you refer to your books, you will find that these gentlemen could not cure me, so I came to you. You told me that my symptoms were not such as were generally found with this trouble, but you gave me one small powder on the spot and two more to bring away with me. I am pleased to tell you that I have never been troubled with it since, and as it is more than four months since the last attack, I am almost hoping that you have permanently cured me. If the old trouble should return I intend to write to you again. I told you that I was intending to study medicine to go into the mission field. I am undecided now whether I will do so or not, but I would be very much obliged if you would send me the pre-



scription for the medicine that you gave me; it might be the means, in my hands, of relieving some other suffering one. It is needless for me to tell you how grateful I am to you, as you know what I have suffered, and what ease and comfort I am having now."

I sent him the prescription, and he gave it to a homoeopathic physician who resided in the place. The latter had never heard of the medicine; and could not find a mention of it in any of his books. It was only after several months' unremitting research that he came across it in a homoeopathic chemist's catalogue. I learned this from the patient himself, who returned to England last summer, and on June 22 came to report himself to me. After the dose I gave him he went exactly twelve months without an attack, and then had a rather severe one: the urine being very scanty, with a copious deposit of phosphates. That was the last he had had, and as I have heard nothing of him since, I presume there has not been any return.

The patient asked me to tell him what I considered he was suffering from, as he concluded that I must know since I had cured him. I told him it did not in the least follow, but the name I should give to his attacks was renal colic.

Now, why did I give *ocimum canum* to this patient? If you refer to Mure's "Brazilian Materia Medica," p. 214, you will find a very short, but very clear, account of the drug, of its uses among the Brazilian population and a proving of nineteen symptoms, among which appears the following "Renal colic, with violent vomiting every fifteen minutes; one wrings one's hands, and moans and cries all the time." If you turn to Allen you will find this symptom printed in heavy type and a bracketed addition ("right side") after "Renal Colic." I believe this is a clinical observation of Dunham's or Lippe's. Be that as it may, it helps to confirm me in the choice of the remedy.

On October 16 of the same year (1893), I was called to see a young unmarried lady of 24, who was suffering from severe pain in the right side, very frequent micturition with hæmaturia and vomiting. She had not felt

well for some little time before, and for over a fortnight had been quite ill. The actual pain had been on for three days following a fortnight of continued headache. Her mother had died of kidney disease after a confinement, and this made the patient additionally anxious. The Christmas before she had had a similar, but slighter attack—pain in the right side, and frequent micturition, but this only lasted a few days. The pain was in the right flank, shooting round to the back. The urine was passed every fifteen minutes. It was distinctly smoky, and at times had a sediment containing clots. On boiling, a cloud appeared which partially cleared up on the addition of nitric acid. After standing thirty-six hours the sediment became a brilliant carmine colour. The microscope showed mucus and blood corpuscles and round cells with shining nuclei.

I put her on terebinth 3, and for two days there was some improvement. The urine cleared up, and the pain was less severe. But this did not continue. On October 19 the pain became worse, and micturition again became very frequent. Belladonna was now given instead of terebinth. That same night the patient took on her own account a dose of liquorice powder, which brought on an aggravation. The pain in the right side became very severe, and in the urine were flecks and strings of blood.

I now (October 21) put her on ocimum canum 200. A few globules dissolved in water, a teaspoonful every two hours. There was improvement at once. The urging to urinate subsided, the water became quite clear, she slept well, and woke the next morning free from pain. She steadily improved. On October 23 I left off the ocimum and gave nux 30, and ceased to attend on the 28th. On November 18 there was a slight relapse, when the same medicine again relieved the pain, but did not do away with the urging, or stop the appearance of blood in the urine. A review of the case showed a good many pulsatilla indications. The patient was of the pulsatilla type, and her catamenia were apt to be delayed, so that medicine was given in the 30th, and promptly cleared up the case. Some months later I heard that she had kept well.

In a case of right side pain at the catamenia, with painful micturition, *ocimum canum* failed to give any help. *Palladium*, in this case, succeeded admirably. I was led to give it by the condition: "relief by pressure." In a case of sub-acute cystitis, with frequent and painful micturition and passage of dark clots, it also failed. But it materially helped a case of vaginal prolapse. Symptom 15 of the proving reads: "Falling of the vagina so as to issue even from the vulva."

In speaking of its action, Mure says of it: "The *ocimum canum* is destined to become one of the most important remedial agents in Brazil, where it is used as a specific for diseases of the kidneys, bladder, and urethra." And he adds: "Those who wish to devote themselves to our art had better get about proving this drug."

As the proving consists of nineteen symptoms only, it will not take up much of your time if I recount them entire. It will be noticed that sixteen out of the total relate to the genito-urinary system. The mammary symptoms are very striking.

(1) Turbid urine depositing a white and albuminous sediment.

(2) Burning during micturition.

(3) Urine of saffron colour.

(4) Diarrhoea, several attacks a day.

(5) Crampy pain in the kidneys.

(6) Renal colic, with violent vomiting every fifteen minutes; one wrings one's hands and cries and moans all the time.

(7) Red urine with brick-dust sediment after the attack.

(8) Itching at the breasts.

(9) Engorgement of the mammary glands.

(10) The tips of the breasts are very painful; the least contact extorts a cry.

(11) Compressive pain in the breast, as is the case with wet-nurses.

(12) Dreams about being poisoned. Dreams about her parents, friends, children.

(13) Lancinations in the labia majora.

- (14) Swelling of the whole vulva.
- (15) Falling of the vagina so as to issue even from the vulva.
- (16) Thick purulent urine, with an intolerable smell of musk.
- (17) Swelling of the inguinal glands.
- (18) Heat, swelling and excessive sensibility of the left testicle.
- (19) Numbness of the right thigh for two days.

Ocimum canum is an aromatic herbaceous plant, and belongs to the labiate family. It is thus related to lycopodium virginicum, also to thyme, the mints, rosemary, betony, ground-ivy, and sage. Ocimum viride, of Sierra Leone, is used as a febrifuge.

#### TROMBIDIUM.

Speaking to a respected colleague one day of the medicine I am next to bring before your notice, I asked him if he knew what it was, and he replied: "Oh, it is one of the rarer metals, isn't it?" "No," "I answered, "it is a parasite of a fly!" The word is often erroneously spelt with an "h"—thrombidium. Allen gives it so, so does Bell in his excellent book on "Diarrhœa." This might lead one to suppose it had something to do with a thrombus, but, of course, it has not.

Hering, under whose supervision the provings were made with the 3x, 6x, 9th, 18th, and 30th centesimal, says of the parasite, which is an acarus, that it is found singly or in groups on the common house-fly, and that it is of a bright red colour, nearly circular in shape. "The alcoholic tincture, a brilliant orange in colour, was prepared from specimens, about 115 in number, collected in Frankford, Philadelphia, in September, 1864."

The principal use to which trombidium has been put is in the treatment of diarrhœa and dysentery, the most characteristic of the symptoms having been manifested in the abdominal region and rectum. Of several cases treated by myself with the drug, the following must serve as an example:—

In June last Mrs. C., aged 58, came under my care suffering from excessive heart disturbance following an attack of influenza. Under thyroïdin 30 the heart's action became very much improved, but later on she was taken with a very violent diarrhœa. There were severe pains in the abdomen; stools like blood, of an unbearable stench, occurring in the early morning, compelling her to jump out of bed, also, after the least food or drink was taken. The action itself was unaccompanied by pain. Podophyllum was given, but without good effect. On June 29, the condition was much the same, except that there was great pain in the rectum, as well as the abdomen, and that the patient was able to retain arrowroot which I had ordered.

The condition was a very grave one. The patient was so exhausted and collapsed that I was not at all sanguine of her recovery. A study of Bell, on "Diarrhœa," revealed a striking correspondence between the symptoms of my patient and the symptoms of trombidium, and I determined to give it. Among the symptoms found in its pathogenesis are the following:—

Stools—thin, brown, fœcal, bloody.

Aggravation—*In the morning; and after eating and drinking*, griping pain in the abdomen before stool, tenesmus and burning in anus after stool. Great debility; fainting on rising up.

Aggravation after eating and drinking is, perhaps, the leading characteristic of this remedy.

I dissolved a few globules in water and told her to take a teaspoonful every two hours.

The pain was relieved at once. The stools became less frequent and gradually returned to normal. She was able to take food without any internal disturbance. She commenced the medicine on June 29. On July 4 I discontinued the trombidium. After a few days there was a slight relapse, occasioned by drinking some broth, but the trombidium again, and this time permanently, arrested it.

The same drug also relieved a lady who was suffering from severe abdominal pains after eating and drinking. She

had had an attack of dysenteric diarrhoea which had been subdued by allopathic treatment, as far as the motions were concerned, but the pains remained unabated until trombidium was given.

The potency I gave was the 10,650th of Fincke's make. I may be asked why I chose the 200th of ocimum and the 10,650th of trombidium. My reply is that they were the lowest potencies I possessed. Both were given me by Dr. Skinner. If there should be any weak brethren present I may add for their comfort that the two remedies I have brought forward to-night may be obtained of Messrs. Heath and Co. in potencies as low as the 6th centesimal. The results I have obtained with the higher ones are good enough for me, but I am no stickler for either end of the scale. Indeed, I don't believe the scale *has* any end on the infinitesimal side. Hahnemann never made a greater mistake in his life than when he said, in reference to the high attenuations, "The thing must end somewhere." I reply, in the words of King Louis, "Je n'en vois pas la nécessité," and I am astonished that the author of "The Medicine of Experience" should have committed himself to such an unphilosophical remark. His discovery of a mode of preparing and developing medicinal powers by the attenuating process is certainly one of the most profoundly important discoveries of this or any age; and when the scientific world has advanced far enough to apprehend its bearings, it will be acknowledged that by this discovery Hahnemann has thrown more light on the mysteries of being (if our president will allow me to say so) than all other philosophers and scientists put together.

I hope I shall not bring myself under a charge of heresy if I point out that what I believe is regarded as the Bible of this Society—the "Cyclopædia of Drug Pathogenesy"—contains no mention of either of these two well-proved and potent drugs. There are a number of good homeopaths on both sides of the Atlantic who think they can improve the *materia medica* by a process of exclusion and elimination. They would cut out all symptoms that have not been observed in a dozen or so of provers; and all drugs which have not been proved on lines which, in the fulness of their

wisdom, they arbitrarily lay down. This result they call ridding the *materia medica* of useless encumbrances, and I am afraid, if they had their way, *ocimum canum* and *trombidium* would have to go by the board. For my part, I prefer to do the pruning, when it is wanted, for myself. The "Cyclopædia" I look upon as a most valuable collection of raw material, but in no sense a work of any finality. A proving is not of much value until it has been digested and arranged, and, I may add, tested and amplified by clinical use. In nothing is Hahnemann's wisdom so markedly evidenced, to my thinking, as in his destroying his provers' day-books and presenting the world with his magnificent Schema arrangement. I for one am profoundly thankful to him for giving us only the finished product, ready for immediate use. It may be there is no one of his descendants who can be trusted in the same absolute way to know a symptom when he sees it; and it may be incumbent on our humble selves to preserve our day-books for our justification. At the same time, it is the duty of the builders of the homœopathic *materia medica* to present their matter in a well-digested schema carefully pointed by the clinical test. Then if our work is what it ought to be, our provers' day-books will repose undisturbed on their shelves as far as the practitioner is concerned, for he will have no need of them; though they may possibly, at some distant date, be of interest to the antiquary.

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Dr. DUDGEON said he was astonished to hear Dr. Clarke say that *ocimum canum* and *trombidium* were well-proved medicines that had no business to be rejected from the "Cyclopædia of Drug Pathogenesis." The best known plant of the genus *ocimum* was the fragrant basil, which Boccaccio tells us the frail but lovely Isabella planted above the head of her deceased lover. *Ocimum canum* was one of Mure's medicines; he called it *ocimum canum*, but there was no such plant known to botanists. There was an *ocimum cavum*, which was used in South America for kidney troubles, and had been used for a long time; perhaps that was the plant Mure employed. Dr. Clarke gave the *ocimum canum* in the 200th dilution; he should like to know whose preparation it was, because there were twenty-four makers of high dilutions, and they all made them in different ways.

Dr. CLARKE : Skinner's.

Dr. DUDGEON, continuing, said Hahnemann made a very useful observation in one of his works. He said :—" Why should we use medicines which require a great deal of preparation and great expenditure of trouble and skill, when we can get the same effect with simpler preparations?" *Ocimum canum* did not seem to be a very powerful medicine. As to *trombidium*, it had only been proved in pretty high dilutions.

Dr. CLARKE : The 3rd decimal.

Dr. DUDGEON : That was only one, but most provers took from the 9th to the 30th. And then the dilution that Dr. Clarke gave it in—

Dr. CLARKE : 10,650th dilution.

Dr. DUDGEON : Oh !

Dr. BLACKLEY said he had hoped that Dr. Clarke would have told them he was about to undertake a thorough proving of *ocimum*. He agreed with Dr. Dudgeon in saying that it was anything but a well-proved remedy. If Dr. Clarke did undertake the proving, he hoped he would be able to give them something a little better than Dr. Mure, who spoke, for instance, of an "albuminous precipitate." This was one of the many very loose terms used in some of our pathogeneses, and the sooner they were wiped out the better.

Dr. PULLAR said it was easy to criticise the paper on the assumption that the medicines were not fully proven, but unless the issue of the cases recorded by the author could be explained away on other grounds, it seemed clear that the results must be accepted as effects of medication. It would be admitted, surely, that Dr. Clarke was a competent observer, and, therefore, the facts could not be refuted. With regard to the question of attenuation, it appeared to him to be one which could only be determined by experience. For his part he entirely agreed with Dr. Clarke, and ventured to think that in the present state of our knowledge it was illogical to set any arbitrary limit to the attenuation of medicinal agents. Having already gone so far beyond the ordinary conceptions in recognising the power of so-called infinitesimals, why should not some of their number extend their vision? There was a mass of reliable evidence that in a certain proportion of cases results were obtained with the more highly-attenuated preparations, which were not attainable with low potencies of the same medicines. The explanation was at present imperfectly worked out.

The PRESIDENT (Dr. Goldsbrough) said the alleged effects



could scarcely be called a proving of a medicine unless they were genuine effects, independently of any idiosyncrasy on the part of the patient. In that case they would require at least two provers to exhibit the same effects. That was the rule laid down in the "Cyclopædia of Drug Pathogenesis" for the admission of a drug to its pages, and it was the only scientific rule possible for drug proving. The Cyclopædia did not go to twelve persons, as suggested by Dr. Clarke, but drew the line at two. If a drug had shown power of producing effects in more than one it was included in the Cyclopædia.

Dr. CLARKE, in reply, said that Dr. Dudgeon had stated that there was no drug *ocimum canum*. Mure gave as an alternative name *ocimum incanescens*, and, as he figured the plant as well, he thought that disposed of Dr. Dudgeon's criticism on that head. His chief complaint about Dr. Dudgeon was that he was far too much of a Hahnemannian. He (Dr. Clarke) was not. He declined to be bound by what Hahnemann said, but was a very humble seeker after truth, and if he found the dilutions made with tap water answered their indications as well as those made with spirit, he was not above using them. Perhaps he ought not to have said that *ocimum canum* was well proved, but he liked a drug that had very clear-cut symptoms. Though the symptoms of *ocimum canum* were not numerous, they were very characteristic, and had been found true by competent observers, amongst them Carroll Dunham. Dr. Dudgeon thought that *ocimum canum* could hardly be called a powerful remedy, but if it could convert a budding doctor from an allopath into a homœopath at one *coup* he thought it was strong enough for all practical purposes.

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## PSYCHO-THERAPEUTICS.<sup>1</sup>

BY C. THEODORE GREEN, M.R.C.S., L.R.C.P.

It is always considered wise to study a thing from all possible points of view if we expect to attain a correct knowledge thereof. A thing is any concept, and the thing, or concept, for which our profession exists is the art of healing. It is more usual at medical meetings to consider this art from

<sup>1</sup> Read before the Liverpool Branch, Nov. 14, 1895.

the material side only, under the external and internal appliances of surgery and medicine, and diet and hygiene. But man consists of two chief qualities, the material, or physical, on the one hand, and the immaterial, or psychical, on the other. It is with this other side of our being that I propose to deal briefly in this paper. I may say at the outset that I have not the slightest intention here of lapsing into metaphysics, of considering the exact nature of our non-physical being, such as whether man have a conscious soul or spirit that can exist apart from his physical body, or that all his consciousness is dependent on the movement of his brain molecules. I am glad to admit at the start that in homœopathy we have a means of influencing our mental states by way of drug action, such as no other method of therapeutics has. But I want to consider what action, if any, the human mind has on the human body in disease. I take it for granted that we are all agreed that the mind has some action on the body. Ought we not, therefore, to study this influence, and see what use we can make of it in the healing of disease? We shall gain a clearer idea of the nature of this influence by studying the various phases it takes, by first observing facts, and then deducing theories. In time, no doubt, some one clever enough will formulate a general law correlating these scattered facts, just as Hahnemann formulated his general law of *similia*, &c., from observations made by Hippocrates and other men down to his own time, and by extension of these observations by himself and his co-workers.

I am much indebted to Dr. Hack Tuke's book, "The Influence of the Mind on the Body," 1872, for what follows. The term psycho-therapeutics is freely used nowadays; there is a good book on medical hypnotism having this word for its title, by Dr. C. Lloyd Tuckey. Dr. Tuke used the term in 1872, and may, for aught I know, have invented it. Speaking of animal magnetism, Dr. Tuke says that John Hunter recognised that attention and expectation produced the phenomena of animal magnetism (p. 5). And yet, until the last decade, hardly any medical men have thought it worth while to study the effects the mind has upon

the body, with the idea of utilising them in disease. I except, of course, those pioneers of medical hypnotism, Drs. Elliotson, Esdaile, and Braid. It has not been definitely proved whether there be an influence emanating from A, the operator, to B, the subject, in hypnotic *séances*. "But even should it be eventually shown that a power emanates from some persons, as is alleged . . . . the cases collected show . . . . what can be done without the contact of another person, and will serve as a warning not to conclude hastily that, in other cases, different powers have been exerted. Such emanating power is not intrinsically absurd. We recognise animal electricity, and the correlation of physical forces makes it difficult to see why animal magnetism should be regarded as impossible. Only, it would be altogether unphilosophical to have recourse to this, or any odylic agency, if the phenomena in question can be explained without it" (p. 353).

The commonest examples of the curative effects of expectation that physicians meet with are *placebos*. One often finds that the *sac. lac.* or *S.V.R.*, in our school, or the *pil. mica panis* in the dominant one, give quite as much relief as actual drugs. The same remark applies very often, I am sure, to all treatment.

I once visited an old Irish lady, with beautiful silver hair, and a face like an old monkey. She always preferred to see my senior partner. For her influenza I gave her *ars. 3x* and *eup. perf. 1*. The second day my partner went, and she said she was not a bit better. He, not remembering what I had given, gave the same drugs. The third day he went again, and found her nearly well. She said she began to mend as soon as she commenced *his* medicines.

Mental states often influence the body temperature. The more excited the patient, the higher his temperature. "According to Dr. Ertzbichoff, Lœwenhardt was enabled by taking the temperature in the axilla, to diagnose insanity in a case in which malingering was suspected. Dr. Westphal has obtained good results by taking the temperature in the rectum, and says: 'the coincidence of oscillations in the temperature with alternations of mental tranquility and

excitement, is of bad omen when it frequently occurs. With some insane patients, these oscillations are regular; thus, during the days of excitement the thermometer indicated 100·8° Fahr., but never exceeded this; during those hours of tranquility the temperature fell to 98·6°. In melancholia the temperature is below normal' ” (p. 138).

Dr. Duffus, of Tue Brook Asylum, confirms this; and says that in mania the temperature often ranges from 99° to 102°, and is as low as 97° in cases of melancholia.

What, for want of a better name, we often call nervous temperatures are obviously similar examples.

In St. George's Hospital I remember a woman, whose temperature rose to 113° Fahr. Nothing organically wrong was detected, and she made a good recovery. She burst several thermometers before they got one that would record her high temperature. I need hardly say that such fallacies as hot poultices and friction were carefully excluded. In this case, the hyperpyrexia always occurred after an excitement, on one occasion after receiving a visitor from a long distance. By hypnotic suggestion it is easy to produce obvious coldness or obvious heat of the surface, but I am not aware of any actual rise of temperature being noted, though that is probable. I have seen the pulse-rate quickened and slowed at will by hypnotic suggestion.

Dr. Tuke cites several cures of different ailments that were cured by having a clinical thermometer put under the patient's tongue; and the well-known one of the doctor, who left his prescription on the table for a lady suffering from pleurodynia, saying: “Put this to your side,” and how the patient literally did so, instead of obtaining the prescribed plaster, but in spite of the mistake, derived great benefit from the application (p. 358).

A patient of Dr. J. Brown, of Edinburgh, suffered from colic. He gave him a prescription, saying: “Take that, and come back in a fortnight, and you will be well.” He returned in a fortnight quite well. It was then found that the man had eaten the paper prescription, and taken no other medicine.

*Cures by Shock.*—Dr. Tuke cites several cases of pseudo-

hydrophobia, brought on in some instances by a bite of an animal not mad, and others not bitten at all. Most of these cases proved as fatal as do those of true hydrophobia (pp. 201 to 211).

Dr. Abercrombie relates the following: "A woman mentioned by Diemerbroeck, who had been many years paralytic, recovered the use of her limbs when she was very much terrified during a thunderstorm, and was making violent efforts to escape from a chamber in which she had been left alone. A man, affected in the same manner, recovered as suddenly when his house was on fire; and another, who had been ill for six years, recovered the use of his paralytic limbs during a violent paroxysm of anger." Herodotus relates that: "During the storming of Sardis, a Persian meeting Cræsus, was, through ignorance of his person, about to kill him. The king, overwhelmed by this calamity, took no care to avoid the blow, or escape death; but his dumb son, when he saw the violent designs of the Persian, exclaimed aloud: 'Oh, man, do not kill Cræsus!' This was the first time he had ever articulated, but he retained the faculty of speech from this event as long as he lived." Sweetser quotes from Van Swieten a case of hemiplegia, of some years' standing, in a man, who was cured by sudden terror.

Some of the organic functions, as constipation and disorders of menstruation, have been cured by hypnotism and cognate states of consciousness.

Schoolboys seem to be especially liable to be afflicted by warts; and I suppose that every schoolboy has heard of successful cures of warts by charms of a more or less idiotic character. Many of such cures of warts after use of charms are well authenticated. Need I point out that these cures are effected through suggestion?

We hear it commonly said that functional disorders alone may be cured by suggestion, but that organic disease cannot. This is premature; for we do not yet know how far the mind is capable of influencing disease. "You may see a person with gout," says Abernethy in his lectures, "who is almost unable to move with pain; but produce a shock on his nervous system by telling him that the house

is on fire, and he will scamper about like a lamplighter." "A captain of a British ship," says Dr. Rush, "who had been confined for several weeks to his cabin by a severe fit of gout in his feet, was suddenly cured by hearing the cry of 'Fire!' on board his ship." Another man was cured of gout by fright, and the disease never returned (p. 368). It is stated that Ferrarius cured ague by faith. In one year he cut the disease short in fifty persons solely by slips of paper, on which he inscribed the word "febrifuge," and gave them to the patients with the instruction that they should cut off a letter every day. A Spanish lieutenant recovered by the time he had cut off the sixth letter.

Dr. Witherspoon relates the history of a man in Scotland who was always cured of a fit of drunkenness by being made angry. The way to make him angry was not to talk against the sin of drunkenness, but against religion.

The cure of scrofulous swellings by the king's touch is too well known to need more than mention here. "The power of the will in resisting disease, apart from the influence of the imagination, or the concentration of the attention, is unquestionable." The poet Churchill said:—

"The surest road to health, say what they will,  
Is never to suppose we shall be ill;  
Most of those evils we poor mortals know  
From doctors and imagination flow."

At a *séance* of the Royal Academy of Medicine of Paris, Dr. Barthélemy expressed his conviction that the symptoms of hydrophobia in man were mainly due to the imagination and irritability of the patient. In proof of this he adduced his own case. He had introduced his finger into the throat of a mad dog, and drew it out covered with frothy saliva; in drying it he observed that he had a slight excoriation on his finger. He lightly cauterised it, but ten days after he experienced a sense of constriction about the throat. He felt alarmed; the difficulty of swallowing increased until he could not drink anything, and the sight of water caused spasms. The will, however, was strongly exercised, and at last gained the day; the symptoms gradually abated, and in about a week he was well" (p. 384). I think we shall agree

that this action of the strong-willed doctor was merely foolhardy.

*Tractors.*—Among methods of exciting a patient's attention to a diseased part is that of metallic tractors, introduced by Perkins, and their efficacy was attributed to galvanism. These tractors were short metal rods, and were passed over the painful part as if to draw the pain out. But Drs. Hargarth and Falconer, of Bath, experimented largely with wooden tractors, painted to resemble metal ones, and obtained quite as successful results. They treated any sort of pain, among other affections, rheumatism of joints (p. 395). I have little doubt that the passes one often uses in hypnotism act in the same way, only more strongly, because during the hypnotic sleep the patient is not distracted by anything at all, his faculties being all directed to attention of that part desired by the operator.

*Hypnotism.*—You will now, of course, expect me to say something about hypnotism, from a therapeutic point of view at all events. It is, I think, from the study and practice of hypnotism that we shall be able best, and in the most precise way, to employ psycho-therapy, or the influence of the mind over the body in disease. In March, 1891, I read a paper<sup>1</sup> before this Society here on the question, "Is Hypnotism of Practical Use to General Medical Practitioners?" and I tried to show you that it was. Looking back to that time I find that I have not altered my opinion then expressed, except that I believe we have more to hope from a judicious use of hypnotism as a curative agent, and less to fear from its dangers, real or supposed.

*Case I.*—W. G., a boy of 15 years, complained of rheumatic pain between the shoulders. Hypnosis was induced in seven minutes by gaze at a crystal. By verbal suggestion and "passes in contact," the pain was driven downwards into the right calf, where it remained for some minutes, and finally was driven out through the right foot. The pain never returned; on being awakened he remembered nothing of what had occurred.

<sup>1</sup> See also JOURNAL OF THE BRITISH HOMOEOPATHIC SOCIETY, January, 1894—April, 1894.

*Case II.*—E. R., a weakly girl, 14 years; her father died of phthisis, and her mother of kidney disease. This child took cold, and then a purge, which was followed by profuse diarrhoea and pains “all over.” Hypnosis in three minutes. By suggestion and passes all symptoms were gradually removed. I then told her to sleep two hours. She awoke in half an hour, but soon went to sleep again. Ten hours later I was told that she had kept quite free from pain, and had had no more diarrhoea.

*Case III.*—Mrs. M., a mother of five or six children, is not usually subject to headache. For a week past she has had severe pains in right side of head and face; has slept very little, and not been able to eat much. Hypnosis in two minutes. Suggestion soon removed all pain. The whole operation only lasted five minutes. Three days later, and also at the end of a year, she said there had been no return of the headaches.

*Case IV.*—E. H., a schoolboy, aged 13 years, was struck on the forehead by a stone. A few days later he had severe throbbing and boring headache in situation of injury, with great vertigo, nausea, and anorexia. He was delirious the night previous to my visit, and got out of bed and tried to sleep in a cupboard. Hypnosis in ten minutes. I removed the aching from the forehead by suggestion. Some pain remained in the occiput, which I could not get at, as he was lying on his back in bed. That night he slept soundly for the first time since the injury. He rapidly mended from this time; a little occasional vertigo and slight headache lasting for a fortnight. In this case, after the hypnotism, I gave *arn.*, *bel.*, *bry.*, *nux.*, according to indications.

*Case V.*—William C., age 26, engine tender. Epilepsy. He had been attending the dispensary for a year for epilepsy. He generally has a severe fit at the beginning of each month, and a milder one in the middle. Before being hypnotised he had frequent severe headaches, and often vomited both before and after a fit. I hypnotised him twenty-one times in four months. During the latter half of this time he has been quite free from headache and vomiting, but I do not think the frequency or character of the fits has been altered. With regard to epilepsy, I believe the experience of others is much the same—viz., that hypnotism has small effect on the fits, but may relieve many concomitant symptoms.

*Case VI.*—On two occasions I removed severe headache from children at the Dispensary in a few minutes, by verbal suggestion and passes in contact, without attempting to produce sleep.

*Case VII.*—On two occasions, my cook, aged 20, has had



severe bilious headache with vomiting. Each time I easily removed all bad symptoms in a few minutes by suggestion, and the attacks did not recur.

*Case VIII.*—A married woman, aged 50, of a low type of intellect. For some years she has been very intemperate, and gets very noisy and violent when drunk. She had large varicose veins in the legs, which often ached very much. Of course she was troubled with insomnia. Her husband asked me to try what hypnotism would do for her. I easily produced a light sleep, and suggested cessation of the craving for alcohol, and also that the veins would get well. At intervals during the next few weeks I repeated this treatment. The varicose veins simply disappeared without any other treatment. The craving for alcohol kept recurring, but was always controlled again. Since discontinuing hypnotism the drunkenness has been as bad as ever. As far as my limited experience goes, I find that hypnotism is much more useful in acute alcoholism than in chronic drunkards. (See JOURNAL OF THE BRITISH HOMŒOPATHIC SOCIETY, April, 1894.) You will have noticed that the cases I have cited are common every-day ones, and it is just in these common every-day cases, as well as more uncommon and interesting ones, that we shall find hypnotism so useful. In all the above cases, unless otherwise stated, I hypnotised the patient for the first time.

We find cases of hysteria very susceptible to hypnotic suggestion, but I do not find cures of such cases permanent, as the same or other symptoms often recur after a time.

The study and practice of hypnotism or mesmerism, or whatever name you like to give it, has been for so long almost solely in the hands of charlatans, public entertainers, and quasi-professional men, that it is quite time that qualified medical practitioners faced the matter boldly, and ascertained how much that is true and useful there is in this hitherto tabooed subject.

*American "Christian Science healing."*—Dr. A. Scofield<sup>1</sup> writes that a Mrs. Eddy sets forth a pseudo-metapsychico-theological system that denies the reality of matter and that of disease. A few of the utterances from her leading work show the absurdities of this system.

<sup>1</sup> "Faith Healing," Dr. A. Scofield.

“1. Argue with the patient : ‘ You have no disease, you are not in danger, you are perfectly well ;’ and you will find it soothes the symptoms of any disease.

“2. Drugs, cataplasms, and whisky are shocking substitutes for the dignity and potency of mind.

“3. Ossification or any abnormal condition of the bones is the action of mortal mind as direct as insanity. Bones have no more substance than thought, and are only what they are named by and appear to mortal mind. What we call matter was primitively error in solution.”

But not all “ Christian Scientists ” speak so foolishly. I suppose that there is no doubt that some cures do take place under their *régime*, for their method, in a word, is that of auto-suggestion. We have, unfortunately, little chance of investigating their cases before and after their cure, for these peculiar people are unusually shy of having anything to do with qualified medical men.

#### THE CURES AT HOLYWELL.

So long ago as the middle of the seventh century, a certain Welsh chieftain lived in North Wales. His only child Winefride having been instructed by a local Saint Beuno, determined to live celibate, and to found a nunnery in the Sech-nant, *anglice* Dry Valley, now Holywell. One day she was at home alone, preparing the fire, water, and salt to be used in the Mass at the end of a service then going on in St. Beuno’s chapel, close by. While she was thus engaged, Caradoc, son of the King of North Wales, came in and saw her, and proceeded to make love to her in vehement Celtic manner. She repulsed his suit, but as he was urgent she escaped from the house, Caradoc following, with drawn sword. He overtook her on a slope of the hill just above the chapel, and cut off her head, which rolled down to just within the chapel door. St. Beuno came out, reverently carrying her head, and seeing Caradoc standing near with bloody sword, he cursed the murderer. Straightway, the latter began to melt away before the eyes of the horrified congregation, and the earth opening beneath his

feet, swallowed him up. St. Beuno then joined Winefride's head to her body, and she recovered. Immediately a copious spring of water gushed out of the ground at this place, so that the Sech-nant became the Holywell ever after. Such is the bare outline of the story of the origin of St. Winefride's well.

Cures have been recorded there down to the present time, though little has been heard of them till the last few years. Mr. G. H. Morton, F.G.S., of Liverpool, considers that the water comes by subterranean channels in the carboniferous limestone, chiefly from the river Alyn, near Mold, 20 miles off.<sup>1</sup>

A beautifully ornamented chapel of about the time of Henry VII. is built over the well. The water of the well varies but little the year round, 54° to 58° Fah. Its chief solid ingredient is lime. I think we must look elsewhere than to the constituents of the water to account for the cures.

I must, in justice to Catholics, say that they admit the possibility of "suggestion" or "expectancy" helping towards cure in some cases, but they certainly believe that many of the cures by the water of this well are due to the miraculous intervention of St. Winefride. Their formula of invocation is; "St. Winefride, most admirable virgin, even in this unbelieving generation still miraculous, pray for us."

Father Beauclerk, S.J., also told me he believed that the immunity the town had from epidemics such as typhoid fever was due to her aid. Holywell is without any sanitary drainage, and also without a water supply. But I was told that these two almost incredible defects may be remedied some day soon. I hope they will. For this "unbelieving generation" has more faith in Mr. Condy and modern sanitation than in the blessed virgin and martyr St. Winefride.

Now let us descend the few steps till we are below the level of the high road, but only a few yards distant from it, and push open the heavy, creaking, oaken door. There,

<sup>1</sup> For a good description of this well see *Proc. Geol. Soc.*, Liverpool, vol. i., p. 86, by Robert Bostock.

beneath handsome pointed arches of stone, is the well, about the size of a small room, fenced in with a wall of stone. The water is in perpetual commotion, for it is rising from the earth at the rate of about 3,000,000 gallons in 24 hours. Surrounding the well, and suspended from the arches, are many trophies of the healing power of the water, some many years old, others quite recent. Crutches and sticks of all sorts and sizes, trusses, children's little boots deformed, to match the little feet they once encased, a stiff felt jacket, now no longer required to brace the feeble spine, and other appliances of infirmity.

Pilgrims do not bathe in this well, but they dip out canfuls of the water to drink, or bathe their eyes with, or else carry it away in tins. The water then flows under a narrow stone partition into the first piscina, which is the size of an ordinary bath. Here, I was told, people often have a dip first before going into the larger bath. Thence the water flows under the stone flagging of the crypt into the larger bath, which is about 25ft. by 10ft. broad, and some three or four feet deep. Within a groined niche stands a life-size stone statue of the Saint holding the palm emblematic of martyrdom in her right hand, and the abbess' crozier in the left, her face being of the stereotyped expressionless form of beauty that is common in saints. Here, the afflicted ones are to offer their prayers before and after bathing, and many times during it. Surrounding the bath are thirteen dressing-boxes.

Covering the sides of the bath is "St. Winefride's hair," floating in the water. This is the ordinary green slime that one sees in dark and stagnant pools. The devout take some of this away and bind it on the affected part, or wear it as a charm. It is said never to waste, although so freely removed. Anyhow, it soon grows again, as most cryptogamic forms of life do.

An attendant informed me that this bath was cleaned out "last Christmas," at Easter, and would be again at Whitsuntide. This is cheering, for I was told at the Hospice that ulcers are often washed and abscesses break therein. Still, it is only fair to say that the water is, night

and day, continually running through the bath. When the overflow gets outside, part of it supplies the motive power for a brewery, and part the Westminster swimming bath; thence it flows down the valley, turning water-wheels and supplying mill dams, and finally discharges into the river Dee, opposite Thurstaston. During the late severe frost neither did the well freeze nor the water that flowed from it.

I sat alone by the well one sunny May afternoon, and invited the *genius loci* to come to me and explain the reason of this curious bit of mediævalism flourishing here in the end of this nineteenth century of an "unbelieving generation." Are "the times out of joint"? thought I. And as I sat I seemed possessed with the spirit of the place, and it did not seem so wonderful after all. I realised that, in spite of boasted civilisation and higher education, the majority of us are simple-minded like children, forgetting science, and seeing only that which is nearest to us, believing that nature is not cruel, and that the gods are nearer than we think, and will hear us when we call. Meanwhile, the great chestnut overshadowing all the place rustled softly in the breeze as with continual prayer, and with long fingers of shade pointed to the healing waters.

*Cases.*—For a shilling you can get a little book descriptive of the ancient legend, and containing cases of cure. See also a pamphlet by Rev. M. Maher, S.J., "Holywell in 1894," containing accounts of what are considered authentic cures.<sup>1</sup> One "cure" was printed rather prematurely. A woman, whose name I do not know, was said to be cured of a "fibroid" tumour, which caused great swelling of the abdomen. Competent medical opinion declared that she would die if not operated on. This ordeal she refused, came to the well, bathed once, and lo! all external evidence of the tumour and swelling was gone! She was not examined by a medical man after her "cure." In May, Dr. Williams, senior, of Holywell, told me that he saw this case subsequently, and then the swelling had returned. The poor

<sup>1</sup> See also "Borderland," vol. i., p. 543, and vol. ii., July, 1895, and *Journal of the Society for Psychical Research*, May, 1895.

woman has since died of her malady, which was not cured at all. Perhaps the shock of the cold water caused a tonic contraction of the muscles of the bowels or bladder, and thus rid her of flatulence, or an abnormal quantity of urine. And yet, please note, that "suggestion," or what you will, eased this patient of severe symptoms for several months. Another case mentioned (p. 25) is that of Hannah Goddard, who came to the well, November 27, 1894. She is the one who left the felt jacket referred to above as a trophy of her cure. Her illness had been coming on for four years (she is now 18 or 19 years of age). She suffered from great weakness of the spine, and was unable to walk or to hold her head up. She had severe pains, and had lost the sense of touch over the spine and legs. Her head hung right over to the left side unless supported. All ordinary medical treatment in hospital and in private failed to relieve her. She was carried into St. Winefride's Well once daily, and after the third immersion declared herself cured, walked out of the water, and has continued able to walk, and has improved in general health ever since. I have traced her case, partly through the courtesy of Dr. Oliver, of Newcastle-on-Tyne. As luck had it, I was able to see her in the hospice, where she had come again, just before my visit, to complete her cure. Her old worn-out jacket was hanging up in the well labelled to the effect that she owed her cure to St. Winefride. But I was rather startled to find that she was wearing another stiff felt jacket with steel ribs. The doctor told her to wear this, she said, because the weather was so cold. But I have no doubt that she could have stood and walked without it. She is now without pain, and sensation has returned. Yet the jacket in the well was calculated to give an erroneous impression. The nature of this case is not difficult to understand. Long illnesses, pleurisy, &c., had weakened her exceedingly, so that at first she held herself upright with difficulty, and I have little doubt that she gradually gave way to this feeling of weakness till at last it was impossible for her voluntarily to erect her spine. There was no evidence of any bone disease of the spine, but only of muscular atony. Hysterical anæ-

thesia of the spine and legs is just what we should expect in such cases. The shock of an unwonted cold bath in November at 54° F., together with religious exaltation, faith, auto-suggestion, expectancy, call it what you will, sufficed to start a healthy action in the muscles of the spine and the nerves supplying them. Hence the cure. I advised her to continue the baths, and prophesied complete recovery. When I was present at the Festival of St. Winefride on June 22, I came across a few more cures. The town was then crowded with pilgrims from all parts of the North of England, nearly all of whom belonged to the labouring classes, some being Protestant, others Catholic. Katie Long, aged 14, of Wigan, was said to have just recovered her voice after nearly four years' silence. She states that after a fright, about three and a-half years ago, she lost the power of speech, but that she could hear quite well. On June 19, after her second bath, she felt as if a ball were rising in her throat (? hysterical globus); this dispersed, and shortly afterwards she began to speak.

Dr. Williams, of Holywell, who saw her after the cure, says she seemed rather hoarse at first; but this soon wore off, and now (the 23rd), she speaks quite well. She is a child of ordinary intelligence, and did not strike me as being of a hysterical temperament. But this case is somewhat typical of aphonia caused and cured by shock. For it came on after a shock, and quickly, though not immediately, disappeared after bathing in a temperature of about 56° Fahr. with the attendant environment of expectancy. A year previously, Alice Woods, a Preston mill-hand, was cured of aphonia whilst bathing in the well. And this was after application of electricity in the infirmary had failed to do more than effect a partial and temporary improvement. Annie McDonald, of Glasgow, had been treated by Prof. McAll Anderson, for an "internal weakness," which Dr. Williams, who examined her both before and after the bathing, said was a retroverted uterus. After the baths the womb was found to be in its proper position. She was also suffering from psoriasis involving the limbs and back. This was rapidly disappearing with the approach of warm weather, and has not been

modified by the bathing. Cold douching is a recognised means for rectifying such internal weaknesses, but we must not lose sight of the environment of expectancy before-mentioned. I regret to say that it is impossible, in the great majority of cases, to obtain satisfactory medical evidence of the nature of the complaints said to be cured, both before and after visit to this well. In the *Journal of the Society for Psychological Research*, May, 1895, Rev. A. Fryer has collected a series of cases, in all of which he has failed to find any evidence for the miraculous. My own limited observations are entirely in accord with his conclusions. Yet, I am honestly glad that this well affords a means of relief to many poor sick folk, who have failed in being cured by regular medical aid; and I hope that such cures will increase in number, whatever may be said or thought of the manner of cure, whether by suggestion, superstition, or faith. I was favourably impressed with the honesty of purpose apparent in all whom I met who had to do with the well; priests, nuns, keepers, pilgrims—they all seemed utterly to believe in the things they said.

I may add that Dr. Williams, jun., of Holywell, has collected over 500 cases of alleged cure, and states that in none of these has he seen any evidence of cure by supernatural agency.

#### LOURDES.

This paper would be incomplete without some reference to Lourdes, at the foot of the Pyrenees, with its grotto, and wonder-working spring. As I have not yet been there, I shall take my information from the report by Dr. A. T. Myers and Mr. F. W. H. Myers on the alleged miraculous cures, *Proceedings of the Society for Psychological Research*, vol. ix., pp. 160-209; "Lourdes," by Emile Zola; and an article by Dr. Berdoe, in the *Nineteenth Century*, October, 1895. With regard to his book, M. Zola told Mr. R. H. Sherrard, that at the national pilgrimage, which takes place every August, about 30,000 pilgrims are transported from Paris to Lourdes, including about 1,000 sick persons. This



pilgrimage lasts three days ; then there are the two days spent in travelling, so M. Zola divides his book into five parts, one part for each of these five days.

He says : " I will admit (p. 8) that I came across some cases of real cure. Many cases of nervous disorders have undoubtedly been cured, and there have also been other cures which may, perhaps, be attributed to errors of diagnosis on the part of the doctors who attended the patients so cured. Often a patient is described by his doctor as suffering from consumption. He goes to Lourdes and is cured. However, the probability is that the doctor made a mistake. Remember that most of the sick persons who go to Lourdes come from the country, and that the country doctors are not usually men of either great skill or great experience. But all doctors mistake symptoms. Put three doctors together to discuss a case, and in nine cases out of ten they will disagree in their diagnosis. Look at the quantities of tumours, swellings, and sores which cannot be properly classified. These cures are based on the ignorance of the medical profession. Nature often cures without medical aid. Certainly many of the workings of nature are wonderful, but they are not supernatural. The Lourdes miracles can be neither proved nor denied. The miracle is based on human ignorance. I interviewed a number of people at Lourdes, and could not find one who would declare that he had witnessed a miracle. All the cases which I describe in my book are real cases, in which I have only changed the names of the persons concerned. In none of these instances was I able to discover any real proof for or against the miraculous nature of the cure. Thus, in the case of Clémentine Trouvé, who figures in my story as Sophie—the patient who, after suffering for a long time from a horrid open sore on her foot, was suddenly cured, according to current report, by bathing her foot in the piscina, where the bandages fell off, and her foot was entirely restored to a healthy condition—I investigated that case thoroughly. I was told that there were three or four ladies living in Lourdes, who could guarantee the facts as stated by little Clémentine. But nowhere was I able to find

any corroboration of the girl's story. Yet the little girl did not look like a liar, and I believe that she was fully convinced of the miraculous nature of her cure.

"It is the facts themselves which lie.

"Lourdes, the grotto, the cures, the miracles, are indeed the creation of that need of the lie, that necessity for credulity, which is a characteristic of human nature. At first, when little Bernadette came with her strange story of what she had witnessed, everybody was against her. The Prefect of the Department, the Bishop, the clergy, objected to her story. But Lourdes grew up in spite of all opposition."

*The Story of Bernadette Soubirous, the Daughter of a Miller.*

It happened on February 11, 1858, that Bernadette and two other children came to a grotto at Massabielle, on the banks of the Gave. As she was there a sudden brightness appeared against the rock, and gradually took the shape of a human figure. On subsequent days she came, and by degrees the figure became more distinct, and spoke to her, disclosing herself as the "Immaculate Conception" (which dogma had been first promulgated three years before!), and gave her directions, "go tell the priests that they must build a chapel here." There are recorded eighteen apparitions of the Virgin to Bernadette.

On one occasion when she was in the depths of the grotto, in obedience to the Virgin, a spring suddenly rose up between her hands, "and this was the miracle of the enchanted fountain." Then followed the miracle of the taper. Bernadette held her left hand in its flame without being burned. The apparitions caused great sensation at Lourdes, and crowds flocked to the spot, and miracles began.

"As a doctor had roughly expressed it, this girl of 14 years, at a critical period of her life, already ravaged, too, by asthma, was after all simply an exceptional victim to hysteria, afflicted with a degenerate heredity, and lapsing into infancy" (p. 93).

Several long trains filled with pilgrims leave Paris for Lourdes for this August pilgrimage. The tickets for each train are printed in different colours. Zola describes the journey of the "white train," so-called from its white tickets. And a terrible description it is—of an over-crowded train, laden with sick folk suffering from all sorts of disease, travelling twenty hours under a broiling sun, and now and then some unfortunate dying *en route*. Without pretence of medical or scientific accuracy, Zola, in his own graphic and realistic manner, gives one a very good idea of how suggestion and expectancy are used at Lourdes for the purpose of exciting "faith" in the patients that they will be cured. Throughout his long and somewhat diffuse narrative he shows how the Roman Catholics induce a sort of panic of devoutness in the multitudes that throng Lourdes; how the priests shout themselves hoarse preaching and reciting litanies, whose painful iteration reminds one of the "vain repetitions" of the heathen; and the singing of hymns, including the interminable song of Bernadette, with its sixty verses; and how the people, massed together, excite each other to frenzy, that often ends in convulsions similar to those often witnessed during religious revivals in this country. He shows us also the dreadfully insanitary conditions of the piscinas, and how the scum of human filth and disease forms a pellicle on the surface of the water that may be scraped off. Thus far, M. Zola.

I must now briefly refer to Messrs. Myers' report in *Proceedings of the Society of Psychological Research*, vol. ix. They refer to M. Zola's book as being a serious work, and consider that his statements of fact are accurate. The conclusion that they draw from their investigation is that the cures are not due to anything supernatural, but that "suggestion" accounts for everything.

I abridge *Case XII.*, from page 190. Mdlle. Blondel had been treated by many physicians without avail. She suffered from a "rheumatic attack which affected her spinal cord and produced a paralysis of her lower limbs." Treatment by electricity, blistering, hydrotherapeutics, was tried for five years without improvement. In 1879 she visited Lourdes, and was twice bathed in

the piscina, but even that was useless. The muscles of the legs were atrophied, flaccid, and powerless; the skin, sallow and ill-nourished. For three years treatment was abandoned. Then she again came to Lourdes had one bath, and "in a few moments she felt cured. She could get out of the bath, stand on her feet, sit down, or walk about, and sensation had returned to all parts." "All the doctors," said Dr. Boissarie, of Lourdes, "who had had the treatment of Mdlle. Blondel gave a confident opinion that this was a supernatural cure." Whether Dr. M. Reynaud and Prof. Charcot, whom she consulted in Paris, are included, we are not told. This case is one that we should expect to find, of hysterical paraplegia, terminated by strong emotion.

*Case XIV.*, p. 192.—M<sup>me</sup>. A. Toussaint, aged 22, felt a sudden pain in one calf, which soon swelled, and gradually became powerless, the muscles wasted, and were drawn up by a slight contracture. She was advised to try Lourdes. For three months her mind was set on this idea, and thirteen months after the accident she took one bath in the piscina, and on leaving it found all pain gone, and her leg straight again. She returned home with her legs strong and all wasting and contracture gone. Even the editors of the *Annales de Lourdes*, January, 1892, considered this to be a case of "traumatic hysteria."

*Case XV.* is that of a soldier who, after an accident, was said to be blind from detachment of both retinæ. He bathed his eyes in Lourdes water for nine days, and came seeing. Messrs. Myers say anent this case: "Now, what does the evidence amount to here for a recovery, which the wisest and most prudent of the judges of the medical phenomena at Lourdes, the late Dr. de St. Maclou, does not hesitate to call a most undoubted miracle? One medical certificate given six years before the miracle, of a condition which all ophthalmic authorities admit is sometimes curable by nature, and whose exact observation is difficult even to the most highly skilled oculist—and not a single further word of expert testimony either to the state during the intervening six years, to the miracle itself, or to the results of the miracle."

*Case XVI.*—Under this paragraph are cited two instances of cure of scrofulous ulcers in a few moments: Amélie Chagnon, aged 17, and Clémentine Trouvé. Both girls put their bandaged feet into the water, and on drawing them out, perfect scars were seen to be formed. But details are absent. "What was the exact state of the bone, and of the sore under the bandages, when the girls put their feet into the bath?" "If we are to admit an instantaneous cure, we ought surely to have observations written and witnessed at the actual time of the change" (p. 195).

I will conclude with citing a cure by a suggestion quite as wonderful as the foregoing. Dr. Gibert, of Havre, cured a lad of 13 years of multiple warts on the hands. He bathed the hands in water coloured blue, and said the warts would soon disappear, and that if they were not gone in a week he would use yellow water. That day week the boy came again, all the warts having gone except two or three. Dr. Gibert scolded the boy for not having got rid of all the warts, sponged his hands with water tinted yellow, and a few days later all trace of warts had gone.

Time forbids my enlarging on the cures at Lourdes. Comparing Holywell with Lourdes, the chief difference we shall notice is the total absence at the former of what we may call religious frenzy. In both places we see an environment of expectancy of a religious character, and at both the cures can be accounted for by suggestion; but there the resemblance ends. At Holywell things are more primitive and less organised. The place is more accessible, and therefore, perhaps, enjoys less repute than the Pyrenean town.

#### HYSTERIA.

The subject of hysteria is such a large and important one that it requires a paper to itself. So I shall not say much about it now. No doubt most of the cases of cure quoted in the earlier parts of this paper will be called "hysterical." But after all, what do we mean by "hysteria"? I am afraid that we too often regard as hysterical any case whose nature we do not understand, and cannot discover some organic lesion to account for. The word itself is a bad one, for being derived from the Greek *ὑστέρα*, uterus, it implies that the symptoms termed hysterical have their origin in some disorder of that organ. This we know is by no means invariably the case. Moreover, the male sex is sometimes affected, though rarely. I regard hysteria as being a partial insanity, more or less temporary in duration, in which the patient loses control of some of his faculties. The term hysteria is less loosely applied to those paroxysms, accompanied with dejection, anxiety, tears, dyspnoea, sickness, pal-

pitiation, and generally some irregular convulsions, going on in some instances to cataleptiform rigidity. Whatever we may think about hysteria, we shall all agree with Dr. A. T. Myers, that "the great Goddess Hysteria can sometimes deceive Æsculapius."

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Dr. C. W. HAYWARD believed that in all cases cured by suggestion there was no pathology. The headache, which had been cured by hypnotism, was unlikely to recur as there had been no previous attacks. We all had nervous cases which got well. He mentioned a woman who walked after being unable to do so for six years. There was a case in the Edinburgh Infirmary of a man with cerebral tumour who could not talk; the resident stuck a needle into him unawares and he uttered an exclamation; Dr. Bell explained this as reflex. He thought the belief of poor people in miracles should not be encouraged; it was pitiable because due to ignorance.

Dr. HAWKES had been to Holywell and thought the bath dirty. He saw nothing extraordinary that would make him believe in the cures. The patients' accounts were different from those in the newspapers.

Dr. GORDON thought the mental condition had much to do with cure in some cases. He mentioned the case of a patient who had been unable to walk; her case was diagnosed as hip disease, he told her one day that she could walk and she had done so; there was no sign of hip disease, it was a purely nervous case.

Dr. DUFFUS remarked that hypnotism had not done much for mental diseases; experiments had been tried at Bethlehem Hospital, but with unsatisfactory results.

Dr. THOMAS mentioned two hysterical cases where the diagnosis had been misleading.

Dr. CAPPER narrated the case of a patient who suffered from heart disease and who craved for and obtained a Dr. Moffat's belt, with relief to the symptoms. He thought we were justified in using these methods; people would believe in miracles in spite of all we might say to the contrary. He mentioned that he had seen good results from the use of a ball of sulphur in bed to remove cramps or rheumatism, and wondered if it were a superstition.

Dr. MAHONY, replying to Dr. Capper, said the sulphur acted medicinally. In reply to Dr. Green he agreed that we must study facts before we theorize. As regards hypnotism, the opinion of Professor Charcot was, that although there was something good

in it, it was not worth the powder and shot. He objected to Dr. Green's definition of hysteria, that it was partial insanity. It was a chronic miasm, and in these cases it was sometimes difficult to get the symptoms, but with pains they might be obtained.

Dr. GORDON SMITH thought we could not answer the question as to how far the mind influenced the body; there might be a good deal of underlying pathology. So far as we know, if the body is healthy the mind is so also. There may be a great deal of pathology in hysteria which we are unable to make out.

Dr. ELLIS said all the cases of cure, so far as we know, have a neurotic basis; the others mentioned we must take *cum grano salis*, as there is not evidence.

Dr. WATSON endorsed Dr. Charles Hayward's remarks on the case of headache; the same might be said of the rheumatic case. It was strange that epilepsy was not influenced by hypnotism, as this was a disease where, so far as we know, there is no appreciable pathological change. He would like to know whether hypnotism was useful in morphinomania.

Dr. J. D. HAYWARD said that the miracles at Lourdes and Holywell were not recent questions, but it was new for scientific men to advocate these places, and he did not agree with Dr. Green that we should encourage these cases. He was surprised to hear that so many present did not agree that pathological changes could take place under mental influence, and he instanced the appearance of stigmata in hysterical girls. By the attention being directed to any one spot, nutrition is influenced in that area. He thought most cases of cure were in hystero-epileptic girls. He mentioned the case of a lady who was totally paralysed; she was prayed over by the faith-healing people. Worked up into a religious frenzy, she suddenly sprang up—only, however, to fall down dead on the floor. Another case which had come under his notice was that of a lady who had ovarian neuralgia; she would wake him up at unreasonable hours of the night to have morphia injected. He tried the plan of injecting thirteen drops of pure water, and the agony was relieved, and she had a very good night. This was repeated on several occasions with excellent results; at last he told her what he had done, and she got quite well. We all made use of suggestion at times, and often with good results.

Dr. HAYWARD, the President, endorsed the previous speaker's remarks. In hysteria he thought there was a pathological basis which we did not understand; he did not think the term chronic miasm was sufficiently up-to-date. In answer to Dr. Capper,

he was quite satisfied that the ball of sulphur acted medicinally, as it would cause cramp. He thought Dr. John Hayward's morphia case was a good instance of homœopathy. Dr. Drysdale had cured cases of sciatica where morphia had been used in the same way.

Dr. C. T. GREEN, in reply, said that Dr. C. W. Hayward had evidently not read much of the literature on hypnotism, or he would have seen that pathological changes can and do occur under mental suggestion. In addition to the stigmata mentioned by Dr. J. D. Hayward, blisters had been caused and cured under hypnotic suggestion. The cases of headache and rheumatism were cited as being rapid cures of pain which did not recur. It was sometimes stated that all cures by hypnotism were temporary only; he (Dr. Green) would say they were just as permanent as cures by any other means. He must remind members that many of those cured at Holywell and Lourdes had already tried more orthodox medical aid without avail, and he hoped that no one would be sorry that these poor folk did get relief there. It was wholly impracticable to explain to them that there was "nothing in it," as Dr. C. W. Hayward suggested, because the people would either not believe him, or else they would have that means of cure taken from them without substituting any other for it. Hypnotism had done very little for the insane, because it was very difficult to obtain the necessary concentration of attention, and then the auto-suggestions (delusions) of the insane were usually stronger than the suggestions of the hypnotist. There was a wide difference between the opinions and methods of Professor Charcot and those of other hypnotists—between the school of the Salpêtrière and that of Nancy, with Liébault, Liegeois, and Bernheim. Professor Charcot dealt almost exclusively with hysterics and epileptics, while the Nancy school considered hypnosis a normal thing, and experimented on the mentally sound, and they had always found that hypnotism was of great service in the treatment of disease. Depraved tastes for alcohol, morphia, &c., had been often cured by hypnotism. With regard to hysteria not being a phase of insanity, he considered that whenever our mental faculties were not properly controlled, that was evidence of a temporary and partial insanity, as far as those faculties were concerned.

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## BOOKS OF REFERENCE.

- "Influence of the Mind on the Body," by Dr. HACK TUKE, 1872.  
 "Faith Healing," by Dr. A. T. SCHOFIELD, London, 1892.  
 "Works on Hypnotism," by MOLL, TUCKEY, BINET & FÉRÉ, BRAID, and others.  
 "Annales de Lourdes," 25 vols.  
 "Lourdes and its Miracles," by R. F. CLARKE, S.J., London, 1888.  
 "Lourdes," by EMILE ZOLA.  
 "Mind Cure, Faith Cure, and the Miracles of Lourdes," by Dr. A. T. MYERS, and F. W. H. MYERS, in *Proceedings Soc. Psychological Research*, vol. ix., pp. 160-209.  
 "St. Winefride's Well."—"The Holywell Cures," by Rev. A. T. FRYER, in *Journal S.P.R.*, May, 1895.  
 "Borderland," vol. i., p. 543, by W. T. STEAD.  
 "Borderland," vol. ii., p. 228, July, 1895, containing "The Cures at St. Winefride's Well," by "Miss X" and C. T. GREEN, M.R.C.S., L.R.C.P.

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MAGNESIUM PHOSPHORICUM: ITS VALUE  
 AS AN ANODYNE.<sup>1</sup>

BY W. THEOPHILUS ORD, M.R.C.S.ENG., L.R.C.P.LOND.

*Visiting Surgeon to the Bournemouth Homœopathic Dispensaries.*

WHEN I was a student, a well-known and successful old-school practitioner gave me this advice: "If you wish to succeed in practice, remember that your first duty is to relieve pain; and to win the confidence of your patients always give some anodyne to those who are suffering."

This advice was of doubtful utility, for at the time it was given opium and its alkaloids were the only real anodynes available. Since those days, however, the advent of the chemical compounds, phenacetin, antipyrin, exalgine and others have enabled those of our brethren who ignore the law of similars, to relieve neuralgia and nerve pain far more promptly than was possible for them a few years ago.

Now we, as homœopaths, rightly consider that the value of such drugs is very restricted, and that, in fact, they more often do harm than good, and we believe that the "law of

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, Nov. 7, 1895.

similars" is actually all-sufficient for such cases, when properly applied in the form of the correctly indicated remedy.

Here, however, we meet with a practical difficulty. Our *materia medica* is vast and our intellectual conception of its details is necessarily limited. When hurriedly called, perhaps late at night, to a case of violent neuralgia, it must be a severe temptation to some of us (to which, personally, I have often succumbed) to give a good dose of phenacetin, or some similar drug, rather than compare minutely the symptoms—which it may be practically impossible to correctly elucidate at the time—and then to prescribe strictly in accordance with our guiding law.

And this is an important point, which, if we as homœopaths intend to hold our own in such cases, must be faced by us. For I have known patients desert homœopathy, because an old-school practitioner, accidentally called in, relieved their sufferings by antipyrin far more rapidly than their regular homœopathic attendant had been able to do with his aconite or belladonna.

Have we, then, any drug sufficiently homœopathic to acute nerve pain, to be able to compete successfully with modern old-school analgesics—to be, in fact, a homœopathic anodyne, by which immediate relief to pain may be insured, whilst our specific remedy is correcting the pathological condition which has produced the neuralgia?

I believe that in *magnesium phosphoricum* we have such a remedy, and since the drug, though largely used in America, has not yet gained a footing with us on this side of the water, I desire to give you a brief *resumé* of its action to-night.

Magnesium phosphoricum is one of the so-called tissue remedies, and was first used by Schüssler, the reviver of the old idea that those salts which exist as essential constituents of the organs affected, could be used as remedies in disease. It is undoubtedly true that magnesium phosphoricum has been found by analysis in many body tissues, notably in brain, nerves, and muscle. But it is not necessary for us to accept this as an explanation of its remedial action.

We know that certain foods, fish and especially oysters, are

rich in phosphorus, and we find them valuable as brain and nerve nutrients in disease, but the biochemical school do not therefore call them tissue remedies, as, to be consistent, they should.

As a matter of fact, Schüssler's theory seems little more than a peg upon which to hang the homœopathic action of twelve valuable remedies, which behave strictly in accordance with the law of similars. These he recommends on the same indications and in accordance with the same principles by which homœopaths have for long successfully prescribed the majority of them. Of these twelve remedies, *calcareo phosphorica*, *calc. fluorica*, *ferrum phosphoricum*, *silica*, *natrum muriaticum*, *natrum phosphoricum* and *natrum sulphuricum* are old friends, dished up afresh with their homœopathic indications under the guise of the biochemical theory of their selective tissue action. The other five drugs had not been used homœopathically before Schüssler introduced them, though they differ but slightly in chemical formation from those that have, and the indications for their use as given by Schüssler are obviously based on the provings of their nearest chemical allies as used by ourselves. Of these, *kali chloratum*, the chloride of potassium, closely allied with the chlorate of potash (an old and well-proved remedy), has already taken its place as a valuable addition to the drugs which act specifically in chronic catarrhs of the middle ear, and is highly recommended in this condition by Professor Houghton, in his "Clinical Otology." We may then be encouraged to examine magnesium phosphoricum, in the light of its homœopathic indications, for it will prove, I believe, so valuable an addition to our *materia medica* that we can readily afford to overlook the dubious auspices under which it has been brought to our notice.

It is generally admitted that a compound of two elementary drugs possesses the leading properties of both of them, usually in an increased degree. Examples of this we have in the iodides of arsenic and of mercury, the phosphate and fluoride of calcium, and many others. From this point of view, magnesium phosphoricum comes to us with high credentials. The value of all drugs containing phosphorus in

nervous disorders is well known, and of magnesium we also have provings and clinical evidence that show its action on the nervous system to be marked and characteristic.

You will first wish to know what has been done towards establishing magnesium phosphoricum on a well-proved foundation of its own. Although the remedy has not been thoroughly proved, enough has been done to clearly define its action, and to suggest definite indications for its use. It is not mentioned in our valued "Cyclopædia of Drug Pathogenesis," though the other salts of magnesium—the carbonate and chloride, which were proved by Hahnemann and his disciples—both find a place there. The provings, such as they are, of magnesium phosphoricum have been arranged systematically by Dr. H. C. Allen in the *Medical Advance* for December, 1889, and a *résumé* of its symptomatology is given in vol. vii. of Hering's "Guiding Symptoms." From these sources a pretty full symptomatology has been compiled by Drs. Boericke and Dewey in their work on the "Twelve Tissue Remedies." As I am chiefly concerned in displaying the anti-neuralgic properties of the drug, I shall not examine this *schema* in detail, but will rapidly run over the general indications, with special reference to nerve and pain symptoms. These we shall find to stand up in bold and striking relief from the rest.

To commence with, the leading *mental* characteristic exhibited in the provings is "sobbing and lamenting about the pain"; also a strange physical restlessness is exhibited in a tendency to carry articles aimlessly about from place to place. This symptom is said, by Dr. Shannon, to occur under no other drug in our *materia medica*. Next, the *head* symptoms embrace a variety of neuralgic pains in almost every nerve. Headaches, described as darting, stabbing, shifting, intermittent, and spasmodic, occur, *always relieved by warm applications*. These pains are worse after mental labour. There are also similar pains from top of head down the spine, worst between the shoulders. Under *eyes*, we have orbital and supra-orbital neuralgias, worse on the right side, and relieved by external warmth—the site of pain (usually where the nerves leave their bony orifices in the

skull) being excessively tender to touch. We have also lachrymation, photophobia with contracted pupils, ptosis, and twitching of eye-lids. The *ears* show neuralgic pains, worse in cold air, and by washing face and neck in cold water. Of the *face*, every branch of the fifth nerve is in pain. Pains on the right side, from infra-orbital foramen to the incisor teeth; they gradually radiate over the whole side of face, are worse by touch, cold, and motion of jaws. The *teeth* are very sensitive to touch and cold. Toothache is worse after going to bed, better by heat and hot fluids. Severe pains in decayed or filled teeth occur. Of *gastric* symptoms one of the chief is a nerve-affection, *i.e.*, hiccough. There is also gastralgia with a clean tongue, relieved by warmth and bending double. In the *abdomen* there is severe colic, with flatulent distension, relieved by pressure, rubbing, and warmth. The *stools* are the watery diarrhoea, forcibly expelled, with dysenteric and cramplike pains, common to all the magnesium salts. Under *urinary* organs we meet with retention of urine from spasm of neck of bladder. Under *female genitals* we have ovarian neuralgia, worse on right side, menstrual colic in which pain precedes the flow, with great relief from heat. Also vaginismus and membranous dysmenorrhoea. In the *respiratory sphere* occurs spasmodic nerve cough, said to resemble whooping-cough—the leading *circulatory* symptom being nervous palpitation, with spasmodic pains suggestive of angina pectoris.

The *back* symptoms are chiefly neuralgic pain all down the spine, which is very sensitive to touch; also intercostal neuralgias. In the *extremities* we find muscular cramps and spasmodic neuralgias, especially sciatica—all pains being worse by cold, usually worse after going to bed, and always better by warm applications and firm pressure.

Such is a brief outline of the leading nerve symptoms produced by this interesting drug. Have we any remedy in our *materia medica*, I do not hesitate to ask, which confronts us with such a picture of neuralgia in almost every sensory nerve of the body? I believe we have not, and that is why magnesium phosphoricum may be expected to take the first

place as an anodyne in the homœopathic practice of England, as it has already done with that of our American brethren. You will observe that the indications for its use are especially clear and well marked, and the pains produced in the different nerves affected have all the same characteristics. There is perhaps a partiality for the right side of the head and face, otherwise all sensory nerve tracts seem equally influenced by the drug. The leading indications are evidently relief from warmth and pressure, with aggravation from cold and at night. There is tenderness over the affected part. The pains cause mental distress and seem unbearable, they are darting, shooting, shifting, spasmodic and sometimes intermittent. There is now a mass of clinical evidence, chiefly in American literature, as to the extreme value of magnesium phosphoricum in neuralgias of this type—such as supra- and infra-orbital, facial, dental, spinal, intercostal, ovarian, sciatic, and others—all, however, characterised by the modalities I have mentioned.

Schüssler has recommended the drug in a number of different affections, some of which have been verified in homœopathic practice and some have not. These are outside the scope of my paper, but I may mention that there is plenty of evidence in the provings that magnesium phosphoricum has a specific action on muscular tissue, especially on unstriated muscle, causing painful spasms of heart, uterus, intestines, bladder, and possibly of the voluntary muscles as well.

Before mentioning my own experience with magnesium phosphoricum, the opinions of one or two, whose names are well known to us, may be of interest. Dr. Timothy Allen<sup>1</sup> tells us that the drug has been found particularly valuable for neuralgias of the forehead, especially supra-orbital. Dr. Dewey<sup>2</sup> recommends it in the types of neuralgia I have indicated, and also in colic, dysmenorrhœa, whooping-cough, chorea, and writer's cramp. He points out that the patients for whom it is indicated are always languid and exhausted.

<sup>1</sup> "Handbook of Materia Medica."

<sup>2</sup> "The Twelve Tissue Remedies," also in "Essentials of Homœopathic Materia Medica."

Dr. Kent,<sup>1</sup> in his post-graduate lectures on *Materia Medica*, compares magnesium phosphoricum to colocynth, which has the same kind of pains—tearing, cutting, and terribly neuralgic. He verifies the indications given for magnesium phosphoricum, and thinks that, like colocynth, it especially affects the nerve sheaths. Dr. Shannon<sup>2</sup> claims a specific action for it in diseases having their seat in the nerve fibre cells or in the terminal bulbs of the nerves in the muscles, and perhaps on muscular tissue as well. He confirms the usual indications, and adds that neuralgia at night, with freedom from pain all day, is a special indication for its use; also that the pains are often accompanied by a constrictive feeling. Dr. Goullon<sup>3</sup> recently mentioned a case of left-sided neuralgia, affecting the lower jaw, also frontal, and involving the whole left side of the head to the nape of the neck, of an intractable type, which was rapidly cured by magnesium phosphoricum 6x.

Lastly, I may mention that Dr. Wingfield, of Birmingham, tells me he has used magnesium phosphoricum for three years repeatedly. He confirms the indications given, and recommends it in toothache when non-inflammatory, also in left-sided neuralgia, with pain over the temple.

It may strengthen our interest in magnesium phosphoricum if I remind you that the other well-proved salts of magnesium have long enjoyed a reputation in the treatment of neuralgias. The carbonate is especially useful in the toothache of pregnancy, and, according to Allen, it produces a general tendency to neuralgic pains, with aggravation at night. Also in facial neuralgia, worse by touch and cold draughts, with tendency to move about and inability to remain in bed, the carbonate closely resembles the drug we are considering. Magnesium muriaticum also has proved often useful in neuralgias of the head and around the eyes, worse by motion and fresh air, better by pressure. We can well understand, therefore, why magnesium in combination with phosphorus—the essential nerve food—should have so

<sup>1</sup> *Medical Advance*, May, 1895.

<sup>2</sup> *North American Journal of Homœopathy*, 1894.

<sup>3</sup> *Homœopathic News*, 1894.

specific an action in nerve tissue as the symptomatology I have outlined to you suggests.

Brief notes of a few ordinary cases from practice may emphasise the fact.

*Cases illustrating the Action of Magnesium Phosphoricum as an Anodyne in Neuralgias.*

*Case I.* (January 21, 1895).—Miss G., aged 48, keeps a boarding-house, has had much worry lately. Been subject to attacks of neuralgic pains in spine, but had none for two years. After a slight attack of influenza, severe pains developed in lumbar region, down right sciatic nerve, and up spine. Tenderness on pressure, with a numb sensation in affected parts. The pains shift their position, are better by rest, worse at night. Sometimes they seize her in paroxysms, obliging her to call out. Patient is much distressed and in great anxiety about the pains; her pulse is weak and vitality depressed. She was kept in bed for ten days, and treated with rhus, actæa racemosa, bryonia, and arsenicum, but without effect. Then magnesium phosphoricum 3x trit. was given, gr. v., night and morning, and at any time if the pains were severe. The pains at once abated, and patient observed that this powder had done her good, and that each dose relieved. She was about again in a few days.

*Case II.*—Mrs. X., aged 58, an apparently healthy, vigorous lady till two years ago, when she suffered whilst abroad from vague neuralgic pains about body, which gradually increased until when I saw her—in June last—they had become very severe, and had greatly reduced her strength. They were much worse at night, affected various nerve tracts, chiefly below the waist. They shifted about; there was tenderness over the affected parts, and finally she got no sleep at night, but walked about weeping and wringing her hands in despair. There was numbness of the toes, and the condition suggested commencing deep-seated spinal mischief. Arsenicum, quinine, and phosphorus helped the general condition. But nothing touched the pains until magnesium phosphoricum was given. This gave her several good nights' rest, and continued for a time to lull the pains. The patient has now left Bournemouth, and I hear is getting worse. Magnesium phosphoricum could not have been expected to cure such a condition, but its effect in temporarily relieving the pain and ensuring sleep was unmistakable, both to the patient and her friends.



*Case III.*—Miss F., aged 36, a sufferer from chronic nephritis, which has much improved under treatment. After some mental upset, severe left-sided facial neuralgia set in, radiating from an upper molar, which had given trouble before, from recurrent inflammation of the root. The pain was better by warmth and pressure on the affected side, worse by talking. Phosphorus at first removed the pain, but soon lost its effect. Magnesium phosphoricum was then given, which greatly relieved. Although the pain recurred occasionally for some days, a few doses of this drug always removed it, and no other remedy was required.

*Case IV.*—Mrs. W., an old lady of 74, in reduced circumstances. She has been under treatment for slight eczema, with constipation and stomach pains. These are better. On September 10 she complained of frantic neuralgia in upper jaw and face. The pain ran down from infra-orbital foramen into upper malleolus, and along right molar bone. It was worst at night, relieved by warmth, worse by least cold. The pain was grasping and ticking; had lasted a week. Magnesium phosphoricum relieved almost at once, and no other remedy was required.

*Case V.*—Mrs. B., aged 50. Progressive optic neuritis, from which she is now quite blind. She has been under treatment for two years, and for a time by various remedies the progress of the disease was arrested, and she could read large print until nine months ago. Since then nothing has availed. There has been frequent supra-orbital neuralgia of the right side. The sight of the left eye had been lost before I saw her. This neuralgia was benefited by *actæa racemosa*, and when very severe by occasional antipyrin powders. In September last the pain returned with great severity. Magnesium phosphoricum 3x, 5 grains taken in hot water two or three times a day when the pain was worst, gave immediate relief. A fortnight afterwards she reported the pains had quite left, and this powder had removed them far more promptly than anything previously prescribed.

*Case VI.*—George L., a coal-heaver. For five days, since exposure to wet, had severe pain in right arm, with loss of power; there was also a symmetrical rash over both shoulders, red, shiny, slightly raised in scattered papules, and quite dry. The pain ran down the branches of the brachial plexus. Arsenicum 3x removed the rash in a week, but the pain, numbness, and loss of power in arm remained. There was evident wasting of the muscles. The pain was constant aching, better at rest and by warmth, worse by holding arm up above the shoulder, and in cold air. Magnesium

phosphoricum 3x t.d.s. Next week he reported the pain was quite gone, and the arm stronger, but the numbness continued. Ordered nux vomica 1x, in alternation. In another week the arm was stronger, the numbness less, and the muscles filling out. No return of pain.

These six cases, to which I could add many others, illustrate the benefit I have derived from magnesium phosphoricum in daily work. I may add that I prescribe no drug with greater confidence than the subject of our study, and that acute neuralgia, which had always seemed to me difficult to relieve at once by the remedies usually prescribed, has since lost for me all its terrors, and I never now resort to the chemical analgesics, much less to morphia. In prescribing magnesium phosphoricum, Schüssler advised that the 6x or 12x trit. should be given, 5 grains in a wineglass of hot water, to be taken in sips, and repeated frequently if required. I generally use the 3x or 6x; if relief is not speedy the 1x or 2x may be given. I believe the hot water is a useful idea, perhaps because it increases the rapidity of absorption.

Seeing that neuralgia has usually a pathological cause, due to debility, mental strain, exposure, &c., which originates the morbid nerve state, I often prescribe some other remedy, if clearly indicated, and give a few powders of magnesium phosphoricum to be taken intercurrently as may be required by the pain. In this sense the drug is employed as a homœopathic anodyne, the other remedy prescribed being intended to act constitutionally, and so prevent a recurrence of the pain. Theoretical exceptions may be taken to this method, but it has the practical advantage of success.

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Dr. DYCE BROWN said he had never used magnesium phosphoricum, although fond of magnesium muriaticum, which he had found very useful in uterine affections. The proving of magnesium phosphoricum showed that it was undoubtedly homœopathic to the cases described, and they were greatly indebted to Dr. Ord for bringing it to their notice.

Dr. PULLAR said he had used the medicine for years in cases similar to those described by the author. Where one had not the

time to differentiate clearly the ordinary homœopathic remedy, magnesium phosphoricum often covered the broad indications, although they had so many neuralgic remedies which were eminently successful that they did not need much in the way of supplementary medicines. Lately he had used it in a very severe case of colic brought on by flatulence, in a gouty subject, and it had relieved capitally, when colocynth had failed. He had found it useful in almost every kind of neuralgia and in dysmenia. It might not cure cases which were at all chronic, but it certainly relieved for a time. In order to cure a case it was necessary to find the exact homœopathic specific, and that could generally be done. He had found magnesium phosphoricum most useful in the 6th decimal trituration.

Dr. CLARKE was glad to find that he was not the only heretic in the room, and that Dr. Ord had found some little fault with the "Cyclopædia of Drug Pathogenesy" as well as himself. The remedy which Dr. Ord had brought forward was a very old friend of his: he had used it for years, first on Schüssler's indications, and then on the indications of the proving. The three-legged stool, on which the old homœopaths used to insist as essential to a good prescription (*i.e.*, three leading indications), was in the case of magnesium phosphoricum:—Neuralgic pains; right side; relieved by heat. If they had those three they might give magnesium phosphoricum, and it would cure in any dilution. He had adopted the plan of giving it in hot water, and he believed it expedited the action, partly because it was a drug, like most of the magnesium salts, which was benefited by heat. He regarded it as in many points very similar to chamomilla, but it was differentiated from it in this way: almost all the chamomilla symptoms were aggravated by heat, whilst those of magnesium phosphoricum were relieved by heat. In dysmenia he had seen it do excellent work, principally as a palliative, but if they, the three cardinal points, were present it would not only palliate but cure.

Dr. MOIR asked whether the case of atrophy of the optic nerves which had been mentioned was ataxic, and also whether the neuralgic pains in locomotor ataxy were relieved by magnesium phosphoricum.

The PRESIDENT (Dr. Goldsbrough) said he had never used magnesium phosphoricum, but was grateful to Dr. Ord for having brought it forward, because it added one to the list of possible remedies in the cases cited. There were many remedies in the homœopathic *materia medica* which one would expect, if properly

selected, would give prompt relief, and which in his experience in by far the large majority of cases did do so, without even any suggestion to the mind of a drug of the nature of morphia or opium. Hitherto, if he had wanted a prompt remedy without too fine a differentiation he had generally looked to gelsemium or chamomilla. Gelsemium could be given in three or four-drop doses frequently—it relieved the pain of neuralgia where the tension was very high. He doubted the homœopathicity of the drug, although it was in the homœopathic *materia medica*. He believed here was really an instance of its direct physiological action in relaxing the tension. Dr. Ord had not said on what the list of symptoms given in the provings, so called, of magnesium phosphoricum depended. It would have been well if Dr. Ord had mentioned the number of provers on whom the drug had been tried, and give some of the leading points, so that their minds might have been impressed that they had before them actual drug effects.

Dr. ORD, in reply, said he was very glad that the President had brought before them that most important fact which ruled the homœopathicity of a drug to a case, viz., the correspondence of the symptoms present to those which had been produced by the remedy. In that sense there was no comparison between the use of opium to subdue pain, and the use of magnesium phosphoricum. We must remember that one was on the basis of the homœopathic law, when the other would be used empirically by the old-school practitioner, both obtaining the same result, the first by a harmless and natural method, the other by one that produced grave symptoms of drug-poisoning on the following day; he thought that from this point of view they could hardly be compared. With regard to the provings, those given in the paper were from a *résumé* of the symptoms given by Dr. H. C. Allen in the *Medical Advance*. He had not been able to see the original provings. With regard to Dr. Moir's suggestion as to the use of the sphygmograph, no doubt in Dr. Moir's hands valuable facts would be obtained from its use in various types of neuralgia. He had not used it; but observed that the neuralgias which were relieved with magnesium phosphoricum, and in which the symptoms which indicated its use obtained, were not of an inflammatory type but the opposite—the low depressed state of vitality where there was febleness of pulse. There were no ataxic symptoms in the case he had mentioned of optic neuritis with supra-orbital neuralgia. He thought the remedy acted especially well in the supra- and post-orbital neuralgias which accompanied various optic lesions.

Dr. Clarke had compared magnesium phosphoricum with chamomilla; pulsatilla was also of a similar type, and very valuable in neuralgia, its use being distinguished by the symptoms being relieved by cold. Gelsemium was also said to compare with magnesium phosphoricum, because they both had produced distinct spasmodic conditions in the nerves and also in the muscles. He was glad that Dr. Pullar corroborated his statement that magnesium phosphoricum took the place of other remedies when it was difficult to suggest the particular one indicated. It would relieve pain in chronic cases because it was so intensely homœopathic to the neuralgic condition, but it would not always cure the pathological or abnormal physiological state which predisposed to neuralgia, and for that reason he suggested that they might compare the use of magnesium phosphoricum with that of such remedies as the chemical analgesics, which would not cure neuralgia but would give relief for a few hours. When their effect passed off, further and larger doses had to be taken. Magnesium phosphoricum relieved because acute nerve pain was the one overpowering symptom produced in the provings, and consequently they would expect it to be the remedy which would most frequently relieve neuralgia. In acutely inflammatory conditions magnesium phosphoricum was not indicated, and it was very seldom that the symptoms would at all correspond.

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## LIVERPOOL BRANCH.

REPORT OF SESSION, 1894-5.<sup>1</sup>*Thirty-eighth Session.*

DURING the session, which the May meeting brought to a successful close, the usual eight monthly meetings were held, and the following papers read and discussed :—

*Oct. 12*: Presidential Address by Dr. Capper, "A Comparison between the Methods of Hahnemann and Modern Homœopathy."

*Nov. 8*: "How to learn Drug Pathogenesis," by Dr. Hayward.

*Dec. 13*: "Major Epilepsy and its Treatment," by Dr. Bernard Thomas.

*Jan. 10*: Clinical evening.

*Feb. 14*: "Diphtheria," by Dr. Stopford.

*Mar. 14*: "Errors of Digestion," by Dr. Nevin.

*Apr. 11*: "Electricity," by Dr. Meek.

*May 9*: "The Relation of Bacteriology to Treatment," by Dr. Douglas Smith.

In addition to the above, many cases of interest have been brought before the Society, and a number of pathological specimens exhibited.

The membership of the Liverpool Branch now numbers 24. The following is a complete list:—*Fellow*: Dr. Hayward, senr. *Members*: Drs. Hawkes, Mahony, J. D. Hayward, Jones, Gordon Smith, Gordon, Stuart, Williams, C. W. Hayward, Capper, Simpson, Green, Ellis, B. Thomas, Davidson, Finlay, Mitchell, Stopford, Storrar, Hall, Haynes Thomas, Meek, T. N. Nicholson.

The officers elected for Session 1895-6 are:—*President*: Dr. Hayward, senr. *Vice-President*: Dr. Capper. *Representative on Council*: Dr. Hayward. *Secretary and Treasurer*: Dr. Thomas.

The local subscription remained the same as the previous session.

The cash accounts show a balance in hand of £1 15s. 8½d.

The meetings have been well attended, and have shown the continued interest in the society.

I am, Gentlemen,

Yours faithfully,

BERNARD THOMAS.

Presented October 10, 1895.

## BALANCE SHEET, 1894-95.

<i>Dr.</i>		<i>Cr.</i>
	£ s. d.	£ s. d.
To balance in hand October, 1894 .. ..	0 5 8½	By payment for printing and stationery to Winstanly and Wilks
„ Twenty-four subscriptions at 2/6 each ..	3 0 0	November 28, 1894 ..
		May 25, 1894 ..
		„ Postage .. ..
		„ Balance in hand, October, 1895 .. ..
	£3 5 8½	1 15 8½
	£3 5 8½	£3 5 8½

*Audited and found correct,*

JOHN GORDON.  
(Appointed by Dr. Casper, *Chairman.*)

**SOCIETY NEWS.**

At the October meeting of the Society, Harald Valdemar Münster, M.B., C.M.Ed., 89, Loughboro' Road, S.W.; and

Frank Augustus Watkins, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., of St. Olaves, Newport, Monmouthshire; were elected members.

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At the November meeting, William Greig, M.B., C.M.Aberd., New Wells House, Wakefield;

A. Lestock Reid, M.R.C.S.Eng., L.R.C.P.Lond., London Homœopathic Hospital;

William Scott, M.D., L.R.C.S.Ed., Melbourne House, Huddersfield; and

Fred Whitfield Thornton, M.R.C.S.Eng., L.R.C.P.I., 35, New North Road, Huddersfield; were elected members.

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At the November meeting of the Liverpool Branch, Charles Ritchie Niven, M.B., C.M.Glasg., 82, Queen's Road, Liverpool, was elected a member of the Society.

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At the December meeting of the Society, George William Chapman, M.R.C.S.Eng., L.R.C.P.Lond., 111, Denmark Hill, S.E.;

James Searson, M.D.BruX., L.R.C.P., L.R.C.S.I., Esthonia House, Ealing, W.; and

Edward Dickinson Shirtliff, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., Holmwood, Cowleigh Road, Malvern; were elected members of the Society.

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SUMMARY OF PHARMACODYNAMICS AND  
THERAPEUTICS.

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"GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST."

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SEPTEMBER—NOVEMBER, 1895.

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**PHARMACODYNAMICS.**

**Acalypha.**—In the July No. of the *Calcutta Journal of Medicine* Dr. Sircar gives a history of this plant, and in that of November commences the record of a proving of it, which has not yet developed marked results, especially failing to induce any hæmoptysis, as in Dr. Tonnerre.

Dr. Marc Jousset, in translating the history in *L'Art Médical* for October, speaks of successful results from acalypha, in the Hôpital St. Jacques, in one case of hæmoptysis and two of metrorrhagia.

**Aluminium.**—Speaking of this metal (under the name of "alumina") as a spinal remedy, Dr. Clarence Bartlett says that he has used it in a couple of instances of locomotor ataxy with good effect.<sup>1</sup>—*Hahn. Monthly*, September.

**Apis.**—Dr. Gilchrist, in his new book, "Surgical Pathology, with Therapeutic Hints," says of apis:—"For twenty years I have been in the habit of giving this remedy in all cases of gonorrhœa in the suitable stage, and have rarely failed to secure the desired result."—*Hom. Recorder*, October.

<sup>1</sup> It is amusing to see how others besides Falstaff's men in buckram multiply as time goes on. Bönninghausen published in detail (see *Amer. Hom. Review*, i., 107) one case, and referred to another, in which aluminium 200 had seemed curative of "tabes dorsalis." In Goodno's "Practice of Medicine," Dr. Bartlett makes these patients four; in the paper cited above, they have become "a number of cases."—ED.

**Arnica.**—Dr. Van den Berghe finds arnica, in the 30th dil., of the utmost value in affections left behind by an accouchement. Enuresis, pains in back and limbs, and hypogastric pain before stool, are among the symptoms removed by it in the cases related.—*Journ. Belge d'Homœopathie*, May-June, 1895.

A patient suffering from sciatica swallowed a wineglassful of tincture of arnica. His pains increased considerably; at the same time he had a bruised sensation in the joints, but after six hours this subsided, and with it all trace of the sciatica. This case led Dr. Lambrechts to give arnica in obstinate cases of the neuralgia in question. He mentions five as having yielded to it, after resisting rhus, colocynth, &c. Four to six drops of the tincture were given daily for several days. It was especially useful when compression of the nerve seemed to be the exciting cause.—*Ibid.*, p. 217.

**Arsenicum hydrogenisatum.**—The hæmorrhagic action of this distinctive preparation of arsenic is well marked, but has not hitherto been applied to practice. Dr. Majumdar relates two cases of hæmaturia in which the 6th dilution was promptly curative. They were painless, but much prostration was present.—*Indian Hom. Review*, September.

**Aurum.**—In a case of interstitial keratitis, presenting the "salmon patch" of Hutchinson, with secondary iritis, two-grain doses of aurum iodatum four times daily, with atropine instillations, effected speedy cure; and two months after commencing treatment vision was normal.—*Amer. Homœopathist*, June 15.

**Baryta muriatica.**—Dr. Crippen finds the chloride of barium effective in reducing hypertrophied tonsils, when they appear smooth but cleft by deep sulci that divide each gland into separate lobes. There may be herewith chronic middle ear catarrh, with deafness, but no tinnitus. He gives a case of the kind, occurring in a weak, poorly-developed child of scrofulous tendency, with chronic bronchitis and tendency to take cold on the least exposure to damp weather. Baryta muriatica 6x, twice a day, continued all the winter, removed the whole group of complaints, besides reducing the tonsils to their normal size.—*Amer. Homœopathist*, October 15.

**Bellis.**—Dr. Carleton relates how some children, after freely handling daisies, got numerous little white itching vesicles, filled with colourless fluid, between their fingers. Desquamation followed.—*Hom. Physician*, October.

**Borax.**—Dr. Charles Féré, of Paris, has been following Dr. Gowers' lead in treating epilepsy with large doses of borax, and like him has found a number of persons whose tissues resent such aggressive medication. "In them loss of appetite was succeeded by burning pain in the pit of the stomach, dryness of mouth, and eventually nausea and vomiting. The drug produces also a remarkable dryness of the skin which is found to favour, if not to cause, various skin diseases, especially eczema. The hair also becomes dry, and may fall out, causing complete baldness. The most dangerous result of the use of borax, however, is its power of producing kidney disease, or of converting a slight disorder of the kidneys into a fatal malady."—*Calcutta Journ. of Medicine*, November.

**Cactus.**—A valuable "clinical study" of this remedy is given in the *Hahnemannian Monthly* of September, by Dr. E. R. Snader. He esteems it a slow and gentle, but sure cardiac tonic, meeting cardiac failure in its gradual incipency. He finds it also quieting to the turbulence of functional over-activity—not by depressing, but by regulating. It does not effect much when pain has to be soothed, and only in one case out of three in which he has met with it has it removed the supposed characteristic symptom of constriction as with an iron band. It hardly increases arterial tension, and is thus available in atheroma, where digitalis would not be tolerated. "I have cured," he writes, "four cases of cardiac dropsy with it, have relieved numberless cases of bronchitis secondary to valvular disease, have re-established compensation in a goodly number of cardiac cases, have ameliorated a few cases of heart-pain, have relieved cardiac dyspnoea countless times, and have ameliorated many of the by-symptoms in different portions of the body due to defective circulation. . . . I have prolonged life in cardiac disorders much longer than I have succeeded in doing by other measures."

An exhaustive collection of material, pathogenetic and clinical, relative to the action of cactus appears in the *Journal Belge d'Homœopathie*, running through most of its numbers since it began to appear. Its compiler is the venerable Dr. de Moor—the sixtieth anniversary of whose doctorate has just been celebrated with public rejoicings in the little town of Alost, where he resides.

**Calcareo.**—A patient was sent by a distinguished London specialist to Neuenahr, suffering from very advanced diabetes. Dr. Grube, of Neuenahr, thought he could not survive many

months, so ill and emaciated he was. But after a few months, he received a letter from the patient announcing his complete restoration to health. He had gained in weight, and was able to enjoy life. The urine he sent, however, contained 3·1 per cent. sugar, and some acetone. When he presented himself, Dr. Grube found him to be quite well and strong, and twelve pounds heavier. The patient ascribed his recovery to having taken, daily for two months, a heaped teaspoonful of powdered egg-shells, by the advice of a working-man, who had been cured of diabetes by the same remedy, after having been unsuccessfully treated in the hospital. Dr. Grube observed the patient for a fortnight, and allowed him to continue taking the egg-shells. His health remained good, he could do any amount of work, gained in weight, but still the urine contained from 2 to 3 per cent. sugar, also acetone, and sometimes diacetic acid, and showed a copious sediment of lime. A gastric attack that now came on with vomiting and diarrhoea reduced him greatly, but when that passed off, Dr. Grube gave him instead of the egg-shells a powder made of carbonate and phosphate of lime, in about the same proportions as exist in egg-shells. Of this he took daily 4 grs. The patient rapidly recovered, though he still continued to excrete a considerable quantity of sugar. The doctor treated two other cases in the same way, with satisfactory results. He takes occasion to remark that the ordinary diabetic diet contains very little lime, and that this want of a necessary article may often be the cause of the want of success in the traditional treatment of the disease. Goullon remarks that many physicians have noticed that the urine of diabetics contains an abnormal deficiency of lime salts. He gives the following case. A peasant, aged 40, who had always previously been healthy, complained of great thirst, digestive derangements, acidity of stomach, thickly coated tongue, great debility, icteric colour of skin. The urine contained a large quantity of sugar. Carlsbad salts, extract of chelidon., and *fel tauri* did no good. He continued to grow worse; could not leave his bed; had œdema pedum, commencing ascites, constipation alternating with watery fœtid diarrhoea, tongue brown, dry, and chopped, sclerotic dark yellow, anorexia, collapse. Death seemed imminent. Dr. Kirchner gave him every two hours a mixture of one drachm each of *calcareæ* and *calcareæ phosphorica* in six ounces *aq. melissæ*. The effect was astonishing. The dropsy soon disappeared, the health improved daily, the thirst went off. After twenty days no more sugar could be found in the urine. He

then got a tablespoonful of the mixture three times a day; after fourteen days, only twice a day—2 grs. calc. carb. and phos. night and morning. The patient made a perfect recovery.—*A. h. Z.*, cxxxi., 125.

**Camphor.**—Another case of poisoning by this substance, ʒiij. having been taken, is extracted in the *Calcutta Journal of Medicine* for October. Temporary insensibility, with convulsions and cyanosis, was induced; and this was followed by “horrible agony, restless irritation, with fever and chills strangely combined.” The patient’s feet and legs were like ice, while his head throbbed and burned.

**Capsicum.**—Dr. R. D. Matchan, who is acting as a police surgeon, has many opportunities of seeing incipient delirium tremens. He finds that drachm doses of tincture of capsicum in four ounces of milk will enable the latter to be retained, and will have a very soothing effect.<sup>1</sup>—*Amer. Homœopathist*, September 16, p. 282.

**Carbo vegetabilis.**—We suppose we may put under this heading the antiseptic power of ashes, which was discovered by the Japanese military surgeons during their late war. As they can be procured at any time by lighting a handful of straw, their usefulness is very convenient. Once applied to a wound, it is said, no further complication is to be dreaded.—*N. Engl. Med. Gazette*, October.

**Ceanothus.**—The *Indian Homœopathic Review* (for August) states that in malarial enlargements of the spleen ceanothus is of little assistance. “The only effect of this remedy observable is in the case of inflammatory changes, when pain and tenderness are found.”

**Chelidonium.**—In a man of 47, who had measles, after a dose of chelidonium, given because of yellowness of skin during convalescence, symptoms of gonorrhœa came on. He was married, and had not been exposed for seventeen years, when a clap he had contracted was suppressed by injections. “Since this discharge began,” he reported, “my scalp is clean, my skin is clear, and an old eczema I had, worst on inside of thighs, and obliging me to scratch and dig for an hour or two after going to bed, has all

<sup>1</sup> Ringer’s endorsement of Dr. Lyons’ recommendation of the drug in dipsomania, to allay the sinking and craving for alcohol, may be remembered.—Ed.

disappeared." [We should not have connected this reappearance with the chelidonium but for Hahnemann's 66th symptom in his pathogenesis of that drug. See note upon it in Dudgeon's translation.—ED.]—*Indian Hom. Review*, August.

**Cicuta.**—Another<sup>1</sup> case of infantile convulsions checked by this drug (3rd dil.) is reported in the *Homœopathic Recorder* for November. For two weeks, under ordinary treatment, the child had had twenty-five to thirty fits daily. On the day after beginning cicuta he had eight only, and these were the last.

**Coca.**—Mr. R. K. Ghosh, whose use of coca in nymphomania will be found in our therapeutic section, relates in the *Homœopathic Recorder* of October another cure by the drug, this time of metrorrhagia, starting from placenta prævia. Since effecting it he writes: "I have tried it in no less than twenty cases of *post-partum* hæmorrhage and metrorrhagia, with great prostration, with great success. . . . I may say that it oftentimes acts like a charm." [We have already quoted Dr. Ludlam's commendation of cocaine as a uterine hæmostatic. See our third volume, p. 336.—ED.]

**Coffea.**—In an article translated in the *Homœopathic Recorder* for October, Dr. Kallenberg adduces reasons for believing that the cup of coffee often given by midwives and nurses to help the pains of labour really acts homœopathically, by soothing the agitation and sensitiveness to pain. He illustrates this by a case of his own, in which he substituted a few globules of coffea 4 with equally good results.

**Filix mas.**—Besides the other troubles which have of late been traced to the male fern, Dr. Grawitz reports several cases of icterus resulting from it, one of which proved fatal. It is even suspected of causing cirrhosis of the liver.—*L'Art Médical*, November, p. 388.

**Graphites.**—Some cases of Dr. Hirsch's, illustrating the benefit of using graphites locally as well as administering it internally, are translated in the *Homœopathic Recorder* of September. The first was a hypertrophy of the great toe-nail; the second an eczema squamosum, with enlargement of the neighbouring lymphatic glands; the third a primary glandular swelling.

<sup>1</sup> See vol. i., p. 277.

**Iodine.**—This ubiquitous drug is now found to be a tænicide. An ioduretted solution of iodide of potassium,<sup>1</sup> taken three times a day, expels the tapeworm dead, and there is no recurrence.

**Lycopodium.**—Dr. Eenens, of Hal, records several remarkable cures of chronic flatulent dyspepsia by lycopodium, beginning with the 3rd trituration and going up in the scale. They well illustrate the place and power of the drug.—*Journal Belge d'Homœopathie*, March-April, 1895.

**Magnesia carbonica.**—A characteristic symptom of this medicine is said to be that the patient walks about, even leaving the bed at night, not—as with arsenicum—from restlessness, but to get relief from pain.—*Hom. Physician*, August, p. 346.

**Mercurius.**—Dr. Tessier relates a case where an eczema impetiginosum of the scalp had caused the lymphatic glands of the neck to become inflamed and threaten suppuration. Mercurius solubilis 6 did nothing; belladonna  $\theta$  was equally useless. The thermometer rose steadily. Mercurius was then resumed, but in the 1st trituration, 20 centigrammes for a dose. Under this the fever fell, and resolution soon set in and went on to cure.—*L'Art Médical*, October.

**Mezereum.**—A cure of hyper-sensitiveness of the ear to the air, with sensation as if the air went through to the throat, such as that which mezereum causes,<sup>2</sup> was effected by this drug, and may be read in the *American Homœopathist* for September 2, p. 267.

**Oleander.**—Dr. de Wée, of Brussels, reports a case of crusta lactea cured by this drug in the 12th dilution. The eruption, which had free and foetid oozing, was situated mainly behind the left ear and on the left cheek. It had lasted for fifteen months; under oleander it disappeared in three weeks.—*Journ. Belge d'Homœopathie*, March-April, 1895.

**Phosphorus.**—MM. Corin and Ausiaux have been studying the action of phosphorus on the blood. Its incoagulability in poisoning by this substance they trace to absence of fibrinogen, and this in its turn to the grave changes set up in the liver.—*Journal Belge d'Homœopathie*, March-April, 1895.

<sup>1</sup> The strength is about gr. xxxv. of iodide of potassium and gr. iv. of iodine to an ounce of water; ten drops for a dose.

<sup>2</sup> See vol. ii., p. 222.

**Rhus.**—Dr. R. A. Billings communicates some detailed observations of rhus poisoning, which are instructive. In one, chills and fever set in on the fourth day; swelling of hands and feet, with neuralgic pains, on the twelfth. The usual “conditions” were observed. In another, lameness of the adductor muscles of the thighs was very marked.—*Hom. Physician*, August.

**Silicea.**—Dr. F. W. Payne relates a deeply interesting case, in which double congenital cataract was removed at the age of 38. The effects of the first full admission of light to the retinae are minutely detailed. Much distress was naturally caused, and the action of graphites and silicea in removing, the one the conjunctival, the other the retinal irritation, was very marked. Under the latter remedy, moreover, an extensive detachment of the retina—a complication following the loss of the vitreous humour during the operation—righted itself, so that good vision was obtained.—*N. Eng. Med. Gazette*, September.

**Staphisagria.**—Dr. Majumdar praises this medicine in loss of memory, such as occurs in students where sexual indulgence or self-abuse has been practised. He gives the 30th dil.—*Indian Hom. Review*, September.

**Stramonium.**—A case of poisoning by thorn-apple seeds is extracted from the *Lancet* in the July No. of the *Calcutta Journal of Medicine*. Convulsive twitchings during the coma were very marked, including lateral oscillation of the eye-balls; the knee-jerk was absent; the urine contained phosphates.

**Sulphur iodatum.**—Dr. Berlin speaks very highly of sulphur iodatum in weeping eczema. He presents two cases associated with a varicose state of the legs, where the itching was very pronounced, the weeping and oozing extensive, and where various local measures had been tried in vain. These, and a similar eczema of the arms, yielded speedily to this remedy in the 3x trituration.—*Hahn. Monthly*, September.

**Teucrium scorodonia.**—Another species of germander is introduced to us under this name by Dr. Criquelion, of Mons. It is the “wood sage” of our popular nomenclature. Having been witness of a striking recovery from phthisis under the use of a tisane of this herb, Dr. Martiny has long used it in this disease and in chronic bronchorrhœa with satisfaction. Dr. Criquelion has verified this experience, and also communicates a



case of tuberculous testicle in which the persistent use of the drug (6th dil.) for many months seems to have effected an almost complete cure.—*Revue Hom. Belge*, June.

**Thuja.**—Dr. Goullon relates a case which suggests that thuja has more influence on the nervous centres than is generally supposed. The patient, a woman of 40, having had some nervous strain, complained of sleeplessness from excitement and confusion of ideas. There was also headache and irritation of the eyes. A single dose of thuja 15 dissipated all the symptoms.—*Revue Hom. Belge*, September.

Dr. Mersch publishes four short provings of thuja. One experimenter had two soft warts on his thumb, another some circular squamous spots on the chest, a third quite an eruption of these over the trunk and a soft wart on the right middle finger, a fourth a simple urethritis.—*Journ. Belge d'Homœopathie*, March-April, 1895.

**Veratrum album.**—A Nice medical man has discovered (!) the value of the white hellebore in cholera. He mixes 15-40 drops of a tincture in 150 grammes of water, and gives teaspoonful doses frequently. [It would seem that cholera nostras must be intended or included, for Dr. Linthilhac speaks of having treated more than 1,000 cases, with a mortality of only 9 per cent.—Ed.]—*L'Art Médical*, November, p. 338.

**Viscum album.**—The mistletoe seems to be another of the numerous "heart-tonics." In a case of asystolia of Dr. V. Léon Simon's, where hydrothorax also was present, it caused cessation of the attacks of dyspnœa and orthopnœa, and induced calm sleep; but had no effect on the œdema.—*Revue hom. Française*, October, p. 341.

## THERAPEUTICS.

**Alcoholism.**—Dr. Gallavardin continues to devote much of his energy to the laudable task of curing drunkards of their fatal passion. "With some twenty medicines," he writes, "one can completely cure more than half the alcoholics one treats; and the rest are nearly always freed from the tendency to vice and crime."—*Revue hom. Française*, October.

**Bronchitis Suffocativa.**—An old gentleman, having asthma with emphysema, got bronchitis from a chill. The cough was incessant and suffocative, the dyspnoea intense. Calcarea 6 and nitric acid 6, as recommended by the late Dr. Leboucher, speedily relieved and soon cured. A later case of similar kind, presenting all the physical signs of capillary bronchitis, was yet more rapidly ameliorated and restored to health by the same medicines in the 12th dilution.—*Revue hom. Française*, October.

**Cramps.**—Dr. Hirsch, observing a case where walking on corrugated iron always caused cramps in the feet and calves, and finding this symptom in the pathogenesis of ferrum, was led to try binding an iron key to the sole of the foot in bed as a remedy for the nocturnal tendency to these. He found it so frequently successful that he tried the simple introduction of the key beneath the bed covers, and with equal benefit.—*Hom. Recorder*, October.

**Crystalgia.**—In an obstinate case of painful micturition, in a lady of 42, where no cause could be found for the suffering, and no medicine exerted any adequate influence upon it, capsicum 3 had “a truly magical effect.”—*Revue. hom. Française*, October.

**Dacryo-cystitis.**—Dr. Tessier relates a series of interesting cases of distension of the lachrymal sac, with epiphora, in which cure resulted. Graphites, calcarea and silicea were his remedies in simple cases; mercurius and hepar where the os unguis or its periosteum seemed involved. The 12th dil. was that mainly used.—*Revue hom. Française*, October.

**Dysentery.**—A good case of this disease, of some months' standing, is reported in the *Calcutta Journal of Medicine* for August. Mercurius solubilis 6, given four times a day, with suitable diet, cured in a fortnight.

**Lithæmia.**—In an excellent paper on the general management of lithæmia Dr. Crawford argues for the pre-eminence of plumbum among its many medicinal aids, basing himself on the features of chronic lead poisoning.—*Hahn. Monthly*, September.

**Measles.**—In the *Journal Belge d'Homœopathie* for July, 1894, Dr. Lambrechts, *filis*, gives an interesting account of his experience in an epidemic of measles occurring in Antwerp. It must have

been severe, as the official statistics recorded thirty to forty deaths weekly from this cause. Dr. Lambrechts had fifty cases, and lost four—in none of which had he any fair opportunity of instituting treatment. Our usual remedies answered excellently to their indications in his hands, and he agrees with Dr. Jules Gaudy that arsenicum is the one best calculated to remove the sequelæ.

**Meningitis.**—A marked case of cerebral meningitis in an adult is recorded in the *Calcutta Journal of Medicine* for July. The action of aconite, glonoin and bryonia was very decided.

**Mental Affections.**—(1) A lady, aged 25, after influenza became mentally affected, and had been under allopathic treatment for a quarter of a year, but her condition had gradually grown worse, and it was advised to send her to a lunatic asylum. August 29, 1893. She lay in bed, was greatly emaciated, will not answer questions, looks anxiously around. No pathological changes were to be seen except stomatitis and coated tongue. For weeks past she could only with difficulty be got to take a little milk. Obstinate constipation, frequent attacks of palpitation, sleepless nights, great anxiety, no suicidal tendency. The morphia which she had been taking was discontinued, and she got arsenicum 2, three times a day. August 30. For the first time she had slept well at night, though no morphia had been given. She always replied to my questions, that her body was full of filth; no other words could be got from her. September 18. She gradually grew better, she now ate her food, sat up on the sofa, spoke a few generally incoherent words with difficulty. She repeatedly attempted to squeeze my hands and to embrace me, not from gratitude but rather from sexual impulse. I gave her sepia 2, which did not seem to do her good. Menstruation came on after a few weeks, but not, as I believed, owing to the sepia. I again gave her arsenicum, under which she slowly improved, and in a few months she was quite well, and remained so.—Junge, *A. h. Z.*, cxxxi., 129.

(2) A young lady, aged 28, had two years previously exhibited symptoms of a suicidal character. Treatment of various kinds had done no good. Latterly she set fire to the house in order to be burnt to death. After this she was sent to an asylum in Schleswig. After being treated there for two years she was sent home uncured. May 11, 1893, I was called in. She talked sensibly on various subjects, but always recurred to the idea that

she must make away with herself, because, as she said, she had been so wicked she would bring misfortune to her relations. She never regretted having set fire to the house, only that she had not succeeded in burning herself to death. She made several attempts to get knives, and to throw herself into the river. After aurum 2 she improved considerably in about eight days. But a certain melancholy remained, so that her friends were very anxious about her, and kept her closely watched. After a few weeks I gave her aurum 30, with wonderful result. In a few days I received information that she was now quite well. Her recovery has continued perfect without any relapse.—*Ibid.*, 130.

(3) An employé on the railway, aged 50, came to me and said he must be ill, as for some time back he had been jealous of his wife, and imagined she would attempt to poison him, wherefore he would not live with her any longer. He thought he must be going mad. Often all objects appeared red to him. On June 3, 1895, he got hyoscyam. 1, three times a day. June 15, his wife came and told me her husband was quite well, had returned home, and was quite happy. He has had no relapse.—*Ibid.*, 131.

(4) A cattle dealer complained of frightful anxiety and palpitation at night; he could not sleep. Arsenicum was given without benefit. When I saw him, August 20, he wept continuously. I learnt that he was greatly addicted to weeping. He got pulsat. 1, three times a day. Since then he has slept well, and is cheerful and quite well.—*Ibid.*

**Muscular Contractions.**—A boy child, 1 year old, with a tendency to diarrhœa, inherited from his mother, had an attack of bronchitis while teething, accompanied by diarrhœa, and had afterwards several attacks of diarrhœa while cutting other teeth. He was now (end of September) feverish, and in spite of the hot weather his body was bathed in cold, viscid sweat. Mouth hot; great thirst; hand always in mouth. A stool followed every time he took the bottle; the motions were greyish, slimy, foetid, passed with pain. Abdomen tympanitic, breathing impeded by it. The child cried much, turned his head to and fro. I gave arsen. 30, warm compress to abdomen; gentle massage. He passed much flatus, with apparent relief. The stools became less frequent, the perspiration that came on during sleep was warm, the abdominal distension and dyspnœa diminished, he slept better, and on September 8 all danger seemed over; but, on the morning of September 11, after a good night's sleep, his mother observed, while washing him, that his hands and feet seemed

paralysed. When I called I found the thumbs of both hands flexed in upon the palm and the fingers bent over them; the hands at the wrist were rotated inwards. The big toes were drawn inwards, the other toes bent towards this, and the whole foot rotated inwards. Attempts to straighten the fingers and toes were evidently painful, as they caused the child to scream. He sometimes screamed when not touched. No cerebral disturbance was detectable; the mouth was dry and hot, the gums tender. The eyes were often rolled upwards in sleep. Pulse weak and small, rather quick. Heat of skin normal. I gave bellad. 30, three times a day, but as this did not have any effect, I gave ignatia 6, two drops three times a day. The first improvement manifested was that he could take his food from the bottle, which he had not hitherto been able to do. After a week (September 18) the stiffness of the limbs decreased, and he could put his hand in his mouth. The thumbs were not so strongly flexed. September 20. The child is able to grasp objects, and the thumbs are movable, though still with a tendency to return towards the palms. The ignatia was continued twice a day. Shortly after this a peculiar exanthema appeared on the left leg. The skin on the inner side was red, shining; on a spot the size of a crown the cuticle desquamated, and a scab developed there which fell off soon. September 26. Improvement goes on. The fingers and toes are again normal as to position and mobility. After this the child rapidly gained strength and health.—*Mossa, A. h. Z.*, cxxxi., 165.

**Nyctalopia.**—A case of this rare affection, apparently brought on by exposure to the heat and glare of the noonday sun, yielded in a couple of days to nux vomica 6.—*Calcutta Journ. of Medicine*, November.

**Nymphomania.**—Mr. R. K. Ghosh tells a remarkable story of nymphomania occurring in a young Hindu bride, to the distress of her husband, who found himself quite unequal to the tasks imposed upon him. Platina caused only temporary relief, but coca 1x and  $\theta$  effected a steady and fairly rapid cure.—*Hom. Recorder*, September.

**Tic-douleureux.**—Dr. Tessier relates two cases of the genuine disease, the pain being specially evoked by speaking, masticating, and swallowing, where cuprum aceticum and sulphate of atropine, each in the 3x trituration, caused a great and lasting amelioration.

Dr. Marc Jousset, *apropos* of these, mentioned a case of his own, in which the sulphates of strychnine and atropine, 2nd cent. trituration, were alternated with similar effect.—*Revue Hom. Française*, September, p. 290.

**Trismus infantum.**—Another<sup>1</sup> recovery from this fatal malady is recorded in the *Calcutta Journal of Medicine* for July. In this instance belladonna 30 was the curative remedy.

**Typhlitis.**—A girl, aged 6, after playing one afternoon for a long time exposed to a hot sun, woke next night with violent fever, vomiting, splitting headache. These symptoms continued next day, attended by immobile pupils, partial loss of consciousness, and twitchings. The case seemed to warrant a diagnosis of acute meningitis. But on the second day the fever, the immobility of the pupils, the loss of consciousness, the vomiting, and the headache abated. On the third day the fever returned, without headache, but with increased sickness; but now there appeared a circumscribed tenderness and distension in the ileo-cæcal region, with frequent slimy stools. The pain during the next few days increased, it was felt with or without pressure; it spread all over the abdomen, but was most intense in the cæcal region. The stools ceased the following day with a continuance of the violent pains, the abdomen continued to swell. The cæcal region, and from that up to the navel, was so sensitive to touch that it was impossible to ascertain if the swelling had become harder. Percussion sound was dull up to navel, and to left border of rectus abdominis. On the eighth day of the disease, the navel projected; on the ninth day, a puncture was made in the greatly projecting navel. About 1½ litre of inodorous pus was discharged, with remission of the fever and diminution of the pain. The suppuration went on for some days longer. On the second day it had a fœtid smell, but after that it was inodorous up to the end of the flow, which lasted in diminishing quantity for fourteen days. Convalescence went on undisturbed, all the hardness of the abdomen disappeared. The child slowly recovered her health. The treatment consisted at first of belladonna, followed by hepar sulph. The wound was dressed at first with corrosive sublimate gauze covered with wet compress.—Knüppel, *A. h. Z.*, cxxxi., 163.

A young polytechnic student fell ill in August, 1894, with typhlitis. When the fever abated, he travelled home to Magde-

<sup>1</sup> See vol. iii., pp. 338, 456.

burg. Examination showed a distinct swelling in the cæcal region. The bowel felt like a hard firm sausage. Percussion sound dull; there were no longer spontaneous pains, but the swelling was very painful when pressed; tongue coated; no appetite; he looks ill. He remained in bed, and for a considerable time got merc. sol. 4 every four hours. The swelling gradually subsided; but there was still great resistance in the walls of the cæcum. He now got bryonia 4 three times a day. Soon the stools became regular, the appetite returned. But the patient still required to cease from work. In October, the exudation was gone, the ileo-cæcal region was no longer sensitive, and so he went back to Berlin. In June of this year, he had another attack of the same disease. His medical attendant advised an operation. He returned home. He had fever, with temperature 39°. He was very weak, had no appetite; the cæcal region was considerably swollen, the walls of the bowel decidedly thickened and very tender to pressure, bowels constipated. He was kept in bed, cold compresses applied, and belladonna 4 given every two hours. Under this treatment, the fever and pain abated. He then got merc. sol. 3 every four hours. There soon occurred copious fœtid stools, and the exudation became less, and the appetite returned. But at the same time, a fluctuating tumour of moderate size appeared in the umbilical region. This was opened aseptically, and a moderate quantity of fœtid pus was discharged. The wound was dressed with gauze, dipped in acetate of alumina, and hepar sulph. 4 given three times a day. Under this treatment the discharge gradually diminished, and the wound closed at the end of July. He was dismissed cured in August.—Groos, *Ibid.*, 164.

**Varicocele.**—Babu S. N. C. came under my treatment for varicocele on the left side in August, 1893. He had been for several months before under allopathic treatment. An eminent surgeon of this city had advised ligature of the veins. Farrington's "sore, bruised feeling," was present, and this guided me to prescribe hamamelis 6, twice daily. Improvement set in in three days, and in a week the congested veins began to decrease in size. Before the end of the month he was almost cured of his complaint.—*Calcutta Journ. of Medicine*, November.

**Varicose Ulcer.**—A young robust and otherwise healthy butcher's wife, whose business compelled her to be most of the day on her feet, became affected with a varicose ulcer. In spite

of surgical treatment and the greatest cleanliness, after six months it was still uncured and very painful. The compresses of carbolic acid used had given it a lax character, and its discharge was thin and grey. The carbolic compresses were discontinued, and the ulcer was dressed with hamamelis ointment. Arsen. 30 was given, and under this treatment the pains rapidly subsided, and after three weeks the healing process commenced, which, during the subsequent administration of sulph. 30, continued to advance, although the patient continued as before to be all day on her feet. In three months the ulcer was quite cured, and continued so when seen six months later.—Lorbacher, *A. h. Z.*, cxxxi., 118.<sup>1</sup>

<sup>1</sup> The British and a few of the American Journals have been omitted in the above Summary for want of time. They shall be included in that of next quarter.—Ed.



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EXERCISES IN THE TREATMENT OF HEART  
DISEASE, WITH ESPECIAL REFERENCE TO  
THE NAUHEIM METHOD.<sup>1</sup>

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THE treatment of disease by graduated exercise is no new thing. In ancient Greece and Rome active and passive movements, therapeutically applied, occupied a considerable position in the healing art, and formed a part of a great system of national education. In many parts of the country, establishments existed under the superintendence of persons specially trained for the purpose, who, besides a general surveillance over the health of their pupils, appear to have undertaken the treatment both of accidents, which occasionally occurred in their establishments, and also, when necessary, of internal diseases. These "Gymnasiarchs," as they were called, must have acquired a certain degree of

<sup>1</sup> Presented to the Section of General Medicine and Pathology, December 5, 1895.

information respecting the nature of disease, and seem to have been considered as among the most skilful practitioners of the age in which they lived.

Hippocrates ascribed to himself the honour of having perfected the medico-gymnastic treatment.

Celsus, in books iii. and iv., gives different modes of application of active and passive movements in several forms of acute and chronic disease, including among them difficult breathing, coughs, blood spitting, dropsy, &c.

Galen describes several kinds of friction as a restorative process, and lays down particular directions with regard to the different positions to be observed during exercise.

Paulus Ægineta gave careful rules with regard to gymnastics as important educational and hygienic instruments during the different phases of life, as well as the benefit to be derived from warm baths and friction to the surface.

To come to more modern times, Dr. Stokes advocated, especially in fatty heart, a regulated course of gymnastics and pedestrian exercise in mountainous districts, and the method of mountain climbing was still more elaborated by Professor Oertel, of Munich.

It is, however, to Sweden that we have to look for the scientific uses of gymnastics as a therapeutic measure. The Royal Gymnastic Central Institute of Sweden was founded in 1813, with State aid, by P. H. Ling, and was under his direction till his death in 1839. The aim was, and is, "the study and practice of the science of gymnastics in its educational and medical aspect." Ling was succeeded by Professor Branting, who seems to have been the first to throw a clear light on the gymnastic treatment of heart disease.

Georgii acted as sub-director, and came to England in 1849. He persuaded Dr. Chapman to investigate his methods, and a pamphlet was published with an important list of cases, including serious forms of heart affection; but no impression was produced on the deep-rooted conviction prevailing as to the unsuitableness of the treatment for this form of disease. We all know what an energetic worker the late Dr. Roth, at one time President of this Society, was in this field, and in his "Handbook of the Movement Cure,"

published in 1856, he gives several cases of heart disease successfully treated.

Dr. Hartelius, successor to Professor Branting in the medical department of the Central Institute, read a paper at the Society of Physicians in Stockholm, in 1877. He introduced his subject by calling attention to the fact "that diseases of the heart are nowhere abroad treated, as yet, by movement, but we, in Sweden, may count several decennaries since its commencement." He gave tables of the number of cases and the different forms of heart disease, which had been treated at his clinic during five years—from 1872 to 1876. The list included—

Hypertrophy of the heart, 103 cases.

Valvular diseases of the heart, 112 cases; of these, only 15 derived no benefit.

Fatty degeneration of the heart, 42 cases; of these, only 7 derived no benefit.

I will now pass to the Nauheim treatment of heart disease, and as I have not had the opportunity of seeing the method carried out by Dr. Schott himself, have to rely upon the writings of Dr. Bezly Thorne, Dr. John Broadbent, Dr. Saundby, and others. It is owing to the enthusiasm of the first, Dr. Bezly Thorne, that we owe its introduction to England.

The treatment is two-fold—by baths and exercises.

The Nauheim waters are rich in chloride of sodium, chloride and bicarbonate of calcium, besides salts of iron, iodine, and bromine, and contain a large amount of pure carbonic acid gas. The baths are given at a temperature of from 92° to 95° F., and their duration is from six to eight minutes. The course begins with a 1 per cent. salt bath at 95°, and as time goes on the amount of solids may be gradually increased, the temperature lowered to 85·5°, and the time of immersion increased to twenty or thirty minutes, but, throughout, the course must be interrupted by frequent intervals of one day.

The immediate effect of the first few baths is to produce a sense of oppression at the præcordia, under the influence of which the patient breathes slowly and deeply for about

three minutes. Respiration then becomes easy, and continues slower by from two to four breaths a minute.

The pulse falls in frequency and increases in force; at the same time the area of cardiac dulness retracts in all directions. After the baths these effects gradually disappear, but it is claimed that at the end of a course, which should last at least six weeks, permanent improvement is effected.

The effect on the peripheral vessels is to increase their carrying power. A glowing sense of warmth is experienced in the extremities and in the surface of the body generally. The veins are stimulated to a similar activity. In fact, the general vascular capacity, systemic and pulmonary, is increased, and, without loss of blood, the relief of a general bleeding is afforded to an over-loaded and labouring heart. In three or four days, especially in cases in which the flow of urine has been scanty, there ensues a free diuresis which may continue for days or weeks.

Metabolic changes become accelerated and improved; deep-seated organs, more especially the liver and pelvic viscera, are relieved of congestion, and partake of the general impulse to functional health; and the heart, relieved of its burden and contracting fully and without hurry on its contents, derives from an improved coronary circulation material for the repair of its weakened or damaged tissue.

Dr. Schott maintains that similar, if not indeed identical results, can be obtained from baths artificially prepared; and Dr. Thorne gives formulæ for the preparation of a series of them.

The treatment of cardiac affections, as practised by Dr. Schott, is not, however, limited by the therapeutic influences of the baths. The system of exercise which has been devised yields results quite as remarkable. The exercises are called by Dr. Schott "Widerstands-gymnastik," or resistance gymnastics, and consist in slow movements executed by the patient, and resisted by the attendant to such an extent as to oppose without arresting them.

A short interval is allowed after each movement, during which the patient sits down. The exertion employed must

be very small, and should cause no increase in respiratory movements, flushing, or pallor. The movements are nineteen in number, and consist of slowly conducted flexion and extension, adduction and abduction, and rotation, in orderly succession, of the arms, the trunk, and the lower extremities.

The effects of the exercise are the same as those of the baths, and the following immediate results may be looked for in the majority of patients afflicted with a damaged or weakened heart :—

Retardation of the pulse and increase of its force.

Contraction of the heart generally, first on the right side ; it is rare for the left ventricle not to share in the contraction.

Slower and deeper breathing, with a sense of lightness and relief in the chest.

A better colour of the lips and improved facial aspect.

Where the liver is congested, a marked diminution in its dimensions.

That these beneficial results are obtained all observers are agreed upon, and Dr. Thorne, in his book, says :—“ Drs. August and Theodor Schott enjoy the distinction, and are entitled to the credit of having brought the physiological relations of exercise, function and repair into obedience to a therapeutic system which yields results in the treatment of diseases of the heart, hitherto unknown and unlooked-for. Such service brings renown to their profession and deserves the gratitude of mankind.”

While not wishing for a moment to detract from the full credit which is due to the Drs. Schott for their careful and scientific work, I would claim that we have, as far as the exercises go, a better and a more complete method in that which has been carried out for such a long time now by the Swedish School, and for which they deserve great praise. Before going on to speak of it in detail, I would like to take the statement made by Dr. Hartelius, in his “ Hand-book on Medical Gymnastics,” that “ properly utilised gymnastics are simply applied physiology,” and consider what the physiology of the circulation teaches with regard to the assistance that may be given to a weak and labouring heart. I begin with the respiratory movements first, because of their

importance with regard to the influence they have on the venous circulation. Though a certain amount of pressure is found in the veins from the *vis-a-tergo* of the arterial system, the chief propulsion of the venous blood towards the heart comes from the aspiration of the thorax. Each inspiration by its consequent enlargement of the cavity of the chest increases the negative pressure, and thereby causes over the whole mass of blood an aspiration in the direction of the thorax. This mainly affects the venous system, but it also causes a slight decrease of tension in the arteries. An ordinary expiration merely removes the inspiratory increase of the negative pressure; on the other hand, a powerful expiration caused by muscular exertion, especially if an obstacle be opposed to the exit of air by closure of the glottis, as in coughing, changes the negative pressure in the thorax into a positive one, compressing the heart and vessels, and causes in the veins a serious stagnation, and in the arteries a slight increase in pressure.

This points out the necessity of seeing that during all exercises free respiration is maintained, and explains the harm that results in a weakly acting heart from constant cough. It is also, I think, the explanation which Surgeon-Major Deane gives of many of the cases of irritable heart in soldiers. We have lately had in the wards a child with heart disease, in which the harm resulting from respiration interfered with by nasal adenoids was well marked.

The effect of deep forced inspiration on the pulse in a healthy subject is at first to increase the rate, though it afterwards falls below the average. In my own case by six deep inspirations I can send my pulse from 70 to 80. In a rapidly acting heart, either from disease or exercise, quiet deep breathing at once lowers the pulse.

To come next to the action of muscles, we have first of all the direct action on the circulation from the compression of veins. Any such compression of a portion of a vein must force its contents in a direction towards the heart, since the passage in an opposite direction is stopped by the self-closing venous valves.

This compressing apparatus is in some places joined to

an aspirating apparatus; thus the portion of the femoral vein lying under Poupart's ligament, from the arrangement of the fascia, sucks in the blood from the periphery at each turn in an outward direction of the upper part of the thigh, and empties it into the vena cava at each turn in an inward direction or on flexion. This action is made use of in the movement of rotation both of the trunk and limbs.

Muscular exercise also has great influence on the circulation of the lymph—each time that a muscle contracts it drives the fluid onwards; each time that it relaxes, the tissue juice and products of waste are sucked into the lymph space between the two layers of fascia surrounding the muscle; and thus the more it acts, up to a certain point, the more thoroughly are its waste products eliminated. Provision is thus made for a fresh supply of nutriment, and as the muscle contracts its arteries dilate, and a free flow of blood occurs through them.

The peritoneum, pleura and pericardium are all lymph spaces; the more the diaphragm acts the more quickly is fluid absorbed by it from the peritoneal cavity, and the more the thoracic walls act the more quickly is liquid pumped from the pleural cavity. The mere act of respiration tends to pump out the lymph from the peritoneum and pleura, and thus to maintain perfect nutrition in these important cavities.

Dr. Lauder Brunton, in an article on "Atheroma," in the *Lancet* for October 12, gives diagrams to illustrate the effect of massage on the flow of blood through a muscle, and says: "The effect of massage, when seen in actual experiment, is even more striking than as it appears in the diagrams. To say that the flow of blood through a muscle is increased threefold by massage means a good deal, but it hardly suggests to one the tremendous gush with which the blood does flow through the muscle." It is evident, also, that the effect of the muscular work does not stop with the heart and lungs alone. Its influence is extended to the whole circulation, and, in combination with an increased assimilation of nutritive elements, produces increased nutrition of the whole organism.

We see now how the work of the heart may be facilitated by proper respiratory movements, muscular exercise, and massage, and the Swedish system is simply a method of putting into force what has been deduced from a close observation of physiology; they allow for complete individualisation according to the condition of each patient, and may be employed when the weakness of the patient is extreme.

I have not time to-night, nor is there need, to go into details, especially as Mr. Broman, of the Stockholm Institute, has kindly come here to give us a demonstration of them.

The movements come under three classes:—

- (1) Passive, which includes kneadings, rotations, and respiratory exercises.
- (2) Local—tappings, vibrations, and frictions.
- (3) Active or resistive exercises of various kinds.

Particular stress is laid upon the positions in which the different exercises are done, and also upon efficient respiratory movements, these being frequently interposed between series of active movements. A graduated scale is followed, beginning with purely passive movements, when the patient is very weak, leading on to strongly active ones.

I give short notes of two cases which have been treated in this way with very satisfactory results:—

*Case I.*—H. N., aged 28, female. Came as an out-patient to the hospital on February 26, 1895. When 20 suffered from acute rheumatism, and has not been well since. Very anæmic, complains of palpitations and shortness of breath, with pains in the præcordia. Temperature, 99·2°; pulse, 120. Swelling of feet and ankles. Apex beat is in the sixth space, well outside the nipple line; over this and upwards on the sternum a well-marked soft systolic bruit can be heard. The area of the cardiac dulness extends to the right of the sternum.

On May 8, in spite of treatment by arsenic, digitalis, and strophanthus, her condition was much the same, still complaining of pain and palpitation on walking. Her weight was eight stone and a half pound.

She was sent to Mr. Broman for exercise, all medicines being stopped, and no change made in her usual mode of life.



On July 10 she reported herself as much better. Pulse, 80. The apex was just below and close to the nipple, dulness did not extend to the right of the sternum.

There was no breathlessness and no pain. She was able to walk well and general condition was much improved. Constipation, which had been very troublesome, was quite relieved.

To see if the improvement lasted, I examined her again on the 25th of last month. She has had no exercises from Mr. Broman for three months, but has practised some that he taught her. Her weight was eight stone ten and a half pounds, a gain of ten pounds. Pulse was 78, the condition of heart the same as at last report. She stated that since her attack of rheumatic fever she had always suffered from shortness of breath and swelling of the feet, and could not go out in cold weather from pain in the chest, but after beginning the exercises she gradually improved, and is now able to go up and down hills without difficulty, and feels quite well.

A good deal of scepticism, at which I do not wonder, is being expressed at the wonderful accounts of reduction in area and change in apex beat, which, it is claimed, are produced in a few minutes by the baths or by the exercises, and various theories have been advanced about its being due to overlapping of the lungs, &c. Where there is great muscular hypertrophy the reduction cannot be expected, but many competent observers are convinced that it does take place in cases of dilatation. In a patient still under treatment, in whom, besides a mitral systolic, there is a well-marked aortic regurgitant bruit, I especially tested with regard to the apex beat before and after forty minutes' exercise, and found that it had moved half inch inwards towards the middle line. I do not myself consider the change that is found in the area of cardiac dulness so reliable or so important as the change in the position of the apex beat. In a tracing of the pulse beat corresponding to the time of taking the apex beat, the difference between the tumultuous action before the exercises and the quiet afterwards is well marked. The patient was suffering from hæmoptysis before and during the exercises, but no harm but benefit followed.

*Case II.*—Miss A. T., aged 19. For the notes of this case I am indebted to Dr. Roberson Day. In the autumn of 1893 she

had an attack of acute rheumatism. Dr. Day's note on January 17, 1895, when he saw her for the first time is, "Apparently in a dying condition. Countenance cyanosed, orthopnoea, violent palpitations, constant sickness, and can retain very few things on the stomach. Sleeps only in snatches; urine scanty, turbid with urates, a considerable quantity of albumen present. Pulse, 120; heart much dilated. Apex beat external to nipple line in the fifth space, thrill felt over it, and a loud double bruit to be heard." Under arsenic and infusion of digitalis and medicine for an attack of bronchitis which supervened, she gradually improved, and was able in the summer to go to Margate, where she did very well for some time, but got a chill before her return.

On July 13 I saw her in consultation with Dr. Day, with regard to the question of exercise. She was confined to bed, respiration very hurried. The pulse was 120, and condition of heart the same as given above, but there was in addition great œdema of the legs and enlargement of the liver. Vomiting was very troublesome. I suggested apocynum and to begin the exercises as soon as possible. The dropsy soon disappeared and on August 12 Dr. Day's note is: "Having daily movements by Mr. Broman, and continued with him for four weeks, then went to Tunbridge Wells, where she got much benefit and felt quite well." After the heat of September she had a chill, followed by jaundice and bilious vomiting, but gradually recovered. I asked Dr. Day for a report for this paper, and on November 4 he states that she is now going to Mr. Broman again. Pulse, 92; apex beat is in the fifth space in nipple line. She walks well both on the flat and up hill, never has palpitation and feels quite well. In this case the weakness at the beginning of Mr. Broman's treatment was so great that only passive movements could be employed.

These two cases were both very favourable for the treatment, and illustrate the conditions in which most benefit may be expected. Both were young, and in both the valvular lesions were of comparatively recent date, and dilatation was largely in excess of hypertrophy.

Dr. Schott affirms that benefit may be expected to accrue in all cases of chronic heart disease, whether of valvular or parietal incidence, except where the myocardium has reached an advanced stage of degeneration, or the vessels are the seat of advanced arterio-sclerosis.

This includes a long list, but, briefly, the cases most

likely to derive benefit are weak action of the heart after influenza or other illness ; dilatation from valvular disease (those in which there is aortic insufficiency demand more care and a longer time for treatment) ; and arterio-sclerosis. In this latter condition, the action would be chiefly upon the general health, and to prevent further mischief.

At present, the *rationale* of the system is under discussion. Dr. Schott maintains that the baths and exercises act upon the heart through the nervous system, by evoking a reflex influence which stimulates the cardio-inhibitory or regulator nerves, thus slowing and strengthening the pulse. Dr. Thorne and Sir William Broadbent, on the other hand, believe the baths and exercises alike favour the circulation by dilating first the muscular arteries, and afterwards those of the skin, and thus relieve the heart from backward pressure.

Dr. Saundby points out that Dr. Thorne's theory is not consistent with the pulse tracings which show tension, and the manometric observations of Dr. Schott, nor with the physiological law that the heart-beats vary inversely with the blood pressure. The important point in the discussion is a practical one, viz., is tension increased in the arteries by exercise, because, if so, there is danger in its use in arterio-sclerosis, angina pectoris, or aneurism.

For my own part, I agree with Dr. Thorne, and have not observed any increase in tension, though there is increase in the force of the pulse, and have no hesitation in recommending passive movements, if carefully carried out, in atheromatous conditions, where active movements to begin with would be dangerous. Even in many acute conditions, benefit may be derived from them ; local vibrations over the præcordia appear to have a reflex influence, and give great relief to pain, and lower the frequency of the beats.

I am afraid that I have failed, in a short paper like this, to do justice in any way to this important subject ; but I shall be satisfied if I have brought forward evidence that we have, in the Swedish and Schott methods, a valuable means in the treatment of heart disease.

In a review of Dr. Thorne's book in the *Practitioner* for May, 1895, the writer says:—"The use of the term 'wonder working' suggests to us the hope that we are not going to have a 'boom' in baths and resisted exercises for heart disease."

The "boom" seems to have already commenced, and a good deal of harm will result to individuals, and discredit thrown upon the methods, unless great care is taken in the selection of suitable cases, and individualisation in this treatment be carried out. I am sure that, simple as the exercises appear, they should not be carried out except by persons thoroughly trained, and only wish that we had, in this country, an institute like the Stockholm one, where the necessary training could be given.

In conclusion, in spite of what I have said in favour of exercise, I hope I shall not be misunderstood when I venture to say that I believe, in certain conditions of the heart, absolute rest for a period is sometimes the best, and is a good preliminary to beginning the treatment.

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Dr. JAGIELSKI said no mention had been made of the temperatures of the patients, which in heart disease varied considerably. When the patient appeared bluish, and the veins were small, it took a very long time to bring on a condition of normal heat. He had known the temperature to fall after massage as low as 96°. After treating the patients for a few months, the temperature had become entirely normal, and there had been an increase of the oxidisation of the venous blood in the lungs, for which the inspiration and expiration movements were of the greatest importance. If one breathed deeply in walking, the influence of the oxygen breathed was of the greatest importance. Although they were not in Nauheim, and had not mountainous regions to give to their patients, they had the advantage of getting wind of the purest nature, particularly at the seaside. A person walking against the wind got the oxygen into his lungs at an increased pressure, a most important point, and they should let their patients go out in a gentle wind. "Dr. Air" was one of the greatest doctors they had to listen to, and we may well agree with Dr. Johnson's poetical moral:

"Then who would healthy, happy be, must ever have a care  
To quaff a copious daily draft from life-giving Dr. Air."

Dr. BLAKE said Dr. George Oliver had noticed that in carrying out these movements, with the patient lying down, the arterial calibre dropped at once, whereas if the subject were sitting up, then the arterial calibre at first increased and afterwards dropped. That interesting observation suggested that in cases of extreme dilatation of the vessels, it is better that the treatment be first carried out with the subject in the recumbent posture; whereas, in cases of arterial contraction, it is well to let the patient sit upright. He considered lung education to be of the greatest importance in the treatment of mitral disease, and had, indeed, seen the whole of the symptoms disappear in fourteen days by lung education alone. The cases benefited were those of high tension with defective compensation. The higher the tension the more they were benefited. The cases that should not be put under the treatment were those of advanced arterial degeneration, late cases of myxœdema, of syphilis, with a tendency to aneurism, late cases of renal disease, and of severe early atheroma. How were they to tell what cases were suitable? The test was the use of the most delicate manometers, as, for instance, that highly accurate scientific instrument, the manometer of Oliver. The cases of endarteritis, of aneurism, and of acutely dilated heart, were in danger of the most tragic termination by the use of the system. The weak point in the Nauheim system is this, the prodigious influence exerted by the lungs on the heart is nearly entirely ignored.

Dr. DUDGEON said that fifty years ago Dr. Roth and Mr. Georgii had described the same kind of movements for similar affections. (Dr. BLAKE: Not at all.) With regard to the sphygmograms which Dr. Moir showed, sphygmograms precisely similar in character were observed under very different circumstances from those which Dr. Moir described. The tracings were not very characteristic of anything in particular, and although it appeared that in one case the tracing was very remarkably different from the other, still he had seen in the same patient, at a very short interval, and without any particular change being observed in the morbid condition of the patient, precisely the same effects, a very exaggerated sphygmogram of up and down strokes followed by a normal one a few days afterwards. He did not think the sphygmograms exhibited by Dr. Moir showed much one way or the other, as to the success of the treatment.

Dr. CLARKE said he had watched the treatment for some time past in the journals, trying to find if there was anything in it

more than could be accomplished by homœopathic remedies, and had failed to find that there was. They must all have seen results very similar to those which had been brought before them accomplished by the use of homœopathic medicines, when correctly given.

Dr. DAY said that the treatment seemed to come in just where the influence of homœopathic remedies ended. In the case, the notes of which he had given to Dr. Moir, it would have been useless to have applied this treatment in the first instance, and it was only when the homœopathic remedies had proved highly beneficial, enabling the patient whose condition had been almost hopeless at first to go away for change of air, that the Nauheim treatment was tried. There was a standstill in the progress of the case, no improvement being made, and it was then the movements were commenced. This treatment was very successful, and the patient expressed herself now as being quite well, which was a result they absolutely failed to get under homœopathic medicines *alone*. He should certainly employ this method of treatment in similar cases again. The treatment which Mr. Broman adopted differed from that at Nauheim where they used baths, largely impregnated with carbonic acid gas and saline ingredients, which produced a cutaneous stimulation. In this country the simple massage which Mr. Broman had described and shown seemed to take the place of the baths. It was very interesting to watch as the patient advanced, how the temperature from being persistently sub-normal became gradually normal. The movements were essentially different from those of general massage which had been known and practised by them for a long time. The results obtained by this method of treatment promised to be very successful.

Dr. DYCE BROWN thought it was exceedingly important, before advising the treatment, that the case should be diagnosed as to whether it was a proper one to be so treated.

Dr. HUGHES thought, with regard to Dr. Clarke's remark, that nothing was done by the Nauheim treatment which might not also be done by homœopathic medication, that cardiac dropsy was an exception. In one of the two cases at least, cardiac dropsy was decidedly influenced by the exercises, whereas homœopathic medication would not in the immense majority of cases affect this condition. He had been woefully disappointed by all the remedies recommended for it. He could only give temporary relief by means of the so-called cardiac tonics, and the question was open as to whether those medicines acted homœopathically. He could not think that they did, and the gap in their practice had

better be filled by the system of exercises and baths than by the medicinal cardiac tonics to which they were obliged to resort.

Dr. MOIB, in reply, said he had not such implicit faith in the virtues of medicine as Dr. Clarke, and preferred to cure without drugs whenever he could. The temperature did fall after massage, and care was required that in the case of weak patients it should not be overdone. He quite agreed with Dr. Jagielski that fresh air was a part of the treatment, and it was for that reason he insisted so much on the respiration. He did not think that cases with high arterial tension were those in which the method should be used. High arterial tension was, as a rule, associated with a powerfully contracting heart, but the cases most suited for this treatment were those where the heart was failing from want of compensation. If tension was present, a course of baths would lower the tension, and the exercises would act most beneficially after such a course.

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## ON THE INFLUENCE OF CERTAIN DRUGS UPON THE EXCRETION OF URIC ACID.<sup>1</sup>

BY C. J. WILKINSON, M.R.C.S., L.S.A.

OUR President, in his opening address,<sup>2</sup> mentioned that it was important for us to have new provings of our remedies, certified by every element of exactitude that modern science can give us; and it occurred to me that the influence of various drugs upon the excretion of uric acid was one of the points upon which some such information was wanted.

And I was confirmed in this idea by the modern theory which teaches that rheumatism and gout, with other cognate conditions, are certainly the concomitants, and perhaps the results, of lithæmia, that is to say, of the presence at one period or another of an excess of uric acid in the blood.

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, February 6, 1896.

<sup>2</sup> "The gaps of unknown regions, of suspected pathogenetic effects, require to be filled up by the systematic re-proving of many drugs; and this to be undertaken in all the light of modern physiological inquiry and method."

The importance of such investigations has a different value for the practitioner of the old school and for ourselves. The former, believing that rheumatism and gout are, in part at least, due to stores of uric acid in the liver, spleen, and joints (such stores being at once the results of former attacks of lithæmia and the potential cause of future attacks), is interested in the discovery of drugs which will encourage or compel the elimination of this product of digestion. He is the more eager in this interest because many of the drugs proposed refuse to dissolve uric acid under the necessary conditions. While they dissolve it freely enough in the test-tube or retort, the presence of urine nullifies their action at once. Mendelsohn<sup>3</sup> has discovered that the solvent action of lysidin and piperazin is uninfluenced by urea, the urinary pigments or the earthy phosphates, but that it is obviated by the presence of the incinerated residue of evaporated urine or of common salt in small quantities. The factors which control the solution of uric acid in the blood are, therefore, evidently complicated and delicate.

But for us the importance of discovering drugs which dissolve uric acid lies in the fact that those drugs will prove curative (where other characteristic symptoms are present) in cases of disease where there is already an excessive secretion of urates. But I venture to think that experiments in this regard have some additional importance from this consideration, namely, that the artificial or pathogenetic excess in the healthy prover, and the curative decrease of excess in the patient, are alike demonstrable and capable of measurement. From which it follows that in this field the truth of our therapeutic law may be proved to a point of scientific certainty, at which it is impossible for it to be rationally assailed.

Now, such provings as are necessary for the purpose of determining the influence of drugs on the excretion of uric acid could not profitably be undertaken by any person whose ingestion of uric acid, and of foods which are largely excreted as uric acid, is subject to constant and immeasurable varia-

<sup>3</sup> *Deut. med. Woch.*, May 2, 1895.



tions ; since it is manifest that the amount of the product must ultimately depend upon the amount of the material. The subject, then, of such experiments must be one whose *constant* in the matter of uric acid it is possible to obtain, whose averages of excretion during short periods do not greatly vary one from another.

As I have modified my own diet for more than a year upon lines calculated to reduce the supply of uric acid and its congeners to as low a level as possible consistent with convenience, and as I have checked the results by frequent estimations of the uric acid in my urine from time to time, it struck me that mine was a suitable *corpus vile* from which to obtain results by experiment in this matter.

The diet I have used consists largely of farinaceous foods, with much milk, and some eggs, game, poultry and fish ; meat has been taken about once a week, and tea, coffee and cocoa have been simply used as flavouring agents for milk and water. Alcohol has played no part in the diet. Fruits of all kinds, both fresh and preserved, are admissible.

A word will be necessary as to the procedure which I followed in my estimations. The total excretion of urine for each twenty-four hours, from 8 one morning to 8 the next morning, was carefully collected, mixed, and measured ; the specific gravity was taken at about 60° ; the urea was estimated by means of a Doremus' ureometer, and Haycraft's process was followed for the estimation of uric acid. The pulse was noted at 6 each evening. I have recorded the results both in a numerical table and in a graphic chart.

I am giving the results of provings as shown by examination of the urine only, not including any other objective or subjective symptoms that occurred. These were few in number, and small in extent ; they contained little or nothing that cannot be found elsewhere. I omit them, both for the sake of brevity, and because I am unwilling to mix what can be mathematically expressed with what is very possibly the result of that introspection which is inevitable when one is the result of his own experiment.

I began, then, by making a daily estimation of the urinary excretion for a week to establish a normal against which to

measure the variation produced by drugs later, with the result that I found that the averages came out as follows :—

Quantity of urine	...	...	1,953	ccm.
Specific gravity	...	...	1.018	
Urea	...	...	28.967	grammes.
Uric acid	...	...	1.569	„
Pulse	...	...	69	

I then began to take each morning, for four mornings, a powder of 10 grains of sugar of milk, carefully incorporated with 1 grain of crude lycopodium sporules, with this result :

That the quantity of urine was slightly increased, while the variation from day to day was lessened ;

The specific gravity was unaltered ;

The amount of urea was raised almost 2 grammes per day ;

The amount of uric acid and urates was increased by almost 1 gramme per day ;

The pulse was slightly raised in frequency, but the sphygmograms of this period show no alteration in tension that I can discover, nor was any felt by the finger.

On doubling the dose of lycopodium no very decided difference was made.

In the December number of the *Homœopathic Review* for 1893, Dr. Dyce Brown published a letter, which he had received from the Honourable Allan Campbell, of Adelaide, South Australia, in which high praise was given to the action of the 3rd decimal trituration of lycopodium in the treatment of acute rheumatism. This sent me at once to the provings, and I found that it was possible out of the symptoms given under lycopodium in the *Chronic Diseases* to construct a picture fairly representing an attack of acute rheumatism. In a case in which I tried it from the beginning it certainly appeared to crush the attack (and that a third attack) at once. Just as I was finishing my proving of lycopodium, another suitable case occurred, and as it is a well certified instance of the action of the simillimum, I venture to give it to you.

W. T., a van dweller, aged 75, a large-framed, dark-haired man, very exedentulous from a curious lateral defect in the upper jaw, has suffered from what he calls "attacks of rheumatic gout" for sixteen years.

*October 24.*—Is in great pain, could not sleep last night on account of this; is unable to move the big toes of either foot, either ankle, either knee, right wrist, and right elbow. The smaller of the affected joints are visibly swollen, and rose red in colour; they are all intensely tender to touch, and cause the greatest pain on movement. The temperature is 100·6°; the pulse is 90, and is very difficult of compression, though there are no signs of advanced atheroma. There are some signs of chronic bronchitis over the front of both lungs, and a slight enlargement of the right heart. I fancied that I detected a soft blowing systolic mitral murmur, but as his van was pitched next to a shooting gallery in a fair, it was difficult to be sure of physical signs. There is much rumbling from flatus; he has been constipated for two days. There is no acid smell to the sweat. The urine is scanty (estimated by his wife as amounting to between 1 and 1½ pints); it is turbid, and has a light pink sediment. I had a sample of the urine sent to me, and then gave him powders, each of two grains of lycopodium 3x trit., one to be taken every two hours; and he was put upon milk diet. The urine proved to be very acid, of specific gravity 1·023, each cubic centimetre contained ·025 of a gramme of urea, and 25 cubic centimetres contained ·05376 of a gramme of uric acid. Accepting the wife's estimate of the quantity of urine at 1½ pints, the total of urea excreted was twenty-four grammes; the total of uric acid was 2·064 grammes.

Next day, October 25, I found that the man had slept for three and a half hours after taking his first powder, and he had slept well also through the night; the bowels had acted twice; there was no trouble with flatus. His joints are free from pain, and will bear movement, except the right knee, which he says is very often painful. He is up and dressed; his temperature is 98°, his pulse is 66, compressible. He has passed just two pints of urine, which is still acid, of specific gravity 1·012; urea, ·016 in 1 ccm.; uric acid, ·01848 in 25 ccm. In all, urea to-day, 20·480 grammes, as against 24 grammes yesterday. Uric acid, to-day, ·93448 grammes, as against 2·064 grammes yesterday.

W. T. continued his medicine another day, and the pain in his knee had then practically disappeared.

If we reject that worm-eaten therapeutical chestnut, coincidence—that is, if we do not suppose that this patient *happened* to get well, irrespective of treatment—I fail to see what escape there is from the position that his speedy cure was due to a drug in a small dose, acting in a directly opposite manner to that in which it acts on a healthy prover in a large dose.

I ought to add that, so far as I know, this power of lycopodium over acute rheumatism is confined to its triturations. Two cases in which I used the 3rd decimal tincture failed altogether to respond, although they were seemingly suitable for this drug.

I do not know, but I think it probable, that there are many who share with me a great curiosity, and a sense of ignorance, concerning the action of *sulphur*. I have read what I could upon the subject, and I have thought over what I have read; but the nature of its action and the *rationale* of its application (other than a blind following of the law of similars) remain a great puzzle to me. In the hope that some light would come (as well as in the consideration of the value of sulphur in cases of gout, rheumatism, and eczema), I made it the subject of my next experiments, after a suitable interval—that is to say, after I had reason to believe that the effects of lycopodium had quite passed away.

I began with three ten-minim doses of a fresh mother tincture, making thirty minims in all, and I increased this quantity by thirty minims each day, until I reached one hundred and fifty minims on the last day.

The effect produced was a diminution of the amount of water passed, a very slight fall in the amount of urea, and a decided rise in the quantity of uric acid. Why the excretion of uric acid fell upon the second day of the experiment I cannot explain. There was no change either in the diet or in the manner of living, and I made a second estimation with a precisely similar result. The third, fourth, and fifth days showed a progressive rise in excretion.

I passed on to the use of a fresh 1st decimal trituration of sulphur, taking forty grains the first day and eighty the second. The amount of uric acid continued very great.

These results with sulphur are, I think, interesting, as giving some explanation of the allopathic use of sulphur in alkaline tablets between the attacks of gout, and as throwing some light upon the *modus operandi* of mineral waters, such as those of Harrogate and Strathpeffer. I am not aware that the fact of sulphur increasing the excretion of uric acid has been before established.

It will be noticed that though the doses of sulphur taken were large, as judged by our standard, they were actually small, from the standard of old school use. Hahnemann regarded the mother tincture of sulphur as containing one part in 100. If this be correct, the amount I was taking in tincture varied from  $\frac{1}{3}$  to  $1\frac{1}{2}$  grains *per diem*. In trituration, the doses represented four and eight grains. Here I would quote a few words from Dr. Haig's book on "Uric Acid in the Causation of Disease" (pp. 85-86)—words which are pregnant with meaning, and especially worthy of *our* consideration :—

"I have often been asked by other observers whether the effects of small doses of drugs which clear the blood of uric acid are not out of all proportion to the quantity taken ; why does a very small dose of a nitrite, a few grains of a sulphate, or a small fraction of a grain of calomel, relax the arterioles all over the body, cure headache or mental depression, and alter the whole condition of the sufferers? Truly the effect *is* out of all proportion to the dose.

"But, if we remember the facts just stated, that each of these drugs, if it is able to clear the blood of uric acid for only a minute or two, starts an upward metabolism which progresses long after the direct effect of the drug has come to an end, we shall have no difficulty in understanding the way in which these minute doses act.

"The drug is like the percussion cap in the cartridge : it does not furnish the force which drives the bullet ; it supplies, however, the spark which ignites the powder."

At the suggestion of Dr. Epps, I made *urtica urens* the subject of my next experiment. The result of eighty minims of the mother tincture was to stimulate so greatly the excretion of uric acid that the two drachms taken next day could



	Quantity in ccm.	Spec. Grav.	Urea in grammes.	Uric Acid in grammes.	Pulse.	
1	1,650	1·022	23·100	1·330	72	No drug.
2	1,775	1·020	33·125	1·476	68	"
3	2,300	1·020	32·200	1·854	68	"
4	1,800	1·020	25·200	1·369	68	"
5	2,300	1·012	27·600	1·854	72	"
6	1,950	1·020	29·200	1·572	68	"
7	1,900	1·019	32·300	1·532	70	"
Mean	1,953	1·018	28·967	1·569	69	—
1	2,000	1·016	32·000	2·419	72	Lycopodium gr. j. in one dose.
2	2,000	1·017	28·000	2·284	72	" " "
3	2,150	1·020	32·000	2·600	72	" " "
4	2,200	1·019	30·800	2·112	72	" " "
Mean	2,087	1·018	30·700	2·354	72	—
5	1,800	1·020	32·400	2·419	74	Lycopodium gr. ij. in one dose.
1	1,700	1·015	27·200	2·284	66	Tinct. sulphur. ℥xxx. in three doses.
2	1,575	1·021	25·200	1·799	72	" ℥lx. " "
3	2,100	1·016	29·400	2·223	72	" ℥xc. " "
4	1,500	1·022	24·000	2·318	74	" ℥cxx. " "
5	1,475	1·021	30·975	3·171	66	" ℥cl. " "
1	1,975	1·018	31·600	3·318	66	Sulph. 1x trit. gr. xl. in four doses.
2	1,425	1·023	28·500	2·473	66	" gr. lxxx. " "
1	2,650	1·020	26·500	3·494	66	Urtica U. φ ℥lxxx. in four doses.
2	1,750	1·020	29·700	2·292	68	" ℥cxx. in two "
1	1,400	1·025	29·400	1·975	72	Vin. colchici ℥xxx. in three doses.
2	1,950	1·017	33·150	2·358	72	" " "
3	1,450	1·025	—	3·171	72	" ℥xl. in two doses.
4	1,475	1·080	26·500	3·171	72	" ℥lx. "

The pathology of acute rheumatism is obscure, and one ventures a suggestion with some diffidence. Following Dr. Haig, I gather that this (or something like it) takes place at the beginning of an attack. Chill attacks a person at a time when his blood is richly charged with uric acid (the uricacidæmia of Haig); his temperature rises, with a consequent decrease of blood alkalinity and deposit of urates in those joints which happen at the moment to be least alkaline; interstitial irritation of the joints is set up. After a few hours, a rise in blood alkalinity takes place; the urates are absorbed from the joints, re-enter the circulation, reach the kidneys, and soon appear in the scanty urine as pink uratic sediment. It is at this time that the diseased condition best simulates the pathogenetic effects of lycopodium; and it is now (very early in the case) that lycopodium must be given if it is to be serviceable.

The therapeutic problem as between us and those who differ with us is interesting at this point. The salicylates act beneficially in rheumatic fever: of that I have no doubt; and their action is beneficial by means of increasing the elimination of uric acid, converted into salicyluric acid. Lycopodium is beneficial in rheumatic fever; and the case I have quoted shows that its benefit is coincident with a diminished elimination of uric acid. The stick for which we are contending has, then, two ends; and we shall gain nothing by disregarding the end which we do not happen to hold. The important question is whether the appearance of pink urates at this stage of acute rheumatism is or is not an effort towards a natural cure. The universal practice of withholding from the dietary articles containing uric acid is certainly in favour of an assent to the idea of a natural cure. I am far from saying that minute doses of lycopodium are contra-indicated, because uric acid is the *materies morbi* in this condition. Indeed, I believe that lycopodium is better treatment than the more usual aconite. But I am sensible of a responsibility which follows its use—the necessity for superintending the elimination of uric acid after the acute rheumatism has been stopped, by diet and by drugs (perhaps including the salicylates).



Sulphur, *urtica urens* and *colchicum* must act curatively in direct opposition to their pathogenetic action, if our law of similars is true ; and what I have said concerning *lycopodium* applies, *mutatis mutandis*, to them also.

Another point that has occurred to me from having made provings on my own person is this—that we owe to provers of drugs a suspension of rash criticism of their results. In looking through the provings of sulphur, to determine what doses I should use, I found that Mayerhofer ("Cyclopædia of Drug Pathogenesis," vol. iv., p. 190) experienced from one grain of sulphur 1x such violent shooting pains in the right hip, followed by a severe attack of *sciatica*, that he was compelled to keep his bed. Other severe sufferings followed this and repeated doses, which fill several pages, and are well calculated to deter future provers. Now, I experienced no such symptoms as he records ; a tremendous explosion of migraine, and the occurrence of a small hæmorrhoid easily cured, will cover all the complaints I can recall from much larger doses. But I cannot doubt that Mayerhofer's record is just as genuine as my own. I will go farther, and say that I regard his proving as of much greater value than my own, for the very reason that might lead some to regard his sufferings with scepticism—namely, that he was extremely and unusually sensitive to the action of sulphur, while I am not.

And this brings me to conclude my paper by anticipating an obvious and just criticism. The factors which regulate the excretion of uric acid are, perhaps, still obscure ; it is certain that the habits of individuals vary greatly in this matter ; indeed, I am tempted to suspect that there are few peculiarities which are more intimately connected with what we call temperament, diathesis, or constitution, than this one. Under these circumstances, I can only offer the results of experiments upon myself for what they are worth—namely, as facts, true of one man at one time. Before the figures can be definitely accepted, it is necessary that the experiments must be repeated on several different people under similar circumstances, with approximately similar results.

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Dr. MADDEN asked the author if he was able to determine whether there was any relationship between the amount of uric acid that was passed in the water and the amount of acidity. If it were possible to estimate it even approximately by determining the acidity of the water, it would be an immense help in the daily work of the profession.

Dr. DUDGEON said that Dr. Wilkinson had not mentioned *thlaspi bursa pastoris*, which, as first pointed out by Rademacher, and as he (Dr. Dudgeon) had frequently observed, has a powerful influence in causing a discharge of uric acid in large quantities in diseases like rheumatism and gout where there is an excess of uric acid in the system. He had found *lycopodium* also of great use in rheumatism and gout, especially where there was a considerable secretion of uric acid. *Lycopodium* must be used in trituration. The mother tincture and dilutions from this which are to be had in the homœopathic chemists' shops do not possess the medicinal properties of the triturations and should not be used.

Mr. JOHNSTONE mentioned the case of an elderly lady, aged 60, who, for the last seventeen years or more, had been an invalid from rheumatic arthritis. There was great deformity of joints, particularly of arms and legs. She was unable to walk a few paces without assistance, went out of doors only in a bath chair, and only with the greatest difficulty could do needlework or write. About eighteen months ago the joint pains were so great as to prevent her from getting sufficient sleep. It was decided to try the meat and hot water diet. This was followed by the most satisfactory results. The pains left her, the joints became more supple, health improved, and now she is able to go for a walk of two or three miles at a stretch. Stairs now give her no trouble. She has been on the Salisbury treatment for more than eighteen months. Occasionally the *regime* is relaxed a little, and if any rheumatic symptom appears it is at once relieved by resorting to the stricter *regimen*. One would naturally think that by giving large quantities of nitrogenous food the amount of uric acid in the tissues and the consequences of its presence would be increased. The experience in this case does not teach so. Mr. Johnstone had tried the treatment in other cases, and found as a rule that stout persons bore it much better than thin.

Dr. EPPS mentioned the case of a violoncellist whose hands were so deformed that he had to give up playing for six or twelve months. He put him on meat diet with large quantities of hot water, and the patient lost three stone in weight, and recovered

the use of his hands. Since the hot water had been given up, and he had gone back to a mixed diet, the reduced weight and freedom from gout had been maintained.

Mr. WILKINSON, in reply to Dr. Madden, said that to estimate the degree of acidity, as oxalic acid, correctly was very nearly as troublesome as to estimate uric acid in the way he followed, and he did not think there was any relation between them from which one would be justified in judging of one by the other. A better rough guide lay in regarding the uric acid as in inverse proportion to the quantity of water passed. It was exceedingly encouraging to hear that Dr. Burford had made independent experiments which corroborated more or less what he (Mr. Wilkinson) had said. Dr. Dudgeon mentioned that the drugs which he had proved by no means exhausted the drugs which were known to have an action on uric acid. That was perfectly true, and his original programme was very ambitious, and included many more drugs than he had had time to prove. He agreed with Dr. Dudgeon that the tincture of lycopodium was comparatively inert; at all events, in the treatment of acute rheumatism. The oil contained in lycopodium sporules was soluble in ether, but not in alcohol. Some explanation of Dr. Moir's case ought to be found in the fact that the child was getting rid day by day of exactly as much uric acid as she absorbed; whereas the father was probably saving it up to cause him some discomfort later on. He was not prepared to explain Mr. Johnstone's facts relative to an exclusively meat diet in chronic rheumatoid arthritis.

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## CLINICAL NOTES ON ZINCUM AND NUX MOSCHATA.<sup>1</sup>

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THE following "Notes" are intended to show the value of zincum in the treatment of cerebral meningitis, and to suggest that this remedy should be given at an earlier stage of the disease than is commonly advocated in our text books.

<sup>1</sup> Presented to the Section of Medicine and Pathology, Dec. 5, 1895.

Alphabetically zincum comes last, but, therapeutically, it should stand in the first rank.

*Case I.*—On October 31, 1888, I was summoned to see a female child, aged 8 months, who was seized with convulsive attacks, abrupt vomiting, and hurried respiration. Temperature, 101·7°. Hearing that the child had been exposed to the contagion of measles, I surmised that the foregoing symptoms might be caused by the non-development of the characteristic eruption, and, in the hope of bringing it out, I gave gelsemium and bryonia in hourly alternation.

*November 1.*—The child seemed better, and took more notice of its surroundings; but the vomiting persisted. Continued remedies, but gave two doses of gelsemium to one of bryonia. Temperature, 101·9°.

*November 3.*—Dr. Edgar A. Hall, of Surbiton, kindly saw the child in consultation, and confirmed my hypothetical diagnosis. He suggested that tinct. verat. viride  $\theta$  should be given, in drop doses, every fifteen minutes, and that the patient should be put in a wet pack. This was done, and an hour and a half later the temperature had fallen from 105° to 102·6°, when the remedy was given every half hour. On the following day the temperature was 104·5°, despite the frequent dosage and wet packs.

On November 6, the temperature being 103·5°, I discontinued the veratrum viride, and gave baptisia alternately with bryonia, and continued these remedies until November 12, when I reverted to the veratrum viride, alternating it with gelsemium. My little patient, however, continued to get worse and worse. She lay in the typhoid state, constantly vomiting. The head was drawn backwards, almost at a right angle with the spine, which was arched strongly forwards. The thumbs were incurved upon the palms of the hands, with the fingers flexed tightly over them. The toes were rigidly bent upon the soles of the feet; in fact, all the skeletal muscles were in a condition of tonic contraction, and nothing that I had done had produced the slightest relaxation of the rigidity. On November 18 I relinquished the ver. vir. and gels., and gave baptisia in alternation with calcarea carbonica, and kept to these remedies until November 29, without any result so far as the rigidity was concerned. At this juncture I happened to see the following paragraph in Farrington's "Clinical Materia Medica," p. 585:—"Zinc is an invaluable drug when the patient is nervously too weak to develop a disease; and hence he suffers all the consequences of hidden disease, or disease spending its force on the internal organs. To give you an illus-

tration of this, in exanthematous diseases, we find zinc called for in scarlatina, or in measles when the eruption remains undeveloped. As a result of the non-development of the disease, the brain suffers." These words were the dawn of hope to patient, parents, and practitioner.

Accordingly, on the following day, November 29, I put a few grains of zincum metallicum, 1x trituration, into a two-drachm bottle, filling it with dilute spirit, and directed the mother to give three drops of this mixture for a dose, in alternation with the calcarea which I had been giving for the previous ten days, and to discontinue the baptisia. The results exceeded my most sanguine expectations. On the second day after giving the zinc, the child was able to move her head, and the long hidden eruption began to appear—first on the shoulders posteriorly. Later, it became general, and, coincidentally with its appearance, the rigidity, which had persisted for three weeks, vanished, while the improvement thus initiated ended in recovery. There was no rise of temperature after commencing the zinc. I cannot help thinking that the rigidity would not have supervened if the zinc had been given earlier, and thus the worst features of the case would have been prevented.

*Case II.*—Elsie O., aged 8 years, had been subject to headaches for the past two or three years.

On August 30 last, patient went to a picnic. On the following day the child was sensitive to noise, and complained of headache. In the evening of this day the mother noticed a vacant look in her eyes. A restless night followed. On September 1 she seemed very unwell, ate scarcely any food, and wished to lie down during the day. Another restless night followed, and on morning of September 2 the mother gave the child an injection of salt and water, and brought away a quantity of thread worms. The patient requested that she might be quiet and that the light of the room might be darkened. Another bad night, and the child seemed dazed.

*September 3.*—This afternoon I was called to see the patient. Temperature, 104.5°; pulse, 132. Child complained of her head, and shrank from light and noise. Tongue coated with thick white fur, vertigo, nausea, slight vomiting, dry skin. Baptisia 1 in 20, bryonia 1x, gtt. 5 in hourly alternation. The intense heat of the sun at this time led me to think of the probability of heat-stroke, and I gave this as my diagnosis, while reserving a place for typhoid fever if effluxion of time should show that it was not heat-stroke.

The child being no better on September 5, the parents expressed a desire to have further advice, and a London physician was summoned. He favoured the heat-stroke theory, but left a loop-hole for typhoid, prescribing hyd. c̄ cret. gr. ii. ; pulv. glycerrh. co. gr. xvi., each night, and an effervescing mixture every three hours. After taking one powder and a portion of the draught, the child became unconscious and so markedly worse that it was impossible to give further doses, the patient being quite unable to swallow them. At this time the motions were frequent and of light ochrey colour. Sordes covered the teeth and lips, while the tongue was dry and thickly coated with a brownish-yellow fur. The patient being intolerant of the allopathic remedies, on September 7 I returned to baptisia and bryonia and continued these until the evening of September 9, when I substituted arsenicum for the bryonia.

On September 11, in the absence of Dr. Roberson Day, Dr. Climenson Day saw the child in consultation with me and left lachesis 6 for immediate use, reserving apis for possible screaming fits. He also prescribed hot moist bran poultices to the nape of the neck, a hot compress to the throat, abdomen, and feet. Following this treatment there was marked improvement for about twenty-four hours, but, unfortunately, this was not maintained, and I was again cast upon my own resources. The patient grew steadily and rapidly worse. There was an unpleasant exhalation from the body. Emaciation was extreme. The head was rolled from side to side so incessantly and involuntarily that the occipital region was denuded of hair. Screaming was loud and piercing. The thumbs were turned in on the palms of the hands, and there was opisthotonos. The urine was retained, and for more than a week the catheter was used twice daily. The fæces were passed unconsciously. They were very sticky, adhering tenaciously to the diapers. Baptisia, bryonia, arsenicum, lachesis, apis, veratrum viride, glonoine, and helleborus had been tried and found wanting. What more could be done?

I resolved to give zinc, and on September 18, having made a solution of zincum phosphidum, 3x trituration, I directed this to be given in five-drop doses half-hourly for a time. Improvement followed forthwith. First of all, there was the appearance of moisture on the tip of the tongue, which increased until the whole organ was moist. Concurrently with this a gentle perspiration broke out in other parts of the body, and the urine was voided naturally. From this time onward, until October 21, zincum was the chief remedy used. For sleeplessness I tried kali brom. 1x

gtt. 5, with good results. For the screaming I gave stramonium, without any apparent benefit.

On October 28, finding that patient, though physically well, was still mentally deranged, I prescribed tinct. anacardium 2x, gtt. 5, 2 h. On October 30, as a test of the patient's intelligence, I gave her a blank envelope and a postage stamp, telling her to affix the stamp to the envelope. This she did quite correctly, placing the stamp erect in the right hand upper corner. On the following day she recovered her power of speech completely, after having been deprived of it for more than six weeks. The patient is now quite well, and there has been no relapse in the convalescence.

I consider anacardium an admirable remedy in mental weakness. A demented baker, who wanted to take his batch out of the oven before it was baked, besides other eccentricities, and to whom I gave anacardium 1x, gtt. 5, 4 h., has recovered his reason and now does his work intelligently.

*Some Clinical Applications of Nux Moschata and Oleum Myristicæ.*

There is no mention (so far as I am aware) in homœopathic literature of nux moschata or its derivative oleum myristicæ in the treatment of local infective processes, such as obtain in boils, whitlows, poisoned wounds, and other suppurative conditions. From personal observations made in hospital and private practice, extending over many years, I venture to think that we have no better remedy than oleum myristicæ for these troubles. I have nearly always prescribed the second decimal dilution. I have not used the tincture of nux moschata often enough to assert that it can be used interchangeably with the oleum myristicæ. The following is one of many cases which I could adduce to illustrate my statement :—

Richard P., aged 31, consulted me on August 12 last. In the preceding eight weeks, he had twelve to fifteen boils spread over the gluteal region. I prescribed oleum myristicæ 2x, gtt. 5, 2 h., internally, and oleum myristicæ pure to be rubbed over the boils, and any incipient ones, externally. On August 21, patient reported that on the first and second days after he had consulted

me four more boils appeared—one on the left eyelid, one on the foot, and two on the buttock. He then added, “At the present moment I stand clear.” I repeated the tincture, however, to prevent possible recurrence.

Some months ago Dr. J. B. Corlett, having heard incidentally of my employment of the oil of nutmeg in septic conditions, said that he was reminded of a similar use of the nutmeg by the natives in the West Indies. I wrote to him on the subject, and, in reply, he says :—

“Nutmeg scraped and mixed with a vehicle such as bread and milk, &c., is used in the West Indies as a poultice to boils, &c.

“I have used it as the spiritus myristicæ internally for boils, pustules, &c., and found it most useful in curing and preventing their recurrence.”

Dr. Leo Rowse said that he thought the oleum myristicæ induced suppuration, and I am inclined to think that it does so in cases where suppuration is inevitable, but not where it is used sufficiently early. It is claimed for hepar sulphuris that “it promotes and regulates suppuration in a remarkable manner (second only to silica), but is generally required at earlier stages than silica.” If hepar sulphuris precedes silica, then I should say that oleum myristicæ precedes both, runs with and follows after them.

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Dr. JAGIELSKI considered the inflammatory boils beautifully kept under by belladonna  $\phi$  internally, as well as applied locally.

Dr. MOIR was interested to hear of a new remedy for boils, as a medicine for recurrent boils was much needed.

Dr. GALLEY BLACKLEY said that a few years ago he visited a gentleman who had passed a great deal of his life in Java, and found he had in the house, as a domestic remedy for all sorts of bruises and sprains, &c., &c., a crude kind of oil of nutmeg. Oil of nutmeg was not absolutely new in their pharmacy, as he had been in the habit of using the pure essential oil in the skin department of the hospital for some years. It was exceedingly useful, when properly diluted with castor oil and spirits of wine, for removing the troublesome scurf which came in mild cases of seborrhœic pityriasis in people of advanced years, especially if accompanied by loss of hair.



Dr. LAMBERT said that picric acid was worth mentioning; it was said to be more valuable than hepar, sulphur, or silica, in the treatment of boils.

Mr. MOLSON said that his first patient was his father, who, some years previously, had a series of boils of the Vesuvius-in-action type, which kept recurring for eighteen months. These boils were distributed over the fleshy part of the right thigh, and were exceedingly painful. Having heard that "nutmeg" was useful in such conditions, he took one, and gave it (grated) to his father. A severe headache with vertigo followed, but the boils vanished!!! It was now generally recognised that boils were of infective nature, and the poison was doubtless conveyed by the lymphatics. As a further illustration of the value of this remedy, he mentioned the case of a colporteur who recently wore a tight-fitting boot which caused an abrasion of his fourth left toe. Two or three days afterwards the chafed toe suppurated (presumably from septic absorption), and this was followed a week later by a boil on the upper surface of the tarsus. Three or four days after this, a second boil developed above the inner malleolus, and, finally, five more boils appeared on the inner side of the Achilles tendon. The inguinal glands were tender and somewhat enlarged. He gave tinct. nux moschata 1 in 5, five drops hourly, but he thought that the tincture made from the English oleum myristicæ was the better and more effectual preparation. This latter he generally administered in the second decimal dilution, giving five drops for a dose at frequent intervals.

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## ON HYDATID DISEASE: WITH NOTES OF TWO CASES.<sup>1</sup>

BY JOHN D. HAYWARD, M.D.LOND.

*Surgeon to the Hahnemann Hospital, Liverpool.*

THE interest in whatever is new and strange is inborn; it is, therefore, natural, however unfortunate, that the papers read and the cases described at the meetings of medical societies, and in the periodical literature of the profession, are chiefly those of rare or untypical forms and

<sup>1</sup> Presented to the Liverpool Branch, December 12, 1895.

instances of disease; while the detection, prevention, and treatment of the great mass of common disorders, from which patients mainly suffer and die, are considered uninteresting, their description left to the text-books, their scientific and successful treatment to the homœopaths.

That a case shall be uncommon is enough to secure it notice from those who refuse to consider a method of drug-prescribing which is asserted to improve the medical treatment of nearly all "the ills we bear." That a morbid condition is incurable, except by some blood-curdling operation, causes widespread interest; while the measures by which some everyday ailment may be more satisfactorily managed are ignored.

To have an exceptional disease is to become the pet of the hospital, and, should such disease have been only recently described, should it, in addition, have been provided with some barbarous polyglot title, or named after some distinguished professor, the proud possessor of the disorder is the envy of the other patients, and the spoiled darling of doctors, nurses, and students.

However true these reflections may be of the profession generally, our "withers are unwrung"; on looking back over the subjects which have engaged the attention of this Society in the past, the practical nature of them is convincing. Probably, the homœopathic medical man is more inclined to the opposite extreme—of refusing to admit or consider discoveries in bacteriology, pathology, surgery, and allied branches, where the bearing thereof on his treasured therapeutic aphorism is not evident. He may raise his speciality into a fetich, behind which he can see nothing profitable elsewhere, and may turn away indifferently from such cases as offer little scope for therapeutics, even for those of homœopathic medicine. The homœopathic physician should be, and generally is, more cosmopolitan in his profession than the average old school practitioner; his special therapeutic experience should be an addition to his completeness as a medical man. Nothing that is human should be unwelcome to his consideration; he should be a scientific physician *totus teres atque rotundus*.

Reflections such as these prompted me to bring before you the subject of such a comparatively rare complaint, one of apparently such secondary importance to you as practitioners, as that of the disorders of the human frame due to the presence of hydatids. A short time ago I was operating upon one of the cases I shall relate to you, and happened to hear one of our older and more experienced physicians, who was present, remark that, in the whole of his career, he had never previously seen a case of hydatid disease. When I remembered that this career included the ordinary curriculum at a medical school, in touch with several large hospitals, a course of study and hospital attendance abroad, and a busy private and dispensary practice in this city, it struck me how rare a disease hydatids must be, especially as the man I refer to has not only eyes but the art of seeing. Yet hydatids are responsible for a considerable actual mortality. In our country it may not be a very common affection, not amounting to more than 1 in every 1,000 cases treated at our hospitals; in Australia, however, the exclusion of hydatids in considering the diagnosis of a case is not a superfluity, for the disease is five times as frequent; while in Iceland, probably 3 per cent. of the total sickness is due to this parasite. These are about the statistics, so far as detected hydatid disease is concerned: but it is a fact that the disease is more commonly discovered in the *post-mortem* room than during life; and it is certain that, with a condition so difficult to diagnose, the proportion is much greater than that above related; so that quite one-half the cases die or recover with their hydatids "unwept, unhonoured, and unsung"; or, to use the words of science rather than of poetry, undetected, uninjected, undescribed.

Independently of the actual percentage of cases of hydatid disease, we should all be acquainted with the characteristics of the disease; for it is remarkable how frequently a comparatively rare disorder may occur proportionately often in one man's experience. The presence of the parasite may cause symptoms resembling those of diseases we more commonly meet with; and the diagnosis

of the disease is important in that the uninterrupted progress of the affection is usually towards death; whereas, when detected, interference is commonly successful. Each of us should, therefore, be able and prepared to detect such a case, and to conduct it to a successful issue.

Two cases of hydatid disease have come under my observation. One occurred during my time as house surgeon in a large hospital, and, owing to special circumstances, its treatment fell almost entirely into my own hands. The other case occurred recently in the Liverpool Hahnemann Hospital, and has been watched by many of you. In neither was the diagnosis as brilliant as the treatment was successful. I will quote from my notes of these two cases, of which—for I suffer myself from the failing I have criticised—I fear I have taken more exhaustive memoranda than of any phthisis or measles that ever came under my observation.

I will epitomise these notes, and conclude with a few remarks on the parasite, on the symptoms it provokes in its human host, and of the measures advisable when it has been detected.

The hydatid, as it affects mankind, is the embryo cysticercus of a tapeworm, the *tania echinococcus*, which infests the small intestine of the dog. It is remarkable among cysticerci in the size to which it may grow, and in the indefinite number of daughter buds it may reproduce. The gravity of the human hydatid depends on its situation and size, on the importance of the organ or tissue attacked, and on the pressure and destruction it occasions by its growth or suppuration. The liver is the most common haunt in man—the ova of the worm, after ingestion, getting into the circulation, and naturally reaching the liver early in their journeyings. The lung is the organ next most frequently attacked; but any region may in rarer cases be selected. My cases were probably in the pleura and in the liver. I say probably, for, in cases that recover, it is often impossible to determine where the parasite was first located. My pleura case may have commenced in the lung or the liver; and, in what I term my liver case, it may

possibly have been the omentum or other peritoneal tissue in which the tumour arose.

*Case I.—Hydatid disease of the pleura, resembling empyema; aspiration; incision; recovery.*—T. J., aged 14, admitted July 31, complaining of pain in the right side, with shortness of breath. He has always been a delicate child, and for many years has suffered from occasional pain in the right side; lately his breath has become shorter, especially on exertion. Six months ago patient had a fall, and struck his right side; this was strapped, but pain has been present more or less in this region since, with increased shortness of breath, and with pain in the right side on coughing, or drawing a long breath. There is no cough or expectoration. Left front of chest rather hyper-resonant, except at apex, resonant over the cardiac region; heart dulness diminished, extending half an inch to the right of the nipple. On right front, apex resonant; dulness from the lower border of the fourth rib, down to four fingers' breadth below the lower true ribs; the dull region is tender; the dulness is almost absolute, and is widespread, extending back through the axilla to the spine, its upper line altering somewhat with position and reaching, when the patient is sitting straight, up to the lower angle of the scapula. Breath sounds and vocal resonance are absent over the dull area; normal over the rest of the chest; the heart sounds are plainly heard over the front of the dull region. The right side of the chest is markedly bulged over the dull region, especially near the sternum, the bulging extending down over the liver. Other systems normal. Temperature, 99°; pulse, 80.

On the fourth day (August 2) an exploratory aspirator needle was passed into the dull region, near its upper limit, in the lower third of the axillary space, and on purulent fluid appearing a large trochar and canula were inserted, to which an aspirator was attached;  $\bar{z}$ ix. of brownish, purulent fluid were removed, the latter portion being filled with shreds of membrane, and a fine, yellow sediment. The flow stopped suddenly, and on removing the canula there was found a long roll of white membrane, of an opaque, jelly-like appearance, filling up the canula; when unrolled this membrane formed a large plate of tissue, evidently a macerated hydatid membrane. Under the microscope it exhibited a fine, areolar, laminated appearance, with groups of oval, dark bodies, somewhat of the shape and appearance of leucine plates: similar bodies were found among the pus corpuscles of the fluid withdrawn. No hooklets, or other structures than pus corpuscles, could be discovered in the fluid. On standing, the

fluid settled into a lower pale layer of coagulated fibrinous material, with supernatant, greenish-brown serum.

The boy suffered no bad symptom during or after aspiration, but expressed himself as relieved.

[*Note.*—No dogs are kept at his home, nor in the immediate neighbourhood.]

Two days later another aspiration was performed, and half a pint of the same fluid and more membrane were removed. In another five days this was repeated, ʒviii. of fluid and some membrane appearing. On August 25 (16 days later) by aspiration ʒviii. sweet, greenish pus were removed, the canula being again filled with the membrane.

*September 5.*—No change except increased temperature. The dulness and bulging increased again. At 4 a.m. this morning the patient suddenly commenced coughing and expectorated about half a pint of pus; the collection has evidently opened into the lung.

*September 10.*—Patient now expectorating very little, area of dulness and bulging increasing. Evacuation is evidently not taking place sufficiently by the lungs. Under chloroform an incision was made in the posterior axillary line; the large cavity opened was explored by the finger. This cavity extended both up and down; below, a round body could be felt, but whether liver or diaphragm could not be determined; the cavity was filled with fluid and the wall felt slippery and velvety soft. On removing the finger a pint of thick, sweet, yellow pus escaped, followed by large rolled-up sheets of thick, transparent light-brown masses of structureless tissue, smooth on the outside, and granular and corrugated on the side next the contents. These masses were drawn through the opening, and evidently surrounded the cavity, they were not firmly attached to anything, and formed together a sheet the size of two hand-palms. Large drainage tube inserted, syringed out with carbolic lotion. The chest became resonant down to below the wound. The patient did very well for a week, when discharge became foetid, and some rigors took place. Considerable portions of membrane came away; the later ones being very offensive.

*October 13.*—More discharge again; for the first time patient coughed up a little bright, non-frothy blood.

*October 24.*—Patient has gone back; signs of hectic have appeared with pyrexia each evening: 102°—104°. Very little discharge now occurs, the opening having contracted. Under ether the opening was enlarged; the ribs are so close together

that only the little finger could be got between. There is still a large cavity, the finger cannot reach the inner wall and a director passes its length in that direction; the floor of the cavity evidently consists of the diaphragm, through which the liver can be distinctly felt. On withdrawing the finger half a pint of pus escaped, followed by some gas. The opening was enlarged downwards and forwards, and two full-sized drainage tubes were introduced, one downwards and forwards, and one directly inwards. From this operation the boy's recovery was rapid; he soon got out for walks; but a discharging sinus remained for some months.

*April 11.*—Boy well and hearty; no sinus or discharge; no cough or dyspnoea. Percussion resonant and vesicular murmur good all over the originally dull region. Right anterior lateral side of chest is depressed, and does not move so well as the left side.

*Case II.*—*Suppurating hydatids of abdomen, probably of liver; incision; recovery.*—T. C., aged 46, a carpenter, was admitted into the Liverpool Hahnemann Hospital, on September 20, 1895. He had a large abdominal tumour, apparently hepatic. A little over three weeks ago the patient presented himself; he was then urged to stay for the purpose of an aspirator needle being used, but declined, on the grounds that he had been improving the last few days, and that needle operations had been performed at Chester Infirmary, without benefit, and without the discovery of fluid. The large abdominal tumour was examined, and the opinion expressed that fluid was present; either biliary, cystic, hydatid, or purulent. The patient lived some distance in Cheshire, and promised to return if the growth increased, or his general condition deteriorated. Both of these events occurred, and he returned on September 20. The hepatic tumour had increased somewhat in size, since the last visit. On exposing the abdomen a large rounded swelling appeared, starting from under the costal arch, which was bulged forwards, and extending down to a hand's-breadth below the umbilicus: in shape and appearance the abdomen somewhat resembled that of a woman far advanced in pregnancy. The swelling was quite dull to percussion, and was continuous with the liver dulness; the liver dulness itself did not extend upwards beyond the normal level in front. The tumour was not tender; it transmitted pulsations from the abdominal aorta, but had no expansile pulsation, and did not suggest an aneurism. The umbilicus was stretched and flattened. The lump had a peculiar, hard, springy feel, sug-

gestive of a cystic sarcoma. The superficial abdominal veins were not markedly enlarged; there was no dropsy nor œdema. There has been no jaundice at any time; the motions contained bile, and the urine did not; bowels fairly regular, digestion good. The patient had a grey, cachectic, emaciated appearance, and was very weak. His chief complaints were the weakness, the size of the tumour, and the pain it caused. The fæces were rather pale, but contained bile; urine clear, no albumen. Appetite fair.

*Previous History.*—Patient has always been a steady, hard-working man, who has enjoyed good health all his life. Shortly after Christmas, 1894, he was suddenly seized with pain in the region of the gall bladder, attended by sickness and collapse. The pain was severe, and lasted several hours; it has recurred at irregular intervals, up to admission; the attacks were never followed by jaundice. About six weeks after the first attack of pain he noticed some swelling in the situation where the pain had been felt. The swelling grew larger, and a local doctor advised his admission into Chester Infirmary, where he was taken in on April 7. He remained there for five weeks, and exploratory punctures were twice used, once in each hypochondrial edge of the growth. [The scars of these punctures were still evident.] No fluid was reached on either occasion. More than one consultation of the staff was held, and the patient left the hospital, under the impression that the doctors considered him incurable, that his tumour was malignant, and that no operation was possible. From the date of leaving the infirmary the growth has slowly enlarged; and, on admission, the measurement round the body over the most prominent part of the swelling just above the umbilicus was  $37\frac{1}{2}$  inches. Patient has not kept a dog, nor are there any where he lives; he used occasionally to eat salads.

Two days after the patient's first visit to the hospital, that is, just three weeks before admission (August 30), he suddenly commenced coughing up a large quantity of matter. Previously to this he had no cough, nor dyspnoea, and the cough has at no time been at all marked: he gave a slight cough, or hawk, and up came mouthfuls of pus. On the first evening of this occurrence he spat a slop-basinful, and a considerable amount has come up each day since. Patient made no mention of these facts on admission, and denied having any cough; but his expectoration cup being found full of pus and greenish muco-pus, his chest was examined, and the right back was found quite dull up to above the lower angle of the scapula, this was very marked in the axillary region. Over the dull region breath sounds, vocal reso-



nance and fremitus were quite absent, and there was little movement during respiration.

On September 25 a large-sized aspirator needle was inserted an inch to the left and half an inch above the umbilicus—this was where the sense of elastic fluctuation was most marked. Pus readily flowed at first, but the needle soon choked; it was cleared three or four times with the stilette, but the aspiration had to be abandoned after seven ounces of very slightly offensive pus had been removed. This pus presented clear, coagulated, fibrinous granules after standing awhile.

On September 27 (two days after the aspiration) the patient was removed to a separation ward, arranged over an abdominal tray, anæsthetised, and, with antiseptic precautions, a free incision was made into the suppurating cavity. This incision was made where the needle puncture had been done, as adhesions were more to be expected there. From three to four pints of watery pus escaped with great force, mixed with which were large numbers of hydatid cysts, probably fifty or more; these cysts were of all sizes, from that of a hen's egg down to a pea; taken altogether they formed a mass more than sufficient to fill a quart measure. The larger cysts were lax and shrivelled, some of them full of pus; the smaller ones were tense, clear and filled with watery fluid; many of the large ones were burst, and appeared as almost empty sacs; the smaller ones appeared healthy and resembled colourless plums, grapes and currants. The tumour was evidently an enormous hydatid containing numerous daughter cysts, the mother cyst and many of the elder offshoots having undergone infiltration with pus. It was impossible to say for certain where the hydatid had commenced; the position and history suggested the liver, there was no evidence of bile in the sac, and the tumour may have commenced in the sub-peritoneal tissue in the neighbourhood of the left hepatic lobe. A large cavity remained, of which only a portion of the wall could be reached by digital examination; such gave the impression that the cavity extended further upwards than below the incision, and that the collection had started from the upper surface of the liver and had spread between the liver, diaphragm and stomach. No doubt a small opening had occurred into the lung and some leakage had recently taken place there. The circumference, which had measured  $37\frac{1}{2}$  inches on admission, was  $35\frac{1}{2}$  inches just before the incision, and was found a day or two later to be only  $28\frac{1}{2}$  inches. With the object of removing all the cysts that could be reached, the finger and a long forceps were

swept round the cyst wall and then the cavity was well washed out with a large quantity of hot 1 in 5,000 solution of perchloride of mercury, followed by hot water; these were poured in by a funnel attached to an india-rubber tube; by this means a further supply of pus and cysts was removed. A drainage tube of large diameter was inserted and absorbent wood wool and a binder applied. The patient stood the interference well and seemed none the worse for the rapid evacuation of such a large quantity of fluid and the consequent change of abdominal tension; no marked impression on the circulation appeared. Patient was only given sips of hot water and doses of arnica for the first twelve hours, a little brandy was thought advisable and later on beef-juice, barley-water, tea and milk. The dressings required frequent changing during the first twenty-four hours; after this twice a day sufficed, the cavity being washed out each morning with a solution of izaral. For over a week hydatid cysts, both healthy and macerated, appeared at the wound and in the drainage tube. Patient felt relieved by the operation and had no pain or vomiting.

On examining the back of the man's thorax a week later the right back was found to be still quite dull up to above the lower angle of the scapula; over this region also the breath sounds and vocal resonance were very weak. He had no pain over this dull area and no cough. If there were fluid in the pleura it was localised, as it did not alter its level with position nor extend to the front when patient sat up.

On Monday, October 7, the wound having contracted so as to interfere with the washing out, chloroform was administered and the opening enlarged. The cavity was still considerable and extended upward beyond the reach of the finger; in all other directions it had much contracted. No cysts could be felt. The largest sized rubber drainage tube was inserted. Next day a medium sized macerated cyst appeared—the last seen.

*October 15.*—A drainage tube of smaller calibre used. The right back is still quite dull, friction with turpentine ordered thereto.

*October 18.*—Patient doing very well, the tube has been shortened, but to-day is omitted altogether. The right back is still dull and without breath sounds. There is very little cough and no pain on deep breathing. A hypodermic needle inserted into the right back does not reveal pleural fluid. Friction with turpentine and oil ordered to back and deep breathing to be practised. As there are a few streaks of blood in the expectora-

tion phosphorus was prescribed. Patient to get up each day. Appetite good. Bowels regular and general condition satisfactory. To have cod-liver oil.

*October 23.*—Gets up each day, eats well and is putting on flesh. No rigors, shivers, pain or sweatings. Since the incision was made the expectoration of pus has been much diminished. For a day or two very little will come up, and then for a day several ounces will appear. To-day quite half a pint of thick pus and muco-pus has come up without effort and with very little cough. Nummulated grey semi-solid material is mixed with the pus, which is not foetid. The dulness at the right back is rather less marked; faint breath and marked voice sounds can be heard. R: arsen. iod. 3x. By means of dressing forceps the wound is kept open and some discharge obtained; this becomes increasingly more difficult each day.

*October 28.*—Man feels and looks much better, gaining flesh. Despite all attempts to keep it open the abdominal wound has almost closed, and only a little serum appears. Very little expectoration of pus for the last few days. Back of right chest still dull, but not quite so dull as previously; apparently more resonant in patches. Breath sounds over this region very weak, but vocal resonance distinctly present.

*October 30.*—There has been no expectoration for several days. Abdominal wound quite healed, no weakness at the scar. Breath sounds are now distinct over the right back. The patient has gained nine pounds in weight during the last week. Wishes to go home; takes a walk each fine day.

*November 4.*—Discharged at own request. Feels and looks well: gaining flesh rapidly. Breath sounds good over the right back; there still remain a few patches rather dull on percussion.

*December 4.*—Patient visited hospital for inspection. He looks and feels well, and has attained his normal weight, eleven stone five pounds. He has no cough, or expectoration. Percussion note slightly defective at right base.

Those of you who may wish to refresh your memory of the life-history and appearances of hydatids will prefer to do so from the text-books rather than secondhand from me. Their growth is slow, and they may enlarge and give off shoots for a dozen years or more. In some cases they die, and the tumour formed by them shrivels; the hydatid portion thickens to a fibrous or calcareous mass, containing the characteristic hooklets, and the capsule formed from the

surrounding tissues undergoes similar changes. Where purulent changes take place, the pus is due to inflammation of the fibrous envelope of the affected organ or tissue, and not to inflammation of the mother vesicle; the pus enters the sac from without.

It would be difficult to instance a bodily affection less amenable to drug treatment than hydatid disease. We know of no drug which, administered internally, will modify its progress or put an end to its career. Suitable medicines may influence the reaction of the tissues to the irritant, and they will undoubtedly help towards recovery after the necessary interference locally has been carried out. I see no evidence or promise of the power of therapeutics to do more than this. As to local treatment, the contents of the cysts should be evacuated by a fine trochar and canula, or an aspirator needle; both the patient and the part affected should be kept at rest for a few days. If the cyst be a simple one, this will probably succeed, without requiring repetition. It has been recommended to use electrolytic needles, or to inject the cyst, after tapping, with some irritant or antiseptic fluid such as iodine, perchloride of iron, bile, or a 1 in 5,000 solution of corrosive sublimate; but, probably, if tapping does not suffice, an open operation should be performed, the cysts being cleared out with a spoon or scoop. If suppuration of the cyst follow interference, or has already taken place, the case should be treated by a free incision, with evacuation of the pus and cysts. In some cases, preliminary measures to secure adhesion between the cyst and the abdominal or thoracic wall may be carried out; but in most cases adhesions cannot be guaranteed nor produced, and if drainage be free and all necessary manipulation carefully performed, their absence need not contra-indicate interference nor materially increase its danger.

I conclude the account of my experiences with hydatid disease with the temperature chart and with drawings illustrative of the more recent case. I show you some of the cysts removed, and under the microscope are hooklets and other preparations from the hydatid parasite. I also intro-

duce the patient himself for your examination, especially as to the slight traces of the deficiency at the back of his chest which yet remain.

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Dr. CHAS. HAYWARD said the *tænia echinococcus* was the shortest tape-worm of any, and the only cysticercus which infested the human body. In every case it was contracted from the dog's excrement being carried into water. In Iceland dogs were allowed to roam about, and that was why it was so common. He thought Dr. John Hayward had placed the mortality from hydatids in that country too low.

Dr. GORDON remarked that Dr. J. Hayward might claim to have seen three cases of this disease; one with him in 1885, when he was house physician. The principal feature of this case was an immense bulging swelling over the liver area. Aspiration produced sometimes a clear fluid, at other times nothing. The patient died of asthenia, and, on *post-mortem* examination there was found one large cyst, and several smaller ones, which pushed the lung forwards, and the liver upwards.

Dr. THOMAS asked if the disease did not not always primarily begin in the liver, and would like Dr. John Hayward to mention what injection, if any, was advisable after evacuation.

Dr. MAHONY referred to Cobbold as to the situation of the parasite. There was very little reference to this disease in homœopathic literature, but in *Raué's Record*, 1870, and in the *Homœopathic Physician*, October, 1887 (Lilienthal), cases were mentioned, cured by homœopathy. In one case, among other remedies, anthracite coal was beneficial; in this case the hydatid was vomited up.

Dr. HAYWARD (the President) said he was under the impression that there was often a history of injury. In most cases the disease was painless. It seemed to be out of the reach of medicine.

Dr. J. D. HAYWARD, in his reply, said that injury had nothing to do with the *ætiology* of the disease. The liver was the most common organ selected, and amounted to about half the cases. The injection he advised was corrosive sublimate. His statistics of the disease in Iceland were the most recent—he referred to statistics in the *British Medical Journal*.

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RACHILYSIS; OR THE FORCIBLE CORRECTION  
OF SCOLIOSIS.<sup>1</sup>

BY GERARD SMITH.

THE cases of lateral non-carious curvatures of the spine which have passed beyond that limit where the voluntary efforts of the patient, directed into corrective posture by the surgeon, are able to unfold the abnormal curvatures, are proverbially extremely unsatisfactory to treat; I think we may say, that except for preventing further deformity, we have had, up till now, very little hope of doing good in any cases in which the contraction of ligaments upon the concavities has proceeded to a permanent condition. Speaking for myself, I have had, with great reluctance, to use artificial spinal supports in the advanced cases, but I only do so with the expectation of preventing further deformity, and not with the idea that the pressure and counter-pressure exercised by these appliances can cure the existing contractions.

I have the privilege this evening to draw your attention to a recent advance in the treatment of these cases, which gives results of greatly more hopeful nature than have hitherto been attained; the method is termed, by its originator, Mr. Barwell, "Rachylisis," and consists in applying to the spine by means of appropriate apparatus sufficient force to break down the contracted ligamenta subflava.

I had, for some time, been gradually increasing the amount of force applied by my own hands, to the stretching of these ligaments; and had arrived at the point where the maximum amount of force applicable by hand was reached, and with some considerable success, when I heard of Mr. Barwell's treatment, and he very courteously fully demonstrated to me at the Cripples' Home his methods, and entered fully into the points which had led him to adopt them. It is always satisfactory when we find that our own

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, Jan. 2, 1896.

ideas have been held and established by some senior of experience, even though we have to gracefully yield what we had imagined to be the priority in the matter; and I found that this was my position with Mr. Barwell. I was supported in my conviction that external force is necessary to the treatment of these cases; that such force must be applied by pressure upon the apex of the convexity, and the two ends of the concavity of the curvature; and that no apparatus or appliance is of any value for the purpose which takes its fulcra upon the body of the patient only, the only really efficient corrective appliances worn upon the body being of the nature of muscular reminders of an elastic nature; not destined to overcome contractions of ligaments, but to exercise the muscles. An example of such an appliance I have to describe later on.

That very common method, suspension, which is so much in favour amongst orthopædic surgeons, is of very slight advantage for the stretching of ligaments, compared with the more forcible rachylisis; indeed, in suspension we are, I venture to think, a good deal deceived by the appearance of the patient when the weight of the trunk and arms is taken from the spine; the conditions brought about by suspension are such as cannot be preserved during the normal position of the patient; and all attempts to overcome contractions must be aimed at the persistence of their effects after the force is removed; this cannot be the case in suspension.

When the spine has been forced into a slightly better position on successive days, and muscular exercises are also performed with due discretion, the muscles are gradually enabled to take a more normal action as to their line of pull, and the developing muscles render the effect of the rachylisis permanent.

The amount of force which can actually be applied to the spine is far greater than has been hitherto supposed; a force equal to 100 pounds can be borne by even the immature spine, after rachylisis has been applied at frequent intervals for some weeks; the range, as a rule, is very varying, it may be from 10 pounds up to 100, or even more.

The time during which it is applied also varies with every case. Mr. Barwell's method of seating the patient in a chair is apt, I find, to cause some distress in respiration, and a feeling of giddiness; I have, therefore, for this and other reasons, adopted the prone position, as I will describe presently.

It is difficult to understand why this method of forcible treatment has not long ago been established, and still more difficult to understand the reluctance which orthopædic surgeons show to admitting it as practicable now that it has been fully demonstrated. The analogy between the foot and the spine in respect of ligamentous contractions is close enough, and the success of forcible methods on the foot great enough to suggest the use of similar treatment for the spine. In the foot, when ligamentous contractions are dealt with by the wrench or the surgeon's hand, the foot is acted upon as a whole, as a chain of bones; and it is well known that whereas the movement between any two of the tarsal bones may be very small, the total movement of the tarsus as a whole is free; and that any force which does not drive the bones beyond the normal position may be safely applied, since any ligaments that may be made to yield by such force are abnormal, and the actual joint structures are not strained until the position of the foot begins to be that of over-correction.

I think that recent successes with the spine will reflect upon our treatment of the foot: for example, we all allow that it is desirable to avoid tenotomies where we can do without them, and so leave the tendons intact and the muscles in normal relation to their tendons and insertions, but we too often make tenotomy almost our first operation in the treatment of talipes; whereas the effect of forcible reduction on the spine is to place the muscles in a more normal relation to their insertions and enable them to act symmetrically upon the spine, without any question of tenotomy. I have convinced myself that many cases of talipes may be cured by the breaking down of all ligamentous contractions, and placing the muscles in a better



position for normal action; and I am accustomed to leave tenotomy to the last, in place of commencing with that operation, thus avoiding its necessity very frequently.

But in the spine also we are dealing with a chain of bones between any two of which there is very little movement, whilst the total mobility is very free; and it has now been demonstrated that very great force may be applied quite safely to the spine if the number of vertebræ included in our application be considerable; practically, in rachilysis we act upon nearly the whole spine; and, as in the foot, no force which falls short of great over-correction can break down any normal structure, nor injure either the vertebral joints or the spinal cord. Even considerable over-correction is permissible in the spine, because the vertebral column is freely movable a long way on either side of the central line, and the curves may be forced into a form totally opposite to that they originally held, with no fear of injury so long as the force be gradually increased.

The chief ligaments dealt with in the spine differ from those in the foot, the ligamenta subflava being the chief offenders, and the yellow elastic fibre of which they are made has the peculiarity that it contracts very firmly so long as it is relaxed, but the "anastomotic" nature of the connection of its fibres causes them to give way more freely and permanently under pressure; there is little or no subsequent contraction in the ligamenta subflava so long as they are prevented from reassuming the folded state which originally led to their contraction. Nevertheless, these ligaments, after forcible stretching, are not permanently weakened, as is demonstrated by actual clinical experience.

I now wish to draw your attention to the method of rachilysis which I have found to be preferable to that used by Mr. Barwell; proceeding upon his main lines, in using pulleys and girths, I have adopted the prone position, because it is important to so apply the force that the whole of it shall act upon the deformity, and none be wasted in lifting the weight of the patient, which is the case in Mr. Barwell's sitting posture. There is a certain amount of obstruction to respiration during the process, and every pound of force

must be spared which it is possible to dispense with, the pressure upon the thorax being thus the least possible for the end in view.

In the apparatus I employ there are two passive girths which fix the two ends of the curve operated upon to one rail, and there is an active girth operated by a system of compound pulleys, in the course of which system I introduce a dynamometer, to indicate precisely at any moment the amount of force in use (this being an addition to Mr. Barwell's method). I find that it is most convenient to arrange all the cords to work from one side of the patient. The most common deformity is one of a general dorsal curvature involving also the upper lumbar region, and due to the rightward slope of the lumbar spine primarily; the convexity being toward the right, the active girth is applied upon that aspect, and pulls upon the most prominent part of the convexity, the left hip and shoulder being fixed by the passive girths.

I have spoken of artificial supports, and have expressed my dislike for them, and my regret in being occasionally forced to use them; there is, however, one method of using artificial apparatus fixed to the body which I think is extremely valuable; and if the many appliances used by so many orthopædic surgeons acted upon the theory which I believe is followed in the useful appliances I speak of, I should feel more satisfied in their use. The theory is that the appliance shall be such that it obliges the patient to make voluntary efforts towards the self-correcting muscular posture; but, as all the orthodox appliances absolutely preclude all movement of the patient, and leave no space for them to place themselves in a corrective posture, they cannot act upon these lines; even the otherwise highly objectionable poro-plastic corset may be made to subserve this use of educating the patient into self-correction, if space be left upon the concave aspect of the curvature, into which space the patient is persuaded by counter-pressure to draw the body; but a far more efficient method is the use of elastic bandages; this lumbar elastic bandage, as is easily seen, keeps up a constant persuasive pressure upon the lumbar

spine, and is used in cases in which the main curvature is due to the lateral slope of the lumbar spine; the patient instinctively attempts continually to escape from this pressure, and, being free to move away from it, the erectors on the left side of the body are gradually but efficiently developed.

I need scarcely say that both rachylisis and the use of elastic persuaders are of no permanent or rapid value without the persistent and accurate use of properly devised daily muscular exercises; those exercises being founded upon the special diagnosis in each individual case.

Mr. KNOX SHAW said that in the communication which Mr. Gerard Smith had just made he had done well in showing a very catholic spirit in treating lateral curvature of the spine. It was no doubt wrong to be too much wedded to one system and method. Mr. Gerard Smith was undoubtedly working on the right lines in endeavouring to differentiate the cases, and the suggestions which he had brought before the Society on several occasions had all been very full of interest. Personally he (Mr. Knox Shaw) had no experience of the forcible treatment, though he could well understand it was valuable from the experience he had had in the treatment of other deformities, especially in the form of talipes, where most markedly successful results had followed the forcible extension and flexion of the foot.

Dr. MOIR said he had come to the meeting that evening very much prejudiced against the forcible correction of scoliosis—he had thought there could be no improvement upon the treatment which Dr. Roth used to carry out, viz., gradual exercise; but Mr. Gerard Smith had made him change his mind. He would like to know how long the improvement lasted—did the patient retain his position for any length of time, so as to give the muscles a chance to come into play? After the forcible treatment, directly the patient was let go, he should have thought the position went back again to its old condition.

Dr. HUGHES said that at the beginning of his medical career he was associated with his late father-in-law, Mr. Amesbury, who had devoted a great deal of attention to the treatment of lateral curvature, and in the latter part of his life had practised as a specialist in reference to it. A great deal of what Mr. Gerard Smith had brought before them reminded him of the kind of work he had done under his father-in-law, whose treatment con-

sisted of three separate elements. Mr. Smith's patient, lying prone, very much reminded him of the prone exercising plane which Mr. Amesbury had invented, and which used to be known by his name. It was a slightly inclined plane with a rolling cushion that would work up and down; the patient caught hold of handles at the top and pulled herself up and let herself down. That was done a certain number of times and then came a pause, and then it was repeated, and so on. Mr. Amesbury also used to press upon the curvature with his hands, which he supposed was a rough, manual way of doing what Mr. Gerard Smith did so much more scientifically by the pulleys and bands. What was gained was supposed to be maintained by a system of straps—a sort of corset was fastened round the body and that was tightened each day as something was gained.

Mr. GERARD SMITH, in reply, said that those who had real experience of the difficulties met with in the treatment of scoliosis were only too glad to be catholic in their methods; those who tied themselves to one method, excluding all others, must fail to give the best attainable relief to many patients. Mr. Knox Shaw had spoken of the rectification of the deformed foot at one operation, under anæsthetics, in connection with the remarks in this paper; possibly this method as applied to the spine might be our next step; but so far we have not dared to do more than the gradual rachilysis. Some cases of scoliosis had appeared very tempting to him (Mr. Gerard Smith) as being likely to be curable by one operation under anæsthetics, but more experience would be needed before such an operation could be undertaken. Dr. Moir had asked if the patients did not relapse. The effects of rachilysis were not evident during the first week or two, except for some tenderness and increase of flexibility of the spine under manual examination, showing that the ligaments had been stretched; after that, in successful cases, progress is gradual and progressive, being more rapid as the muscles attain better position, and are more developed by exercises. He thought that there was no relapse in the way of re-contraction of ligaments so long as exercises were kept up and too long recumbency discouraged. The method of exercise to which Dr. Hughes had referred was one which might be used in the case of weakly patients unable to stand for long when exercising. The sliding plane is still in use, though he had not seen it; he had used a rowing apparatus, in which the patient sat up, with good effect. Dr. Hughes had also referred to the use of manual force in correcting lateral curvatures, which was the method to which

reference had been made in the paper, when it was said that such force was insufficient in advanced cases, to which this new method of rachylisis is applicable. He objected to straps if they were so arranged as to absolve the muscles from responsibility in carrying the body; he approved highly of appliances such as had been described in the paper which educated the proper corrective muscles. Finally, he would emphasise the main point where rachylisis did good: it was that the origins and insertions of the erector muscles, both on the concave and the convex aspect of the curves, were placed gradually in more normal conditions, and the pull of the muscles, and their consequent development under exercises, were greatly facilitated.

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## CASE OF YELLOW ATROPHY OF THE LIVER.<sup>1</sup>

BY E. CAPPER, M.D.

THE following case of yellow atrophy of the liver, in addition to the comparative rarity of the disease, presents some points of interest:—

The patient was a woman, 43 years of age, whose husband I was attending for advanced phthisis, from which disease he had been suffering for the last four or five years, being subject to acute exacerbations, as was the case when I was called to see him. During my attendance at the house, Mrs. D. complained to me one day of some swelling of the glands about the angle of the jaw, together with loss of appetite and general malaise. I examined the throat, but found that the condition of the mucous membrane generally was quite healthy, and attributing the symptoms to cold from draughts in the shop where she was accustomed to serve, I treated her accordingly. The swelling in the glands subsided, but the lack of desire for food remained, together with considerable lassitude and want of energy. The patient was kept in a state of continual anxiety, both on account of her husband, whose condition was very critical, and also from worries in connection with the business in which she was engaged, her husband's illness throwing a greater amount of responsibility on to her shoulders.

<sup>1</sup> Presented to the Liverpool Branch, January 9, 1896.

On November 17 she was seized with a very severe attack of vomiting, the stomach being absolutely unable to retain any food, whether liquid or solid. I did not see her on that day, as the messenger who reported the case to me, from her account, did not impress upon me the gravity of the symptoms; so I ordered ice to be given, and prescribed *ipec. 1x* and *ars. alb. 3*.

The next day when I called, much to my alarm and surprise, I found the patient almost in a state of collapse. She was vomiting enormous quantities of bile, and the stomach was still incapable of retaining any food whatever. There was a markedly sickly odour from her breath, and she was extremely nervous, manifesting profound anxiety as to her condition, and entertaining the greatest hopelessness as to her recovery. The conjunctivæ were slightly yellow, but beyond this there was no sign of jaundice. The temperature was normal, but the pulse was thin, easily compressible, and very rapid; whilst the tongue, which gave me most alarm, was brown and dry, appearing exactly like the tongue of enteric fever. The bowels had acted, the motions being very dark coloured. There was no pain or tenderness anywhere to be elicited.

In the course of the next few days these symptoms gradually subsided, the medicines used at different times being *iris 3x*, *chelid. 1x*, *phosp. 5x* and *ars. alb. 3*; the two first appearing to produce the greatest benefit. She constantly took iced water and Valentine's meat juice, and Horlick's malted milk gradually came to be tolerated, the latter preparation proving itself especially useful. The vomiting became less and less under this treatment, although at one time it assumed a coffee-ground appearance. In the course of the attack the fæces were at first very dark, being markedly bile-stained, and during the treatment they gradually became lighter in colour. They never showed the absence of biliary colouration, which frequently occurs in this disease. As the vomiting ceased, the condition of the tongue improved, until it became quite moist and healthy looking. A singular feature during the attack was exhibited by the urine, which for a day or two contained a considerable amount of blood. The acute attack only lasted a few days, after which a gradual convalescence set in, the stomach becoming less irritable, and the patient going about her work as usual. Another peculiar feature at this stage was a desquamation of the cuticle, particularly noticed on the palms of the hands, where it came off in flakes exactly as it occurs after scarlatina. In spite of the disappearance of the acute symptoms the patient did not, however, seem to get strong.

She was able to attend to her duties in a modified degree, but continued to complain of debility, seemed anxious about herself, and her appetite remained poor. The conjunctivæ still showed a yellowish colouration to some extent, and the feet slightly swelled at times, though not to any marked degree. I examined the urine on several occasions, but found neither bile nor albumen. I did not feel at all satisfied as to her condition, as the pulse continued at about 100 per minute, and there was a general lack of recuperative power.

On December 19 her husband died, and this appeared to affect her mental condition very adversely. However, beyond almost absolute loss of appetite, the rapid pulse, and the slight yellowness of the conjunctiva, she showed no very alarming symptoms. During most of this time she was kept chiefly on chelid. 1x, which seemed most suited to her condition.

On December 31 the vomiting suddenly returned as severely as ever, and the tongue rapidly assumed a typhoid character. This time hæmatemesis was an early symptom, and the patient seemed to collapse at once.

Dr. Jones, of Birkenhead, kindly saw the case with me on January 1; and on percussing out the liver we found the area of dulness very considerably diminished. He agreed with me as to the remedies I was then prescribing, viz., ars. alb. 3 and crota-lus 3; and with the suggestion that phosp. should be substituted for the former in the event of no improvement. Meanwhile we attempted to nourish the patient by the use of stimulating enemata, but she rapidly sank, and died early on the morning of January 2.

The case appears to me to present several points of interest. In the first place, the onset of yellow atrophy of the liver, or malignant jaundice, is often attributed to some sudden and intense mental emotion. The present case appears to bear out this fact, for, in addition to considerable protracted mental anxiety, the shock of her husband's death, although not entirely unexpected, undoubtedly very seriously affected the patient, and brought on the second and fatal attack.

Secondly, the desquamation was peculiar, and associating it in my mind with the glandular swelling which was at first complained of, and the hæmaturia which occurred during the course of the illness, it certainly suggested the possi-

bility of scarlatina—an idea which, however, the absence of febrile symptoms, and the history of the whole course of the illness are sufficient to entirely negative.

Thirdly, the partial recovery from the first attack is worthy of remark, since these cases are usually rapidly fatal, and the old school text-books are singularly deficient in suggestions for treatment, except on the most general lines. In so far as the symptoms were temporarily palliated, I think we are justified in ascribing such comparative success to the specific or homœopathic nature of the remedies exhibited.

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### CEREBRAL DEAFNESS.<sup>1</sup>

BY ROBERT T. COOPER, M.A., M.D.

THE following short article of mine appeared in the *Lancet* of October '27, 1894:—"There is a form of impaired hearing remarkable for the fact that patients can hear the ticking of a watch at long distances—say at arm's length—and yet are unable or imperfectly able to hear the human voice. When a very marked disproportion exists between the two—the watch hearing and the voice hearing—I invariably inquire into the mental condition of the patient and his family, and, without exception, in all these somewhat unusual cases, I have been enabled to discover an indubitable cerebral history, or to foretell cerebral involvement. It is, of course, not uncommon to find a disproportion between the voice hearing and the watch hearing among deaf patients; and I do not at all claim that the mere fact of an alteration of the normal ratio between the two is to be considered significant. I only claim attention for this special feature when such disproportion is very great, and when it is the voice hearing, and not the power to hear the watch, that is lost. This peculiarity admittedly

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, January 2, 1896.



would be by itself a very insecure ground upon which to base a diagnosis, but it is, I maintain, a justifiable one upon which to found a suspicion, as it certainly does warrant fuller inquiry according to my experience. I must leave the prosecution of further research in the hands of those engaged in the study of cerebral disease. Some of the cases in which, in my hands, this peculiarity existed were attended with symptoms of softening of the brain; while epilepsy, melancholia, and general inaptitude for the affairs of life I have found present, and, in these cases, the ages varied from 14 to 60. Deaf patients, without intending to do so, are very liable to deceive the examiner; and it is known that in some instances the sound of a watch-tick will linger on the ear for a moment or two, and appear to be heard when it is not; this I quite take account of in the methods adopted in testing the hearing. In spite of precautions, there remains sufficient evidence to warrant me in pronouncing this a separate variety of impaired hearing, and in saying that it has, in about a dozen cases, been apparently indicative of cerebral disease."

It goes without saying that there must be varieties of the symptom, deafness, as there are of the symptom, blindness; these varieties find expression in the character of the deafness and its accompanying symptoms, and the totality of the symptoms constitute indications for the appropriate remedies. All this, to the followers of Hahnemann, is trite information, and a like idea applies, with great reasonableness, to all the organs of the body.

It is, however, desirable to extend inquiry so as to obtain precise knowledge as to the pathological significance of each symptom or group of symptoms, as well as of its reliability as an indication for a remedy. It is here that specialism comes in; for researches of this kind cannot possibly be performed unless opportunity is at hand for concentrating attention upon one organ of the body, and making comparison among a large number of somewhat similar cases.

There is no organ of the body in the diseases of which we are so dependent for diagnosis upon symptoms as we

as in the case of the appearance of the membrane of the tympanum, or the faucial extremity of the Eustachian tube, and of the neighbouring mucous membrane, affords us little information as to the actual changes in the more hidden structures of the ear.

When symptoms belonging to drugs have been declared, upon good authority, to be pathogenetic, it is, I consider, criminal to expunge them from our lists, unless they can be proved to be useless. The object of this paper is to draw attention to one very distinctive symptom, and to ask whether it be really a curable one; and whether, if proved not to be curable, it ought to be expunged from our *materia medica*.

The following recent experience forcibly reminded me of this subject.

I was consulted, a few days before writing this paper, about a young lady for deafness which had come on early in reproductive life, and in whom the watch hearing was but slightly defective— $\frac{3}{8}$  in right,  $\frac{5}{8}$  in left.

I prescribed for her, and a couple of weeks after, her father came to see me and reported his daughter's hearing as not having improved. I questioned him closely as to the amount of voice hearing she possessed, and found from his description that it was much worse than had at first been represented; he described her as almost unable to hear conversation of any kind. Relying entirely upon this fact, and upon her comparatively good watch hearing, I gave the definite opinion that the case must be one of cerebral deafness.

Her father's comment was significant. "Well, doctor," said he, "had you told me that of my own deafness I could have understood it, as I was at one time confined in a home and suffered on two occasions from disturbance of the brain that threatened meningitis, but as to my daughter, she has never shown the slightest head defect." Here then was, at all events, sufficient family history to explain the nature of the case; all the more significant, as her father's deafness was exactly similar to hers, though less pronounced.

During the eighteen years that I have paid attention specially to ear affections I have been brought into contact now and then with cases of this description.

The first experience that brought it under my notice occurred very early in my special practice. I was asked to see, when visiting at a house, a young girl of about 14 years of age who was supposed to be very deaf: and, as my memory serves me, I found the watch hearing slightly imperfect. I prescribed for her, and when seen a fortnight afterwards, I found on examination that her watch hearing was nearly perfect. Naturally I inferred a great improvement had taken place from treatment, and insisted upon this to her mother; the latter, however, protested that they had not noticed any difference.

I went on treating this patient for some months, and each time found the watch hearing remarkably satisfactory, but uniformly the same report was given me that no improvement whatever was noticed in her power to converse. Pursuing inquiry I began to be suspicious, and thought that perhaps the very bad family history I got of brain disturbance, though without deafness, had something to do with the peculiarity of the hearing. Thus it will be seen that my attention for a long time has been called to this peculiar form of deafness.

There was attending the hospital under me, a few years ago, a young girl whose case exhibited a striking example of this changed condition of the hearing faculty. She was completely deaf to all voice hearing, and yet could hear the watch at long distances. I pointed this peculiarity out to two medical men who, on one occasion, were present with me when prescribing. One of them, an American, bristled with suspicion. He took the patient aside, tested her in every possible way, making her shut her eyes, and adopting other means to guard against mistakes, but in no way was he able to undermine the correctness of the patient's testimony, and he had to confess that undoubtedly the watch was being heard at a considerable distance from the ears. The family history of this patient, as well as that of the other referred to, was most lamentable. In both, the father showed unmistakable signs of insanity; and in both, suicidal and nervous symptoms pointing to the brain prevailed.

It is unnecessary to multiply cases. A year or two ago a patient came to consult me, where, owing to this special feature, I was at once enabled to diagnose brain mischief; and the lady with whom the patient had come not alone confirmed my suspicion, but earnestly requested me not to say anything about it.

Let us now inquire whether the remedies that symptomatology has fixed upon as remedial for this symptom of deafness to the human voice are ones that are generally credited as having a special influence upon the brain. Turning to Hulls's "Jahr," under the head of *Dysecoia, or difficulty in hearing*, we find, p. 325, Snelling's edition, 1862, vol. i. :—

"*Phosphorus*.—Difficulty in hearing sounds, especially that of the human voice, with excessive reverberation of all sounds, and especially of words in the ear, with resonance in the head; congestion of blood in the ears with throbbing and pulsation: sensation of dryness or discharge of cerumen.

"*Silicea*.—Discharge of cerumen; obstruction of ears which is dissipated by blowing the nose, or with detonation; difficulty of hearing, especially the human voice, and without noise in the ears, or else a tickling, clucking and fluttering noise; aggravation of the deafness at the full moon or else at new moon, &c."

Here then we find selected for this symptom two of our most prominent head remedies, a circumstance that should contribute to make us hesitate in throwing doubt upon the reliability of the symptom being pathogenetic and curative.

This is as it should be; nevertheless I must regretfully affirm that for the many years I have devoted attention to this symptom I have never observed the slightest improvement to be effected by any remedy, except from single doses of camphor bromide in 3rd dec. trit., allowed to expend its action; and the improvement that results from it has hitherto been but temporary. The trials instituted were not, I admit, conducted in a way sufficiently systematic to condemn either phosphorus or silicea. Muriatic acid is also credited with the possession of this symptom. I admit, therefore, the not being in a posi-

tion to pronounce the symptom with absolute certainty an incurable one, and consider that further inquiry is necessary to determine this. The question I set myself in this paper to consider is whether, if proved to be incurable, such a symptom should be removed from our lists; or whether, in such a case, we ought to leave it to stand as being indicative and therefore a help to the selection of the true remedy when organs other than the ear are disturbed. Certain it is that if after careful inquiry observers are unanimous in confirming what of course is at present little more than a suspicion, namely, that this symptom is an incurable one, we can never hope to curtail our *materia medica* if we refuse to remove it, for every symptom does not lend itself to being investigated singly as this does, and to having the question of its curability determined under such remarkable limitations.

Lippe gives ignatia as possessing the apparent converse of this form of hearing, the power to hear the human voice better than the ticking of a watch. It is extremely common to find patients hearing the voice better than the watch, nor can we attribute any distinctiveness to this symptom, unless we are quite sure that the patients are not lip-reading. An intelligent patient who suffers from ordinary forms of deafness will soon acquire a natural habitude for reading off the voice from the movements of the lips. In fact, it would seem that the particular condition of the brain that is present in cerebral deafness is unaccompanied with any faculty for lip-reading; the lip-reading faculty, indeed, seems to be destroyed, or to be in abeyance.

It will be asked as to the tuning-fork hearing—per osseous hearing as it is called. This, as far as I have observed, is not in cerebral deafness interfered with.

Another form of deafness that is distinctive, and that can only be diagnosed symptomatically, is a form of deafness that I described in the *Hahnemannian Monthly*, of Philadelphia, March, 1889, and where there seems to be complete deafness for all distant sounds, but a fair amount of hearing for both sounds and voices near at hand. This might appear to be a very usual form of deafness, considering how often patients

are unable to hear distant sounds, but quite the contrary; it is even a more unusual form of deafness than the last, and is, as far as I have seen, an attendant upon neurasthenic conditions. The hearing of near sounds, and the deafness to distant sounds, is of no value whatever as an indication for a remedy unless this twin feature is extremely pronounced, and then it seems to form a distinctive kind of deafness and to be indicative of one special remedy, and this remedy is tannic acid, when given in high dilution. The effect of this agent is, in the cases I have met with, absolutely satisfactory. Let me impress upon those that hear me that this last form of deafness is one that I have very seldom met with, and that I believe it to be very exceptional; otherwise they will be led to prescribe acid. tannic. in cases that are altogether unsuitable for it, and where the special feature, deafness to distant sounds and ability to converse, is not sufficiently pronounced to be characteristic.

In cerebral deafness the noise of machinery in the distance, church bells, railway whistles are generally heard very well, while ordinary conversation is impossible; in this last form of neurasthenic deafness the patient is absolutely shut out from all these outside noises, while conversation near at hand can very fairly be maintained.

These forms of deafness, in point of symptomatic importance, are allied to the paracusis of Willis, or hearing better in a noise, upon which so much has been written, and of which so little is known.

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Dr. HUGHES said he was interested in reading in Dr. Cooper's syllabus: "Symptoms proved to be pathogenetic cannot be expunged from our *materia medica*—the question raised whether a symptom proved to be incurable can be removed." It seemed to him that when a symptom was pathogenetic it was impossible to expunge it from the *materia medica*, because that was a record of drug pathogenesy. Whether the symptom could be cured when occurring idiopathically was no disproof of its having been produced pathogenetically, so that he should protest against expunging any symptom such as that from the *materia medica*. He would ask Dr. Cooper why he quoted such works as Hull's "Jahr," which was obsolete, and Lippe—by which he supposed was meant

Dr. Adolf Lippe's *materia medica*, which was avowedly a collection of cured symptoms, as well as pathogenetic, and therefore could not be called a *materia medica* in the Hahnemannian sense of the word. It was a collection of symptoms of all kinds, a thing for practice but not a thing for reference to in proof of homœopathicity. Dr. Cooper had no doubt in his possession much better *materia medica*s than those, and he (Dr. Hughes) hoped that, in future, in quoting the *materia medica* Dr. Cooper would look to Hahnemann, and his real successors in drug proving. He would like to know on what grounds Dr. Cooper was led to prescribe tannic acid for deafness—was it a drug that had been proved? He did not remember any proving of it. Or had it been previously applied in the treatment of deafness? Was this a clinical symptom on record anywhere, or was it an idea of Dr. Cooper's own, a development from the depth of his consciousness, like the celebrated elephant of the German artist? If it were so good, the reasons for which it was given must be useful to them, enabling them to find out other new remedies for obscure forms of trouble. Dr. Cooper had given them a valuable contribution to the pathology of the matter. He would ask whether Dr. Cooper would not include under the head of cerebral deafness such deafness as came on from emotional causes, from a mental shock, or any great anxiety or strain, where there was no involvement of the ear as a conducting apparatus, but, apparently, where the auditory centres in the brain itself were involved in the general shock or strain. He should have called those cases cerebral deafness, and he should like to know whether the symptom of hearing the watch ticking so much better than the human voice was present in such cases.

Mr. WRIGHT said that he had not known of the occurrence of such cases until his attention was drawn to the fact by Dr. Cooper's article in the *Lancet*, but since then he had seen symptoms which, at any rate, pointed very much to the condition which Dr. Cooper had described. Unfortunately, they could not always accept the patient's statements in the tests used. In one case he found the patient actually heard the ticking of a watch when no watch was there. That considerably discounted the evidence which he gave. At the same time, there were cases which quite possibly might occur. He would like to know if Dr. Cooper knew of any of his patients having epileptic fits, because one would expect such to be the case. They must suppose there was some distinct lesion of the auditory centre, and where that was so, auditory auræ sometimes occurred, and were of considerable

help in the diagnosis. The cases where shock-deafness occurred were certainly more amenable to treatment than in the cases which Dr. Cooper had brought forward. He was sorry Dr. Cooper had not given them more of his experience as to treatment. The tuning-fork evidence which Dr. Cooper seemed to lay little stress upon was of the utmost importance. It told them immediately from the record obtained whether they were dealing with a case of middle ear trouble, or with nerve trouble. He thought Dr. Cooper might have laid more stress upon the fact that the difference between the spoken voice and the ticking of a watch was very great, and they knew that patients suffering from middle ear disease heard high-pitched sounds very much better than low-pitched sounds, and conversely in the case of nerve disease. For instance, the majority of patients suffered from middle ear disease, and one knew that one had to speak to them in a very high-pitched voice, and very loudly. If the patients suffered from nerve disease, in nine cases out of ten they would say they did not hear one well, but if one spoke in a low-pitched voice they would hear very much better. With regard to tannic acid, one would suppose from its action upon the blood vessels that it would affect more particularly catarrhal cases. He had found pilocarpine, in small quantities, of benefit in many cases, although he knew of no provings.

Dr. CLARKE was of Dr. Hughes's opinion with regard to the expunging of symptoms from the *materia medica*. Cases of any kind must be taken *in toto*, and it was quite possible to have a symptom relating to the organ they were treating, and yet the remedy, for some reason or other, might be unsuited to the patient. He mentioned the case of a patient of his who suffered from a variety of things, including intense deafness. She got a good deal better. She had a great number of nervous symptoms, and organic symptoms as well, one of which was extreme obesity, although she was naturally thin. She was also constantly bringing up a tremendous amount of frothy phlegm, occasionally streaked with blood. Whilst at Eastbourne, where she went for change, she developed inflammation of the glands of the neck, which went on to an abscess, and after that she experienced great relief, gradually getting down to her normal size. But she never got her hearing back properly, and within the last year he (Dr. Clarke) had treated her for deafness, giving her, among other things, an arborivital dose of *viola odorata*  $\phi$ , for some head symptoms she complained of in addition to deafness. She improved in her general symptoms, but the hearing did not im-



prove. For an hour or two she would hear perfectly well, and then she would go absolutely deaf again. He had no doubt there was some obstruction of the Eustachian tubes as well as a nervous element in the case. The patient wrote to him a couple of months ago, and said she was intensely deaf and very giddy, and added:—"But I do not have the house falling down on the top of my head as I used to do." This symptom, which he had forgotten, gave him the clue to the remedy. His "tip" for the "Sardanapalus symptom" was *cannabis indica*, which was ordered in the 200th attenuation every night at bed time. Within a week the patient heard very much better, and that improvement had continued. She had had a longer spell of perfect hearing from that remedy than from any other.

Dr. DUDGEON referred to a curious symptom in a case he would describe, which perhaps Dr. Cooper might be able to explain. In the daytime, sitting, standing, or lying down, the patient could not hear his watch unless he pressed it close to his ear, nor could he hear a voice distinctly, but when he went to bed he could hear the watch through a pillow and a bolster. Did he become the subject of cerebral deafness when he went to bed, and was he ordinarily deaf when he was up?

The PRESIDENT (Dr. Goldsbrough) said there was one phase of the subject which had rather impressed itself on his mind by a case of otorrhœa arising under influenza, where the patient had been very deaf. She had recovered from the otorrhœa, and its consequent deafness, but now became occasionally very deaf from nerve strain. He should like Dr. Cooper's opinion as to the *rationale* of the symptom. Until the occurrence of the otorrhœa the patient never used to be deaf after emotional disturbance or excessive anxiety. A few doses of *ignatia* seemed to set the matter right, but the deafness returned again after anything like anxiety or worry.

Dr. COOPER, in reply, said he had mentioned the removal of the symptom from the *materia medica*, simply because he had so often seen it stated in books that at some time or other they would be able to curtail the *materia medica*, and contract it. If it were found on inquiry into one special symptom that it was distinctive of one particular form of disease, and that we could not cure this particular disease, and that then they came to the conclusion that they could not remove the symptom as being valueless, it was hopeless to expect that they could curtail their *materia medica*, and the less they said about it the better. Deafness which came on from mental shock would not come under

the head of cerebral deafness, because that particular form was characteristic of nervous deafness. In the nervous condition we get a pronounced deafness, often complete inability to hear, and yet it is curable; whereas in vascular deafness, where we get a more diffused lesion present, and where the evidence is very great of there being a stiffening and thickening of the muco-periosteum, we often get a very small amount of deafness indeed, and yet the curability of this form is very low. Cases of this deafness could be cured, but it had taken him a long time to be able to get anything like an average amount of success in the treatment of vascular deafness. He did not know what had led him to give tannic acid in the first case, except that he had seen tannic acid do good under the associated conditions, where there was a good deal of emaciation, with nervous weakness, and he gave it, in the 30th dilution; it had effected a very good cure of a case of five years' duration. A complete recovery of hearing in a case of five years' standing was fair evidence of drug power. He agreed with Mr. Wright as to the difficulty of testing the hearing, and the many errors one might be led into by patients, but if, after putting in force the ordinary tests against inaccuracy, one still found that the same evidence was forthcoming, he thought that one might come to the conclusion that that particular form of imperfect hearing was present. He did not attach much value to the tuning-fork test. In the matter of diagnosis it was of use, but diagnosis was not the difficult part, the difficult part was to single out the right remedy, and to cure the case. He had a case of chronic headache several years ago, where the opposite symptom to that mentioned by Dr. Clarke, viz., the top of the head being lifted up, was present, and which he cured with *cannabis indica*. Dr. Berridge, at the time, wrote to him and told him that he had noticed the symptom of the lifting up of the top of the head being developed by the 200th dilution—an interesting coincidence. The title of the paper did not include all cases of cerebral deafness. There were many lesions of the brain which might give rise to deafness, and in which the deafness might very well be denominated cerebral deafness, but which would not come under that head at all. As to epilepsy, he did not know that he had ever met a case in which epilepsy was present along with it, but he had met cases in which there was a strong family history of epilepsy. With regard to the President's question, the connection simply was that the abscess had left an enfeebled condition of the ear, which was more easily acted upon by emotional disturbance afterwards, and *magnesia carbonica* as well as

ignatia and many other remedies might do the patient a great deal of good. Dr. Clarke had raised a question with regard to the singleness of the dose, but that would take too long to deal with at that time. It certainly was the most important question underlying the whole subject of homœopathy. There were chronic forms of disease which were utterly incurable by repeated doses of medicine, and which could be cured, and very easily cured—very advanced cases, too—if single doses of medicine were given and allowed to act upon the system. In a case at present under him he gave a single dose of belladonna at the end of October, and it was a positive fact that he could still trace the action of the remedy upon the system, and the patient, from being very deaf, was now in the possession of very fair hearing. The really chronic, ingrained diseases were not to be cured by repeated doses of medicine. In Dr. Dudgeon's case the symptoms could not be attributed to cerebral deafness, because when one found the symptoms continually varying, a mere temporary variation could not be said to be distinctive of this form. The symptom he (Dr. Cooper) had described was one in which uniformly we got very fair watch-hearing and no voice-hearing at all.

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## AIDS TO THE DIAGNOSIS AND PROGNOSIS OF ANEURISM, WITH SPECIAL REFERENCE TO THE PULSE TRACINGS, AND SOME REMARKS ON TREATMENT.<sup>1</sup>

BY J. R. P. LAMBERT, M.D.

THE subject of this paper is based mainly on the study of three well-marked cases of aneurism of the thoracic aorta, all of whom were under the care of Dr. Moir. Before proceeding to the more immediate subject before me I will give a very brief account of these three cases:—

*Case I.*—Mary G., aged 50. This patient was in the hospital under Dr. Moir in September, 1890, when she had a large aneurism of the ascending arch, producing a swelling on the

<sup>1</sup> Presented to the Section of General Medicine and Pathology, Dec. 5, 1895.

right side of the chest, extending from the junction of the second cartilage and sternum down to the fifth rib and three inches to the right of the sternum. There was a systolic bruit over it and a diastolic bruit down the sternum. The heart was much enlarged, the apex being in the sixth space  $2\frac{1}{2}$  inches below and outside the nipple line. Swelling had been noticed two months previously. Her history gave a suspicion of syphilis. She was in the hospital some five weeks, during which time the tumour markedly diminished and the pain, which had been severe, completely ceased. The treatment was low diet, rest, and baryta carb. 3 (taken from notes by Mr. Cox). She continued under Dr. Moir's treatment as an out-patient till near the end of last year, and the aneurism never again reached the dimensions given above. Early in this year she died suddenly, and at Dr. Moir's request I made a *post-mortem* examination, and removed the heart and aneurism which involved the whole ascending arch as far as the origin of the innominate. Some of you will recollect seeing the specimen last session.

The following two cases were in the hospital while I was resident :—

*Case II.*—John Lynch, an old soldier, aged 43, admitted in January, 1894. He had for two years suffered from pain in the chest, and for eighteen months noticed a swelling on the left side. When under observation there was a pulsating expansile swelling in the third left interspace reaching nearly to the middle line, elongated in shape, and presenting an area of direct pulsation 3 inches by  $1\frac{1}{2}$  inches. There was a systolic bruit heard in all the cardiac areas except the mitral, and loudest over the swelling; it disappeared in the erect posture. The second aortic sound was very accentuated. There was dulness continuous with the cardiac dulness upwards to the clavicle and base of the sternum, and visible pulsation also in the right supra-clavicular space. Tracheal tugging was not elicited. In this case there was a distinct history of syphilis. The same treatment was followed, but after five weeks there was no improvement—in fact, the inner edge of the swelling had encroached on the sternum across the middle line. He then left the hospital at his own request, and we have not seen him since.

*Case III.*—Louisa Bond, aged 58, was admitted in July, 1895. She had suffered from pain and dyspnoea for ten months, and noticed a swelling in front of the chest five months before admission.

The condition of the chest was as follows :—There was on the left side of the sternum an oval pulsating and expansile swelling extending from the first space to the third costal cartilage, encroaching slightly on the sternum. Pulsation was more direct at the upper part of the swelling, and extended outwards almost to the nipple line, travelling visibly from right to left. There was a systolic bruit over the tumour and a faint diastolic.

The heart sounds at the base were muffled, especially the first aortic sound ; the second sound was not accentuated in the aortic region, though it was so over the tumour. There was no cardiac bruit. Indistinct pulsation could be felt over the left scapula ; the left pupil was larger than the right ; tracheal tugging was not elicited.

The same treatment was adopted, and in addition other drugs were tried for the severe paroxysmal pain from which the patient suffered.

I must add that while she was in hospital a systolic bruit was heard along the sternum and in the mitral region. This may have been conducted.

After two months' treatment the tumour had become much less prominent and less tender, but she suffered more pain than previously when she was getting about. I have not seen her since.

In all of these cases there could be little doubt as to the diagnosis ; they all presented what we might call gross physical signs, but in many cases these are absent, and then difficulty arises. Thus there may be no tumour, no distinct dulness, no thrill, and no bruit ; in other words, the aneurism may be deeply seated, involving the transverse or descending part of the aorta. It is not my intention to give an exhaustive differential diagnosis of such cases, but to suggest a few points which may aid in the diagnosis of them. In passing, I might mention two symptoms which should always raise a suspicion, though both may be absent, viz., pain, constant or paroxysmal, and often of a distressing character, and inequality of the pupils. Coming now to confirmatory physical signs, I will first allude to palpation, which should be performed by placing one hand flat on the upper part of the chest in front, and the other over a corresponding region behind, or over the left scapula. If there be a large deeply-seated aneurism present, an indis-

tinct sense of pulsation may be felt on the back, even though there is no marked dulness ; I have found this more than once. Under palpation I must also mention tracheal tugging, which should always be sought for ; it is a most valuable sign of aneurism of the transverse portion of the arch, if not pathognomonic of this condition. Taking, now, auscultation, you are all familiar with the ringing accentuated second aortic sound, but too much stress must not be laid on it, nor on the presence of a bruit, for both these signs may be absent. Then there is another auscultatory sign which I have never heard or seen mentioned, but which I am inclined to regard as of considerable value : it is an alteration of the breath sounds in a localised area or areas, the sound being either jerky or very short and sharp, or it may happen that the inspiratory sound is completely interrupted, and thus two short inspiratory sounds are produced, with a distinct interval between them, corresponding with an arterial pulsation. The regions where I have observed these alterations are the interscapular, the base of the lung and below, and to the outer side of the mammary region, always on the left side.

We now come to the subject more immediately before me, viz., the pulse tracing, in connection with which I will first say a word on the etiology of aneurism. There are mainly two predisposing causes—diseased vessels and high tension ; and these two conditions include a variety of pathological states, such as syphilis, alcohol, gout, &c. Syphilis has always been regarded as an important factor, and in addition to the actual endarteritis sometimes produced, George Oliver has shown, in his book on “Pulse Gauging,” that a loss of arterial tone is always present in this disease, the postural variations in the pulse calibre being abolished. Probably both of these causes are necessary, arterial disease being the most important, but increased tension, either temporary or permanent, being needed as well. Muscular strain comes in as a temporary cause of increased tension, and is probably the most frequent immediate cause of aneurism. For, suppose a vessel with defective walls, there must be a constant tendency for the

wall to give at its weakest point, and if now a muscular strain is added, with consequent increase of tension, the weak point gives, and an aneurism is formed. Very often the patient is aware of something having suddenly given way. If there be constant increased tension, the formation of an aneurism would be more gradual. The factors producing increase of tension, viz., rigidity of the vessel walls and capillary obstruction, I need not discuss, Dr. Moir having done so more ably than I could in his late presidential address.

Prof. Chiene used to teach that an aneurism is a safety-valve, and if you cure one surgically (unless a traumatic case) another will probably form somewhere else. This *may* be the case where increased tension is due to lack of expansion for which an aneurism may compensate. More-

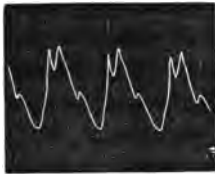


FIG. 1.



FIG. 2.

over, an aneurism tends to equalise the pressure at the commencement of the pulse wave when the pressure is highest, and may thus diminish the risk of hæmorrhage which is the other great danger of increased tension. But for an aneurism to deserve the term "safety-valve" it must have strong and elastic walls, else, as is usually the case, it is a source of greater danger itself than is the risk of hæmorrhage.

We can now discuss the effect of an aneurism on the pulse wave. In the first place, let me say an aneurism may exist without producing any modification of the pulse wave whatever, unless it be a slight delay in the wave. You are all familiar with tracings given in books as typical of aneurism, namely, a rounded wave with no notches or secondary waves. Such tracings are the exception rather than the rule, but in the absence of marked aortic stenosis are almost pathognomonic of aneurism. But, on the other

hand, the tracing may be quite normal, or show a high tension pulse. How, then, are modifications produced? Let us take these tracings (figs. 1 and 2) as an example; they are taken from an out-patient of Dr. Molson's, who has an aneurism of the right common carotid about the size of a pigeon's egg, with strong elastic walls. Comparing the tracings over the right and left carotid we find on the right side marked delay of the wave, the line of ascent forming almost an angle at times. The notch is more marked and the tidal wave higher and shorter than on the left side.

I believe the first effect of an aneurism is to delay the wave, and the next effect is to modify the tidal wave, which in this case is more marked, and for this reason, that inasmuch as this wave is due to the elastic recoil of the vessel wall from the first impact of the wave, the wall of the aneurism being in this case strong and elastic, the recoil is greater than from the normal vessel. If we now suppose the elasticity of the wall to be diminished instead of increased, two results will follow, the wave will be still more delayed, and the notch before the tidal wave less marked or completely obliterated, and in this tracing (fig. 4) you see a modification in that direction, and it is thus that the tracing becomes a simple curve. If, on the other hand, we suppose an aneurism with a rigid wall, no such modification will follow, nor will any be produced if the elasticity be equivalent to the normal.

It is thus possible for an aneurism, even of large size, to exist without any appreciable change in the pulse-wave, as in the case of Lynch (Case II.). Such tracings would not be obtained if the aneurismal wall were thin and gave easily. If in addition to a thin elastic wall we have a large aneurism, the wave is not only modified to form a single curve, but may be obliterated altogether as in a case referred to by Dr. Osler. To produce this effect the aneurism must be so large that by its expansion it can easily accommodate all the blood which has to pass through it at each beat of the heart.

From what has been said, it follows that the characteristic rounding of the pulse wave is an evidence of the existence of an aneurism, and an index of its size and the



state of its walls, but not a necessary accompaniment of an aneurism, even of considerable size, as that in the case of Lynch evidently was. And thus the pulse tracing is of value not only as an aid in diagnosis, but also for prognosis. An unmodified wave is a favourable sign, and the greater the modification, the worse the prognosis. Moreover, tracings should be made at intervals in every case, to watch for any further modifications that may occur.

A comparison of the tracing on the two sides may show clearly the site of the aneurism, as a glance at tracings (figs. 3 and 4) from Case III. shows it was evidently beyond the origin of the innominate. The right radial tracing shows a prolonged tidal wave, as in high tension, but another interpretation of this may be given, which I am inclined to think is the real explanation, viz., that the pro-

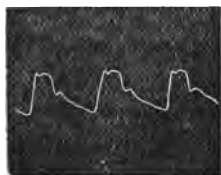


FIG. 3.



FIG. 4.

longation is due to a return wave from the recoil of the aneurism reinforcing the ordinary tidal wave, and it would then indicate that the aneurism reached very near the origin of the innominate. In connection with this I may say that this backward pressure is the only explanation I can conceive of the peculiarly accentuated second sound, and it follows that absence of this accentuation would in itself point to a weak-walled aneurism, or one situated too far from the valves to affect them. Thus, an aneurism of the descending aorta might, by backward pressure, prolong the tidal wave on the left side (or right side also), and yet not affect the intensity of the second aortic sound.

With regard to the tracings from Case I., I have not much to say; they present no modifications characteristic of aneurism. This was no doubt due chiefly to the well-marked aortic regurgitance, which, when present, must

always be taken into consideration, as also must aortic stenosis, which, when marked, may give a tracing very like that produced by an aneurism, and, according to Finlayson, mitral stenosis may have the same effect. I may sum up this part of my paper as follows :—

(1) An aneurism may exist without any modification of the tracing. This indicates a sound sac.

(2) Modification occurs in three ways :—

(i.) Delay of the wave.

(ii.) Diminution and equalisation of tension.

(iii.) Obliteration of the secondary waves and formation of a curve.

(3) Rounding of the wave shows :—

(i.) The existence of an aneurism (fallacy-aortic, and possibly mitral, stenosis).

(ii.) The state of its walls.

(iii.) Its size. Probably only occurs in large aneurisms with weak walls. The larger the aneurism and the weaker its wall, the more marked will be the curve.

(4) Obliteration of the pulse shows a very large aneurism.

It remains for me now to say a few words about treatment (and I shall restrict my remarks to medicinal treatment), of which, indeed, there is not very much to be said. The drug which has undoubtedly acquired the greatest reputation in the treatment of aneurism is barium, either in the form of the carbonate or muriate. Dr. Moir speaks very highly of the carbonate, which he used in all the three cases I have mentioned, and in one, at least, with excellent results (that was the fatal case). Dr. Clarke, in his book on "Heart Diseases," also quotes two cases where great improvement followed the use of baryta carb. 3x, together with lycopodium.

Moreover, its use is homœopathic, for the salts of barium have a distinct action on the heart and arteries. Experiments have shown that the blood pressure is greatly increased after the injection of small quantities of barium solutions into the veins, but the increase is, as a rule, preceded by a not inconsiderable lowering. The increase often occurs very suddenly

and the pressure not infrequently becomes three or four times as great as before; and at the same time the pulse becomes much more rapid. Division of the spinal cord in the neck does not at all interfere with this action, hence the writer concludes it does not appear improbable that the muscular coats of the vessels as well as the heart are affected by the poison. ("Cyclopædia of Drug Pathogenesis," vol. i., p. 525.) Brunton and Cash from their experiments affirm that barium salts cause rapid contraction of the arterioles and stop the heart in systole. (*Ibid.*, p. 526.)

The following symptoms of baryta carb. also point in the same direction, viz., "violent, long-lasting palpitation," "dull stitches under the sternum deep in the chest, followed by a bruised pain at that spot," "throbbing in the back and severe pulsations during rest."

Another drug which has acquired a reputation in these cases is *lycopodium*, which must be given on general indications. Good results might also be expected from *plumbum*, which has an action on blood vessels producing endarteritis, and also increasing the pulse tension, thus furnishing the two predisposing causes of aneurism. It should, therefore, be borne in mind and given when any accessory symptoms indicate it, or after baryta carb. has failed.

For the pain I have found aconite useful on the indication, "numbness and tingling in the right arm." It has also acute pain of a distressing character in various parts of the chest. For paroxysms of pain cuprum is recommended. I have not seen any good results from it, but have found glonoine and amyl nitrite in low potency, 1x to 3x, relieve after cuprum had failed. In Dr. Molson's case of carotid aneurism, to which I alluded, there was for some six months severe pain in the right arm, for which he gave kalmia 1x with complete and, I believe, permanent relief. The iodide treatment is said to have a marked effect on the pain, but even the allopaths are divided in their opinions as to its use. For my own part I should certainly not use it, though I am aware some homœopaths recommend its use, and among them so eminent an authority as Dr. Hughes. It certainly has no better evidence in its favour than baryta carb., if as good, while the

latter drug at least does no harm in the doses mentioned. But one is bound to speak with a certain amount of reserve of improvement resulting from any kind of drug treatment in a disease like this, in which a spontaneous cure often results, as is evidenced by the discovery *post-mortem* of a shrivelled-up aneurism, which was never even suspected during life.

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Dr. DYCE BROWN said there was no doubt that baryta was of very great value indeed. There was an extremely interesting spring at Llangammarch, in Wales, where the waters were similar to those of Llandrindrod, except in one important point, that the former contained a marked quantity of baryta. The Nauheim method was carried on systematically there, and the waters were used in the same way. It was the only spring in this country which contained a marked amount of baryta, and the old school were beginning to find out its value in certain forms of arterial disease, aneurism and heart disease. It was a question as to whether the waters of Llangammarch were not more useful than the Nauheim waters would be, and whether it would not be desirable to send a patient there in preference.

Dr. DUDGEON thought that the tracings which Dr. Lambert had shown did not present any peculiarity which could be considered pathognomonic of aneurism of the thoracic aorta. Dr. Drysdale, of Liverpool, had sent him tracings of both radials in a case of supposed aneurism of the aorta. From an examination of the tracings he surmised that it was not a case of aneurism of the aorta, but of the innominata, which the *post-mortem* examination proved it to be. He would place the tracings on the table, and it would be seen that the character of the sphygmogram of the two radials differed greatly; that of the left radial being more nearly normal than that of the right radial, which was of a decidedly pathological character.

Dr. GALLEY BLACKLEY said that many of Dr. Lambert's results were quite new to him; he was rather of Dr. Dudgeon's opinion that the tracing given by the pulse in cases of aneurism was not at all distinctive. After some experience he had rather come to the conclusion that sphygmograms were very much like "statistics"—they could be made to "prove anything."

Dr. LAMBERT, in reply, said that two of the tracings which he had exhibited were certainly very characteristic. The one which Dr. Dudgeon had shown, and stated to be very characteristic of aneurism, he (Dr. Lambert) did not think was characteristic at all.

CLINICAL NOTES.<sup>1</sup>

BY A. E. HAWKES, M.D.

*Medical Officer to the Hahnemann Hospital, Liverpool.*

THE following cases are all under treatment, either in the hospital, or as out-patients.

They arrange themselves in groups. The first group shown consists of two cases of diabetes mellitus.

One patient, who looks the picture of health, but who suffers from extreme thirst, and is passing a large quantity of urine having a sp. gr. of 1040, reduced under treatment to 1035, and who also complains of extreme pruritus, forms a marked contrast with a young girl of 16. This patient, who is exceedingly emaciated, and who is passing a large quantity of urine of high sp. gr., suffers from well-marked double cataract of the usual diabetic type.

Treatment in this case has hitherto been absolutely futile.

The next group consists also of two individuals, one a woman of about 35, till recently a hospital official, who some three years before began to suffer with weakness of extremities, a gradual tendency to more or less rigidity, and double vision.

Her gait is characteristic; there is exaggerated patellar reflex, and on examination of the fundi oculorum Dr. Gordon reports advancing optic atrophy.

The other patient has only been ailing a year.

There is exaggerated patellar reflex on both sides, but the progress of the disease seems much slower than in the other case; the diagnosis, however, in both instances is that of lateral sclerosis, but it is considered that other areas are involved, especially in the first case.

The next two patients are women, aged respectively 60 and 35.

In the first case there is absence of patellar reflex, in-

<sup>1</sup> Cases exhibited at the January meeting of the Liverpool Branch.

ability to stand with the eyes closed and the feet together, but less inco-ordination than one would expect. There is the well-marked Argyll-Robertson phenomenon, without retinal change. This is a case of locomotor ataxia, which is hardly so rare in women as is sometimes imagined.

The pains in the limbs are well-marked. They are of a burning character, but can hardly be described as "lightning pains."

The diagnosis is rendered a little less absolute by the improvement which has taken place in a short time during the administration of *argenterum nitricum*.

The other case, a woman of 35, a nullipara both as to full time and otherwise, manifests also an absence of the patellar reflex, and of ability to stand with her eyes closed. The pupil of the left eye is sluggish, but otherwise nothing characteristic is to be observed. The pupil of the right eye is dilated; there is paralysis of the third nerve as regards muscular movements, and ptosis, but the eye could be rotated outwards slightly. The superior oblique is not materially impaired.

Although observers<sup>1</sup> describe a precisely similar condition in locomotor ataxia, it is probable that a gumma exists involving the origin of the nerve in question.

It may, however, be remarked that diplopia is entirely absent; and we learn that a course of *kali hydriodicum* in material doses has done no good. There is no other symptom affecting the hair or fauces, or in any way pointing to a specific cause, nor does the husband seem able to admit that such ætiology is possible.

The next group is composed of two young women.

The one a nervous subject with exaggerated reflexes, a certain amount of hemi-anaesthesia, with an enormous tumour reaching nearly to the umbilicus, and wholly disappearing on the withdrawal of some three pints of urine. This expedient, however, led to a cystitis accompanied by rigors and high temperature.

There is complete absence of tendency to bed-sores.

<sup>1</sup> Taylor's "Practice of Medicine," 1891, p. 202.

The other patient is older, and has led a life of hardship.

She suffers with girdle pains, has high temperatures (103° F.), with slight tendency to morning remissions, marked clonus, extreme fretfulness, with trophic ulcerations on neck, back, feet, &c. There is incontinence of urine and fæces. On one occasion comatose symptoms supervened, but she rallied under the influence of opium in dilution.

This can be looked upon as a case of diffused myelitis ultimately involving the whole area of the cord, and the prognosis is bad.<sup>1</sup>

Finally, Dr. Hawkes passed round a well-marked example of pulmonary infarct.

The patient had been removed to hospital suffering from septic symptoms with high temperature and a characteristic rash.

The history showed that the patient, subsequent to her confinement, if not much earlier, had suffered from excessive albuminuria with blood and casts. There was a history also of pelvic cellulitis discharging per rectum, and a doubtful reference to a sudden attack of dyspnoea, and further complete rallying therefrom.

On *post-mortem* examination the kidneys were found to be large, congested and characteristic. An infarct was found in two places in the lung, from one portion of which a drop of pus could be expressed. This was in the neighbourhood of the infarct. There was no pus in the pelvic organs, which had regained their normal condition, but not before the system had been fatally infected.

<sup>1</sup>This patient subsequently died. Sections of the cord will be exhibited at a later meeting.

**SOCIETY NEWS.**

IN accordance with a resolution carried at the December Meeting of the Society, Members of the Society living in and near London have been communicated with with regard to their entertaining visitors during the International Congress. The Secretary has received a good many replies expressive of willingness to extend hospitality to our visitors.

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Reginald Graham Wills, M.D., C.M.Aberd., 23 Circus, Bath, was at the January Meeting elected a Member of the Society.

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At the January Meeting of the Liverpool Branch, Dr. Murray Moore was elected a member of the Branch.

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At the March Meeting the following resolution was moved and carried :—

“ That the British Homœopathic Society strongly disapproves of the use of such medicinal substances as paraffin, talc, &c., in the preparation of trituration tablets, considering that the purity of the drugs is impaired thereby. It is also satisfied that the employment of excipients of this kind is wholly unnecessary.”

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## SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

“GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST.”

SEPTEMBER—DECEMBER, 1895.

### PHARMACODYNAMICS.

**Acidum boracicum.**—Mr. Dudley Wright relates a case in which the internal use of this acid (a teaspoonful taken in three doses during the day), to overcome alkalinity of urine, caused the development of generalised dermatitis, almost like erysipelas.—*Monthly Hom. Review*, October.

Dr. Cooper finds the 3x dil. the remedy which gives most decided and permanent relief to the flushings of the climacteric.—*Hom. World*, October.

**Acidum picricum.**—It has been accidentally discovered that a solution (saturated) of this acid has a marvellous effect in burns. “All pain is suppressed instantaneously upon its application; no wounds or even blisters form, and the complete cure is a matter only of four or five hours.” The yellow colour with which it dyes the skin can be removed by lotions of boric acid.—*Revue Hom. Belge*, November.

**Ampelopsis quinquefolium.**—Dr. S. M. Worthington adduces some evidence as to the anti-hydropic virtues of the Virginia creeper. He finds a decoction of the inner bark acts better than a tincture.—*Southern Journ. of Hom.*, September.

**Anacardium.**—In a paper on this drug, Dr. Hyde says that in cases of senile dementia he has given the 30x, and seen the memory spurred up again and again, though he has never seen a cure effected. “Usually the patients calling for it appear to be quite dull in the forenoon, and brighten up as the day advances.” For the irresistible impulse to curse and swear, upon which so much stress is laid by the cultivators of “key notes,” Dr. Hyde

has had occasion to give anacardium several times, but without success.—*N. Am. Journ. of Hom.*, December.

**Antipyrin.**—Dr. A. C. Bhaduri writes:—"Some time ago I saw Dr. Salzer save a cholera patient from imminent death by antipyrin. Since then, whenever carbo veg. fails to bring back the pulse of a collapsed cholera case—the symptoms not corresponding to any other known medicine—I generally give this, in its 6x potency, and I must acknowledge that I have saved many a patient from death by its timely use."—*Indian Hom. Review*, October-November.

**Antitoxin.**—An epidemic of diphtheria raged at Chicago last autumn, and the health authorities put pressure, almost amounting to force, on all the citizens to use antitoxin. Under these auspices, the death rate for the five weeks, September 28 to November 2, was 41, 66, 45, 33, and 58 per cent. respectively.—*N. Am. Journ. of Hom.*, December, p. 762.

**Apomorphia.**—It seems ascertained that to induce the pure emetic effects of this drug the crystalline form of the alkaloid (or its hydrochlorate) should be employed. The same thing would probably hold good with us in regard to its employment to check vomiting. [It is this form of the drug which is officinal in our pharmacopœia.—ED.]—*Monthly Hom. Review*, November.

**Arnica.**—Dr. Dearborn reports a case of generalised psoriasis, in which, on the strength of the symmetrical distribution of the eruption, he gave arnica (2x and 1x) with very satisfactory results. He quotes Lilienthal and Deschere as having demonstrated the value of this indication for the remedy. [While not questioning the above, we would note that the patient, whose tongue was red and dry at the tip and coated at the base, drank tea to excess; and that when the arnica was first prescribed, she was also advised to leave off tea drinking.—ED.]—*N. Amer. Journ. of Hom.*, October, p. 599.

**Calcarea carbonica.**—In the course of a comparison between calcarea carbonica and phosphorica, Dr. H. S. Keller remarks:—"If in a case you find a wasting, in the form either of chronic diarrhœa, profuse menstruation, leucorrhœa, excessive urination, or perspiration on slight exertion or at night, do not forget calc. carb., and that low."—*Southern Journ. of Hom.*, September.

**Cantharis.**—A German physician (Frendenberg) reports the use of the Spanish fly in cystitis. He gives it in the form of

Merck's cantharidin—a milligramme to 100 grammes of menstruum, and of this a teaspoonful three or four times a day. Out of fifty-six cases, thirty-two were completely cured—"often surprisingly quickly."—*Monthly Hom. Review*, October.

**Chelidonium.**—An infant of 4 months, after three days' catarrh, was found with chest full of rattling mucus, dry and moist sounds mixed; respiration, 80; after some coughing, a little tough mucus was thrown off forcibly. Abdomen was distended; diarrhœic stools of bright yellow colour; tongue thickly coated. Chelidonium 3x was given every half hour. After two doses the baby was quiet; after the third he slept for a long time. Next morning breathing was quiet, distension gone; only one stool had been passed. A clear respiratory note was audible all over the chest; respiration, 48. All went on well from this time.—*Indian Hom. Review*, October-November.

**Clematis.**—"Kafka always employs clematis in cutaneous affections, whether papular or vesicular, if there is much swelling; for this drug has a special action on the glandular system—on the glands of the skin, of the lymphatic system, and on others, in particular on the testicles, in which it causes a hard swelling."—*Revue Hom. Belge*, November.

**Coccus Cacti.**—Dr. Puhlmann calls attention to the virtues of this remedy in several affections. Reil's proving with the tincture showed a specific action on the urinary tract, giving rise to irritative conditions, with thick brownish-red sediment in the urine, and much mucus. Catarrhal symptoms of the respiratory tract were also noticed. Heinigke was very fond of this remedy, which he prescribed in the tincture, or in a trituration of 1 in 5. The above combination of urinary and respiratory irritation calls for it. A very characteristic symptom is "frequent vesical tenesmus with passage of but little urine." This is a very common symptom in elderly men, who, when they sit in a restaurant in an evening, and once "get to running," cannot stop. In this very disagreeable state Reil has often administered coccus cacti as above with brilliant results.—*Hahn. Monthly*, October, p. 687.

**Coffea.**—Dr. Guelliot contributes further observations as to the effects of the abuse of coffee on the nervous system. "Sleep becomes impossible, or is accompanied by terrible nightmares." When the patient is awake he complains of a sensation of emptiness in his head and often of vertigo. At this period there is a

very marked trembling of the upper and lower extremities, as well as a fibrillary tremor of the lips, which may extend to the muscles of the face and to the tongue. The victim also suffers from cramps of the thighs and calves, which are especially prone to supervene at night, and to disturb sleep. Sensibility is diminished.—*Hahn. Monthly*, October, p. 678.

**Conium.**—A case of painful stiffness and numbness of the right fore and middle finger, without assignable cause, after resisting many remedies, and showing only temporary improvement under electricity, was rapidly and permanently cured by conium 1x.—*Wingfield, Monthly Hom. Rev.*, October.

**Graphites.**—The efficacy of this drug in relaxing the cicatricial tissue which forms on the healing of wounds has led Dr. Austin, of Nantucket, to use it in such affections as stricture of urethra and pylorus. He finds the 6x trituration of much service here.—*Med. Century*, October 15.

**Ignatia.**—Dr. Eldridge C. Price contributes to the *Southern Journal of Homœopathy* for November a study of the pathogenesis of ignatia. [Unfortunately he excludes the symptoms furnished by Hahnemann and his fellow-provers as “too indefinite.” Had he taken these into account, he would hardly, we think, have written—“Ignatia needs re-proving.”—ED.]

**Iodine.**—In a case of chronic ovaritis (left side), with leucorrhœa, white, thick, and acrid, iodine was given because of some concomitant symptoms (pain just before eating and relieved by eating, early morning sleeplessness, menses stopping and going on again). Improvement was marked from the first dose, and was progressive for several weeks. Entire recovery followed.—*Amer. Homœopathist*, December 15.

**Iodoform.**—At a meeting of the Homœopathic Medical Society of the County of New York, a paper was read by Dr. W. S. Miller on “Iodoform in Tubercular Meningitis.” In addition to a case he had reported in the *New York Medical Times* for September, 1887, the author related two cases in his more recent experience. The first, indeed, was not tubercular, but traumatic; it recovered under the internal use of the 3x trit. The other, in a girl of 6, diagnosed by several physicians of repute as tubercular, and given up by them, recovered after inunction of ʒi. of iodoform to ʒi. of lard on the shaven scalp. This was the form in which the drug was originally recommended. In the discussion, Dr. O’Connor,

pointing out the homœopathicity of the practice, said that he had used the 2x and 3x triturations with such marked results, that he was led to look upon iodoform as almost a specific for any form of meningitis.—*Med. Century*, December 1.

**Kali bichromicum.**—Another old-school physician—Dr. Bradbury, of Cambridge University—has found the value of this drug in affections of the stomach attended by pain and vomiting.—*Monthly Hom. Review*, October.

**Lachesis.**—With this drug, says Dr. Kent, the travelling from left to right is the characteristic thing. There are many remedies higher than lachesis for location on the left side, but none so high for moving from left to right.—*Indian Hom. Review*, October-November.

**Laurocerasus**, writes Dr. Majumdar, is a valuable remedy for dry harassing cough in phthisis; also for spasmodic cough, as in the later stages of pertussis, when the patient is very much prostrated. Also in cough associated with valvular disease of the heart; patients cough almost incessantly, especially on lying down; there is feeling of fluttering in region of heart, and gasping for breath, with cough.—*Indian Hom. Review*, October-November.

**Mercurius.**—A man complained of an intense burning on the tip of his tongue. Old-school treatment had done nothing for him. Dr. T. C. Hunter prescribed merc. sol. 3x, a dose every two hours. That night he had the first sound sleep he had enjoyed for six weeks; after eight doses, nothing was left but a slight tingling. To remove this, Dr. Hunter gave the 30x dilution. This removed the tingling, but every dose after the first brought on salivation. Enquiry now elicited the fact that he had been salivated by mercury thirty years previously.—*Med. Century*, September 1, p. 399.

**Natrum iodatum.**—In a review of Dr. Clarke's book on "Diseases of the Heart," &c., the editor of the *Southern Journal of Homœopathy* expresses his surprise that iodide of sodium has not been mentioned in connection with these affections. "We have been fortunate," he writes, "in causing absorption of valvular deposits with the last-mentioned drug."—*S. J. of H.*, December.

**Natrum muriaticum.**—A headache of years' standing, recurring with increasing frequency, came under Dr. O'Connor's care.

The pain was in occiput and left temple, but when very bad there was pain all over the body, with inability to move, at which time there was crushing pain in joints. Light, noise, and jar aggravated. Belladonna did nothing; but, enquiry having elicited previous domicile in a malarious district, and much use of quinine to "keep down chills," natrum muriaticum 30 was given—two doses, followed by placebos. She never had another headache.—*Hom. Physician*, December.

A case is recorded by Dr. Burford in which polyuria followed an operation for nephrectomy. Phosphoric acid had no effect; but natrum muriaticum, which corresponded well to the patient's general condition, proved curative. The 12th dil. was given.—*Monthly Hom. Review*, November.

**Natrum sulphuricum.**—A case of "cure" of chronic asthma is reported in the *Homœopathic World* of September, in which natrum sulphuricum, 3x trit., was the remedy. The symptom that led to it was looseness of bowels at each attack. [It is not explained why this should indicate Glauber's salts rather than any other laxative.—Ed.]

**Pulsatilla.**—A critical analysis of the symptomatology of this drug, taking Allen's schema for its material, has been made by Dr. E. O. Fitch, on the plan of Drs. Wesselhœft and Sutherland, and published in the *New England Medical Gazette* for December. It leaves only about ninety symptoms which, from corroboration and congruence, can be retained as trustworthy.

In the *Monthly Hom. Review* for November, Dr. McLachlan relates a good case of chronic inflammation of the prostate in a man of 37, in which this drug—in the 15th dil.—proved curative. Of the symptoms which guided him to its choice, one only is in Dr. Fitch's list.

**Sepia.**—In the *Southern Journal of Homœopathy* for September, we are afforded the opportunity of reading in English the paper on sepia in pulmonary affections which Dr. Hansen, of Copenhagen, contributed to the Transactions of the International Homœopathic Convention of 1886, in which it appears in the French language. [We do not know whether Dr. Hansen himself, or the editor of the journal, has provided the English rendering; but whichever it was, we think he should have mentioned the original.—Ed.]

**Silicea.**—At a meeting of the New Jersey State Homœopathic Society, Dr. E. R. Snader read a paper on "Some Points

about Night Sweat." The chief "point" was the successful treatment of exhausting [the reporter is made to call them "exhaustive"]<sup>1</sup> sweats by the use of silicea. The doctor presented the record of some seventy cases in which the remedy had been used with satisfactory results. Contrary to his usual experience, the higher dilutions had been more uniformly successful.—*N. Am. Journ. of Hom.*, November, p. 84 of appendix.

**Staphisagria.**—This medicine, writes Dr. Douglass Mitchell, "from 2x to 'c.m.', will alleviate pains from incised wounds in almost every case, whether from accident or after operations. It is especially indicated after abdominal incisions, where patient complains of the sharp biting pains we have all heard of so often."—*Southern Journ. of Hom.*, September, p. 231.

**Thyroidin.**—Led by the weak and quick pulse seen in overdosing by thyroid preparations, Dr. Marc Jousset has essayed thyroidin in asystolia (3x dil.), and with excellent results, for a time at least.—*L'Art Médical*, December, p. 418.

Drs. Marie and Bruas have tried tablets of thyroid in the treatment of goitre itself, with frequent curative results, provided the size of the tumour is moderate, its origin recent, and its subject young.—*Ibid.*, p. 458.

Dr. Rendu has had excellent results from such medication in obesity, and Dr. Marc Jousset has confirmed this experience with five-drop doses of the 1st dil. (the extract, prepared according to Dr. Brown-Séquard's method, being reckoned as the mother tincture).—*Ibid.*, p. 459.

**Tuberculinum.**—Dr. C. A. Wilson relates his experience of this remedy on his own person. After three years' illness he had a temperature of 102°, profuse night sweats, and daily expectoration of ten to twelve ounces of yellowish-green ropy sputum. There was an area of hepatisation in the upper left lung, and moist râles existed in the upper part of the right. The microscope showed abundant tubercle bacilli. One milligramme of Koch's lymph was given, diluted, every second day—the dose being increased by one milligramme each time, till the full dose of ten milligrammes was being given. Improvement was noticed about the third week, and at the end of the eighth, the highest

<sup>1</sup> The fault seems to lie with the journal, for in the *Hahnemannian Monthly* for November (p. 137 of appendix), the same report is given with the correct adjective.

temperature was 99°; cough was very slight; expectoration almost nothing; night sweats and aching all gone; weight increased thirteen pounds.—*Med. Century*, October 1, p. 449.

In *The Clinique* for December, Dr. Arnulphy sums up the experience with Koch's tuberculin in phthisis we have already more than once noted.<sup>1</sup> So far, using only the 6x and 8x potencies, he was disposed to limit its efficacy to acute tubercular disease of the lungs. In chronic cases he saw no really good effect, and symptoms of aggravation sometimes manifested themselves. He was thus led to raise the drug to the 12x, and mostly the 30x. "The change was attended, in the main," he writes, "with very gratifying results." It enabled him to give tuberculin in all stages of the evolution of the tubercular deposit, without danger of aggravation, and in most cases with certain signs of improvement. Of twenty-five cases advanced beyond the incipient stage, and thus treated, five only died while under treatment; seven were lost sight of after some measure of improvement had been obtained; and the remaining thirteen seem to have recovered—the lesions being quiescent, and the rational symptoms absent. Of eighteen incipient cases, sixteen have been brought to a similar standstill, but the other two have failed to report.

The *Medical Century* of October 15 contains further experience of the same kind from Dr. N. G. Barnham, of Denver, Colorado.

**Yerbasum.**—Dr. L. Denian bears, from his experience, further testimony to the value of a decoction in milk of the leaves of the white mullein in phthisis. It acts somewhat like cod-liver oil, but has more influence over the cough, diarrhœa, and other symptoms—save only the sweats.—*Revue Hom. Belge*, November.

## THERAPEUTICS.

**Acne vulgaris.**—J. C., aged 31, seamstress, previously always healthy, six months ago became affected with a cutaneous disease. On the face, especially the chin and cheeks, there are numerous red papules and some pustules. No itching, but feeling of heat and pricking, especially at night, when she gets warm in bed. On the chin the eruption is scattered, and is on normal skin; on the cheeks there are papules, and a few pustules on

<sup>1</sup> Vol. i., p. 89; vol. ii., p. 363; vol. iii., p. 499.



red or infiltrated skin. Otherwise well. Menstruation normal; eruption not worse at that time. I prescribed sulph. tinct., five drops three times a day. Externally, the face to be powdered every night with 1 part of sulph. præcip. to 2 parts rice flour. To use only boiled water to wash face. After this the papules decreased, the heat or pricking ceased, the infiltrated skin of the cheeks gradually became normal, but on July 15 there came a bran-like desquamation with great dryness and burning on cheeks and chin, without increase of eruption. She then got arsen. 3x, three drops three times a day. By the end of September she was quite well.—Hansen, *A. h. Z.*, cxxxii., 179.

**Actinomyces.**—Dr. Meunier, of Paris, thinks he has found in iodide of potassium the specific remedy for this affection. "It does not act directly upon the fungus, but renders the soil incapable of furnishing it nutrition." Treatment will occupy from six weeks to two months.—*Hahn. Monthly*, December.

**Alopecia areata.**—A girl, aged 8, June 27, 1894. For six weeks has had three bald spots—one on occiput and one on each temple, from two to three inches in diameter. A few stubby hairs and small, dry, yellow sebaceous scales on spots. No itching; otherwise well. Commenced treatment with calc. sulph., 3x trit., three times a day, and bathing with a lotion containing one part of merc. corr. 4 to four parts of glycerine. This produced no effect, so on July 28 she got phos. 5x, five drops three times a day, and every evening, externally, an ointment of one part of flowers of sulphur to ten parts of axunge. September 6.—Many new hairs appearing and the scales gone. By the end of November she was quite well—all the spots gone.—Hansen, *A. h. Z.*, cxxxii., 195.

**Aneurism.**—Dr. Majumdar relates a case of aneurism of the right carotid, disappearing under lycopodium 30 and 200. Flatulence and acid eructations combined with the lesion to call for the remedy.—*Indian Hom. Review*, October-November.

**Aphonia.**—At a meeting of the New York Homœopathic Materia Medica Society, Dr. von Musits reported a case of complete aphonia, where the patient could hardly whisper, and had been informed by several prominent old-school physicians that the vocal chords were paralysed, and she would never be able to speak a loud word again. Silicea 6 and 200 promptly relieved the condition, and the voice is as strong to-day as ever.—*N. Am. Journ. of Hom.*, December, Appendix, p. 96.

**Ascites.**—Mrs. L., aged 36, August 2, 1894.—Had a child twelve years ago, afterwards metritis that lasted three months. Six years ago she gained greatly in weight, and the last two years the size of her abdomen had greatly increased and she felt very ill. A year ago she was tapped twice at six weeks' interval, and several quarts of serum were drawn off; but as the ascites returned, she sought homœopathic treatment. *Status præsens*: Great weakness, especially in sacrum and thence through whole body, with internal shuddering. Shooting pains in right hypogastrium, with aggravation during menses, which are often profuse; the blood dark, not clotted. Appetite bad; no thirst; stools normal; urine clear, normal. Dyspnœa, especially when moving. Heart's sounds dull but clear. The circumference of abdomen considerably increased; navel obliterated. Right hypogastrium tender. Right ovary about size of a large walnut. Apis 3x, afterwards 1, had no effect; then lachesis, arsenicum and hepar without improvement. The middle of November she complained of thirst, pains in stomach on drinking cold water, watery evacuations of a bright yellow colour twice a day. Great pressure in epigastrium, difficulty in walking. Apocyn. cannab., mother tinct., five drops three times a day. Great improvement in a fortnight; appetite good, less thirst, pains and pressure in stomach and diarrhœa gone. Circumference of abdomen the same. I increased the dose of apoc. by two drops a week, so that at last she was taking fifteen drops. Diuresis increased, the size of the abdomen became normal, and by February, 1895, she was quite well. The enlargement of the ovary had disappeared.—Hansen, *A. h. Z.*, cxxxi., 195.

**Carbuncle.**—Dr. F. W. Beebe relates his own personal experience of an attack of this enemy. No relief was found from medication for ten days (*tarentula cubensis* was *not* among the remedies used), and the inflammation had well-nigh covered the entire back of the neck, when strapping (as in mammary abscess) was resorted to. There was marked relief from pain the first night, and the inflammation and swelling gradually subsided from that time.—*Minneapolis Hom. Magazine*, December.

**Caries.**—Dr. Kesselring, of Mülheim, has had satisfactory experience in the treatment of osseous caries with silicea and calcarea fluorica, which he gives on alternate days in the 6th and 12th dils. He relates two cases illustrating their efficacy.—*Revue Hom. Belge*, December.

**Chorea.**—Dr. H. Chandler sends to the *Southern Journal of Homœopathy* for November eight cases of chorea, in which *agaricus*, generally in the 3x dil., proved a slow but sure remedy. It was given for its homœopathicity to the pathological state: there were no special symptoms calling for it.

**Cornea, Ulcer of.**—Dr. Warner reports a case of sloughing ulcer of cornea in which, led by the marked aggravation of the pain and photophobia every other day, he gave *chininum muriaticum* 1. Rapid improvement set in, and cure was complete in a week. [“This case,” Dr. Warner says, “is reported only to show the homœopathicity of the remedy.” But wherein does the homœopathicity lie?—Ed.]

**Deafness.**—Dr. T. M. Stewart records a case of chronic deafness for low-toned conversation only. Post-nasal catarrh, with hawking of thick, tough, yellow mucus, was diagnosed, and was removed by *hydrastis*, 2x trit. The peculiar deafness was more benefited by *chenopodium* 3x. [The writer says: “The symptoms ‘difficulty of catching low-toned conversation and whispering’ are found prominently under this drug.” They would naturally belong to any drug that caused deafness at all; but we cannot find them specified in the extant pathogenesis of *chenopodium*.—Ed.]

**Diabetes.**—Dr. Marc Jousset writes that he and his father continue<sup>1</sup> to use pastilles made of pancreas in diabetes, with remarkable success in certain cases, moderate in others. They think that it answers better when the patient is thin than when he is stout—*i.e.*, when the pancreas is the starting-point of the malady. He gives a case showing very rapid action on its part.—*L'Art Médical*, December, p. 416.

**Dysentery.**—Mrs. W., a widow, aged 48, April 7, 1893. Was quite healthy as a girl. Has had two children. A year after last confinement, twenty-four years ago, she was treated by an eminent gynæcologist for a uterine tumour. He used iodine locally. After this she continued well until about a year ago, when she became affected with frontal headache and vertigo; hæmorrhage from rectum, and the fæces always covered with blood. The evacuations often consist of mucus and blood only, and are attended by tenesmus, which continues after the evacua-

<sup>1</sup> See vol. iii., p. 212.

tion. The blood is dark, not clotted. Appetite bad. Is very weak. Menses, as a rule, normal; occasionally too copious and too long continued. Merc. corr. 2, three drops three times a day in water. April 17.—Tenesmus gone; no better otherwise. Complains much of nausea; no pain in bowels. Evacuations consist of green mucus and blood; are not so profuse, and are accompanied by burning in rectum; great thirst. Ipec., 1 trit., a grain morning and afternoon; arsen. 2, five drops forenoon and night. By April 29 the evacuations were more formed, and contained but little mucus and blood; by the middle of May she was quite well.—Hansen, *A. h. Z.*, cxxxii., 179.

**Ecthyma.**—Mrs. J. J., aged 40. February 2, 1893. For a fortnight has had on both shoulders, and on front of right tibia, an eruption of large round pustules of reddish-yellow colour on a hard inflamed base. Many of them have dried up to yellowish-brown scabs, and there is a large ulcer on the right tibia. During the day the itching is slight, but when she gets warm in bed at night it increases. Prescribed merc. præcip. rub., 2x trit., about one grain three times a day. Externally, on the ulcer, an ointment made of one part of merc. præcip. rub. to fifty of axunge. February 18.—The eruption on shoulders gone; still some dry pustules on right tibia, which burn much at night. Under arsen. 2, three drops three times a day, these disappeared, and by March 2 she was quite well.—*Ibid.*, 178.

**Eczema.**—Mr. J. L., aged 57. May 1, 1893. For two years has had an eruption on nape and upper part of back. It consists of closely agglomerated vesicles, which itch much and scale off. The itching is worst at night, between 1 and 4 a.m., and after scratching burning pains are felt. On the left side of neck a lipoma as big as a duck's egg. Under arsen., 2 and 3x, three drops three times a day, and externally an ointment of lanoline two parts, vaseline and distilled water one part, great improvement ensued, but as things came to a standstill for six weeks, on August 19, I prescribed sulph. 6, five drops three times a day, and externally an ointment containing one part of sulphur to fifteen parts of axunge. By November 1 he was quite well.—*Ibid.*, 179.

**Eczema rubrum.**—J. E., aged 5 months, had for three weeks had eczema on his cheeks and on the back of his head. He was very costive. Profuse salivation and an angry colour of the skin, with relief of symptoms during the day, suggested mercurius

solubilis, which was given in the 12th dil. A complete cure followed without other treatment or remedy.—*N. Amer. Jour. of Hom.*, October, p. 594.

**Enuresis nocturna.**—For the treatment of this affection, as occurring in children, medication is not so effective that we should not welcome other aid. It is worth noting, therefore, that Dr. Julius Strumpf has found the elevation of the pelvis—so that the urine may gravitate away from the sensitive trigone of the bladder—a most useful adjunct.—*Revue Hom. Belge*, November.

**Glaucoma.**—Dr. Bhaduri records a case of the acute form of this disease, so diagnosed by an old-school authority, and certainly appearing to be such from the symptoms specified. The patient made a rapid and complete recovery under the alternate use of cocaine and eserine drops, the strength of solution being for the former two grains, for the latter four grains, to the ounce. [That sepia 6 and .30 was coincidentally given as an internal remedy we cannot think of importance; or that some remaining cloudiness of vision dispersed under nitric acid 3, given because of “suspected mercurial taint.” This last is too vague.—ED.]—*Indian Hom. Rev.*, October-November.

**Goitre, exophthalmic.**—In a case of this kind, in a woman of 43, the tachycardia was pronounced, and the patient “complained of a dreadful sensation, as if the heart were beating in water.” There were rushes of blood to the head, with vertigo. No relief was experienced till bovista 30x was given. Under this the heart symptoms were stopped, and the vertigo and rushes of blood much relieved. The goitre became less in size.—*Southern Journ. of Hom.*, December, p. 338.

**Hidrosis pedum.**—In an unusually severe and prolonged case of sweating of the feet (at first offensive, but not so latterly), examination discovered flattening of the arches, and much sprained pain was found to have existed. He was ordered boots which would support the arches, and within twenty-four hours of wearing them such great improvement ensued that he considered further treatment unnecessary. Subsequent inquiry ascertained that he had lost all sweating of the feet, and could use them in any way without discomfort.—*Hahn. Monthly*, November.

**Keratosis palmaris et plantaris.**—In a woman of 45, palms and soles became, first dry, then thick, hard, and stiff, like sole leather. Antimonium crudum, 6x and 12x, effected so much im-

provement that cure was confidently expected.—*N. Amer. Journ. of Hom.*, October, p. 592.

**Leucoma.**—A lady, aged 40, presented herself to Dr. F. W. Payne with a large, dense, white opacity in the right cornea. (It is afterwards spoken of as "congenital," though this is not specified in the history, but mention is made of the patient's mother having had a dense white scar on the right cornea, as the result of injury to that eye in infancy.) The only other available symptom being that her colds, when she caught them, had the kali bichromicum character, and as Dr. Payne had "before cured several cases of dense opacity in the cornea" with this drug, he gave it in rare doses of the 200th. In six months' time the opacity had visibly and extensively decreased, so that the field of vision was greatly enlarged, and the appearance of the eye greatly improved. Dr. Payne then lost sight of the patient. [He writes:—"Under the proving of kali bich. are these eye symptoms, viz., long lasting, dense opacities of cornea; upon the right eye an old cicatrix." Under what *proving*, we would ask? —Ed.]

**Lupus.**—At a consultation day at the London Homœopathic Hospital, Dr. George Clifton showed a case of bat's-wing lupus (lupus erythematosus) which had completely recovered under arsenicum iodatum 3 internally, and arsenicum album 3 locally. —*Monthly Hom. Review*, December.

**Nephritis.**—A boy, aged 5, had influenza end of December, fever, catarrh of upper parts of respiratory organs, headache; then dry pleurisy. On seventh day, severe pain in back. Urine contains much albumen, degenerated red blood corpuscles, much epithelium. Bell. and acon. soon relieved, then arsen., after which the albumen disappeared in eight days. Four weeks after this tonsillitis and albuminuria; hepar improved, and the albumen disappeared.—*Mende, A. h. Z.*, cxxxi., 185.

**Neuralgia.**—M. D., aged 34. July 14, 1893. Had influenza three months ago. His present malady is of six weeks' standing. Complains of darting pains in both feet, from ankles to soles, and from side to side of ankles. Pains worst when moving: no pains when at rest or when warm in bed. No tenderness; general health good. Bryonia 3x, three drops three times a day. July 29. —Pains diminished, but they are now worst when at rest, and when beginning to walk, but get better on continuing to walk. At night, when the pains are bad, must be frequently changing

the position of feet. Rhus, 2x, in the same way. August 14.—No better. Shooting pains in feet and toes while walking. The pains spread over the limb, with numb sensation. Gnaphalium polycephal., mother tincture, three drops three times a day. In a fortnight was much better; by the end of September quite well.—Hansen, *A. h. Z.*, cxxxi., 179.

**Periostitis.**—V. B., aged 22; seen first January 2, 1893. For five months has been suffering from periostitis of left tibia; swelling slight, but considerable tenderness and pain on moving. He had long been treated in hospital with warm compresses and massage, but without benefit. I treated him a year ago for gonorrhœa with epididymitis. He says the cause of his malady was a jump over a ditch. I prescribed merc. sol., iod. and several other homœopathic remedies without relief, and he gave up treatment. Later there commenced very violent pains, so that he returned to the hospital for surgical treatment. When he came out of hospital he told me that his disease was pronounced to be osteomyelitis tib. sin., and it was treated by incisions and scrapings, whereby the pains were somewhat allayed, and he was able to walk better. In spring, 1894, he came again to me and complained of violent boring pains in left tibia, worst in heat of bed. He often breaks out in profuse perspiration, but this does not relieve the pains; otherwise he was in normal health, and no swelling on the bone could be felt, but there was still tenderness on strong pressure. I prescribed merc. corr. 2, five drops in a spoonful of water three times a day. After this the pains grew less, but did not quite depart, so after a fortnight I gave the remedy in the 3rd dil. three times a day. A few doses of this effectually removed the pains. *Ibid.*, 177.

**Purpura.**—C. H., aged 43, May 5, 1893. For a long time has been treated allopathically, without benefit, for this complaint. Spots of purpura on legs, thighs, and backs of hands. The spots are blue-red, of very various sizes, from that of a threepenny bit to an inch. Burning pains in the spots, and tearing, burning pains, deeply seated, in legs, worst at night and when moving. Otherwise well, but feels weak in the morning. Phos. 5x, five drops three times a day. May 15.—Spots almost all gone, and paler. Pains nearly gone. Continued. May 24.—Spots more numerous, pains worse. Great hæmorrhage of bright blood from left ear, with tinnitus. Phos. 4x, three drops three times a day. June 7.—The hæmorrhage from ear stopped for some days. Burning pains the same, especially at night. Spots the

same. Aggravation of pains in cold air, and especially when bathing in cold water. Arsen. 2, five drops three times a day. June 21.—Much better. Pains absent, and spots entirely gone. Continued. July 3.—Quite well.—*Ibid.*, 195.

Dr. Hanchett writes a paper on the treatment of this disease in the *Hahnemannian Monthly* for October, giving illustrations of the simple, rheumatic and hæmorrhagic varieties. Sulphur and apis proved the remedies (rather slow ones) in the two former. In a case of the last kind all ordinary remedies failed, even croctalus and phosphorus, when, some symptoms calling attention to terebinthina, it was given with marked benefit.

**Renal Dropsy.**—A young man, aged 21, March 28, 1893, previously always healthy, a month ago became hoarse and weak. After a few days his condition became as it now is—great weakness, weight on forehead extending down to root of nose; hoarseness, especially bad in the evening and when coming from warm to cold air; dyspnœa; no cough; œdema of face and of lower eyelids; considerable œdema in both feet and legs up to knees; lungs normal; heart's beats hard but sounds normal; urine dark brown and containing 4 per cent. of albumen and cylinders. Phosph. 2, five drops three times a day in water. By April 15 the œdema of the lower extremities was pretty nearly gone. Hoarseness and palpitation of heart diminished. Continued medicine. May 18.—œdema all gone; dyspnœa very slight. Continued medicine. July 27.—Urine has only  $1\frac{3}{4}$  per cent. albumen and no cylinders. All the other symptoms gone; appetite good, but weakness still considerable. Much thirst, especially at night, must drink little and often. Arsen. 3x, three drops three times a day. Under this the thirst ceased, the weakness disappeared, and by the beginning of October the urine was quite normal.—Hansen, *A. h. Z.*, cxxxi., 178.

**Retinitis Pigmentosa.**—Dr. Copeland, the new Professor of Ophthalmology at the Homœopathic Department of the University of Michigan, reports some favourable experience with phosphorus in this disease.—*Medical Century*, December 15.

**Stammering.**—In the *Southern Journal of Homœopathy* for August, Dr. M. E. Douglass brings together a number of observations, pathogenetic and clinical, bearing on the treatment of this affection, which would be worth a reference when having a case of it to treat.

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ON DIGITALIS.<sup>1</sup>

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DIGITALIS is one of the most interesting drugs in the whole pharmacopœia. Its use and action on the heart was discovered by accident through an old woman, who knew the virtues of herbs. Its early employment was on a view of its action which is now practically abandoned, while its modern use is diametrically opposite to the earlier practice. It is used by both schools of medicine, and practically on the same lines. Its action has been extensively investigated by provings, poisonings, and experiments on the lower animals, and while on most of the facts there is unanimity, various theories have been put forward to explain the facts and the *modus operandi* of the drug; and at the present time opinions differ on these points. Were I to go fully into the whole subject, my paper, which is expected to be a

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, February 6, 1896.

short one—in fact, one of three papers on heart-medicines—would develop into a very lengthy one, too long, even alone, for one evening. I must, therefore, confine myself to a mere sketch, to introduce the subject, stating my own views, and to elicit discussion in the Society.

The general course of the action of digitalis in the healthy human subject—and in the lower animals also—is shortly as follows:—At first, there is a temporary quickening of the pulse. This has been denied by several writers, but the evidence of its having this effect is amply sufficient, in my opinion. Positive observations are worth ten times more than negative ones, and because it is not perceptible in every case, this does not by any means prove that the observations of primary pulse-quickening are incorrect. Many drugs elicit their early and temporary action in only a comparatively small number of provers who are in health at the time. The healthy body is often sufficiently robust to make the earlier symptoms imperceptible to observation, though they may and do occur all the same. After this stage, however, the prominent feature is a marked slowing of the pulse, sometimes to very far below the normal. Along with this slowing the heart's action becomes stronger, and more bounding or thumping, with full pulse. Next follows irregular action, though thumping, but the pulse becomes small, feeble, and irregular, while on rising to the erect position it increases immensely in rapidity, to sometimes nearly double the previous beat. With this state there is marked præcordial uneasiness, the breathing is difficult and irregular, faintness is experienced, headache of a marked type ensues, with confusion and mental torpor; vomiting of a spasmodic type follows, with severe abdominal pain, diarrhœa, faintness, and cold perspirations. After this stage the pulse becomes very rapid, feeble, thready, and irregular,—the heart beating in an irregular, spasmodic manner; and finally the patient dies. The smaller vessels and capillaries are, during the full action of the drug, in a state of high tension, this high tension relaxing to a state of low tension before death.

The *post-mortem* state is best seen in the lower animals

which have been examined immediately after death. We are generally told that the heart, the left side especially, is found rigidly contracted and the ventricles empty. But this is not found by any means uniformly. In the cases of *post-mortems*—dogs and sheep—made by Dr. Lauder Brunton, in one “the veins and right side of the heart were engorged and swollen, stuffed like sausages, as Caspar describes it. Right auricle distended. The left ventricle was found firmly contracted, containing a clot. It was not white from contraction.” In the next experiment on a sheep, the left ventricle was firmly contracted. Left auricle flaccid. The right auricle and ventricle were both distended with blood. Pulmonary artery full and turgid, the pulmonary veins empty, or nearly so. In the next one, a dog, “the right side of the heart was distended by dark fluid blood, and the veins on its surface were dark and full. The left heart contained a little fluid blood and was *flaccid*.” In the next experiment, on a dog, “both sides of the heart were full of blood . . . the heart seems quite normal.” In the next one, a dog, “both sides of the heart contained fluid blood.” In the next, a dog also, “right auricle and ventricle distended with black blood, which was somewhat curdled—not in firm clots. Left side of the heart natural in colour, contained a little blood, also somewhat curdled.” No mention of contraction of ventricle here. In the last experiment, also on a dog, “the heart was filled with blood in both cavities, the venous system turgid. The heart contracted readily on irritation.” We thus see that firm, or “tetanic” as it is called by some writers, contraction of the left side of the heart is by no means uniform, if even the rule. In only one of these *post-mortems* was the left ventricle contracted, while the left auricle and the right auricle and ventricle were flaccid and full of blood.

Now let me merely glance, for want of time, at the various theoretical explanations of these phenomena. The earlier view was that digitalis was a “sedative” to the heart, and hence was given in full doses in hypertrophy with laboured action, to quiet the action, with the result that the patient often died of digitalis and not of his heart

disease. This view, I need hardly say, is exploded long ago. More recent investigations and observations proved that digitalis showed its therapeutic virtues not in such cases, but in the reverse, in cases of weak, irritable, feeble heart, and hence came to be called, *par excellence*, the cardiac tonic. One set of writers consider that the main action is on the vagi and from their centres, thus accounting by their stimulation for the prominent slow pulse. Others look on the "musculo-motor" nerve of the heart itself as the real seat of action of the drug. But as this would not account for the high tension of the small vessels, without the influence of the sympathetic generally, it is believed that digitalis has a special affinity for the smaller arteries in producing a state of high tension of them, followed before death by the reverse state, dilatation and low tension. Others again, as my friend Dr. Hughes, while admitting its action on the vagi and "musculo-motor" nerves, and its power of contracting the small vessels, believes that digitalis is essentially a "poison" to the muscular tissues of the heart, and that death occurs from this tissue-poisoning. It seems to me that digitalis is such a complexly acting drug that we must conclude that all these views are to a certain extent correct—that it has a marked and specific action on the vagi and on the musculo-motor nerves of the heart, on the minute arteries through the sympathetic, causing first high, and then afterwards low, tension, and also to a certain extent on the muscular tissues of the heart.

But the latter action, with due deference to Dr. Hughes, seems to me the smallest element of all, nor can I at all agree with him in speaking of digitalis as a direct "poison" to the muscular tissues, and that this is its main essential action. He will not admit that death can occur from extreme exhaustion of the nerve-supply of the heart, if the organ itself is healthy. In his "Pharmacodynamics," he states this directly. Here I must differ from him. We all know that nerve shock, mental or physical, can and does kill from the heart, when there is no evidence of the heart itself being diseased. Dr. Hughes says ("Pharmacodynamics,"

*Art. Dig.*): "It is the custom to speak of such phenomena as those of reaction from exhaustion of the over-stimulated nerves. But I think it is impossible to explain them all upon such a hypothesis. No nervous exhaustion can stop the heart's action, as long as the organ itself is healthy, and after death thus induced the ventricles are found contracted and not dilated" (which I have shown is by no means uniformly so). He considers that digitalis is one of the poisons which act directly upon the muscular tissue, "paralysing and killing it;" and again he says, "While digitalis stimulates the nervous supply of the circulation, it kills its muscular apparatus. The latter action is slower than the former, and is for a time masked by it. But that, while pneumogastrics and sympathetics are acting upon the heart, slowing and at the same time urging its beats, it is nevertheless losing its inherent vigour, is shown by a remarkable fact. It is often noted by the older observers that though the pulse under the influence of the drug was slow when the patient retained the recumbent position, it became enormously quickened—often to double its rate and more—when he stood up. This could only be from enfeeblement of the muscular walls of the heart, which endeavoured by increased rapidity of action to answer the additional call made upon it. Thus rightly was the fact explained." Here, again, I quite disagree with our friend in his theoretical explanation. The phenomenon is amply explained by the weakened and semi-paralysed nerve supply, although very probably with, and as a consequence of, the enfeebled nerve supply the muscular walls are also weakened. Dr. Hughes gives the same explanation of the characteristic irregularity of the pulse. He says (*Ibid.*): "The rhythm of the heart's alternate contractions and expansions is a property of its tissue. It cannot be altered by any modification of its nervous supply; it only fails as the muscular tissue itself loses its integrity. As Dr. Fothergill says, 'Irregularity of rhythm is not due to disordered innervation, but to obvious debility.'" Now Dr. Fothergill is not gospel, and I demur to his statement, while I totally disagree with Dr. Hughes' theoretical explanation. "Lastly," Dr. Hughes says, "the symptoms

and *post-mortem* appearances which show the heart dying in systole instead of diastole, which are thought to prove the drug a cardiac stimulant to the last, receive their explanation. The heart poisoned by digitalis is contracted and not dilated, but the contraction is the *rigor mortis*." Now whether the *rigor mortis* has anything to do with it or not, I have shown that it is by no means a uniform fact that the heart does die in systole.

The explanation of the irregular pulse and the irregular thumping heart-beat is obtained by noticing an observation of Lauder Brunton's, that in this stage the muscular walls of the heart, instead of contracting and dilating smoothly and rhythmically, contract in bits or groups of muscle, thus acting quite unevenly and spasmodically, causing bulgings here and there from this contraction of parts at a time. A heart contracting thus must be irregular, thumping, and laboured, while the high tension of the capillaries at the same time renders this irregular contraction and dilatation more difficult in forcing on the blood evenly. This stage of the full pathogenetic action of digitalis is really one of reaction and commencing paralysis of the nerve-supply, which goes on getting more and more pronounced, till the heart fails altogether. That it is so is shown by the corresponding (in time) general symptoms. They are all those of exhaustion of nerve power. We have the cerebral symptoms of depression, the headache, and the delirious wandering confusion, the vomiting of the nervous spasmodic type, the diarrhoea, the faintness and sense of exhaustion or collapse, with the great general physical prostration, and cold sweats—all indicative of extreme nervous exhaustion.

In fact, we see all through its pathogenesis the state of action and reaction, of stimulation and paralysis—in fact, the double action that we see in all drugs, and in virtue of which they act homœopathically in the small or stimulant doses. There is first the quickening of the pulse, which, though not noticed in every person, undoubtedly exists, with a stimulus to the heart too slight to notice in the healthy body, but which comes out plainly when given in disease. This is, as we all know, what is constantly

observed in practice, viz., that the primary or stimulant action which may, in the healthy body, be hardly noticeable, is quickly seen in a diseased state corresponding to the drug. But when it comes to the point of the fully marked physiological or pathogenetic action of the drug, when given to a *previously healthy body*, that stage is already one of over-stimulation, which goes on to paralysis, the heart first acting firmly and heavily, then becoming irregular, and contracting in groups of muscular bands, and finally stopping. So with the pulse, when it becomes markedly slow, then irregular, then feeble and thready and irregular, then extremely rapid, and finally stops. So with the brain; the gentle stimulus in health is hardly noticed, then, with the full action, the brain is dulled, headache is severe, delirium and excitement—really depression—follows, with exhaustion. So with the stomach; at first the appetite is increased even in the healthy person, and I have often noticed this in illness, and this is followed by loss of appetite, nausea, vomiting of a spasmodic type, no doubt partly or largely neurotic, and causing spasmodic contractions of the muscular coat of the stomach. So with the bowels; in illness I have often noticed that the bowels act more regularly with digitalis, when there has been previously constipation. This is followed by griping, constricting pain and diarrhœa, with general exhaustion. So with the kidneys; increasing flow of urine is often noticed at first, with suppression or scanty secretion afterwards. So with the uterus: hæmorrhage is checked at first, and therapeutically, then comes onset of menstruation too early, with forcing-down pains, from, probably, spasmodic contraction of the muscular walls of the uterus. In fact, this double action is most beautifully seen in digitalis, and it is, to my thinking, one of the clearest and prettiest examples of a homœopathically-acting medicine.

Now what of its therapeutics? I have often noticed as a general rule, that when both schools agree in using a drug for the same or similar conditions of disease, the medicine is certainly homœopathic, and the dose most successful is a tangible, and not an infinitesimal one. The question of dose

I reserve till the last. In the old school it is given on theoretical grounds, that is to say, if a certain case is deemed, according to the theory of its action, unsuitable, we are told that it is so and *vice versa*. I do not go into the old-school views of practice to criticise them, as I have not time in this paper, and our business is with homœopathy and *its* indications. Here I am met with Dr. Hughes' views. Any views coming from such a learned and authoritative source command our careful attention, and his work on "Pharmacodynamics" needs no word of praise from me, as it is a standard book on the subject—almost a household word in homœopathy, and by far the best book to put into the hands of a student as an introduction to homœopathy. But in the matter of his article there, and his other writings on digitalis, I am very sorry I cannot at all agree with his stand-point. His views of the therapeutical use of digitalis seem to me not to be guided by the usual rule for drug selection, but to be guided almost entirely by the theoretical views which I have already noticed. He considers, from these views of the action of digitalis, that in homœopathy it has a very limited range; in his work on "Therapeutics" he gives it a back seat, while in his most recent utterances, namely, his course of lectures delivered in the hospital this winter, we find the same. In the last one, on the Heart and Circulatory Organs, digitalis is hardly named even till he comes to speak of cardiac dropsy, and then he argues that what good it does is antipathic. He says: "You may have noticed that digitalis has found no place among the leading heart remedies of homœopathy." He even speaks of the treatment of cardiac dropsy as only palliative. "What you are aiming at here," he says, "is palliation, not cure." And this because the dropsy is only a symptom, and the product of a deeper cause. He then refers to a case treated by himself and Dr. Kidd, and recorded in Dr. Kidd's book, "The Laws of Therapeutics," in which "the primary attack and two relapses yielded to digitalis with certain adjuncts." This patient "went for twenty years without another attack, in fair enjoyment and adornment of life, and when in 1894 a fourth occurred, similar treatment restored her to practical health." If this is pallia-



tion and not cure practically, we must change our understanding of the word palliation. Such a palliation is quite good enough for me. In fact, Dr. Hughes practically confines its homœopathic action to one state, namely, weakness of the muscular walls of the heart. He says ("Pharmacodynamics"): "For myself, digitalis has been always a valued remedy in weakness of the heart. I have regarded it as a cardiac tonic in disease because it is a cardiac debilitant in health, and have used it accordingly. Simple enfeeblement of the muscular walls of the heart has seemed to me to be a very common condition. Vertigo, tendency to syncope, breathlessness on exertion, and palpitation—some or all of these are its symptoms; and it finds in digitalis a potent and rarely failing remedy." This is true, but is this all? Dr. Hughes' views on digitalis as a direct poison to the heart muscle are here his guide in practice; and in another place he states that digitalis is of very little use in functional irregularity of the heart due to nervous disorder.

Now, Hahnemann's teaching in the selection of the remedy is that we are to be guided, not by theoretical views, but by the totality of the symptoms; and I maintain that it is just in such a drug as digitalis, where such different theoretical views are held, that we should be guided by the totality of the symptoms. There is no difference of opinion as to the facts, but it is in the interpretation of these facts that the divergence lies. And here, as I have said, is the special field for our never-failing rule—that we should be guided in the choice of the remedy by the totality of the symptoms. And I am truly glad, in maintaining this view—and in so doing opposing my great friend, Dr. Hughes—to know that I am supported by a distinguished man, whose homœopathic proclivities are so well known, but who still remains in the ranks of the old school—I mean Dr. Ringer. He even uses our pet phrase, "totality of the symptoms." Listen to this passage ("Therapeutics," art. "Digitalis"): "I believe that we obtain better indications respecting the advisability of using digitalis by considering the totality of the symptoms, rather than by confining the attention simply to the nature of the valvular affection, and therefore I will fully indicate the heart

diseases in which this drug will prove useful, and those in which it will be found of little or no use." He then goes on to *describe* a case, or draw a symptomatic picture of the class of case which is benefited by digitalis. And here let me say that I know of no more admirable article on the true therapeutical action of digitalis, and the states calling for it, than that of Dr. Ringer in his "Handbook of Therapeutics," and I would advise anyone who has not read it to do so forthwith, and he will see how thoroughly homœopathic digitalis is in all conditions in which it is valuable, and conversely, that when valuable therapeutically it is homœopathic. I quite agree with him that the cardinal symptom indicating digitalis is *irregularity* of pulse and heart. Whenever this is present, digitalis is useful, and the more closely we are guided by the symptoms, and not by theory, the more successful we shall be.

(1) In a case typical of dilatation of the left ventricle, with hypertrophy at the same time, with mitral regurgitant murmur, and perhaps also disease of aortic valves. Now symptoms of this state are too well known to take up your time with a description of them—the dropsy, the distressed breathing, the irregular, feeble, frequent pulse and heart-beat, the signs of venous congestion, and the scanty, loaded urine. (2) In cases of this nature even without valvular disease. But (3) in such cases, with such symptoms, even with aortic disease, obstructive or regurgitant, or both, digitalis is not contra-indicated, but will be most helpful. In all such cases, however, if the pulse is *regular*, then digitalis will be less useful. (4) While in such cases the heart may beat feebly, and digitalis will strengthen it, yet even when the pulse is feeble and irregular, and the heart is beating vigorously, with thumping palpitation, digitalis is most valuable, strengthening the pulse, and at the same time quieting the irregular, spasmodic thumping of the heart—the very state it produces pathogenetically. (5) In old people, when the heart is irregular, with a corresponding pulse, even though valvular mischief may be slight, or absent, but when dyspnoea and distressing palpitation are present, digitalis affords very

marked relief in easing the breathing, steadying the heart, and removing the distressing palpitation. In fact, the more distinctly the heart is irregular, whether with much, or little, or no valvular disease, digitalis answers beautifully. (7) In bronchitis or pneumonia, acute or passive, when the heart is irregular, beating either feebly or tumultuously, digitalis, by relieving the heart and so promoting the flow of blood through the lungs, relieves the lung or bronchial condition decidedly. (8) In irritable heart, or a heart irregular from functional nervous disturbance, but otherwise healthy, digitalis will very soon reduce the irregular, often rapid action to quiet, normal action, and in these cases I have the greatest confidence in it.

A few words now as to its use in dropsy. As I have already stated, digitalis has an action on the kidneys, as most writers admit, causing distinct increase in the flow of urine, even in the healthy prover, while later on the reverse state, scantiness, even to suppression, ensues. But, on the other hand, its diuretic effect in dropsy, independent of heart disease, is hardly to be relied on, and it by no means takes a foremost place in such cases. But when the dropsy is dependent on, and caused by, heart disease, then its beneficial results are well known. But Dr. Hughes asserts that this action is not homœopathic, but antipathic. He argues that because a fairly large dose is often, though not always, required, and because the dropsy coincides with an engorged venous system and low tension in the dilated capillaries, that, therefore, a medicine which strengthens the heart beats and contractions, and brings on a state of high tension in the vessels, acts antipathically. Here I differ from him. True, the dropsy is the effect of this low arterial tension and dilated, weak heart. But if by digitalis you produce a state of increase of power in the heart-movements, and develop a state of increased tension—short, be it observed, of over-stimulation—and by so doing remove the dropsy, then I maintain it is unmistakably homœopathic in its action. You simply produce the requisite stimulation of heart and vessels, and so remove the

dropsical effects by so doing, all the while keeping well within the over-stimulation of full dosage. You have simply to watch the effects, the gradual improvement in the heart and the tone of the vessels, and as soon as this is obtained, and the dropsy gone, the medicine can be stopped. All within this point is purely homœopathic. It is only when this line is overstepped that you develop the mischievous paralyzing effects of the antipathic dose. Stimulation to the point of as nearly normal action of the heart and vessels as can be obtained under the circumstances is as pure a piece of homœopathic medication as we can have exemplified anywhere in medicine. This brings me finally to the question of dose. That the stimulation of heart and vessels necessary to removing the dropsy often requires tangible or largish doses is, according to Dr. Hughes, our ground for stating that the action here is antipathic. But what is the homœopathic dose? Just such as will produce the curative effect, short of inducing over-stimulation. It is the dose which is less than will aggravate. How much less is a question of experience, and varies, as we all know, with different medicines. Some uniformly act best in high dilutions, while others are the reverse, and the state of the patient is also a factor in the question. In certain diseases the system responds to minute doses, while in others, as in the cases of heart disease we have been discussing, with dropsy, the whole body is so relaxed, the functions all sluggish, and performed with difficulty, the circulation engorged, and the blood flowing sluggishly, that the system has not the vitality to respond to small doses, or dilutions. We have, therefore, to give a dose unusually large for a homœopathic one in order to get a response. But here I maintain, whatever the size of the dose—be it drop doses of mother-tincture, or 5 drops, or even 10 drops of it, or one or two teaspoonfuls of the infusion—provided we get the desired result of stimulation up to the normal point, or as near to it as possible, and provided that we do not develop the over-action, and so make the patient worse, that dose is homœopathic. As long as we get the irregular, rapid, or slow pulse to become and remain

regular, steady, and in healthy strength, and also the heart beats to become and remain fairly strong, even, and regular, we are not overstepping the homœopathic line. As Dr. Ringer says very correctly ("Therapeutics," p. 415), "In all treatment the object should be to obtain the greatest therapeutic effects with the smallest possible dose, a condition particularly important with a powerful drug like digitalis; for large doses sometimes appear to increase the heart's embarrassment, and relief comes only when the dose is diminished." But I again repeat, the homœopathic dose is one which produces the requisite amount of stimulation whatever size it is, without developing more than the normal results, and this dose *must* vary with each individual case.

I am sorry to have read such a lengthy paper, but whilst omitting much that I should have liked to bring in, I could not further curtail it. And I trust that I have shown that, with all deference to my friend Dr. Hughes, digitalis in heart disease, when the cardinal symptom, or key-note, is irregularity of pulse and heart-action, is one of the most beautiful examples of *similia similibus*, and that our guide in choosing it as a remedy is the "totality of the symptoms."

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## STROPHANTHUS.<sup>1</sup>

BY BYRES MOIR, M.D.

*Physician to the London Homœopathic Hospital.*

STROPHANTHUS hispidus is an exogenous creeper, belonging to the apocynaceæ, and indigenous to the valley and mountain forests situate above the Victoria Falls of the Zambesi. The fruit of the plant ripens in June. It is a pod growing up to twelve inches in length, containing as many as two hundred seeds. At present, there are two kinds of these seeds in the market—a greenish brown and

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, February 6, 1896.

a white variety. The former, said to be the fruit of *strophanthus hispidus*, was defined as kombé seed by Professor Oliver, of Kew.

The question of the identity of these seeds does not appear, however, to be definitely settled as yet; and the possibility is therefore not excluded that the white variety are the kombé seeds from which the natives prepare the kombé poison.

The seeds contain, besides fixed oils and albumen, that intensive poison which, by the name of kombé, inée or onage, has been used for a long time in West and Central Africa for poisoning arrow-heads.

Professor Fraser, of Edinburgh, was the first, in 1870, to give an account of *strophanthus* and of the toxic principles contained in the seeds of the plant. It was not, however, till 1885 that he published an account of his experiments with it, and its use during fifteen years in diseases of the heart. He used it in the form of a tincture in doses varying from 3 to 20 minims, twice or thrice daily. He has also tried the subcutaneous injection of the active principle, *strophanthin*, a glucoside, in doses of  $\frac{1}{10}$  grain.

From his experiments he came to the conclusion that *strophanthus* is a muscle poison. However introduced into the body it increases the contractile power of all striped muscle, and renders these contractions more complete and prolonged. In lethal doses it destroys, besides, the capacity of the muscle to assume the normal state of partial flaccidity, and causes the rigidity of contraction to become permanent and to pass into the rigor of death. As a result of the action on muscle the heart is early and powerfully affected. It receives a larger quantity in a given time than any of the other muscles of the body, and therefore it is that *strophanthus* affects its action more distinctly and powerfully than the action of the other striped muscles. Indeed, by regulating the dose, a very distinct pharmacological influence may be produced upon the heart, while the other muscles remain apparently quite unaffected.

The changes which occur in the heart's action are the

ordinary changes that have been frequently described in the case of digitalis and other members of the same group. The systole of the heart is increased, and its contractions are slowed, by small doses ; it is paralysed in a condition of rigid systolic contraction by large doses.

This action is produced if the influence of the cerebro-spinal nervous system be altogether removed ; and with lethal doses the heart, like the other muscles of the body, passes at once from the condition of pharmacological systole into the rigor of death.

Professor Fraser made a series of experiments to differentiate, if possible, the action of strophanthin and digitalin upon the hearts of frogs separated from the body. These experiments are especially interesting to us from the minute doses which he found to have an influence.

Solutions of digitalin, varying from the strength of 1 part in 4,000 up to 1 part in 100,000, produced characteristic changes in the heart's action, but were not sufficiently strong to kill the heart, at any rate not within two hours.

With strophanthin, on the other hand, a solution of 1 part in 100,000 quickly stopped the heart's action in extreme systole, characteristic changes in the heart's action having been previously produced. The dilution was then gradually increased till he got a solution of 1 part in 10,000,000, which gave the same result, and remarks that the almost inconceivably minute dose, which was brought into contact with the heart when the solution of one part of strophanthin in 6,000,000 was used, produced complete stoppage of the heart's action in about twenty minutes.

In another series of experiments, employing the same digitalin as was used in the above, it was found that in a frog, whose central nervous system had been destroyed, a solution of 1 part in 20,000 passed through the blood-vessels produced, in six or seven minutes, such extreme contraction of the vessels as practically to prevent the solution from passing any longer. With strophanthin, on the other hand, only a temporary effect was produced, which was soon recovered from, even when the solution was increased to 1 part in 2,000,—strophanthin thus exerting a much more

powerful action upon the heart and a less powerful action upon the blood-vessels than digitalin.

We have not yet got any complete provings of strophanthus. Experiments have been made with regard to its action on the pulse in healthy subjects, but no definite results have been obtained from sphygmographic tracings. Professor Draseln found that five drops of the tincture of strophanthus given to a healthy man would produce in about three hours a fall from about 8 to 12 beats per minute of the pulse, which would last part of the day. After ten drops the pulse fell in half an hour 12 to 20 beats; after twenty drops the pulse sank in the single case given from 84 to 54 strokes. There was no influence on the respiration, but a lowering of the temperature in some cases as much as a degree.

In the ten years which have elapsed since Professor Fraser's article appeared, sufficient evidence has accumulated of its great therapeutic value, in fact, placing it as among the first, if not the first, of recent therapeutic discoveries.

In cardiac diseases its action is to increase the force of the systole, at the same time that it diminishes the rapidity of the heart's action. It has little or no effect upon the blood vessels, and therefore causes less tension than digitalis, which causes a contraction of the vessels with a consequent rise of blood pressure. It causes less gastro-intestinal disturbance than digitalis. It is not cumulative in its effects, and may be used in smaller doses than digitalis. It is indicated in all cases of valvular disease where compensation has broken down.

In mitral regurgitation, where œdema and dropsy have supervened, its action is often most marked, the action of the heart being strengthened and slowed, the respiration relieved, and free diuresis set up, the flow of urine being increased as much as from 20 ozs. in the twenty-four hours to 150 ozs. In these cases, however, I must say that I still prefer the infusion of digitalis, as strophanthus has several times failed me when digitalis has succeeded. On the other hand, we sometimes find it successful where digitalis has failed; and we have not yet indications by which we may select between the two.



In aortic stenosis and incompetence, where there is compensation through hypertrophy, no cardiac stimulant is needed; but where there is want of compensation the treatment required is the same as for auriculo-ventricular disease, and in these cases, which are often associated with marked atheroma of the vessels, I prefer strophanthus to digitalis. In fatty heart strophanthus often gives great relief to the palpitations and dyspnoea. In dilatation from senile degeneration with irregular action it gives good results. In acute febrile diseases, as pneumonia, where cardiac embarrassment is often the cause of death, and in typhoid fever, when the first sound of the heart becomes weak, it is clearly indicated, as well as in severe prostration from hæmorrhage after operations, and in cases where peritonitis has supervened its action is most beneficial. In this latter class of case it seems to act as a general stimulant, and is frequently more reliable than alcohol.

An interesting discussion on cardiac therapeutics took place in the Medico-Chirurgical Society of Edinburgh at the beginning of last year. Drs. Balfour and Grainger Stuart were disappointed with the action of strophanthus compared with digitalis; on the other hand, Professor Fraser spoke of the good results he was still getting with it, and Professor Greenfield said that he intervened in the discussion solely in order to bear testimony to the enormous value of strophanthus, and considered that it was the most commonly applicable of all the group of special cardiac agents. To its use he owed the life of many patients and friends in conditions which, before its introduction, he would have regarded as hopeless, and in cases where all known remedies, including digitalis, convallaria, &c., had absolutely failed. If only for its action in acute pneumonia it would rank as an agent of unsurpassed value.

The dose of tincture of strophanthus which Professor Fraser recommends is from 3 to 20 drops twice or thrice a day. Professor Greenfield says that in some critical cases, where there appeared to be no hope of recovery, he had given very large quantities—ten, fifteen, and even twenty minims every two hours—and with resulting cure. My own

experience has been that in the chronic conditions, like the irregular heart of old people and where a rapid action is not necessary, two drops three times a day continued steadily gives the best results ; but in more acute cases, especially with cardiac disease, five or ten drops are necessary. With the larger dose it is necessary, as Professor Greenfield says, "to watch the case with the finger on the pulse."

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### NOTES ON CACTUS CASES.<sup>1</sup>

BY D. MACNISH, M.B.,

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It is unnecessary to occupy time with excerpts from *Materia Medica* literature as regards the composition and provings of this plant. The details of a few cases of cardiac derangements which have been treated with this remedy may not be devoid of interest.

*Case I.*—G. E., aged 48, an engineer, was admitted as an out-patient, August 10, 1895, having been ill for years. Been in a workhouse infirmary and dosed with quinine, and had attended various hospitals. He complained of stiffness in muscles, "pins and needles over body," weakness, inability to work. Pain in left forearm, as if an iron band were round the centre ; a feeling as if it were locked up in iron. His digestion was good ; cough *nil* ; frontal headache occasionally ; sleeping well. Eyes, ears, *nil*. Dry heat over body. No special aggravation or amelioration. There was general muscular weakness with tottering gait. Knee reflexes exaggerated ; no ankle clonus. He felt as if he would tumble down. The patient presented a typical appearance of the disease acromegaly. Prescribed cactus 3x,  $\mathfrak{m}$ iii. 4 hrs.

*August 17.*—Pain in bone much less ; feels much stronger. Rep.

*August 24.*—Not so well ; feeling of giddiness ; right calf sore. Feels hot all over body. In arm iron band sensation gone. Gelsemium 1x,  $\mathfrak{m}$ ii., 4 hrs.

<sup>1</sup> Presented to the Section of *Materia Medica* and Therapeutics, February 6, 1896.

September 21.—Has been in workhouse infirmary again and dosed with quinine; feels very weak. Rep.

October 5.—Very much better; feels stronger. Slight nausea. Rep.

October 26.—Feels stronger; cold sensations from shoulder to hand on both sides, especially on the left side. No return of iron band feeling. Rep.

February 5, 1896.—Patient has not returned to hospital.

Case II.—B. A., aged 8. Admitted, September 11, 1895. Ill for two years. Complaint: feels his heart thumping. Alleged cause, rheumatic fever. Digestion good; occasional pain after food. Headache, *nil*; sleeps well; tongue clean. Not attended school for two years. Examination: left side of chest more prominent; pulsation visible over cardiac area; heart's action irregular. Immediately beneath nipple, systolic and diastolic murmurs well heard and propagated all over chest. No increase of murmurs over aortic, tricuspid, or pulmonary regions. Left ear: discharge of offensive pus. Cactus 1x, *m*i., 4 hrs.

September 25.—Not so well. Vomiting at night; no vomiting during day. Cough slight. Pains in nape of neck. Constipated. Aching pain generally as if he had caught a cold. Bryonia 3x, 3 hrs.

February, 1896.—Patient did not return.

Case III.—P. E., aged 9. Admitted, October, 1895. Ill all his life. Previous treatment: went to Dr. Roberson Day, who reports as regards his condition:—heart, systolic bruit heard in aortic and pulmonary areas, and conducted outwards from mitral; patient suffering from dyspnoea and bad appetite. Dr. Roberson Day prescribed spigelia 3x. On September 18 he was feeling better, and was ordered spigelia 3x and sulphur 30. I saw him on October 2, 1896; he was not feeling so well, and the heart's action was irregular. Cactus 3x, *m*i., 4 hrs.

October 16.—He reported himself very much better. Rep.

October 30.—Much better; but unfortunately had caught cold. Now moist *râles* all over chest. Pain at xiphisternum. Bryonia 1x, and cactus 3x p. r. n.

November 13.—Much better. Rep.

November 27.—Not so well; stabbing pain on right side of chest. Also suffering from toothache. Pulse regular. Heart beats firm, strong, and regular. Rep. cactus 3x, bry. 1x, p. r. n.

December 11.—A little better; no pain; no toothache. Heart murmurs much less distinct. Left apex, a few moist *râles*; cough slight. Rep.

*January 1, 1896.*—Much better. Rep.

*January 14.*—Very much better. No dyspnoea; no irregularity of heart or pulse. No cough. On examination of heart, it is extremely difficult to say if any murmur or not. The mother is very much impressed with the child's general improvement.

*May, 1896.*—Quite well. No murmur heard on examination.

*Case IV.*—O. E., aged 45, French polisher, admitted November 9, 1895. An old patient of Dr. Roberson Day's, exhibited at consultation at Hospital as suffering from headache. Case diagnosed as one of pachymeningitis. Has attended nearly all the London hospitals.

*November 30.*—Complained of tight aching feeling in centre of sternum, with difficulty of breathing. Cactus 1x.

*December 21.*—Feels better; pain gone. Rep.

*January 11, 1896.* Now complains of tightness at back of head. Rep.

*January 25.*—No better. Cactus 3.

*Case V.*—B. B., aged 39, papermaker, admitted November 23, 1895. Ill for over twenty years. Complaint: pain over heart. Previous illnesses, rheumatic fever. Under Dr. Roberson Day for a considerable time, when he was treated for anæmia, dyspepsia, and palpitation. Now he complains of pain just under left nipple. Pain dull, heavy, and confined to one small spot. Pain diminished after eructation of wind. Pain increased in bed at night. Suffers from flatulence and constipation. Head: frontal headaches. Suffers from sleeplessness. On examination: apex beat indistinct; no murmurs; pain over fifth and sixth ribs in mammary line. Stomach extends upwards to fifth rib. Sulphur 30.

*December 14.*—No better. Nux vomica 1x.

*January 4, 1896.*—No better. Gripping pain over heart. Cactus 3x.

*January 25.*—Gripping sensation relieved at once by the medicine. Still suffers from palpitation. Cactus 3.

*Case VI.*—B. V., aged 43, female, admitted January 18, 1896. Ill for twenty-three years. Complaint: pain in heart. Previous illness, rheumatic fever. Married, and has three children. Menopause four years ago. Chest, pain in left mammary line over seventh rib, tight feeling as if going to burst. Also pain in third right rib as if it moved. On examination: a mitral systolic murmur. Cactus 3x.

*February 1.*—Much better; pain not nearly so severe; feels

much better in general health. Frontal headache and flushed at times. Rep.

*Case VII.*—C. T., aged 52, male, admitted July 13, 1895. Ill for two years. Complaint: (1) Pain in left side; (2) palpitation; (3) giddiness. Pain in left hypochondrium and lumbar regions; dull, gnawing, continuous. Bubbling sensation over heart. Palpitation increased on exertion. No pain in left arm. Headache, frontal; vertigo at all times. No aura; has fallen down thrice in his life—last attack six months ago. No nausea or vomiting. Sleep, indifferent. Appetite bad; suffers from wind after meals. History of “dropsy” two years ago. Chest, emphysematous. Heart, apex beat not felt; first sound impure in mitral area. Arteries atheromatous. Dupuytren’s condition of hands. Stomach dilated. Liver, not enlarged. Urine, no albumen, no sugar; bile pigment present. No history of syphilis. Bry. 3.

*July 27.*—Pain less; better in open air. Nux vom. 1x.

*August 10.*—Much better till four days ago. Now numbness in right leg. Giddiness very much less. Nux vom. 6.

*August 24.*—Constipation troublesome. Bry. 12.

*September 21.*—The same. Sulph. 30.

*October 5.*—Pain the same, lessened by lying down. Bry. 3x.

*November 16.*—Diarrhœa and vomiting; hands stiff, and dead feeling. Nux vom. 1x.

*November 30.*—Gnawing pain over the heart. Cactus 1x.

*December 14.*—Not so well; pain increased; difficulty in breathing; seen by Dr. Lambert, who prescribed nux. vom. 30.

*January 4, 1896.*—Worse. Carbo veg. 12.

*January 18.*—Not so well; palpitation excessive. Cact. 3x.

*February 1.*—Felt very queer till yesterday, when he ceased taking medicine; heart goes like an electric bell, he says. Sensitive quivering and constricting in left chest. Rep. Cact. 3.

In the few cases of mitral disease in which it has been used, cactus has been most beneficial. Cactus never appears to act as a depressant on the system, and in several cases the patients, when taking cactus, always expressed themselves as much better in general health.

This drug has been used in many other instances as an intercurrent remedy when cardiac pain or irritation was complained of, and I have invariably found the symptoms relieved by cactus 3x, never by cactus 1x. Of course these

cardiac pains are usually fleeting, and often disappear without or in spite of any remedies, and so it is impossible to give cactus the credit of being the cause of the amelioration.

So far I have been unable to try this remedy in cardiac dropsy.

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*Discussion on "Digitalis," "Strophanthus," and "Cactus Cases."*

Dr. NIELD was somewhat surprised that Dr. Dyce Brown had not spoken of the use of glonoin in connection with digitalis. Dr. Moir's paper emphasised what Dr. Dyce Brown had said with regard to the very small doses which were found to cause the characteristic action of the contraction of the blood-vessels and produce great tension. It was well known how digitalis disappointed one in cardiac dropsy; at first perhaps one got a diuretic action, but very soon the opposite result took place, and the urine diminished. Some of his most brilliant cases had been where he had prescribed nitro-glycerine and digitalis—nitro-glycerine being, in his opinion, the complement of digitalis. Glonoin acted antipathically and corrected the main difficulty in digitalis, viz., the extreme tension and contraction of the smaller blood-vessels. With these two remedies, by preventing the tension they got a diuretic action—and thus obtained all the good of digitalis without its evil results. He believed, with Dr. Dyce Brown, that its action was frequently homœopathic. In one of his cases the patient had a rapid, irregular, and very feeble pulse—symptoms like a typical case of poisoning by digitalin as shown in the Cyclopædia. There was a certain amount of tension, the kidneys were scarcely acting, and there was albumen in the urine. He gave Burggraave's granules of digitalin, eight or ten daily. The curious thing was that he had to give very minute doses of glonoin. He usually began with one drop of one in a hundred, but in that particular case he had to halve and halve again and again this dose on account of its physiological action, the headache and flushing being so extreme. The sixteenth of one drop of one in a hundred was the antipathic dose that allowed the digitalin to act homœopathically, and cured the patient when apparently hopelessly ill. Cactus was a very interesting remedy; the characteristic symptoms, as given by its first prover, Rubini, had always served him well. He had never given 3 x, 1 x and  $\phi$  being successful where the medicine

was indicated, *i.e.*, by pain down the left arm and the sensation of the heart being grasped by an iron hand.

Dr. CLARKE thought that very likely both Dr. Hughes and Dr. Dyce Brown were right in their explanations. He thought it sufficient however to know the indications of the drug. He quoted Dr. Lauder Brunton who, he said, held that the question of the action of drugs on the entire organism was altogether too complicated to think of understanding, and it was therefore necessary to cut the organism up into little bits and understand the action of the drug upon each individual little bit. A great deal of the theoretical matter of Dr. Dyce Brown's paper was as to the action on the little bits, and did not help him at all when before a patient. He knew the indications of digitalis pretty well, and did not often prescribe it without getting the effect he looked for, but all those explanations were very much beside the mark. With regard to strophanthus, a few good provings would be worth all the experiments and experience of Dr. Fraser, for he thought a good deal of Dr. Fraser's knowledge of the action of strophanthus was the result of his trying it on patients in the hospital, and not altogether from his study of its action on the individual fibres of the heart. But there were some definite symptoms produced by strophanthus—the burning all down the alimentary canal, and the great digestive disturbance, vomiting and repugnance to alcohol. He looked upon the co-existence of nausea, vomiting and congestion of the lungs as a leading indication for strophanthus, and mentioned the case of a boy in proof of this. He gave strophanthus in this case in drop doses of the mother tincture.

Dr. HUGHES did not think he would be able to adequately reply to Dr. Dyce Brown's criticisms in the short time at his disposal. Theoretical explanations were very good in their way, but they did not bear upon the point at issue. Dr. Dickinson, in a recent paper upon the subject, said, "There is nothing I like better to treat than cardiac dropsy." He (Dr. Hughes) ventured to say in his lecture that homœopaths, if confining themselves to their usual resources, would have to make a confession in precisely the opposite direction, as indeed Bähr and Jahr did explicitly, and Dr. Clarke, by his significant silence in his nice little book on "Heart Disease," did implicitly. Digitalis, strophanthus, adonis, convallaria, spartein, and other so-called cardiac tonics all acted in the same way as Dr. Moir had described with strophanthus, contracting the heart, and some, like digitalis, contracting the blood vessels also. They all acted there-

fore by their primary physiological action in a way which made them precisely antipathic to the condition prevailing in cardiac dropsy. The condition there was one of asystolia, as the French called it, with relaxed arterial walls. The dropsy did not depend upon any inaction on the part of the kidneys; they could not act because their blood supply was not what it ought to be; the arteries were too feeble, the veins were engorged, the heart lacked the compensative activity which would enable it to drive the circulation on, the arteries had lost the proper tension, and so the renal function was in suspension. That could not be cured by any medicine which was homœopathic to the condition, by anything which caused asystolia by primary action on the healthy body. By giving one of the medicines just mentioned they gradually induced its physiological action, toned the heart, and contracted the blood vessels; the kidneys then began to act, the water-logged tissues were drained, and the patient was relieved of his dropsy. He asked the members to consider the matter, and to discuss this—what could they do in cardiac dropsy? Could they say they delighted to have a case of cardiac dropsy to treat, as Dr. Dickinson said? Homœopaths could not have a case with regard to which they were more helpless unless they used digitalis in such doses as a teaspoonful of the infusion, as most of them did. Dr. Moir's account of strophanthus was very interesting indeed, and very admirable, but there was no doubt he used it antipathically; he induced its physiological action; he did not say he did not. If Dr. Brown thought *he* did not with digitalis, although he was giving it in doses which would produce that physiological action in health, he (Dr. Hughes) thought Dr. Brown deceived himself. Dr. MacNish's statement that he had found cactus 3x better than 1x was very interesting, because *he* used the drug homœopathically. Cactus stimulated a healthy heart; it therefore induced symptoms of painful tension in the provers. They felt the heart over-excited, stimulated, and uneasy, a feeling of tightness, and so on. Cactus 3x relieved that; 1x was rather too strong.

The PRESIDENT (Dr. Goldsbrough) agreed with Dr. Hughes as far as his general statements were concerned, but considered that he made a mistake in limiting the conception of a homœopathic remedy. What were they to regard as a stimulus at all to the organism? They had to deal with the effects of drugs in health and also in disease, and they must be very careful they did not confuse the two lines of effects. What was a stimulus in health might not be a stimulus in disease, and what was a stimulus in



disease might have been a very different stimulus in health. It seemed to him that the point they had to keep in mind was not the question of action of the drug, but the question of the organism of the patient. When they talked about the actions of drugs they were on the wrong tack altogether. It was the physiological effects rather than the action of the drug which they had to keep in mind, and when they spoke of a stimulus it was altogether a relative condition, a relative condition to the physiological or pathological state of the person at the time; and before finding an explanation of the matter they must find out what the connection was between the action of drug and the response or reaction of the organism to which it was given. The practical point with regard to digitalis was the dose. If a teaspoonful of the infusion acted as a stimulus in disease, it might be quite as much a homœopathic remedy as a smaller dose, and the point was how far that dose could be used. It might be laid down, as a rule, that each dose should have a fair chance given for its effect, and the dose should not be repeated until the first dose had exhausted its effect. With regard to cactus, he had under his care in the hospital clinic a patient who had been taking cactus mother tincture in three or four drop doses regularly for some time. It was a case of functional palpitation. When he first saw the patient, her pulse was 160, now it was 90, and she had improved in health in every respect. As a case in point, he should like to ask whether that was a homœopathic or antipathic remedy. In his opinion it was homœopathic.

Dr. WOLSTON remarked that he knew of no physiological symptoms produced by digitalis which had the most remote appearance of dropsy. Dropsy was a purely mechanical disorder, produced by a mechanical interference with the return of blood by the veins, and its relief would be brought about by getting the kidneys to act, and this, in cardiac dropsy, would follow restoration of the balance of the heart's action, and increasing the blood or arterial tension in the kidneys. He believed digitalis was supposed also to act directly upon the malpighian tufts of the kidney, and in that way to relieve dropsy. They would, anyway, all admit, he thought, that digitalis relieved dropsy. In cases of cardiac dropsy he should turn to digitalis, in comparatively large doses, as the first remedy. Doubtless many of them would use all the three medicines mentioned in certain forms of cardiac disease, but they would use them to tone up the weak heart and to increase arterial tension. When the irregularity of the heart's action was set straight they got the mechanical relief which

would cure the dropsy, and it was cured, but he maintained it was in no sense a homœopathic action, based upon symptom covering, such as was usually called homœopathic, and which had been so emphasized by Dr. Clarke as the only right way of applying the principle of homœopathy.

Dr. MOIR, in reply, said he thought they had no reason for supposing the action of either digitalis or strophanthus to be homœopathic. He should not have included cactus among the tonics for use in dropsy; it ought to be placed in the same class with aconite and bryonia, as its action was that of an irritant. It had a strong action on the heart in cases where one got dilatation with hypertrophy, rather than in simple dilatation. He thought what Dr. Neild had said with regard to the need of glonoin in many cases was true. Where one had a high tension pulse, digitalis would not act as long as the tension continued; the relaxation of the tension was the first step towards getting rid of the dropsy. The great claim that strophanthus had over digitalis was that it did not increase the tension of the arteries. An important point in cases of cardiac dropsy was that a quick pulse was one of the surest indications for the need of these medicines. With a slow pulse digitalis or strophanthus were seldom of use. With regard to what had been said about the homœopathicity of the drugs, he had turned to the provings of digitalis on the previous evening, and certainly from them no one could deduce its use in a case of dropsy. But might not this be from the proving not being carried far enough? if a tangible dose of digitalis was given regularly for some time, a condition of asystole would result, which, after a time, would be followed by dropsy. For this heroic provers would be needed.

Dr. MACNISH, in reply, only wished to say that he was much interested to find that Dr. Neild had found cactus mother tincture, 1x, to act better than 3x. His results were the opposite to that.

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## A CASE OF PYOPNEUMOTHORAX.

DR. JOHN DAVEY HAYWARD exhibited at Liverpool, November 14, 1895, a patient who had recently been in the hospital with pulmonary gangrene, and had recovered after operation. The man was a sailor, aged 53, who was admitted to the Hahnemann Hospital on February 18, 1895, apparently moribund. By the help of stimulants he was sufficiently improved for some interference to be possible. So an hour or so after admission, the right side of the thorax was aspirated, and 118 ounces (nearly six pints) of horribly foetid pus were removed. Three days later a free incision was made; two pints of the offensive pus being evacuated and a large drainage tube inserted. On March 28 a greyish-black pulmonary slough was removed by the wound, of the size of an adult's hand. The foetor ceased, but before the large cavity could be got to close it was necessary to remove about three inches of both the fifth and sixth ribs, and to make a counter-opening in front into the cavity. This was done on April 4, and the patient was sent out of hospital with a discharging sinus on May 11. This sinus closed in from six to seven weeks, and patient was then able to get about and go for walks.

When exhibited to the meeting the man looked well and hearty. The scars of the wounds were evident; there was marked flattening where the portions of rib had been removed; but the percussion note was good down to both wounds, and faint breath sounds could be heard almost down to the usual levels. There was no cough, pain, or shortness of breath; the man was engaged in light jobs, and was intending now to re-commence his sea-faring life.

The etiology of the case was obscure, as there had been no antecedent pneumonia or local injury. On admission, the right side of the thorax was bulged, immovable, and dull almost up to the apex; there were neither breath sounds nor

vocal resonance on this side except over the upper third of the lung. His cough brought up large quantities of pus and muco-pus, having the same extremely offensive smell as that removed by aspiration. It was therefore evident that the foetid cavity was either in or communicated with the lung. There was no symptom of cardiac disease, and no sugar or albumen in the urine. Medicines used during the case were carbolic acid, crotalus, silicea, hepar sulph., arsenic, and arsenicum iodide.

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## DISPENSARY NOTES AND STUDIES.<sup>1</sup>

BY BERNARD THOMAS, M.B., C.M.

*Stipendiary Medical Officer to the Roscommon Street Dispensary, Liverpool.*

A FEW words of explanation are necessary before commencing my paper. So many years have passed since the first homœopathic dispensaries were opened, and so much has already been written about the work done, that I would ask the members of this society to excuse what might appear a vain repetition, were it not that I hope, although I deal with no new subject, the recollection of familiar individuals and scenes may prove sufficiently interesting, and enable us to spend the evening pleasantly, if not profitably.

It is my purpose to bring before your notice a few of the types of character and diseases which we meet in the dispensary or out-patient department, and also to discuss, in some measure, questions of diagnosis and treatment which crop up in this kind of practice. In order to place the matter more clearly before you, I must ask each of you to suppose that you are once more seated in an out-patient

<sup>1</sup> Read before the Liverpool Branch, February, 1896.

consulting-room. Lying on the table in front of you is an open case-book, a spatula, stethoscope, and all the essential appliances, including, of course, books of reference and repertories, while at your right hand is a small hand-bell. To complete the picture, imagine the room furnished with a table, a few chairs, a wash-stand, towel rail, and perhaps a couch.

(1) Pressing your finger on the bell-knob you give the signal for the first patient to enter. Two people come into the room. One is a girl of 16 or 17, pale, slight, and languid; the other, a middle-aged woman—her mother, or a female friend. It is the girl's first visit to the dispensary, and she has been persuaded into paying the doctor a visit by a representation of the gravity of her symptoms, on which no doubt the thoughtful parent duly enlarges. All this takes place, so to speak, behind the scenes, and you gather so much from the girl's reticent manner, and from the fact that the mother, or friend aforesaid, does all the talking. This good lady informs you in a loud, but, nevertheless, mysterious, whisper, what is the matter. Sometimes, it is thought that she is going into a "decline"; the reason for this assumption being that a remote relative or friend of "about the same age" was a victim to the much dreaded complaint—consumption. Fortunately, you may be able to negative this suggestion by the detection of a condition of chlorosis, more amenable to treatment than most chronic diseases. If this anæmic girl were an in-patient, no doubt the clinical examination would be more exhaustive; the blood corpuscles would be estimated per cubic millimetre, and the degree of hæmoglobin might also be determined. But, in the limited time at our disposal, methods are simplified, and we are content with a short cross-examination; the appearance of the conjunctivæ or buccal mucous membrane; the condition of the apices, if necessary, and, perhaps, of the heart. This condition of anæmia, however, in a girl a little past her puberty, and just verging upon womanhood, with the accompanying symptoms of amenorrhœa, constipation, slight dyspnœa on exertion, perhaps slight anasarca of the lower extremities, and not uncommonly marked change in the mental con-

dition—lassitude, indifference, melancholy or hysteria instead of the healthy, cheerful disposition which should characterise youth; this condition may be the result of a variety of morbid states, and a hasty diagnosis of “green-sickness” is as often wrong as right. Sometimes we find the symptoms due to commencing phthisis; sometimes gastric derangement may counter-indicate the exhibition of iron; and besides other diseases (which you will readily think of) there may be some valvular mischief at the root of the trouble. Only a little while back a girl of 15 or 16 came to me with all the symptoms above-named, and at first I thought iron would be the appropriate remedy. Inquiry into her personal history showed that she had never been laid up, but once had expectorated blood; but examination of the apices only gave a negative result. She complained, among other symptoms, of a pain in her left side, attributed to indigestion. The hand, placed in the position of the pain, felt a sensation which is sometimes spoken of as *frémissement cataire*, and a thorough examination of the precordia showed some dilatation of the left ventricle, and a bruit at the apex, which was partly systolic, and partly presystolic. There was no history of acute rheumatism, although close questioning elicited that she had “growing pains” some seven or eight years ago. *Spigelia* lx was given, with the result that when next she presented herself the pain had ceased, and auscultation showed the murmur to be increased in intensity and area. I believe, however, that it was only the systolic element which was heard in the axilla, for presystolic mitral bruits are not propagated. This result might, no doubt, have been obtained by the physiological action of *digitalis* or *strophanthus*, but, I venture to say, not more satisfactorily or completely. Here I should like to mention another cardiac case of rheumatic origin in a girl of about the same age. The girl had acute rheumatism three weeks before commencing treatment. The principal complaints were palpitation and cardiac pain of a suffocating character, worse at night. The apex beat was outside the mammary line, no bruit was detected, but the first sound was re-duplicated at the base, and this was best heard over the second left interspace or pul-

monary area. She first came to me on October 11, when her weight was 5 stone 4 lbs.; on November 20 it was 6 stone 12 pounds, and there was no anasarca, the general condition was improved, and neither palpitation nor pain remained. The treatment was two pilules of cactus 1x every three hours.

With regard to the gastric troubles which are so frequently present in anæmic girls, whether as a primary or secondary condition, we may divide them into three stages:

First, a dyspeptic condition in which, among other symptoms, there are anorexia, flatulence, pyrosis, constipation, furred tongue, gastric pain, and sometimes vomiting, but both the vomiting and pain occur some time after food.

Secondly, an irritative form of dyspepsia, where there is immediate vomiting and pain after solid food, local tenderness, and other symptoms, which might lead one to think of the third condition, where the tenderness is more localised, the symptoms more severe, and ulceration is present. The two last conditions are sometimes difficult to distinguish from each other; the acuteness of the symptoms, the duration of the illness and the history may help us. I may remark that, even in such well-known diseases as gastric ulceration, mistakes in diagnosis are not uncommon. A well-known Edinburgh physician, whose reputation both as a scientific and practical man in diagnosis and treatment is undoubted, one who indeed was a specialist in this disease, treated a case with characteristic symptoms and history for gastric ulcer. She did not recover, and at the *post-mortem* investigation no gastric lesion was found, but an examination of the bone marrow showed the condition to be *pernicious anæmia*.

The treatment of these gastric cases cannot be entered into fully in this paper, but let me remark that, in the first, the diet is restricted, the most easily digested food is given; tea, pastry, potatoes, &c., avoided, but meat, if properly masticated, should not be forbidden; and, lastly, whatever change is necessary in the habits and occupation recommended. In the second, milk diet alone will probably be the only food that is tolerated. In the third, hospital treat-

ment gives the most satisfactory result in the shortest time ; and food, either *per rectum* alone or properly peptonised and predigested. But even here, when the patient has to be treated at home, with, perhaps, unfavourable surroundings, milk diet, together with our remedies—acid. hydrocyan., argent. nit., arsen., hydrast., kali bich., or uranium nitrate—will, in a somewhat longer time, effect a cure.

Lastly, with regard to incipient phthisis or phthisis in the early stages, I might refer you to Dr. Herbert Wilde's paper<sup>1</sup> on this subject, where the diagnosis is very carefully considered. But, unfortunately, the physical signs lack that definiteness which gives the physician confidence in forming an opinion, and therefore the necessity of care before expressing his belief that phthisis is present.

The patient will often gain weight under arsen. iod., kali carb., iodine, &c., not forgetting cod-liver oil, which, unfortunately, many of the poorer patients cannot afford, although fatty food, when it does not disagree, in some measure takes its place. In some cases the habit of stooping, and the consequent imperfect expansion of the apices, proves a predisposing cause to this complaint. Timely attention to deportment and breathing exercise may do something to correct this, and, as a medicine, I think calcar. phos. suggests itself in such cases, as it has an influence on over-rapid growth and imperfect nutrition.

(2) After this somewhat lengthened interview we dismiss our first patient, and summon in the second. And now comes in a woman of ample proportions, her age between forty and fifty. Her figure could not be said to be restricted by her corsets ; indeed, although it may seem rude to mention it, this article of dress resembles a breastplate, so much being in front, so little at the back, or a hiatus visible between the shoulder-blades shows the changes time has wrought. Evidently, like Lady Jane, in Gilbert's libretto of "Patience," "there will be too much of her in the coming bye-and-bye," if she goes on at this rate. She complains of a variety of symptoms too well known to detail ; and I think

<sup>1</sup> "The Early Diagnosis of Pulmonary Tuberculosis," read before the Society, May 5, 1892.



it a characteristic of this patient that she attaches a gravity to her troubles which is out of all proportion to their importance. She is relieved to hear that "it is only the change," although, in spite of the anxious look on her face and her fussy manner, this is what she expects to be told, and will be very disappointed if you mention any other condition. The assurance you have given her—the confirmation of her own opinion—is, to my mind, part of the treatment. She resigns herself more placidly to the inevitable, and waits patiently until she has tided over this period, and the symptoms, which are aggravated by mental unrest, become modified accordingly. Apart from this, our own therapeutic methods have their place and do their work, and here, in not a few cases, *actæa racemosa* is a valuable drug, among other symptoms for the fear of impending insanity and the feeling of bewilderment and agitation. *Ignatia*, *lachesis*, *pulsatilla*, and *sulphur*, in like manner, have their own indications.

The two polycrests, *lachesis* and *sulphur*, give relief to the vertex headache. *Lachesis* has usually cold feet; *sulphur*, burning in the soles—a symptom which it readily relieves. The flushes of heat correspond to *sanguinaria*, *amyl. nit.*, *glonoin*, &c. But it would be tedious to repeat these obvious suggestions about symptoms and treatment. I can only say, in conclusion, that at no period of life ought we to be more particular in regulating the habits of the patients, and that stimulants should never be prescribed—a remark perhaps unnecessary, for this age is known—and rightly—as the climacteric or critical period.

(3) At the sound of the bell the last patient departs, and a woman with a baby enters. The infant is wrapped up in a brown shawl, which also serves for the mother. This shawl is always folded in one way, first round the baby on the left arm, then across the shoulders and over the right arm, thus forming a convenient sling. The baby's head is sometimes only covered with the shawl, or it wears a cap—a red woollen tam-o'-shanter, several sizes too large. Whatever may be thought about the neglect of children among the poor, and the police-court proceedings which so

frequently appear in the newspaper, the mother has every appearance of anxiety for the welfare of her offspring. The face too often bears the imprint of past suffering, and not uncommonly disfigurements, in the form of bruises, lift the curtain a little on a domestic life of hardship or, perchance, dissipation. With a troubled face she asks, "Is he inwardly convulsed?" or has he "the frog?" "consumption of the bowels?" "general wasting?" or some other disease. Then follows the systematic unwinding of the infant from his wraps. He is taken on the knee, face downwards. The mother takes out pins from unexpected places and thrusts them into her mouth, and the child, perhaps with some noisy remonstrance, is prepared for clinical inspection. Can any word of mine describe these babies? Often wretched little mortals, with large heads, sunken eyes, swollen abdomens, and spider-like legs. Usually we find that the child is neither rickety nor tubercular; there is positively no actual disease present—no disease that we could give a scientific name to. It is simply a condition of malnutrition produced by faulty up-bringing, and sometimes, I am bound to say, by downright neglect. Let us then not be precipitate in concluding that the child is suffering from *tabes mesenterica*, because it is wasting and troubled with chronic vomiting and foul-smelling diarrhoea, for *tabes* is not such a common disease as is often supposed. We enquire into the dietetics, and find, perhaps, the child is given farinaceous food, or a "little bit of everything what's going," before the salivary glands have begun to functionate, or the alimentary system is sufficiently developed for complex digestion. Sometimes, too, an inferior brand of condensed milk, rich in sugar and devoid of cream, is the cause. The errors have to be corrected. Let us remember that mothers' milk contains more fat and more sugar than cow's milk, and it is alkaline instead of acid, and perhaps by proper addition of lime water, cream, and sugar we may provide a form of milk which will somewhat resemble the genuine article; and, as cow's milk swarms with bacteria, it should be previously boiled, and placed in a clean bottle. I may add that sometimes raw beef juice is a useful prepara-

tion for these cases. It is unnecessary to mention the various "patent foods," when the names of the makers are everywhere, and although some may be justly recommended (with, perhaps, the exception of Neave's food), they are beyond the reach of the poorer classes. In these cases of malnutrition one might think there was no call for medicinal treatment, but iodine has a great therapeutic virtue in many wasting diseases, so I think we are justified in using this, as well as calc. iod., arsen. iod., calcarea, and silica, according to indications.

(4) The next patient is a labouring man. He is somewhat reserved about his symptoms, and looks around him in an apprehensive manner, as if he had made a mistake and come into the wrong room. He certainly would not have honoured you with a visit only his "missus" has been singing your praises, and ultimately induced him to try the "homopaths." He is perhaps a dock labourer or mechanic—one of the great unemployed—and this fact he dilates on considerably. On being asked what is the matter? he replies he does not know, but perhaps the doctor can tell him. He has a bad cough, and being rather absent in that eloquence which is proper to the gentler sex, does not describe his symptoms in detail; indeed, they have to be pumped out of him in a way which precludes the use of the repertory. This patient is introduced to show the difficulties, in dispensary practice, of symptom covering. We should not be dependent on the patient's eloquence or powers of description in the selection of a remedy. Any voluntary remark that the patient may make about his complaint is generally of greater value than a symptom which is only elicited after close cross-examination or leading questions. In the first place, objective symptoms are more reliable than subjective. Let me illustrate this—

(1) He complains of a pain in the side. On being asked to draw a deep breath he says it hurts him.

(2) Now suppose, instead of saying it hurt him, you noticed that inspiration was checked; that would be of more value.

(3) On palpation you found absence of vocal fremitus;

on percussion, dulness; and on auscultation, absence of breath sound. Here we have a set of symptoms pointing in a still more definite direction.

(4) Lastly, the introduction of a hypodermic needle, and the withdrawal of clear serous fluid, make the diagnosis complete, and point out clearly the line of treatment to be followed.

It seems a pity that in our excellent provings more value was not placed on physical and oral examination than on the written description of symptoms by the prover himself. I would like to suggest that in future the prover should present himself for medical examination as a patient suffering from a drug disease. Now, with regard to subjective symptoms, the statement of some is more reliable than that of others. Thus, locality, aggravation, amelioration, and concomitant or accompanying symptoms may generally be considered truthfully reported by the patient. But that which we cannot rely upon, except, perhaps, in a general manner, is the description of the character of the pain, sensation, cough, or other symptom; this depends upon the patient's observational faculties and knowledge of the dictionary.

All this is rather a digression, but as it touches on important ground, I may perhaps be excused for introducing it here. Returning to the patient, I may briefly remark that after some beating about the bush, the symptoms are elicited, and the objective signs noticed; he is prescribed for, given some good advice or words of sympathy, whichever is most called for, and gets out of the room, with the air of having passed through a trying ordeal.

Many of the female patients enjoy a visit to the dispensary. The long waiting, which is so irksome to the men, they occupy in gossip and a comparison of their experiences of other institutions or of their ailments. They enter your room with a jaunty air, and often a smile on their faces, and promptly detail their sufferings. With the men it is different; they come for cure alone, and all the preliminary waiting is so much lost time, and they are not entertained by listening to the complaints of their neighbours.

(5) If the women folk show such good spirits, much more so does our next and last type of character when he enters the room. This is Johnny, the harmful, unnecessary boy. A broad grin, which is more comprehensive than the demure female smile, overspreads his countenance; or he exhibits a solemnity of visage, which, like the monkey's face, is in inverse ratio to his capacity for mischief. He introduces his younger brother, Tommy, as if it were the greatest joke in the world, and declares his complaint somewhat in this fashion: "It's not me, it's Tommy; he's got lumps in his head, and he scratches himself awful." Then he pulls his brother forward and makes him duck his head down, and an examination of his scalp shows in some places a sticky fluid exuding which mats the hair together, in others, hard, dry scabs. No doubt, from this, you will recognise eczema capitis, or some other skin complaint of a like nature. I need hardly remind you how often these troubles are caused by pediculosis, and when such is the case, even at the risk of increasing the irritation, strong anti-parasiticides are called for, carbolic lotion (1 in 20), paraffin oil, or unguentum staphisagriæ being applied after clipping the hair and washing with strong soap. The eczema which remains can now be treated with graphites, hepar, oleander, viola tricolor, &c., with every prospect of success. With regard to ringworm, whether we should use local measures is a debatable point. I have seen improvement with high dilutions of sepia alone, but the worst of it is one seldom sees the end of a case of tinea capitis; the prolonged treatment, which I think all admit is necessary, particularly in the small-spored variety, wearies out the patient, who at length ceases to present himself.

Here I must ask you to leave in your imagination the small room in which you have been consulting your patients, and we will now briefly consider some of the difficulties which have to be confronted in the treatment of the more serious diseases which you may see in your visits among the poor. Among this class certain causes of disease, certain hindrances to recovery, stand out prominently—

(1) Bad sanitation or unhealthy living, draughty houses and damp cellars, overcrowding, dirt and neglect.

(2) Poverty, insufficient clothing or food, poor quality of food.

(3) Ignorance, which means the worst use of not the best environment.

(4) Alcohol.

These factors in the production of diseases are, happily, less formidable now than in the time past ; but, even at the close of the nineteenth century, they occupy too prominent a position, and have to be considered in treatment. Bad sanitary arrangements are now largely dealt with by the Public Health authorities, and I must say that, in our own city, we are specially fortunate, and every defect in this particular is promptly dealt with and remedied as far as possible. Personal cleanliness should, I think, be insisted on, and one of the duties of the School Board authorities might well be to inculcate this principle in the young. Every dirty child should mean a reprimand or fine for its parents. The cleanliness of the home and the improvement of ventilation in a stuffy room comes under the doctor's supervision, and a timely word may go a long way towards remedying these defects. With regard to damp cellars and defectively constructed houses : in this city and, no doubt, elsewhere there are some places which are quite unfit for human habitation, and the sooner they are pulled down and workmen's dwellings in flats or more sanitary cottages erected the better. The task of improving the condition of the poor is about as difficult as cleansing the Augean stables, but there are individual cases where something can be done, and towards these we must specially direct our attention.

Poverty is undoubtedly the great stumbling block. The very things needful to successful treatment cannot always be obtained. Proper food and proper clothing are less attainable for the sick and out-of-work than for the healthy. Direct application to charitable institutions usually results only in partial relief. The case may be unsuitable, and unfortunately the funds at the disposal of these societies are quite inadequate to the demands, and so cases have to be carefully selected. The same applies in even a greater degree to out-door parish relief. A very good movement

has lately been started in this city, that of the Food Supply Association, and this meets a long-felt want, only I am afraid the poor do not appreciate it enough.

The ignorance of the dispensary patients—at least, I should say, in these School Board days, of some of them—often results in hindering the effects of treatment. Children with the eruption of measles scarcely faded are allowed to go about or even play in the streets. This accounts in some measure for the prevalence of broncho-pneumonia in the slums, and a consequent high infant mortality. It is necessary at the outset of this disease to caution the parents and tell them the dangers attendant thereon, but this is sometimes of no avail. It is not uncommon to give orders for a child with measles or bronchitis to be put to bed and kept there, and to find next day the little one among its brothers and sisters downstairs, or even playing in the streets, while the mother makes the remark that “the little darling wouldn’t stay in bed; he cried so much.” Perhaps it is unfair to stigmatise the dispensary patients as more ignorant than some of their more fortunate brethren, and I have no doubt that those of you who have a larger and more lucrative private practice to deal with than myself have had plenty of this kind of experience.

The last difficulty, namely, alcohol and its abuse, hardly comes within the scope of this paper. I will leave its consideration to others and to the legislators with the hope that some day a solution may be found which will be acceptable to all parties. Infant insurance, too, is a much vexed question, which has been very ably considered by Frank H. Shaw,<sup>1</sup> and I do not intend to touch upon it here.

Such are the principal difficulties which meet us at every step. We must make the most of the means ready to our hands. With the aid of the dispensaries and hospitals, the district nurses, the charitable and semi-charitable institutions of all kinds, and the improved sanitary arrangements, the bodily welfare of the poorer classes is now-a-days better looked after than it ever has been in the past, and in course

<sup>1</sup> “Infant Life Insurance,” JOURNAL OF THE BRITISH HOMOEOPATHIC SOCIETY, new series, vol i., p. 145.

of time we may hope for greater perfection, a broader philanthropy, and, perhaps, may be realised that Utopia which at present only seems to be a socialistic dream.

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Dr. CHAS. HAYWARD remarked that growing pains in young people should always make one think of rheumatism, they were nearly always rheumatic. Dr. Thomas had not mentioned the use of phosphorus in gastric ulcer; it was a very useful drug.

Dr. GORDON recommended the use of psorinum in cases of eczema caused by pediculi. He had often been surprised by its exceedingly satisfactory results.

Dr. HAWKES said Dr. Thomas had referred to the use of the hypodermic needle for diagnostic purposes. He thought we did not use this enough. In cases of gastric ulcer he did not restrict the patient to milk alone, but gave farinaceous preparations as well. He asked whether we were not much troubled with corneal cases at the dispensary.

Dr. CAPPER referred to the Food Supply Association, and the help it had been to him in dispensary practice. He endorsed Dr. Thomas's remarks about the neglect of measles cases, and thought it a pity it was not notifiable, but the objection to that was, that after the rash had appeared the risk of infection was much less.

Dr. MAHONY confirmed Dr. Gordon's remarks about the use of psorinum. The neglect of precautions among the poor he exemplified by reference to a case of scarlatina, where the child had been allowed to go about before desquamation had set in, and had died of scarlatinal nephritis.

Dr. WATSON said what struck him in his experience at the out-patient department was the remarkable way in which the patients' symptoms corresponded with the familiar expressions in the pathogenesis of the drugs. He did not agree with Dr. Thomas that they were wanting in a command of language. Dr. Thomas had not mentioned one of the difficulties in the treatment of the poor, and that was want of occupation. He knew of cases where men had been for weeks and months out of work.

Dr. SIMPSON was glad to find such agreement in the use of psorinum. He had used it in some cases with great success.

Dr. HAYWARD (the President), replying to Dr. Watson, said we should naturally expect the symptoms of the patients to correspond with the drug pathogenesis, as the expressions used in the provings were always descriptive of the symptoms, and easily



understood. He thought that in ringworm we should use external applications to destroy the parasite.

Dr. THOMAS, in reply, thanked the members for the way in which they had received his paper. He had used psorinum with a fair measure of success, but it was not always satisfactory. The hypodermic needle should be used with caution. In a case where he had used it recently, the patient had fainted, and caused him much anxiety until she came to again. If anything had happened it would have been put down to this procedure. Replying to Dr. Watson's remarks, the fault he found was not that the words used by the patient were not found in the provings, but that the patients often made use of faulty expressions. A patient would say he had a hacking cough, but when you heard it you found it was not hacking but barking, and so it was not always wise to be guided by a patient's description alone.

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## ON PERSISTENT HIGH TEMPERATURE IN CASES OF ENTERIC FEVER.<sup>1</sup>

BY E. B. ROCHE, L.R.C.P., AND W. SPENCER COX, M.R.C.S.

BY E. B. ROCHE, L.R.C.P.

THE point of interest to which we are directing our attention this evening is the rise of temperature occurring and continuing in the course of typhoid, when a point of apparent convalescence has been reached, and a practically normal temperature recorded for some days. Such occurrences are very trying to all concerned, and especially so to the medical adviser, who is supposed to know and state exactly the cause of this disappointing change. If such cases have not been before met with, or if the several causes which explain the condition are not recognised and appreciated, much needless anxiety may be experienced.

The *fact* of "relapse" in typhoid is known to all either by clinical experience, or through reading. It occurs usually

about the fourth or fifth week, when the temperature has been normal for some days, and food has begun to be more freely given.

The temperature rises as in the initial stage, and the symptoms present and the course run are similar to those of the primary attack, though usually less pronounced, and generally of somewhat shorter duration. The cause of this "true relapse" has been constantly discussed. Manifestly it is the result of a fresh dose of the poison.

But how does it come about? I believe that in most cases, at any rate, it is from the patient's own intestinal canal that the poison finds its way into the absorbents.

It is an established fact, to which Dr. Burford called attention in the *Lancet*, that in some cases of constipation, where after a time enemata were used, an extensive measles rash appeared, with feverish symptoms, and evidently auto-toxis occurred from solution and absorption of material lying in the bowel. In similar manner in many cases, especially where there has been a quiet state of the bowels, which favours collection of infective material in the lower part of the small intestine, re-infection takes place.

When, owing to increasing and varied diet, activity in the lower small intestine is resumed and absorption is going on, then any such infective matter lying there readily passes into the system, and gives rise to a fresh exhibition of the distinctive symptoms of typhoid.

In cases where constipation has *not* been present, and yet a relapse occurs, it is evident that the morbid material must have been collecting in some other situation, and then be set free and so carried into the system. These are cases of true re-infection, causing genuine relapse with reproduction of the usual symptoms and conditions of typhoid, and they call for an immediate return to the careful feeding and treatment of the primary attack.

With this true re-infection and consequent relapse I am persuaded other conditions have been confused under various names, febris carnis, febris cibi, &c.

These recrudescences vary in intensity and duration.

After the temperature has been normal or nearly so for

some days it suddenly rises to 102° or 103°, and remains elevated for a day or two or even a week, but there are no other *serious* symptoms. The general conditions are favourable, and the patient, except for the higher temperature, is much as before.

This is the important practical point in the diagnosis.

Excessive or improper diet, excitement, over-exertion and constipation have been credited as causes. I believe that in these cases, though there is *no absorption* of infective material, yet the presence of food-products and the resumption of activity in the *lower intestinal* tract is certainly an *exciting* cause. Moreover, if in keeping with this local evidence of excitability, the patient, as is often the case, be a nervous subject, there is at the same time a resumption of mental absorption and nervous excitement, through taking up again, it may be, the accumulated anxieties and worries that have been kept back during the primary illness, and also the increasing and often injudicious communications of too early and too numerous visitors. The difference of this condition from a true relapse is most important. The patient is not correspondingly ill, with the elevation of temperature. The course is shorter, and when the true state of the case is recognised, *the diet* may be steadily and carefully improved, establishing a restoration of a natural toleration by the bowel, while care is taken to avoid excitement and irritation of the nervous system.

There is also a condition of sustained evening temperature described in connection with a state of post-typhoid anæmia, which may be borne in mind, but of this I have no personal experience. I consider that my patient, whose case I am about briefly to describe, furnishes an example first of a true relapse from re-infection, and then, at a later stage, of a recrudescence, the result of nerve irritation, excited by return to ordinary diet, and by the exigencies of family life.

The well-observed facts, that the relapse is most common where there has been constipation, and that the recrudescence is most common in markedly nervous patients, are confirmed by this case.

Mrs. M. had been ailing for ten days, but during the first week had kept about in consequence of having visitors. She had been in bed three days when I first saw her. My first impression was that she had taken cold, the liver being affected. She was 58, and naturally of a quick, active temperament. The pulse was 96, and temperature  $103.6^{\circ}$ . Baptisia and merc. sol. were administered, and next day there was a fall of temperature to  $100.6^{\circ}$ . There were no spots, and the bowels quiet. The temperature rose again, and there was marked dulness and lethargy, which, combined with the patient's age, caused me to form an unfavourable prognosis.

The temperature fluctuated between  $99^{\circ}$  and  $102^{\circ}$  till the end of the fourth week, when it rose again for a few days, and then towards the end of the week it fell to  $99^{\circ}$ , and there continued for a week. During this time the bowels were very sluggishly relieved. The patient's condition was good. She was getting up daily for an increasing time, and the diet was carefully altered and increased.

The temperature then steadily rose again, after the fashion of a genuine relapse, to  $103.6^{\circ}$ . The patient returned to bed evidently ill again, and the milk diet was resumed. The high level of temperature was maintained for a clear week, and then gradually fell again through fourteen days to the original level at  $99^{\circ}$ . Enemata were occasionally given. Getting up again, with careful resumption of food, the temperature gradually rose during a week, and then ran up to  $101^{\circ}$ , and continued between  $101^{\circ}$  and  $102^{\circ}$  for three or four days. Then it sank to normal, and so continued.

During this attack, in spite of the rise in temperature, the pulse was steady, the tongue clean and moist, sleep good, and the general condition favourable. Food was carefully continued, while the enemata, which had been regularly used, were repeated about every other day. Care was taken to limit visitors, and to prevent exciting communications.

The patient made a steady and most satisfactory recovery.

In this case, as in most where constipation is present, flatulence was troublesome, and for this the abdominal compress was helpful, while the other common symptom in these cases, *repeated perspiration*, was present throughout the first attack and the relapse.

After fourteen weeks' illness it was remarkable how good was the condition of the patient, and how rapidly she was able to get about and resume her interests and duties. The anxieties of the case were considerable, and it is because I felt that much of this might have been spared by a truer appreciation of the condition present at the time of the relapse, and still more at the time of recrudescence, that I have specially called attention to this case.

The question whether in cases of constipation, where one may suspect the probability of storage of infective matter in the lower part of the small intestine, it would not be wise, before administering increased diet, to take some steps to clear the bowel and promote its discharge, exercised me considerably. I shall be glad to have the opinions of the meeting, and any light that can be shed upon it.

As to the medicinal treatment, baptisia, merc. sol., arsenicum, lachesis, nux vomica, gelsemium, and china, in their appropriate place, did excellent work during this protracted case, and a good nurse was as ever an all-important factor.

BY W. SPENCER COX, M.R.C.S.

Having recently had a case of enteric fever lasting over 140 days I have been much interested in trying to discover the cause of the correct treatment for this condition. I have been unable to find any literature on the subject as regards uncomplicated cases such as the one I am about to describe. The usual course of such a case is for the temperature to rise in daily waves for a week, reaching perhaps 105°. The second week the fever is maintained somewhere near this point, and the third week it descends by daily waves to the normal. How different to my case, in which there was more or less fever for twenty weeks! The usual complica-

cations which cause a rise in temperature are pneumonia, pleurisy, and bronchitis ; whereas bad diarrhoea, hæmorrhage, or collapse occasion a fall ; but we have to do with none of these : the reason of the sustained rise in these long or relapsing cases is not so easily accounted for ; and though various theories have been propounded, such as auto-infection from the bowel following use of enemata, and though this may be the cause in some cases, in others there seems to be absolutely no accounting for the condition.

In March last year I was called to see Miss C. Influenza was rampant at the time, and the symptoms of her condition were first put down to this disease, and I am still rather inclined to believe that this long and tedious case was a sequel, accidental of course, of the "hydra-headed monster," and that possibly this was one of the causes of the frequent relapses. The patient was a thin, light-haired, and rather delicate girl, and was said to have had typhoid some years previously. She first complained of fever, racking headache, and pains in the back. The temperature I found to be over 103°. I put her on gelsemium and aconite, with milk and soda water for diet. The bowels acted occasionally, but were constipated ; and, with the exception of three days' diarrhoea, they remained more or less constipated right through. At the end of the first week, the temperature still varying between 101° and 102°, baptisia was ordered, it had however little effect except that the temperature now varied between 102° and 100°. In the third week the temperature was still 100° in the morning, though it rose to 102° at night. A change in the diet was tried ; a little fish or chicken being given, and gr. v. of quin. sulph. lx was ordered in the hope of reducing the fever. The temperature now came down to normal, and I began to think that convalescence was surely commencing, but that night the temperature again rose to 102·4°, and for the next day or two rose steadily. The bowels, during this week and for the succeeding fortnight, were very obstinate, and could only be opened by the aid of glycerin enemata. The prolonged fever made me, of course, suspicious that I had something more than influenza to deal with, and the patient was frequently overhauled with

a view to discovering symptoms of pneumonia, pleurisy, phthisis, or enteric fever. It was not, however, until well into the fourth week that the presence of one or two typhoid spots showed us we were only at the beginning of our troubles. Abdominal symptoms were but slightly present; but the tongue was furred, and the patient getting rather weak. The diet was put back to milk and soda, with occasional feeds of Brand's essence and chicken broth; and arsenic and baptisia were exhibited. At the end of the fourth week the temperature had dropped to 100° day and 101° night; and by the end of the next fortnight—the thirty-eighth day of disease—it had come down to 99·4° morning and evening. But even now our hopes that the worst was over were again rudely dispelled; during the next fortnight the temperature again rose to over 102°, the pulse reached 130 beats per minute, the bowels became loose (one day acting six times), and the patient became very weak and exhausted. Slight delirium at night occurred, and some abdominal pain and tenderness in the right iliac fossa were present. An abdominal compress was ordered. China, alternated with baptisia or arsenic, was given, and the diet changed to Benger's food. These measures proved efficacious; and in another ten days—the sixtieth day of the disease—the temperature had again become normal. Warned by previous experience I now fully anticipated the rise in temperature which promptly occurred. By the fourth day of this second relapse, the temperature was again up to 102°, and all the old symptoms had returned, and the disease was going on as merrily as ever. Eighteen days later, the night temperature being still 102°, the patient was put on *veratrum viride* 1x and *gelsemium*  $\phi$ . Again there was a pleasing drop, and in a few days the temperature varied between normal and 101°, and by the ninety-sixth day had become subnormal. It soon rose again to 101°, but the patient now took a distinct turn for the better. The pulse varied between 90 and 100, and she began to gain strength. There were two subsequent slight relapses, lasting a week each time, but these did not materially interfere with the progress towards recovery.

On the 124th day we got her out in a bathchair, and she now began to put on flesh and lose her skin-and-bone appearance. It was not, however, till about the 140th day that the temperature really became normal. I may add here, that stimulants in the shape of brandy or champagne were given steadily through the greater part of the disease.

Now as to the *cause* of this prolonged fever : I confess I am very much in the dark here. There was, of course, in this case the antecedent influenza, or at any rate the presence of the influenza germs in the air. The case was one of constipation right through, and enemata, generally of glycerin, occasionally of soap and water, were freely used during the first six weeks, and a study of the chart will show there is no connection between their use and the rises in temperature, hence the theory of auto-infection from the bowel is disposed of.

FOOD.—This again seemed to have little to do with the relapses, as the temperature rose and fell at its own sweet will whether the patient was steadily taking milk and soda, or revelling in the delights of Brand's essence, beef-tea, &c. I may say, however, that when I became convinced of this fact, and gave a more liberal diet of beef-tea, and especially mutton and veal broth, the patient seemed more comfortable, and the enema was not required so often. I believe prolonged milk diet to be harmful in these cases. Apart from these negative conclusions I am afraid I cannot help in elucidating this point.

*As regards treatment*, arsenicum 3x and baptisia I regard as the best medicines for combating the usual symptoms of the disease, but for the treatment of this prolonged form I have more faith in gelsemium  $\phi$  or veratrum viride 1x than anything else. Both china  $\phi$  and quin. sulph. 1x, even in fairly large doses of 5 gr. or 5m, I found useless ; but as regards the two former drugs, I have generally found one or other of them exceedingly useful in cases of prolonged high temperature, when the more clearly indicated medicines have failed. As regards local measures, I believe very strongly in tepid or even ice water sponging, and in the wet



pack, but I have not yet had occasion to try the more heroic measure of the cold bath. In conclusion, I must apologise for having gone into this case at such length, but I thought the account of an enteric fever lasting nearly five months, with eventual perfect recovery, would be of some interest; and I hope that during our discussion more light will be thrown on the causation of this interesting but distressing condition.

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Dr. Epps said he had seen the case that Mr. Cox had just described, and could not suggest anything as to the cause of the patient's prolonged high temperature. He had looked up this subject, and that of auto-infection, since he published his case of hyperpyrexia in the Hospital Reports, and had only come across two points which seemed to apply. There was one in the "Principles and Practice of Medicine," by Dr. Osler, where he says: "The relapse is a *re-infection from within*, but we are still quite ignorant of the conditions favouring its recurrence. It is not at all likely that any special methods of treatment favour the relapse, though hydrotherapy has laboured under this reproach." The other extract was from Sir William Broadbent's lecture on typhoid, wherein, speaking of constipation in this disease, he says: "Should the constipation persist, a small enema may be administered every second morning. These cases are often tedious and protracted, and difficult to deal with, and there is a *greater liability to relapse*." One of the patients (mentioned by the readers of the papers) was said to have had typhoid fever before. He (Dr. Epps) had looked up Dr. Pye-Smith's lecture on that point, and out of 415 cases treated at Guy's Hospital (1879-88) there was only one case which was said to be a second attack, and that was five months after the first. The percentage of relapses in these 415 cases was 11 per cent.

Dr. GALLEY BLACKLEY owned to a feeling of slight disappointment on hearing the cases read. The title of the paper led one to expect that they were cases of prolonged hyper-pyrexia, while as a matter of fact they were not. The temperature went down in each of the cases, at the end of about four weeks, to somewhere near the normal, and then went up again. He should therefore venture to call them cases of pseudo-relapsing typhoid,

<sup>1</sup> *Lancet*, August 25, 1893, p. 425.

not genuine relapsing, because the latter are characterised by having a practically normal temperature for several days or a week. Some fourteen years ago he had published a couple of cases, and in one there were two relapses where there was absolutely sub-normal temperature for a whole week between the first attack and the relapse, and again between the first relapse and the second relapse. The case was under very strict supervision in the hospital all the time, and there was no possibility of error of any sort or kind, in diet or anything else, or in the matter of interference of friends, who were rigidly excluded. They could find no loophole for the relapse at all. He therefore ventured to say that relapsing typhoid and cases of genuine prolonged hyperpyrexia were very different things. Prolonged hyperpyrexia was not infrequently found in cases which *began* with pneumonia; this he always looked upon as a very undesirable complication.

Dr. DUDGEON thought the title of the discourse was not satisfactory, as the temperature did not come under the denomination of high temperature. They were about the level of 103°, and often considerably lower than that. In his own experience he had had high temperature remaining for a considerable time, going up sometimes to 106° and remaining at that for four days without diminution. In one case, where the temperature went up to 107°, the patient died; while in another, a good recovery was made.

Dr. MORRISSON said a favourite remedy of his was hyoscyamine, one grain per thousand trituration, generally in quarter or half-grain doses. The same with regard to baptisia 1st decimal, or sometimes 200th centesimal, but directly the temperature touched 103° F. he was accustomed to use the trituration of aconitine, one grain per thousand, given in grain doses every hour for four or five hours, or until the temperature fell two or three degrees.

Dr. ROCHE, in reply, said the point which he would again press was the difference of the condition of the patient in those two attacks. In the first, which he still believed was the result of re-infection from the lower part of the small intestine, ~~the~~ patient was ill again in all respects as in the primary attack. In the second the patient was not ill; she was maintained in her condition, yet the temperature went up as it did and had a semblance at least of an ordinary relapse, and the result in the end was that the patient was wonderfully well, considering the time she had been ill. The point to bear in mind was the difference

between these two kinds of attacks—the true relapse and what he called simply a recrudescence.

Mr. Cox, in reply, said he thought that in ordinary cases of typhoid their ordinary medicines did very well. The cases mentioned were very exceptional. He thought the cold sponge bath was just as good as the cold bath and much less dangerous.

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## ON BLOODSERUMTHERAPY.<sup>1</sup>

BY CHARLES RENNER, M.D.

THE introduction of blood serum as a therapeutic agent into practical medicine can well be said to mark an epoch in its history. It seems a strange idea, indeed, to look to the diseased organism for the discovery of a remedy against the very disease itself. The therapeutic results are already noteworthy, and promise us still more help in our battle against that widespread and disastrous class of diseases known as “infectious.” Ever since the discovery of microorganisms as the infective causes of these diseases the hope naturally arose to find agencies which would kill the microbes or render them innocuous, and thus barring the farther progress of the disease, directly bring about the cure of the patient. In the processes of disinfection and sterilisation, which amount to killing of pathogenic organisms by physical or chemical means, the conditions are simple enough. In the living body, on the other hand, these methods are mostly impracticable. Here it is indispensable to study the life history of the different species of microbes, the effects of their invasion, the changes they produce, *i.e.*, the reactive energies they call forth in the body, and the ravages which they cause during the cycle of their existence in all cases, whether these terminate in death or end in recovery. But whatever opinion one may hold of the actual therapeutic

<sup>1</sup> Presented to the Section of General Medicine and Pathology, March, 1896.

value of the system, or the possibilities for the future, to the pathologist these studies are of undeniable interest.

Generally speaking, the best known effect of an infectious disease ending in recovery is immunity against repetition of the same. Of course, this is nothing more than an empirical rule limited by numerous exceptions. But for the purpose of illustrating serumtherapy we may disregard the latter, for the simple reason that the method is applicable in such infectious diseases only which afford at least a temporary immunity against a subsequent attack. As the whole system of serum therapy centres round that of immunity, it will be advisable to premise a few words about the latter condition.

Immunity is either natural or acquired, constant or variable, temporary or permanent. Natural immunity against certain infections, again, may be peculiar to an entire species, or only to a number of individuals—as may be observed in every epidemic. It is acquired as the result of an attack of the natural disease, or can be given by artificial means. It fluctuates with surroundings, with states of health and nutrition, &c., and varies in duration and degree in individual diseases to such an extent that immunity ranges from absolute insusceptibility downwards, and even may become a negative quantity, *i.e.*, actual predisposition for renewed attacks.

While the fact that a number of these occur only once in a lifetime is universally known, it has always been a puzzle how to account for this, how to explain or to demonstrate the specific changes which the malady must have left behind. Several fanciful theories were invented to do duty as working hypotheses, which one and all have now been discarded in the light of recent investigations. Although other theories of a provisional nature have taken their place, much has been achieved by pointing to some property of the *blood* for the probable cause of immunity or its reverse.

When Behring found that the bacilli of anthrax cannot be cultivated in the blood of rats, which animals are naturally insusceptible to that disease, while they freely grow in

the blood of mice and other animals liable to it, a great step in advance was made. It must not, however, be assumed that similar conditions hold good everywhere, that is to say, that bacteria of a given disease cannot be cultivated in the blood of an insusceptible animal. That would often prove erroneous. For bacteria may live, thrive and propagate in the living blood of immune animals without leading to morbid symptoms in them. Each class of cases must be tested individually: deductions by analogy are frequently fallacious. Still, it is necessary to attempt to formulate some general statements or general rules (allowing always for exceptions) in order to bring so vast a subject within the limits of a short paper.

First of all it is to be noted that there exists in normal blood a certain relative immunising property, residing chiefly in the liquid part, and assisted and complemented by the phagocytic power of leucocytes. That, maybe, is the expression of the resistance which we constantly observe in unprotected individuals in the midst of copious opportunity for infection. But a very much higher degree is acquired by an attack or by artificial inoculation. The latter process will now claim our attention.

Given susceptibility in an animal, it is possible to inoculate the disease by means of its specific microbes or their toxins. The results are the same in either case. An artificial culture contains bacteria as well as their toxins. The former can be eliminated by filtration or by heat, or antiseptics as carbolic acid, &c., and it will be found that the toxins by themselves, freed from all microbes, are capable of producing the disease if introduced into the system of a susceptible animal. These toxins are chemical poisons, metabolic products of bacterial life action. They have the same specific virulence, but not, of course, the power of propagation or multiplication. On the contrary, they spend themselves by their morbid effects. But they constitute the real *materies morbi* and possess specific affinity for certain tissues or organs of their victim. Their action, combined with the reactive or defensive exertions of the hitherto healthy body, represent almost completely the

disease in all its phases and with all its symptoms, while the only part played by the living microbes is—in the majority of cases, at least—that of producing fresh supplies of toxins, which are responsible for all morbid manifestations. In the immune, on the other hand, matters are different; here the microbes have no power for harm, or they are disintegrated, together with the toxins, by the leucocytes, or possibly also dissolved by a substance which the leucocytes secrete. Phagocytosis is not a physical phenomenon, like the absorption of *dead* particles of matter by the cells, with which we have long been familiar; but it is a vital act subject to conditions of living matter. The liquid part of the blood at the same time gains the power to dissolve the bacteria and to inhibit the poisonous action of the toxins against which immunity has been established.

The organism itself, or more particularly the parts threatened by the disease, respond by reflex secretion of a special substance called anti-toxin. Nothing is known of their chemical constitution, but they correspond to their counterparts—the toxins—as specific antagonists. This antagonism is absolute, not limited to certain symptoms only, as is the case with ordinary poisons and antidotes. It can only be demonstrated in the living body; neither chemical combination nor neutralisation explains their peculiar mutual relations nor their contingency to individual properties and specific affinities to the organism involved. But this antagonism is absolute in kind only; the degree depends on the conditions of the subject. It is therefore not possible to balance toxin against anti-toxin, either by themselves or in mixture, so as to have a preponderance of either, or mutual extinction, without reference to some given subject. The same mixture or quantity of toxin and anti-toxin may be poisonous for one individual or species, neutral for a second, and curative to a third. All depends on the degree of susceptibility that may be present for the time being. The latter, in its turn, is different, even in members of the same species, according to comparative health or disease in a general sense, to the stage of development of the specific disease in question; its virulence

on the one hand, the resisting power of the subject on the other.

In order to illustrate these statements, and at the same time approach the more practical side of our subject, it will now be time to describe the method of producing and administering the curative serum in diphtheria, as the most appropriate, the best known, and most successful example.

To produce the anti-toxic serum an animal is chosen, which must be highly susceptible to diphtheria, such as the goat or the horse. It is treated by repeated inoculations with diphtheria virus from cultures, at first artificially mitigated, but still of sufficient energy to produce a marked reaction manifested by symptoms of illness, including rise of temperature. Old cultures, which have been exposed to heat for some time, or mixed with chemicals, such as iodine or its salts, answer the purpose of reducing the virulence. When the animal, after a time, has regained its former health, pure but attenuated and finally fully virulent cultures are employed. Dosage and strength are gradually but discreetly increased in such a way that each injection from the first shall be followed by marked illness. The final result is tolerance in the animal against doses representing a large multiple of the ordinarily fatal one. It is now ready for use, and its blood yields a serum highly charged with anti-toxins, in direct proportion to the total of tolerance which it has elaborated in each reaction during the period of preparation. This tolerance can be described by giving the multiple of ordinarily fatal dose which the animal can now bear. A *natural* immunity is of no practical avail. A small quantity of this serum injected into the system of an unprepared animal has the power to render the latter at once immune against the effects of fatal doses of diphtheria virus, or to save it from death, if used a short time after the fatal dose has been administered, even if the poisoning has already taken noticeable effect.

The immunity in our two animals differs essentially in so far as in the first it is progressive, self-prepared, and gradually acquired until a maximum has been reached;

while in the second it is given ready-made as a maximum, and from without, and gradually diminishes through elimination of the anti-toxin from the system.

The strength of the serum, and consequently its dosage, depends, as I have just said, *ceteris paribus*, on the degree of acquired tolerance, and must be regulated to suit body weight and present condition of the animal or patient for inoculation. For anti-toxin does not directly antidote the toxin, neither does it kill the microbes in an infected individual. It acts on the same parts as the toxin does (but so far only as these are intact) by anticipating the deleterious action of the poison. And that is the reason why it is of paramount importance to use the serum early—as early as possible after infection has taken place. With every hour of delay the chances of success diminish, even with increased dosage. Its action resolves itself into its prophylactic power, with this difference, however, from prophylactics as commonly understood, that it is not limited to the protection of healthy individuals against an attack of disease. Even after actual infection it protects the threatened, but as yet healthy parts from inroads of the disease, and thus stops its further progress. If the time for doing this is past, no possible good can be expected from the remedy. You might as well attempt to save a smallpox patient in whom the eruption has already appeared by vaccinating him. It is too late; the disease has already occupied the position—the prophylactic is useless. Thus, a patient dying from diphtheria may have in his blood antitoxin in quantities which would be sufficient to save a number of patients in the early stage without himself deriving the slightest benefit from it.

The therapeutic effects of the serum treatment, when used in good time, show themselves quickly in improvement of the general condition, fall of pulse and temperature, and limitation of progress of the disease, so that laryngostenosis and the necessity for tracheotomy become much less frequent. With regard to renal disease nothing very definite is as yet known. But the mortality statistics clearly reflect a considerable saving of life. In the statistics which I have seen it was unmistakably shown that the mortality rapidly



increases from day to day in progressive ratio with the interval of time between first symptoms and employment of the serum. The cases must be grouped accordingly, if we wish to arrive at a true valuation of the treatment, and the sphere of its benefit. It must also be remembered that in the experiments on animals with Loeffler's bacilli and their toxin, the disease is pure and uncomplicated. Not so in practice. The presence of streptococci in severe septic cases constitutes complications with malignant germs, they are rapidly fatal; consequently good results from the serum treatment can hardly be hoped for. But if the treatment of diphtheria is begun early, the chances are good. We may have a patch in the pharynx while the larynx is yet intact. Here is our opportunity!

In tetanus, on the other hand, the first symptom means already far gone mischief in the central nerve system. This explains the want of success of anti-tetanus serum as compared with the case of diphtheria; but there is reason to trust its efficacy for purely prophylactic purposes, before actual outbreak of the disease.

With regard to cholera it has been experimentally proved, that serum of animals, which have been immunised against it, possesses protective properties; and the same can be said of convalescents from Asiatic cholera. It has been shown by Pfeiffer, that comma bacilli injected under the skin, or into the peritoneal cavity of immunised animals, undergo very rapid disintegration and decay. Of the practical value of anti-choleraic inoculation, the report of the medical officer on the health of Calcutta for 1894 contains most encouraging proof. It deals with Monsieur Haffkine's method, and clearly demonstrates the prophylactic character of the measure. The method consists, briefly, in two vaccinations with five days' interval, the first with a weak, the second with a strong vaccine. Malaise of a day's duration follows each, and in about a week after the second inoculation full protection is established against cholera.

I will next take tuberculosis. The ground for anti-toxic treatment of this fatal disease was laid by Koch's discovery of tuberculin, and his teaching, that it is possible to create

tolerance against this complex and most virulent substance by systematic administration of minute, but gradually increasing doses. This was, as we now know, only the groundwork for the therapeutic superstructure. For, here again an anti-toxin is formed, and Wernicke succeeded in proving experimentally the existence of an *anti-tuberculin*. He injected a number of tuberculous guinea-pigs—some of them with both tuberculin and serum from immunised animals, and others with tuberculin only, with the result that the latter only succumbed. The anti-tuberculin, therefore, had antidoted the tuberculin in the former, and it is quite possible that in this direction help for tuberculous patients may be hoped for in the future.

Among the other diseases, in which analogous experiences have been gained, I will only mention typhoid, pneumonia, erysipelas, and also snake-bites. We have as yet spoken only of specific action of toxin and anti-toxin; but I cannot pass over another effect of the bacteria themselves, which is non-specific, and entirely due to the albuminoid substance of which their bodies largely consist. This action, according to Buchner, is a general strengthening of the organism against the effects of poisons, and is shared by a few other non-bacterial substances of similar chemical constitution. They have, moreover, the power of inducing aseptic suppuration; and this has been made use of in the treatment of neoplasms, including cancer and sarcoma, with the cocci of erysipelas. Several cases of destruction of growths by the suppuration which they cause, with radical cure of the patient, are on record. The serum of erysipelas is credited with similar effects.

In conclusion, a word about the harmlessness of serum-therapy. No serious dangers have been observed in an already large experience,—only occasionally a few ephemeral sequelæ, such as urticaria, erythema, pains in limbs and joints, and even these are not due to the anti-toxin, but to the serum or some irritating substance which the latter contains. The anti-toxin has no pathogenic power. The usual addition of carbolic acid in the proportion of  $\frac{1}{2}$  per cent. to anti-toxic serum, for the sake of its preservation, is

of course not quite indifferent, in view of the great susceptibility of children for its poisonous effects, and camphor is to be preferred for the purpose. But as now the curative doses can be reduced from ten to a single ccm., and the prophylactic one to half that quantity, it is to be expected that even these drawbacks will become a thing of the past.

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Dr. DYCE BROWN said the question divided itself into three points: *first*, was the treatment successful? he thought that would be admitted; *secondly*, was it any better than treatment by pure homœopathy? and *thirdly*, what was the *rationale* of the treatment? He believed pure homœopathic treatment was as successful. The interesting point was the *rationale* of the treatment under discussion, which had made such a difference in the mortality of the old school. The use of the words *toxine* and *anti-toxine* was simply a cloak for the ignorance of those who did not know what the principle of homœopathy was; and the more clearly they brought forward the point that the treatment was essentially homœopathic, the better for the world. The key of the whole thing was the vaccination question. Before vaccination, inoculation was adopted with a certain amount of success. Lady Mary Montague introduced that method of inoculating patients with the actual poison of small-pox, which produced a mild form of the disease, and thus saved the patient in many cases from getting a severe attack. It was not always successful, however. But the difference between that and vaccination was essential. If smallpox matter was passed into a calf, smallpox was not produced, because a calf or a cow was insusceptible to that particular disease. But there was a third disease, a *tertium quid*, produced, namely, *vaccinia*. The small-pox matter injected into the calf or cow produced a certain amount of disturbance, but they had no small-pox—only a disease similar to, but not identical with, small-pox; and hence the homœopathicity of vaccine lymph to small-pox, to the anti-toxine and all similar agents. Here was the key; they got the poison, which was the poison of the particular disease they desired to remedy therapeutically, but instead of using this poison directly for injection, all those serums were passed through another animal. In the case of the diphtheritic anti-toxine, the *toxine* was passed through the horse, and the horse was said to be immune, *i.e.*, the febrile condition was produced, and after that the serum from the horse was used. But here they had the poison passed through

an animal which was insusceptible to that particular form of disease. In the same way with the calf, and in the same way with Pasteur's injections for the treatment of rabies: Pasteur did not use the diluted poison from a mad dog to inject the man with, but he passed it through a rabbit, which had the power to develop a disease very similar to dog rabies, but which was admitted by all those who studied the diseases of animals to be not the same as the rabies of a dog. There was the key of the whole matter again. The poison of the rabies of a mad dog was passed through the rabbit where it could not develop the dog rabies, but developed a similar condition, the rabbit rabies; and the serum from that rabbit was powerful in curing and preventing the development of rabies in man. It was the same principle as vaccination—in fact, pure homœopathy.

Dr. MADDEN thought Dr. Dyce Brown's argument could not be sustained. It was not homœopathy to give the blood from an animal, or rather, to inject the serum into a patient suffering from diphtheria, when that serum had been proved not to be capable of producing the disease in healthy animals. Not only so, but the serum had been proved to be capable of preventing the disease in other animals when injected along with a dose of the poison sufficiently strong to produce it otherwise. He saw no other explanation than that which was universally accepted, viz., that there was produced in the blood of animals affected by zymotic diseases the antidote to it, which, if produced in sufficient quantity, eventually overcame the effects of the poison, the result being a cure. If that were so, it seemed not unnatural that the antidote might be produced in sufficient quantity to be capable of being left in excess in the blood of the animal who had got over the disease, and that it might, therefore, when the serum was injected into a patient in excess of that which he was able to produce from his own system, act as an antidote to the disease in him. In his address at Leeds last autumn, he had tried to show that the idea underlying serumtherapy was analogous to, if not identical with, what Hahnemann had suggested, when he said that the way in which drugs produced their cures when given homœopathically, was that they induced the system to antagonise the disease to a greater and more powerful extent than they would do, had not that dose of a similarly acting drug to the disease been introduced, proving thereby that he already saw there was a natural tendency in the system to produce an antagonistic action to the natural effects of the disease poison. He saw no reason why they should not

accept the conclusions of the investigators on that point; and although it was infinitely preferable, if possible, to cure their cases of diphtheria by giving small doses of the homœopathic remedy, yet certainly he should not feel that he was doing any violence to his conscience by injecting the anti-toxine serum. Dr. Dyce Brown's theory was not tenable at all.

Dr. GALLEY BLACKLEY had seen one case treated by serum-therapy, and thought homœopaths would be extremely fortunate if they could obtain the same results in the same space of time with homœopathic remedies. Looking back upon his own experience of diphtheria, which was considerable, he thought it was worth while to find out whether the anti-toxine cured patients in less time than homœopathic remedies. Within a short time members would have in their hands the schedules issued by the Collective Investigation Committee, which included diphtheria, and they would have an opportunity of filling up their schedules, and of giving chapter and verse for the remedies used, and the length of time the patients were on hand before they were out of danger. With regard to the earlier symptoms, we must show the world what has been done, and what we were prepared to do, by medicines as against the new treatment by serum injections.

Mr. WRIGHT had had an opportunity recently of visiting an establishment where they prepared the various anti-toxines. He saw some two or three dozen horses which had been inoculated with various substances—typhoid toxines, cholera toxines, cobra-poison, and, of course, plenty with diphtheria poison. He learned that some of the animals had had as many as three quarts of blood, from which the anti-toxine serum was derived, drawn off as many as twenty times. Toxic symptoms were rarely seen produced in the animals. He was rather surprised with what Dr. Renner said regarding the various sequelæ, and the immunity from any serious trouble following the treatment. Mr. Lennox Browne, in his book on diphtheria, referring to cases treated with anti-toxine, brought forward an array of facts of most serious complications, and said he would never use the method again, and that he much preferred even the old allopathic methods of treatment with tracheotomy, and so on, when necessary. Apparently there were other observers who had met with similar mishaps.

Dr. HUGHES said that Dr. Renner's paper was a most lucid and exact exposition of a theory which, if it were true, ought to rob diphtheria of almost all its terrors. But then he remembered

the difference between serumtherapy ideal and actual. He remembered Mr. Lennox Browne's results. Mr. Lennox Browne took two series of 100 cases; 100 treated by the ordinary methods, and 100 by serumtherapy, and found the mortality to be identical, viz., 27 per cent. Mr. Lennox Browne also spoke of the disagreeable and even dangerous consequences following the use of serum, which he thought therefore ought to be forbidden by law. That was strong, but from Chicago they got still stronger reports. They had had an epidemic of diphtheria there lately, and the Officers of the Health Department had impressed upon all the practitioners the duty of using anti-toxine; they had given it away gratis to the poor, and had inoculated gratis the employees of large establishments, and so on. What was the result? In the five weeks of the epidemic from the end of September to the beginning of November, the following were the figures furnished:—

1st week	...	103 cases reported	...	43 deaths
2nd "	...	83 "	...	53 "
3rd "	...	144 "	...	65 "
4th "	...	166 "	...	55 "

That was the lowest percentage, but in the fifth week, out of 122 cases there were 71 deaths, a mortality of 58 per cent. Why then was the theory so beautiful, and the practice, sometimes at least, so very unsatisfactory? It seemed to him that they must have been giving the thing in too large a dose, and must have positively aggravated the mischief. Vaccination threw some light upon the use of anti-toxine. It was well-known that if they took a patient who had been exposed to the contagion of small-pox, and vaccinated him within a certain number of days—three days he believed, he would not have small-pox at all; if vaccinated somewhat later than that he would have small-pox, if he were susceptible, but in a modified form. If vaccinated later still, no effect whatever would be produced. The same rule seemed to hold good here; the anti-toxine serum must be introduced early in the disease, or but little impression would be made. He could not agree that it was an instance of homeopathy. Dr. Dyce Brown laid great stress upon its being vaccinine that did the good, and not varioline; but varioline had proved equally beneficial, prophylactically by inoculation, curatively by internal administration in attenuated form. Again, if a person were vaccinated, and then inoculated again with the lymph some two days afterwards, both would take, but if a little time

longer was allowed to pass before the second inoculation was tried, it would not take, so that vaccinine was prophylactic against itself. He was not sure that the present theory of anti-toxine would not have to be modified as well as the homœopathic theory of vaccination.

Dr. DYCE BROWN denied the statement that the second inoculation would have no effect.

Dr. HUGHES said he was quoting Mr. Marson, of the Smallpox Hospital, on the statements he had made.

Dr. CLARKE said he regarded the serums as similar to the nosodes of homœopathic practice. The nosodes consisted of the virus of various diseases, attenuated in the regular homœopathic way. The viruses of disease passed through the bodies of animals were also attenuated, but in a very rough and very abominable way; and he thought that it was an entirely wrong sort of process, the putting of living organised material into the tissues of the body. They never knew where that was going to end, or how many years afterwards some results would show themselves. It was quite a different thing to take living things into the alimentary canal, because before they could get into the blood they must pass the ordeal of the digestive system, and in fact be killed; but introducing undevitalised substances from animals directly into the tissues of the human system seemed to him a very bad process, whatever results might be claimed for it. He had under his care at present a gentleman who had been a warm personal friend of the late M. Pasteur, and who knew Dr. Roux intimately, and that gentleman informed him that MM. Pasteur and Roux were quite aware that they were acting on homœopathic lines. This statement was confirmed by one made by Dr. Roux to an interviewer of the *Daily News* some time ago, in which he said that it was a sort of like curing like, and that there was no doubt truth in the Hahnemann methods. He, therefore, thought MM. Roux and Pasteur would be on the side of Dr. Dyce Brown rather than on the side of Dr. Madden. Dr. Renner said in the paper that the toxines, independently of the bacilli, would produce the identical disease. Did Dr. Renner mean that the toxines of the diphtheria bacillus would actually produce in an animal or human being a fully-developed diphtheria? With regard to what Dr. Renner said about the toxines being innocuous, there had been recorded a number of deaths of persons to whom the serum was administered purely as a prophylaxis, and that being so it could not be said the method was innocuous. The cases reported where damage to kidneys and heart had

resulted after inoculation were also numerous, so much so that in some homœopathic practices the attenuations of the serum had been used to meet conditions similar to those which had been reported as caused by it.

Dr. JAGIELSKI referred to the inoculation of syphilis as a prophylaxis. He remembered the result was so bad that it was soon prohibited by Act of Parliament in England. The inoculation process provided the anti-diphtheritic serum, which, in order to cure, he thought, must become "homœopathic." If the anti-diphtheritic serum acts as an anti-toxine, its power is mysterious, unless it be homœopathic, and as seen every day in homœopathy in those very high dilutions which were unexplainable and decidedly not based upon bacteriology, but upon potency.

Dr. MORRISON said that the inoculations for syphilis had proved an absolute failure, and had been prohibited. He would ask Dr. Renner as to the keeping properties of the serum—were those preparations liable to rapid changes? He did not think they could bring these methods under the homœopathic law, and it was perhaps hardly desirable that they should.

Dr. CARFRÆ agreed with Dr. Dyce Brown as to the homœopathicity of the modern treatment. He could see no objection to injecting living material; the cure of the patient was the principal question. The statistics which he had seen were very much in favour of the anti-toxine treatment. He could not see why it should not be called homœopathic; it was not isopathic, because it was as different as the difference between inoculation with small-pox and inoculation with cow-pox. It struck him as very curious how anybody failed to see the extreme similarity between the effects of vaccinine and the natural disease of small-pox—there was the initiative slight disturbance of constitution, at the eighth day there was the fever and the eruption in a modified way, and all the symptoms in a very much more modified form, but there they were; it was similarity, but not identity. The same thing happened with regard to the inoculation by the Pasteur method of treatment; the same thing happened with regard to the diphtheritic serum—it produced a certain amount of discomfort, and symptoms resembling diphtheria. (Dr. Madden: Not the anti-toxine.) He thought Dr. Renner said the first inoculation made the horse uncomfortable, and have a modified attack of diphtheria. (Dr. Renner: Yes, every inoculation.)

Dr. MADDEN: That is not the anti-toxine.



Dr. CARFRAE said he had not said it was ; that came afterwards. In every case they produced a disease as nearly allied to the genuine thing as intermittent fever was to the result of a big dose of quinine in a healthy individual. He thought they had a very interesting observation with regard to the prophylaxis of disease, as well as the cure of it. In all those cases the prophylaxis and the cure were the same. In the case of quinine, that, as they all knew, would cure ague ; anti-toxine would cure diphtheria ; vaccination would cure small-pox—referring to the observation of Mr. Marson, which Dr. Hughes had quoted, it was evident that vaccination acted curatively as well as preventatively, and so with every other disease. So with the well-known remedies : belladonna was prophylactic and curative in scarlet fever ; pulsatilla also, or at least they thought so, in measles, and so on.

THE PRESIDENT (Dr. Goldsbrough) referred the members to his address at the beginning of the session, which he thought ought to be helpful towards explaining the *rationale* ; not of one of the views, as stated, as against the other, but of all. Dr. Madden had referred to the idea behind them all. But he should like to emphasise again that it was not merely an idea, but an objective fact, and that in the nature of a law, of the molecular movement of protoplasm. Take, for example, the leucocytes, which were believed to be the active elements in resisting the onslaught of an attack of diphtheria. In the case of the administration of the anti-toxine, what was the effect upon the leucocytes ? Simply that it intensified their energy and resisting power as leucocytes, as protoplasm, as living matter. Then what was the principle involved as to the kind of substance which was to be administered in order to bring about that intensifying process ? Probably in the case of the anti-toxine it was pabulum which the leucocytes could appropriate. The serum was modified as serum in some way or other, as being serum of a certain animal, immune from the poison of diphtheria. When administered to a human being, the leucocytes, the active vital part of the blood, took advantage of the modified serum, the introduction of a comparatively slight difference in their environment, for intensifying their own power of resisting the poison which was natural to them. Upon this law, as it seemed to him, they based every true principle of therapeutics.

Dr. RENNER, in reply, said he had approached the subject simply from the standpoint of pathology, and perfectly unbiassed. It was a most interesting question as to whether the serum was

homœopathic or not. He had come to the conclusion that the action of the anti-toxine, as used against the poison, was absolutely antipathic, *i.e.*, antipathic in the sense (if he might be allowed the paradox) that their secondary action of medicines were contrary. It was the organism which re-acted in a distinctly opposite way to the first impression of the medicine. If they gave their "similar" they made an impression in the wrong direction, and the organism re-acted on that in the right direction. It was precisely the same here. In the anti-toxic treatment of diphtheria they did not give a medicine which acted in the direction of disease at all, but had recourse at once to the antidote, which they got ready-made in another organism. They let the horse produce the re-action, and then they got a substance corresponding in its action with the therapeutic action of a homœopathically-given medicine; the organism of the patient would produce this effect. It was not only living bacteria which produced antidotes, but also many non-bacterial substances, which could produce immunity and therapeutic effects. Why, for instance, could not the action of snake poisons be extended in that way, by first producing immunity in an animal, and then, instead of giving to the patient the virus of the snake, give at once the antidote obtainable from the former? That would certainly obviate the danger of medicinal aggravation, and, perhaps, be a more direct cut to a cure. The system had been compared to Pasteur's, but it was entirely different. Pasteur's system had no analogy whatever to it. If Pasteur used the rabies virus in another animal, he modified the virus, but his idea was to create tolerance, and when he had created that, the animal was no longer susceptible. They did not produce tolerance by the anti-toxine treatment, at least, not in the patient; they let the animal do the work, and then they took out the antidote, the anti-toxine, and gave that at once. It was also essentially different from vaccination and the inoculation of small-pox. The old system of inoculation was to create tolerance by giving a small dose, and producing the disease in a more or less mild form, thus rendering the patient proof against the disease; but by giving the anti-toxine, diphtheria could never be produced in any shape or form. Why did it not always answer? First of all, in practice they had not to deal with pure cases, such as could be produced in the laboratory by inoculating with the pure bacillus; in practice they got complicated cases, and one great danger was mixed infection with streptococcus, which made the prognosis infinitely worse. Then it must not be forgotten that the action of the anti-toxine was absolutely prophy-

lactic. If there were no healthy organs or cells to act upon, then no matter what quantity of anti-toxine was injected, they could not expect any therapeutic results, and so patients would die of diphtheria in spite of the anti-toxine they had in their system. He had been asked whether the microbe produced the disease, or the toxine. The treatment was not directed in the least against the microbe, in fact, the microbes were perfectly ignored. If they inoculated an animal with the virus of diphtheria, they might use the toxine free from any organism and get exactly the same results, but supposing they used the microbes, they would find them only at the seat of inoculation. In the blood, where the other manifestations of the disease took place, there were no organisms; it was simply the action of the toxine, a *chemical* poison.

Dr. CLARKE: If you used only the toxine, would you get the bacteria produced in the membranes?

Dr. RENNER: You would get all the symptoms of the disease. The only function of the microbe was to produce the toxine, and it was the toxine which gave rise to the symptoms.

Dr. CLARKE: The toxine will give you all the symptoms, but not the false membrane and the bacteria.

Dr. RENNER: You can have pure diphtheria experimentally without a single microbe.

Dr. HUGHES: Will not the toxine cause false membrane?

Dr. RENNER: Certainly.

Dr. CLARKE: With the bacteria only?

Dr. RENNER: No. If they inoculated a guinea-pig with diphtheritic matter they had microbes, but they would only be found at the seat of inoculation. With regard to the statistics, there were other things to be remembered. The statistics in this country were not nearly so good as those on the Continent, for what reason he did not know, but certainly the accounts from the Continent were very glowing. Seeing that the action was prophylactic, that explained the necessity of using the treatment at an early stage before the septic symptoms or any complications had set in. If that had taken place, he was afraid the anti-toxine treatment would not do much good. With regard to its keeping, generally carbolic acid was used for that purpose, and of course there were some objections to be raised against it, as it was a poisonous substance; but another way was to drop a little burning camphor into the serum which answered the purpose. With regard to Dr. Clarke's remark, it was not a question of injecting living organisms into the system at all. The anti-toxine was free, or should be free, from any organisms.

Dr. CLARKE: I mentioned living matter, non-devitalised matter. The serum is not killed?

Dr. RENNER: The serum is not alive; it is organic matter, certainly.

Dr. CLARK: It contains living elements, does it not?

Dr. MADDEN: No.

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## THE TRIALS AND TRIUMPHS OF A HOMŒOPATH'S CAREER.<sup>1</sup>

BY THOMAS SIMPSON, M.D.

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AFTER thirty years' experience as a general practitioner, I may perhaps be pardoned for presuming to express my humble opinion respecting the hindrances which strew the way of the physician; and also to suggest that the only course which can conduct us through life with satisfaction, is to follow the dictates of truth conscientiously, despite the censures, and uninfluenced by the flatteries of mankind. My frequent reference to personal experiences will not, I trust, be construed into egotism, when I assure you that my single aim will be to throw some gleam of light across the dim horizon which overshadows all the future; to induce you from my failures to learn to avoid similar causes of disaster, by adhering simply and singly to the principles which should regulate the conduct of the conscientious physician; to seek the truth, come whence it will, cost what it may. There is no need to urge upon the members of our somewhat small body the desirableness of patience and courage under the conditions of isolation and exclusion which so many of us experience; for notwithstanding all the rancour and the selfishness with which sectarians and bigots of the medical profession denounce each other, a certain amount of catholicity of view regarding medical treatment is taking posses-

<sup>1</sup> Presented to the Liverpool Branch, March 12, 1896.

sion of the non-professional mind, and this must be our court of appeal in the moments of humiliation and chagrin which we shall experience, for there is an indolent element in most men which tempts them to ignore new doctrines and to elbow out their apostles. It is doubtless most unpleasant, after one has been accustomed to teach anything, to be called on suddenly to teach something quite different. It cannot now be a long time before we have justice meted out to us; the lay public is beginning to weary of being tossed from one bigot to another bigot; it is beginning to ask why it is that *any* plan of treatment which experience shows to be the most successful (in given cases) should *not* be investigated—should not be proved by experiment; so that if it be worthy of adoption, it might have a fair field and no favour; but if found unavailing and unreliable, it might be relegated to the limbo of obsolete fallacies. That the public *will persist* in, and increase the demand for, this *mastership* of all collateral therapeutic methods, and not be content with the narrowness of *one* plan and *one* view in matters which involve *life*, and life's comfort, is surely inevitable. The process of snapping the chains of customs (which are irritating and useless) should be short and sharp. What reverence is due to customs which are consecrated only by long-prevailing usage, and whose existence can be justified by nothing but *use* and *want*, in the face of obvious inutility; for practical utility is the sole measure of value in medical practice?

Why do medical men so often blunder? Is it not because they are not sufficiently individual in their diagnoses, or their treatment? They class a sick man under some given department of their nosology, whereas every invalid is really a special case—a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a *factor* (simple or complex), which is multiplied by a *second* factor, invariably complex (*i.e.*, the individual, that is to say, who is suffering from it), so that the result is a special problem, demanding a special solution; the more so, the greater the remoteness of the patient from childhood or from simple habits.

The principal grievance we have against the routine "medical," is that he neglects the real problem, which *is*, to seize the unity of the individual who claims his care. The methods of investigation are too elementary and superficial, destitute of intuition and sympathy.

Though the old school men have filched our remedies dishonestly, let *us* take any help *they* can render to us honestly, e.g., amyl nitrite by inhalation as a palliative in angina pectoris; "thyroidin" in myxœdema; apomorphia (hypodermically) as a speedy *evacuant* in urgent cases of gastritis from noxious drugs or indigestible food; opium in stenosis of bowels; or colchicum in gout, and in other instances,—*for* life itself must often be a compromise between common-sense and the ideal—the one abating nothing of its demands, the other accommodating itself to what is practical and real. If a *system* injures the intelligence it is bad; and for a man to make his mark by polemics he must condemn himself to perpetual exaggeration and conflict. Such a man expiates his celebrity by a double bitterness; he is never altogether true, and he is never able to recover the free disposal of himself. Hence come so many of our heart-breaks, that, by reason of the isolation forced upon us by the bigotry and intolerance of old school men, we are deprived of the satisfaction and repose which conference with our colleagues would ensure. To be misunderstood, even by those we revere, is a bitterness often felt; yet the only *viaticum* that can help us in the journey of life is that furnished by a great duty and some serious affections. This maxim exorcises the spirit of discouragement, of ambition, of envy; and makes us patient, sympathetic, ready to hope for better days—to hope always. (To pick a quarrel with the world is attractive, but it is dangerous.) Is any medical man justified in saying that under no circumstances will he employ any means but those included in a certain list, when there exist other means in other lists? *That* is not the idea which we indulge; we claim the right to use any therapeutic agent which experience has taught us to value. To employ one's individual efforts for the increase of good in the world—this

modest ideal is enough for us. To help forward the victory of "*truth*" has been the common aim of saints and sages, and hereby we become fellow-workers with the Deity. A mind *untrammelled* by conventionalities always works slowly; and least of all does prejudice become the mind of the physician, which should ever be ready to grasp new facts, and assimilate or reject them according to their merits.

But experience proves that every disease arises from the action of some external *noxa* upon the organism; the difference of *one noxa* from *another* (together with the peculiarities of the organism) determines the different forms of diseases; and inasmuch as it follows that these two factors may differ from each other in a variety of ways, it follows that there must be a variety of forms of disease. Disease is only recognised by the phenomena it presents to our senses; it is only from these phenomena that we can draw conclusions regarding the morbid agent, and the opposing endeavours of the reactive force. Hence it becomes necessary to investigate *every trifling circumstance* in the picture of the disease, in order to obtain a knowledge of its true character; and to utilise that knowledge for the purpose of becoming acquainted with the road which nature follows, in order to free itself from derangement of its functions; and likewise of obtaining light (by an analysis of the external phenomena) regarding the internal processes which these phenomena reflect. This result can only be obtained if each case of disease is placed before us as a separate individual case, for it is only in *this* way that we learn to know *how far the organism is capable of equalising* the disturbance of its functions by its *own unaided efforts*, and *when* it becomes necessary to assist it in this endeavour. The desire of accelerating this natural curative process, of facilitating it, or accomplishing it, induces *us* to institute a search after remedial agents capable of answering this purpose. Hence the daily duty of the physician (irksome, toilsome, and tedious as it may seem) consists mainly in investigation and comparison; and *now* that physiology, pathological anatomy, chemistry, and even physics, have furnished us with so many points of support, by means of

which the externally reflected phenomena lead us on the road of rational deduction (very frequently with absolute certainty) to a knowledge of the inner process, by neglecting these diagnostic resources we would commit an equally great blunder as *that* with which we reproach our opponents for *neglecting* to study our *Materia Medica physiological and applied*, our "Cyclopædia of Drug Pathogenesis," and other arcana of knowledge of which we are so justly proud.

The study of the specific remedies is seen to be of great advantage to allopaths, whose observation of the effects of drugs on healthy persons, closer and more thorough acquaintance with the specific properties of medicinal substances, the avoidance of haphazard mixtures and compounds, and simplicity of prescription, are gratifying signs of enlightenment; *e.g.*, the use of mercuric chloride in dysentery, ipecac. in sickness, pulsatilla in dysmenorrhœa, hamamelis in hæmatemesis, &c., are proofs of the subtle influences pervading the medical world, which now speaks fearlessly of the "*physiological actions* of drugs as an index of their probable *remedial action*."

*The Trials we meet with arise from many Sources.*

First, you may be called suddenly to cases of scarlatina maligna, prescribing medicines strictly indicated. Death often occurs, and *henceforth* you are discarded, because dis-trusted, notwithstanding your conscientious discharge of every duty devolving upon you.

In every grave crisis your equanimity is in jeopardy, because in many localities consultation with one who can help you is impossible. Recently I experienced chagrin by reason of a Liverpool consultant refusing to confer with me regarding a young lady who developed symptoms of serious liver disease. Her parents forthwith refused to hold any further converse with me (even socially), because this prejudiced and bigoted zealot declared I was practising under false pretences.

Again, you may be summoned to the aid of a man who has fallen down with an apoplectic seizure; he is a *bon-*



*vivant*, and the fit is the result of years of inordinate indulgence. You prescribe belladonna, but death speedily ensues, and an irresponsible medical friend insinuates to the mourning widow that nothing was done to save her husband.

Again, you may be sorely tried by the indifference or the indiscretions of nurses, who often exercise a shameful power over sick persons. If your instructions involve great trouble on their part, you are liable to be branded "a faddist," or *troublesome* and *fussy*. Lately I was asked by the husband of a lady, suffering from cancer of stomach, if it was customary for nurses to sit under a blazing gaslight at night, so that they could read clearly the favourite novel they had taken care to secrete in their clothes-trunk, and when expostulated with by the sleepless patient, to retort, "you are a troublesome person! go to sleep, please."

Another nurse had allowed a child to lie in a fierce draught from an open window on the fourth day of diphtheria, with fatal results, through laryngeal implication. Another gave a patient a sausage on the twenty-sixth day of typhoid, with fatal issue.

Another source of anxiety sometimes arises from laryngismus stridulus, the attacks of impending suffocation returning so often as the little patient shall be falling asleep, and some remedy must be found, or *death will result*. Fortunately, in some cases, the "specific" may be found to avert the threatening calamity; in others sulphur, belladonna, lachesis, or cuprum; after the acuter symptoms have subsided, silicea or calcarea carb. may be indicated, and will prevent a recurrence of the attack, seeing that rickety subjects mostly manifest the symptoms of this disease.

Or, a tickling, harassing cough, distressing the patient day and night, may fail to yield to aconite, rumex, ipecacuanha, squilla, and your patient, in desperation, determines to try morphia, or Browne's bronchial troches, or some opiate; and your reputation may be in jeopardy for a time, until, forsooth, a crop of measles, or fully-developed whooping-cough may explain the cause of the intractable symptoms. Or the patient may be an aged person, who has suffered from chronic

bronchitis for many years, with a recurrent winter cough, and often extensive emphysema (as a complication). The patient has contracted an acute intercurrent inflammation of the bronchia, with urgent dyspnoea (from copious accumulation of mucus). We administer antimonium tart. in hope of procuring relief, *but are disappointed*, and quickly death ends the sufferings. In this case, Dr. Drysdale confirmed the treatment, which from the first had been hyosciamus, sulphur, lachesis, antimonium tart., veratrum alb. The untoward result alienated the surviving friends, who condemned homœopathy as *inert treatment* (a medical friend of the family having declared "The man had not *had* any medicine").

Or your patient may be suffering from convulsions, accompanying whooping-cough, recurring with alarming frequency and severity; none of your apparently indicated remedies seem to touch the case, and you have to confess that inhalation of chloroform is the only palliative.

These are *not* ideals but tales from real life, and they represent a fruitful cause of anxiety to the private practitioner. Another source of annoyance arises from the rising generation of medical men, whose fathers were adherents to the new method of medical treatment. These young gentlemen ply every argument but *reason* and *experience* in order to convince the members of their families that *they* have been living in shameful ignorance in that they have failed to realise that homœopathy is humbug, that the medicines are shadows and ghosts, that there is neither science nor utility in the practice; and too often these rash assertions are accredited, and confidence in *us* abandoned, despite the fact that on many occasions they have witnessed cures under the treatment which deserved a life-long allegiance at their hands. I could point to hundreds of instances of this nature; but it is no easy task to please the public, or any fraction of it. The Anglo-Saxon race—that masterful race—has no gift for panygeric, no turn for graceful compliment, and often our only satisfaction lies in having acted up to our convictions, and *to the best of our* knowledge and judgment.

How long we ought to wait to be satisfied of the appropriateness of the remedy before prescribing a second, is a very difficult matter to decide, since this point depends upon the intensity of the disease and its consequent danger, and upon the physician's capacity to discern the first sign of improvement. I have frequently found, that a well-indicated remedy acted promptly during the first twenty-four hours of its administration, but ceased to ameliorate if *persevered* with. And the disappointments I met with were so frequent and so depressing that I now religiously adhere to the motto of the master: "*Give the medicine until improvement begins, then omit until improvement ceases.*"

Every mind is offered its choice between *truth* and repose. Take which you please, you can never have both. Between these, as a pendulum, man oscillates. He, in whom the love of repose predominates, will accept the first creed, the first philosophy he meets (most likely his father's). He gets rest, commodity, and reputation, but he shuts the door of truth.

We have embraced a medical system of opinions, which is so *unpopular* that *its mention* is the signal for obloquy and ostracism, and derision. The most ingenious and fraudulent devices are resorted to, to justify the position which is assumed by our opponents in refusing to consult with us; and pretexts, the most preposterous, are advanced in defence of conduct which is indefensible. The arguments of "cures effected" are explained away, and every conceivable innuendo is resorted to in order to justify their conduct, which is offensive and unmanly. But *we* must submit to the inconvenience of suspense and imperfect opinion, for we are candidates for truth, and new doctrines seem at first a perversion of all our opinions and predilections.

#### *Triumphs.*

The successful issues of grave pathological states are familiar to you who daily experience the marvellous results of carefully prescribed homœopathic remedies, so that the few following confirmations will not astonish you, nor reflect any credit upon me, so that I can relate them without any compunction or misgiving.

Inflammatory fevers in children often observe a very acute and rapid course, and involve seriously the brain, and are attended with grave issues unless arrested in the earlier part of their career, when one dose of belladonna often suffices to subdue all the urgent symptoms, and we are spared the trouble and anxiety of searching for other remedies, such as gelsemium, chamomilla, veratrum vir., zincum, or rhus tox.

You are conversant with the leading indications, so that we need not remind you of two most pronounced guiding symptoms of belladonna—*fever*, with disposition to perspire asleep. I have found it quite futile to give aconite in ordinary feverish states of *children*, where any brain lesion is indicated by the signs of disease, but in apis mellifica we have a grand weapon wherewith to combat such states. A boy, aged 8 (highly nervous), is stricken down with fever, prostration, delirium, intolerance of light and noise, uttering piercing screams (which resound through the house and excite the greatest anxiety); after six doses of apis m. (12) at intervals of three hours, all symptoms subsided, and none remained but a high temperature (104°), with a much slower pulse (88 against 120 two days previously). Zincum metal. (30) was then administered, and a becalmed nervous system, lower temperature, refreshing sleep ensued. In a somewhat more advanced case, abandoned as hopeless by the attendant, as one of hydrocephalus acutus with effusion, I gave apis for twelve hours, followed by zinc., and in fourteen days the little wreck (which was almost stranded) revived and recovered.

In zymotic fevers (scarlatina, diphtheria, measles), with serious cerebral symptoms from toxic agency, apis mell. will often afford manifest and prompt relief. Crotalus will be of more account when the whole organism seems saturated with the morbid agent and adynamia is predominant. The homœopathic world owes more than will ever be estimated to Dr. Hayward, to his vast researches in the direction of serpent venoms. So great a value attaches to any remedial agent which can be shown to possess anti-pyretic properties that every honest physician is prepared to make trial of such a remedy at the bedside.

Alas! that so many failures have to be recorded on account of empiricism *taking the place of specific adaptation*—from failing to realise the fact (so often observable) that what is *curative* in one form of fever, may be utterly inert in another type. It is over sixteen years since the venerable and sagacious physician, whose memory has now become sad and sacred—Dr. Drysdale—wrote an article on “Pyrexin” in *THE BRITISH JOURNAL OF HOMŒOPATHY*, as a therapeutic agent, illustrating the sphere of its use in disease. We have often witnessed its wonderful power in subduing traumatic fever. Recently a little boy, who was circumcised at the Southern Hospital, became hot and restless on the fifth day, and the parts assumed a livid appearance, the discharge having a very offensive odour. The temperature rose to 105°. Pyrexin (12), in four hourly doses, seemed to wipe out all the symptoms in forty-eight hours, and the parts healed kindly in a week.

In lobular pneumonia of measles the fever often runs very high, and here we find mercurius sol. so valuable.

In sulphur we have placed unbounded confidence, without disappointment, where fever runs high, and the apparently indicated remedy affords no help, and the leading indications are pronounced. We cannot too strongly urge the necessity of observing the minute shades of differentiation, which are necessary in states of so acute a nature that recovery or a fatal issue *speedily* occurs.

We often experience a delightful surprise in finding that drugs relieve distressing or intractable disorders, of which we had not much knowledge previously, in the connection before us. An obstinate jaundice, accompanied by severe colic, prostration, nausea, thirst, and constipation yields to plumbum acet. (6), after china, mercurius, conium, chelidonium, nux, myricin, had failed to act. In like manner, sepia is often curative in pleurisy, even after bryonia, aconite, mercurius, digitalis, squilla have failed, according to the symptoms, 1005 to 1090, in Hahnemann's “Chronic Diseases.” Again, drosera acts with great promptness on the irritating persistent cough of phthisis; so with kreasote in dentition, nux vomica and corallium rubr. in whooping-cough.

Again, asparagus is found of great value in hydrothorax of old people with heart disease, and so is kalmia in amaurosis of Bright's disease, with lumbar pains. In like manner, calcarea carb. will speedily remove corneal opacities, with the ciliary irritation and photophobia which accompany them; and recently we were much encouraged by witnessing the rapid relief to urinary retention by olfaction of camphor tincture  $\phi$ . Then, perhaps, no more remarkable confirmation of the truth that mental symptoms should determine our preference, than the action of pulsatilla in angina, in dysmenorrhœa, sciatica, hæmorrhoids, and other dissimilar affections, provided you have the mild, yielding disposition, which seems to respond so *readily to its* action. This may account for the valuable aid we derive from colchicum (in *gout*), which has "intolerance of pain" and "hyper-æsthesia of all the senses." In countless instances this contention might be confirmed.

The few chronic cases I have to narrate may not be devoid of interest to you. Ethel Q., aged 6, strumous, fair complexion. After jumping from sandhills felt a pain in tarsus, about scaphoid bone. A swelling soon appeared (*without redness*), which gradually increased in size, and became so bad as to prevent her walking. She then had the foot put up in a starch bandage, and took merc. sol. (12) *bis die* for a week; redness and increasing swelling alarmed the friends, and they took the child to London; saw Sir James Paget, who advised free incision of carious bone. Not satisfied with this suggestion, Sir Joseph Lister was consulted, who confirmed the expressed opinion of Sir James. On their return, I was again *consulted*, and *entrusted* with the sole management of the case. By perfect rest, and occasional doses of calc. carb., the abscess on surface soon matured, and the parts speedily healed, and remained so for two years, when, after violent exertion, another spot on opposite side of foot went through similar stages; and the abscess was opened by my friend, Dr. John Hayward (the child, being intensely nervous, required an anæsthetic); the foot quickly regained its normal

dimensions, and walking is now a natural, graceful, and easy process. Her health returned, and all went on well until recently she contracted whooping cough, became emaciated, and exhausted by long, violent, frequently recurrent paroxysms of cough, for which coral. rub. was prescribed, with results entirely satisfactory.

Another case of caries of the metatarsal bones of first and second toes yielded to silicea (30), every week one dose, for three months; and an operation was thereby averted, which was suggested as the only remedial course possible.

Warts are often intractable, as well as unsightly appendages. Lately a young girl, having three (in a cluster) over the thyroid region, sought our advice; in answer to rigid interrogation, we ascertained that her catamenia were too early and too profuse; that she had "cold, damp feet"; and was subject to nervous palpitation. Calc. carb. (12), every eighth day, was prescribed; the warts disappeared in ten weeks, and the general health was restored.

Stenosis of the lachrymal duct was influenced so favourably by argent. nitric (three and six doses, at intervals of eight days), that no further inconvenience was felt.

A swelling over the same region had existed for three years in the face of a clergyman, who naturally longed for its removal. I gave him petroleum, according to the "Cypher Repertory," which did not affect his case; but hepar sulph. (6), at intervals of four days, caused suppuration to occur, and the tumour was gone.

Again, painful callosities on soles of feet will often disappear under antim. crud., if otherwise indicated (by white coated tongue, nausea, &c.).

Chronic diarrhœa often occurs first thing on awaking, and yields to the properly chosen remedy: nuphar luteum, nux vom., kali bich., or most frequently to sulphur. The marvellous results which follow the administration of *the* simillimum need to be experienced before they can be credited, and the scepticism which is prevalent in the community concerning homœopathy must ultimately vanish before the weight of evidence which can be brought in support of its tenets; the entire revolution the practice of

medicine has undergone during the last decade foreshadows the dawn of a new era ; and small doses of single remedies are taking the place of the ponderous materialism of former times. Locke says : " He whose assertion goes beyond his evidence owes this excess of his adherence to prejudice ; it is not evidence he seeks, but the quiet enjoyment of the opinion he is enamoured of, with a formal condemnation of all that may stand in opposition to it, unheard and unexamined."

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Dr. WATSON asked what was the dilution of the drug in the case of corneal opacity ? With regard to the case of caries cured by silicea, he supposed there was a sinus and dead bone felt at the time. He mentioned a similar case ; the patient, a girl, had twisted her foot, some time after there was a swelling, but no sinus or discharge, and she had found relief from aurum ; it was a case where the pathological condition was not clear.

Dr. HAWKES thought that more bitterness was expressed than was called for, in his experience, with regard to consultations with allopaths, but he believed the treatment of the homœopaths at the out-skirts was different. He supposed that most of the cases quoted, although the results would seem incredible to allopaths, were similar to our own experience. As regards allopathic palliatives, he was of opinion that we sometimes lost more ground than we ought to by withholding them ; he mentioned a case where he had withheld opium, &c., and where the reader of the paper himself had given it with relief of suffering and prolongation of life. Although we should always strive to cure our patients homœopathically, we should not withhold these uses.

Dr. MOORE said that there were a number of difficulties. The patients often call out for immediate relief from pain, and expect it, especially if they had been used to the ordinary treatment. He thought these palliatives generally produced a bad result, *e.g.*, sulphonal and antipyrin. He mentioned a case of locomotor ataxy which was caused by the former drug. Another difficulty was that of patients who put their own judgment against the doctors in selecting the dilution and the frequency of dose. He agreed with the reader of the paper that we should give the dose at intervals of a few days, but we had not yet studied the duration and effect of each dose.

Dr. BERNARD THOMAS said there were sometimes difficulties in the selection of the remedy ; he mentioned a case of a girl



with a headache and amenorrhœa, he naturally thought of pulsatilla, but this producing no relief, he consulted a repertory, and, from the symptoms, selected digitalis. This seemed a most unlikely remedy, but it cured the headache, and the menses appeared.

Dr. MAHONY was glad that Dr. Simpson omitted the medicine when improvement took place; many of our difficulties were due to too frequent repetition of the dose. He was sorry that aconite was not recommended in inflammatory fever of children. The less we had to do with palliatives the better; we should reason with patients, and tell them that they only did harm. He mentioned a case where he had given choral for abdominal pain, but without good result. Another case, where at the patient's own request he had given chloroform, but was greeted next time with the request that he would never give it again. With reference to warts, he referred to a girl with an epidermic growth (a horn) above the eyebrow; he said that if it was cut off or removed, it would only do harm, and; knowing that the father had had gonorrhœa, he gave thuja, and in the course of a few weeks it dropped off. With regard to olfaction, he mentioned a case where the olfaction of arnica gave relief. Once when using the mother tincture of nux vomica, he had smelt at the bottle, and at night when he got to bed, he had a feeling of disinclination for getting up or walking, &c.

Dr. JOHN HAYWARD was glad of the suggestions in the treatment of laryngismus stridulus, as he had not always been able to relieve this affection with drugs. He had not been very successful in the treatment of pertussis, but was pleased to hear of Dr. Simpson's success. He could not agree with Dr. Mahony's remarks about the treatment of epidermic growths; he thought the best treatment was removal, and he had never seen any bad results from so doing, nor did he believe bad results would ensue.

Dr. HAYWARD (the President), said the value of the paper was that it was from personal experience. Referring to consultations, he thought we should not avoid them, but be more willing to suggest them to patients. With regard to the repetition of the dose, we must remember there was not only the effort of nature to recover, but also sometimes the tendency of morbid changes to continue, so that we might lose something by not giving the doses frequently enough.

Dr. SIMPSON, in answer to Dr. Watson's question, said he gave calc. carb. (30), for corneal opacity once a week. With regard to the case of caries, there was dead bone felt by the probe. His reason for advocating belladonna in infantile fevers

was the result of his own experience ; he had noticed in most of the cases that there was a tendency to perspire at night, and other belladonna symptoms. In laryngismus stridulus, he thought he had had as severe a case as anybody—a little child who for several hours was seized with these attacks ; after trying the usual remedies without effect, he carefully looked up the symptoms, and found that sulphur had one marked symptom—that the child slept into the convulsion. This was given with immediate relief.

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## A SUGGESTION FOR THE COLLECTION OF STATISTICS.<sup>1</sup>

BY THE LATE MR. HENRY HARRIS, M.R.C.S.ENG.

I SHALL offer no apology for this brief communication, as it has for its object the strengthening of the evidence of the truth of the homœopathic law of therapeutics ; and it will not be denied that no more fitting place for the discussion of such a communication could be found than this Society, of which we are all proud to be members. In urging our professional brethren to adopt our guiding law in their practice, and in bringing home to the public the advantages which would accrue to society at large were these efforts more successful than they are, we use many kinds of arguments and varieties of evidence. At one time we philosophically discuss the sweet reasonableness of the law, and theoretically prove its truth ; at another, we summon a cloud of witnesses from the instances of its use, which we find dispersed through the mass of medical literature, or point with amusement, sometimes tinged with indignation, to the wholesale and unacknowledged appropriation of the therapeutic discoveries of the followers of Hahnemann by our friends the enemy. Individually, we point the enquirer to case after case relieved or cured by homœopathy, after the ordinary methods of treatment have failed.

<sup>1</sup> Read before the Society, January 1894.

I have no fault to find with any of these provings of truth, but there is a class of evidence which, it seems to me, might, at the present time, be more utilised. It is that class which comes under the head of statistics. I am not purposing to discuss the vexed question as to whether there are more or fewer followers of Hahnemann in the ranks of the medical profession in this country than there were ten years ago, nor to uphold what I suppose would be the firm belief of all of us, that be it as it may, there has been, and still is, a steady growth in the number of the lay adherents of homœopathy both in this country and elsewhere. The suggestion that I have to make is—that this Society, which has, I believe, passed its nadir and begun to rise again, should at once commence systematically collecting statistics of the results of the homœopathic treatment of disease. Statistics, as evidence of a scientific truth, have not always been received with that respect which their inherent importance would seem to deserve, and the past history of homœopathy confirms this view. Many attempts at this mode of evidence have been made in the past; as, for example, the classical, and one would have thought convincing, one of the treatment of pneumonia; or we might go back to 1854, when the London Homœopathic Hospital published statistics of the cholera cases treated in that institution, showing a mortality of 16·4 per cent., as compared with the orthodox return of 59·2. In more recent days, the *Monthly Homœopathic Review*, with the assistance of Dr. Roberson Day, made an effort to collect somewhat elaborate statistics of acute pneumonia, rheumatism, and enteric fever; whilst two or three years since, I made an attempt to do the same office for influenza. I merely mention these as examples. Many other instances could well be cited; and startling evidence has been, from time to time, produced, but the unbelievers still remain unconvinced. The great difficulties in this matter have always been: first, the collection of sufficient instances to make deductions reliable; secondly and chiefly, the absence of that identity of circumstance which can alone make statistics available as an argument. And when I made my attempt with regard to influenza, though I

collected the results of almost 15,000 cases with less than one-half per cent. mortality, yet I felt that the inability to compare the results of the allopathic treatment under identity of circumstances made my effort, to some extent, nugatory. But there is now, at any rate, in the case of some zymotic diseases, an opportunity of collecting reliable statistics—an opportunity which has not occurred before. Since the Infectious Diseases Notification Act came into force, it has become possible to ascertain the number of cases of the diseases to which it applies occurring within a certain area, during a given time, as well as the corresponding mortality. I will only take the four chief diseases included in that list: smallpox, scarlet fever, diphtheria, and enteric fever.

On reference to the report of the Metropolitan Asylums Board, I find that during the year 1892, in the county of London, there were 423 cases of small-pox notified, with a mortality of 29, or 6·8 per cent.; but during the 22 years since 1870, 57,362 cases have been treated within the hospitals, with an average mortality of 17·1 per cent.

Of scarlet fever, during 1892, 27,095 cases were notified, and 1,167 deaths recorded, a percentage of 6·8. During 20 years the number admitted to the hospitals was 57,376, with an average mortality of 10·04 per cent. Of diphtheria, in 1892, there were 7,781 cases, with 1,856 deaths, a mortality of 23·8 per cent. During the five years that diphtheria cases have been admitted to the hospitals there have been 5,084, with a mortality of 32·53 per cent.

Enteric fever gave, in 1892, 2,465 cases with 424 deaths, or 17 per cent.; during the last twelve years there have passed through the hospitals 8,497 cases, with a mortality of 17·4 per cent.

It is, of course, evident that the mortality of these diseases varies in different years.

In small-pox, the highest has been 21·4 per cent. in 1877, and the lowest 11·29 in 1892.

Scarlet fever, highest 15·27 in 1879, and lowest 6·55 in 1873. But it must be remarked that the total number of cases in that year was only 92, as against 13,093 in 1892, with a mortality of 7·28.

Diphtheria, highest point was 59·35 in 1888, but again in a small number of cases; and the lowest, 29·35 in 1892 in a much larger number.

Enteric fever, highest point in 1875, 24·68 per cent., as against, in 1892, 13·20 per cent.

Taking the whole mortality from zymotic disease in London during the last 20 years, there has been a diminution of at least 50 per cent., a striking evidence as to the value of increased attention to sanitary measures, and to prompt isolation. Still there remains this fact, that during the year 1892, 3,487 persons died from one or other of these four diseases. Can we show a better record? I believe we can. My proposition is that a form should be sent to each member of the Society, in which should be entered, as it occurred, every case certified under the Notification of Infectious Diseases Act, and the mortality ensuing. This would be but little trouble to the individual member, as he would never fill up his notification, or death certificate, without being reminded of this small duty. These tables, sent in annually, should be massed, and the results published in the Journal of the Society side by side with the official returns. And if exception should be taken that all members of the Society are not practising in districts where this Act is in force, it would not be difficult to dissect the return, and publish the county of London members in a separate column. By this means you would obtain that identity of circumstances of which I have spoken. But would the number of cases be sufficient to warrant a safe judgment? Bearing in mind that the number of avowed practitioners of homœopathy in the United Kingdom, and still less the members of this Society, do not amount to more than one half per cent. of the total number of registered medical men, and that consequently the numbers recorded year by year would be small, yet in ten years evidence enough would have accumulated to make a standing protest of the superiority of homœopathy in the treatment of these diseases. One other point remains. It may be advanced that there would be errors in diagnosis. I admit it, but I assert that they would be no more likely to occur on one side than the other,

and I am strengthened in that opinion by the fact that no less than four per cent. of the cases admitted to the hospitals under the Metropolitan Asylums Board were wrongly diagnosed.

I submit this suggestion to you, believing that if you adopt it, you will be commencing a work fully in accord with the objects with which this Society was founded, a work which will in time conduce to the triumph of truth in therapeutics.

*Note by the Secretary.*

A discussion followed the reading of Mr. Harris's paper, some of his suggestions being adversely criticised; it was, however, ultimately decided that Mr. Harris should present to the Society some form for tabulating the information needed.

At the meeting held on March 1, 1894, Mr. Harris presented a specimen page of a schedule for the purpose of collecting statistics. In introducing it, he said he had drawn up what he thought would be a useful form. It seemed to him that the first necessity of anything of the kind was that it should be absolutely simple, and give men as little trouble as possible; and he proposed that the Society should issue a book of the forms, with a cover, bearing on it, "British Homœopathic Society: statistics of zymotic disease"; with the following directions:—"Do not enter more than one disease on a page; indicate each case by a straight line; indicate mortality by a cross. All returns to be sent to the secretary of the Society in the first week of January each year." His idea was that the book would be kept in company with the book of forms for the notification of disease and the death certificate book; and when they had a case of infectious disease which they notified, it would give them hardly any more trouble to mark a mark in the line appropriate to it; and if they were so unfortunate as to have any death, there would be very little difficulty in turning that line into a cross. Each page would be devoted to one disease, and if there should not be sufficient room on one page, they would simply have to take another. He had drawn up the schedule with the idea of

confining it to diseases included in the Compulsory Notification of Diseases Act, but it would be equally applicable to any other form of disease; thus, if any enterprising member chose to collect statistics, say, of measles, whooping cough, or influenza, the form would answer the same purpose. His prime object was to get the statistics of these special diseases, so that in process of time a mass of statistics would be collected, which they could compare with results obtained under the ordinary system.

After a lengthy discussion, during which it became evident that members considered a fuller schedule than that proposed by Mr. Harris necessary, it was resolved: "That the Society shall publish books of schedules for the purpose of collecting statistics in regard to those diseases contained in the Notification of Diseases Act, with such details as Drs. Day and Neatby may suggest for making the return more useful."

At a meeting of the Society, held on November 1, 1894, Dr. Neatby presented specimens of schedules relating to collective investigation of infectious diseases. In doing so, he said the schedules, in the hands of most of the members, would show that the enquiry related to three infectious diseases and two non-infectious diseases. The question of collective investigation had been before the homœopathic profession for some years now; and he had been led to add the two non-infectious diseases in consequence of his having read some reports on diseases such as pneumonia and acute rheumatism. He simply asked the members to look at the schedules with respect to the amount of detail in them. If the thing was worth doing at all, it was worth doing well. He hoped a discussion would be elicited on the schedules, and then, if the Society saw fit to adopt them, or any modified form of them, he thought there could be no doubt that the results would be of the utmost possible benefit to the profession.

It was then resolved that the discussion be deferred till the next meeting, to enable members to study the specimen schedules. At this meeting, December 6, 1894, Dr. Day, Dr. Moir, Dr. Epps, and Dr. Blackley made various sug-

gestions, and it was resolved: "That the schedules, as amended, be put in proof, and submitted to the Society at the next meeting." The schedules were therefore again presented at the meeting on January 3, 1895, when further modifications were made, and they were finally adopted at the meeting in April, 1895.

At a meeting of the Council held in June, 1895, the subject of collective investigation was under consideration, and it was felt that the proposal could be best successfully carried through by the distribution of the schedule, and tabulation of the returns being undertaken by the Section of General Medicine and Pathology. The matter has been under their careful consideration, and the result is the form of schedule now about to be sent to those members of the Society who are willing to assist in the collection of material. It is earnestly hoped that members will actively join in this important work; for it is believed that a series of well-recorded facts, such as these schedules are destined to elicit, will be of immense value in estimating the importance and value of homœopathically applied therapeutics in the treatment of these five diseases. To Dr. Roberson Day has been entrusted the actual distribution of the schedules, and to him should application be made.

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**SOCIETY NEWS.**

Allen Abraham Duke, M.D., L.R.C.S., L.M.Edin., L.S.A., Broadwater, Worthing, was at the April meeting elected a member of the Society.

At the meeting of the Liverpool Branch, held in the Hahnemann Hospital on May 14th,

Philip Douglas Smith, M.B., C.M.Edin., 154, Drake Street, Rochdale, was elected a member of the Society and of the Branch;

Thomas Hahnemann Hayle, M.B.Lond., 154, Drake Street, Rochdale, a member of the Society, was elected a member of the Branch.

At the same meeting the following officers of the Branch were elected for the session 1896-97 :—

*President* : Mr. Conrad Theodore Green.

*Vice-President* : Mr. Edward Mahony.

*Secretary and Treasurer* : Dr. Bernard Thomas.

*Representative on the Council* : Dr. J. W. Hayward.

At a meeting of the Society, held on June 4th, 1896, Charles Joseph Prime, M.R.C.S.Eng., L.R.C.P.Lond.; London Homœopathic Hospital, W.C.; and

Ernest Edmund Partridge Tindall, M.R.C.S.Eng., L.R.C.P.Lond., 12, Wellington Square, Hastings, were elected members of the Society.

At the Annual Assembly of the Society, held on June 25th, 1896,

Victor Jonathan Blake, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., Elsinore, Alpine Road, Ventnor, was elected a member.

At the same meeting the following officers were elected for the session 1896-97 :—

*President* : Dr. Edward Monson Madden.

*Vice-Presidents* : Dr. Washington Epps, Mr. Dudley Wright.

*Treasurer* : Dr. Galley Blackley.

*Council* : Dr. Madden, Dr. Epps, Mr. Wright, Dr. Blackley, Dr. Moir, Dr. Hughes, Dr. Day, Dr. Neatby, Dr. Burford, Mr. Johnstone, with Dr. J. W. Hayward (Liverpool Branch Representative).

*Section of Materia Medica and Therapeutics* : Dr. Hughes, Dr. Epps, Dr. Dyce Brown, Dr. Lambert, Dr. Ord.

*Section of Surgery and Gynæcology* : Dr. Burford, Mr. Wright, Mr. Johnstone, Dr. Neatby, Mr. Gerard Smith.

*Section of General Medicine and Pathology* : Dr. Blackley, Dr. Moir, Dr. Dyce Brown, Dr. Day and Dr. Goldsbrough.

*Library Committee* : Dr. Blackley, Dr. Burford, Dr. Hughes, Dr. Neatby, Mr. Knox Shaw.

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The following resolutions were also adopted :—

That an honorarium of ten guineas be presented to Dr. Hughes for his services as Editor of the Journal.

That the Society authorise an expenditure of a sum not exceeding £40 to defray the estimated expenses connected with the printing and distribution of the schedules for the collective investigation of certain diseases as agreed upon by the Society at its meeting in April, 1895.<sup>1</sup>

That the Council be empowered to make the necessary arrangements for the conduct of the work of indexing British Homœopathic Periodical Literature as reported on by the Council, and that a grant of £25 be made for the forthcoming year for expenses.

[The Report presented by the Council to the Society was as follows :—

The Council recommend that the journals to be selected should be the *Monthly Homœopathic Review*, the *Homœopathic World*, the *Homœopathic Times*, the *British Journal of Homœopathy*, the *Annals and Journal of the British Homœopathic Society*, and the *London Homœopathic Hospital Reports*. That the title of the papers be inserted under the principal noun; and that the remedies used be specially named in the index under this noun, and also separately.

That the Society undertake the publication of the Index, and present it free to its members.

That Dr. Burford be empowered to arrange the staff of collaborators.

That the estimated cost of the publication would be £70.]

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It was also resolved that the Society grant an annual subscription of ten guineas towards the funds of the London Homœopathic Hospital.

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<sup>1</sup> "A Suggestion for the Collection of Statistics," page 320.

## SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

"GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST."

JANUARY—APRIL, 1896.

### PHARMACODYNAMICS.

**Acidum hydrocyanicum.**—Dr. Midgley Cash reports a long-standing case of cerebral congestion following insolation, in which the effect of hydrocyanic acid 3x was very rapid and decisive.—*Monthly Hom. Review*, March.

**Acidum phosphoricum.**—In a case of bradypepsia, with supervening melancholia, phosphoric acid, 10 drops of the 3rd dil., three times a day, sufficed to remove both complaints.—*Hahn. Monthly*, February.

**Antimonium crudum.**—Dr. Bhaduri finds this medicine (6th dil.) very effective in intermittent fever, when the paroxysm recurs twice daily; even though other indications for it are wanting. He relates two cases in point.—*Indian Hom. Review*, December, 1895.

**Antitoxin.**—A paper read by Dr. Brennan before a New York Society shows results from antitoxin in the Willard Parker Hospital, very similar to those obtained by Mr. Lennox Browne here. During the first nine months of 1895 there were treated within its walls 593 patients suffering from diphtheria; all had the antitoxin treatment, but 155 died—a mortality of about 26 per cent. There was a remarkable frequency in the occurrence of broncho-pneumonia as a sequela. Dr. Brennan was unable, upon this showing, to range himself among the enthusiastic advocates of antitoxin in diphtheria. Dr. J. E. Winters went further, and earnestly opposed the treatment, quoting many testimonies of like kind.—*Med. Century*, March 1.

At a meeting of the Société Médicale des Hôpitaux of Paris, similarly unfavourable experiences were recorded and opinions expressed.—*L'Art Médical*, March, p. 214.

**Argentum nitricum.**—This well-proved but rarely used remedy is commended to us from experience by Dr. Heber

Smith in the *New England Medical Gazette* for February. "Central nervous exhaustion, and consequent functional weakness," especially in over-worked teachers, and other sedentary brain-workers, is the essential condition calling for it. "These patients" he says "commonly have a pallid, doughy, puffy face, expressive of but little animation. There is commonly loss of appetite, save for odd, piquant things, such as strong cheese. Longing for sweets is a characteristic for this remedy." He gives the 6x dil.

Dr. George Royal adds the following case:—"A man came under my care, suffering from progressive paralysis of the insane—so diagnosed by competent judges of the old school. He had the weakness and trembling sensation, idiotic appearance, foolish and silly speech; incoherence—in a letter to his wife, not one connected sentence. In fact, he seemed a mental wreck, and was fast becoming a physical one, but arg. nit. not only checked the progress of the disease, but restored him to his former self and usefulness. This was in 1887, and he is well to-day."—*North Am. Journ. of Hom.*, April.

**Aurum.**—The *N. Y. Med. Record* has been publishing a series of cases in which the wearing of gold spectacles has brought on headache and pain in the eyes. The keeping away of the gold from contact with the skin caused the symptoms to subside at once; so that a continuous entrance of fine particles of the metal seems established.—*Pacific Coast Journ. of Hom.*, March, p. 116.

Dr. E. M. Hale praises the bromide, which he gives in the 3x trit., in several nervous and cardiac disorders, including migraine, night terrors, and hypertrophy of the heart.—*Hom. World*, February.

**Bismuth.**—Two cases have been reported lately in France, where the large and long-continued use of bismuth produced no disturbing effect on the health. Only in one of these subjects there was a certain degree of pigmentation of the face, analogous to the "mask" of pregnancy.—*L' Art Médical*, January, p. 60.

In contrast with the above, several cases are reported, in which the absorption of the drug from external application has produced poisonous effects—stomatitis, intestinal catarrh, and nephritis.—*Hahn. Monthly*, April, p. 261.

In a case of obstinate acidity, of five years' standing, long treated allopathically without success, a cure was effected within a month by the sub-nitrate—5 drops of the 4x dil. [How was a solution of this strength made?—Ed.] four times a day.—*Hahn. Monthly*, March, p. 202.

**Bryonia.**—Discussing the place of this remedy in the treatment of fevers, Dr. Lobethal concludes that it is to the type “*nervosa versatilis*” that it corresponds,—“morbidly heightened sensitiveness with *erethismus vasorum*.” “But,” he says, “in such cases I have found *bryonia* much more effective in a low potency, and in the tincture itself, than in the higher attenuations; and, according to my convictions, it is best in such cases to give either the pure tincture in single drop doses several times a day, or, as I usually prescribe it, two or three drops dissolved in several ounces of water, a spoonful to be given at short intervals.”—*Pacific Coast Journal of Hom.*, March, p. 105.

**Calcarea phosphorica.**—An infant, a fortnight old, was brought to me. Immediately after birth a swelling was noticed on its head, which had continued to grow larger. It was situated on the left tuberosity of the parietal bone, was about 7 cm. in diameter, and its height was about 3 cm. It felt doughy, not fluctuating. Careful examination showed that the parietal bone was defective below it. From this the tumour issued. It was evidently a meningocele of moderate size. Prognosis was doubtful. There were no signs of pressure on the brain, and the child, with the exception of double inguinal hernia, was healthy. I prescribed calc. phos. 6th trit. three times a day. After taking this medicine three days the tumour was evidently smaller, and in 10 days it was quite gone. The hole in the bone gradually filled up, and at the end of three-and-a-half weeks was completely closed.—Fröhling, *A. h. Z.*, cxxxii. 65.

**Cannabis indica.**—Dr. Olivé, of Barcelona, has recorded a good case, showing how the Indian hemp will cure the mental disorder it causes. It was one of delirium tremens, with nervous tremor, hallucination, and extreme thirst. The 3rd dil. was employed.—*Hahn. Monthly*, March, p. 201.

**Carbo vegetabilis.**—Mrs. B., aged 65, for six weeks had vomited all her food a few hours after partaking of it. The matter vomited was blackish-brown, like coffee-grounds. Bowels very constipated; large enemata only brought away very foetid fæcal balls. She was extremely weak and emaciated, and complained of burning pains in stomach, especially after food. She had very bad smelling and bad tasting eructations. Abdomen tympanitic. Between ensiform process and navel a hard round tumour the size of a goose-egg could be felt. Three similar tumours could be felt to the left at the same level. Lower down

in the abdomen about a dozen other similar tumours were perceptible. I diagnosed carcinoma of stomach and omentum. On account of the foetid discharges of flatus upwards and downwards, I prescribed carbo veg. 12, three times a day. After eight days I was informed that the vomiting and pains had soon yielded to the remedy, and that many hard and horribly foetid masses of fæces had come away spontaneously. She now felt very much better, had good appetite, and had no sufferings from food. During six weeks I continued to receive good reports. She had regained her normal weight, and felt quite well. She came to see me, and I found her well and blooming. On examination, no tumours could be discovered. Nine months after this the same symptoms returned. The coffee-grounds vomiting and the tumours reappeared, and no fæces could be brought away by enemata. Carbo veg. was given without any good effect. After six weeks of this condition she died.—Fröhling, *A. h. Z.*, cxxxii. 66.

K., a farmer, aged 51, had been ill for nine weeks. His abdomen had gradually grown larger, and he could hardly breathe. His lips, alæ nasi and ears were dark blue, complexion pale. Great emaciation, all except the abdomen, which was of enormous size. Though his weight was only 110 pounds, the abdomen measured 122 cm., and was of stony hardness, and everywhere tympanitic on percussion. The liver and heart were pushed upwards. No œdema of the legs. Urine normal in quantity. Stools very sluggish; can only be obtained by purgatives. Eructations foetid. He can only take very little food. Had always been accustomed to take a considerable quantity of wine, but was not a drunkard. I prescribed carbo veg. 12 three times a day. A week after this he called on me, and I found him quite well. Dyspnoea and cyanosis gone, abdomen of normal size, bowels had unmistakably begun to act naturally, and he had passed enormous quantities of flatus. The quantity of urine passed was not increased; the liver and heart had resumed their normal position. He continued to take the carbo veg. for four weeks longer, and remains to this day—after three years—quite well.—*Ibid.*, 67.

L., builder, aged 51; for three or four weeks has had a very bad cough, that tormented him day and night. The last fortnight he has become very weak. With the constant cough he expectorated a large quantity of mucus, some of which he brought in a pot. It had such an extremely foetid odour that it pervaded the whole room. His breath was excessively foetid. This foeter, he told me, had lasted for three weeks. Examination showed

moderate pulmonary emphysema. I prescribed carbo veg. 12 every four hours. He came again after six days. The cough was much better, the expectoration of mucus slight, and it had lost its fœtid odour. I prescribed the same medicine at longer intervals for three weeks more. During this period he recovered perfectly.—*Ibid.*

**Chenopodium.**—Dr. Linnell records two cases of apparent otitis interna, where chenopodium—indicated by the patient's sensitiveness to other sounds while he was deaf to the voice—caused great improvement. This symptom has occurred in a poisoning with (not, as he says, in a proving of) the drug. [It is the phenomenon mentioned by Dr. Cooper in our last number as pathognomonic of "cerebral deafness"—a condition he considers so incurable that he is half disposed to expunge from the *Materia Medica* any reported production of the symptom by drugs.—*Ed.*]—*Monthly Hom. Review*, March.

**Cocaine.**—The subject of some "Confessions of a Cocainist" notes as observed by himself and others under the influence of this drug an illusion as of worms or insects moving along the skin.—*Hom. World*, February.

**Eupatorium aromaticum.**—In addition to the *E. perfoliatum* and *purpureum*, the *E. aromaticum* seems to possess virtues of a distinctive kind. Dr. F. S. Duff extols it in aphthæ and stomatitis, and relates several cases in point. He gives the 3x dil.—*Hom. Recorder*, March 15, p. 128.

**Eupion.**—This rare medicine has been found by Dr. Samuel Van den Berghe very effective in cramps of the calves.—*Journ. Belge d'Homœopathie*, March—April.

**Ferrum.**—Dr. Greenfield recalls attention to the value of ferrum in vomiting of food, giving seven cases in illustration. He prescribes it in the form of the 3x trit. of the phosphate.—*Southern Journ. of Hom.*, February.

**Gelsemium.**—Dr. Delamater records a case in which epileptoid attacks became grafted on premature and morbid sexual excitement, though nothing wrong could be found in the sexual organs. Gelsemium 30x, persevered with for six months, caused an entire cessation of the attacks after three weeks (they had been recurring twice or thrice in a week); and they had not returned a year and a half later.—*North Am. Journ. of Hom.*, April.

**Glonoin.**—Nitro-glycerine, in our 1st dil., seems to be in growing favour in the old school in the treatment of sciatica. The *Homœopathic Recorder* of March 15 extracts four cases reported by Dr. W. C. Krass to the *New York Medical Journal* where it acted very effectively. In all more or less neuritis seems to have been present.

Dr. Jousset relates a case of chronic aortitis, where the dyspnoea was severe and the urine had fallen to 300 grammes *per diem*. Under glonoin 1, six drops during the day, amelioration was immediate; the breathing became free, and the urine rose to 1,500 grammes.—*L'Art Médical*, March.

**Graphites.**—The following symptoms occurred about the tenth day on three separate occasions, in a man of 24, who was taking graphites 2x and 3x in three-grain doses night and morning for psoriasis unguicularis: Intense heavy weight, or dull pressure, in upper part of occiput, with feeling as if head were drawn back and neck would break, obliging him to rest the head. While the pain lasted he was quite unable to read or work.—*Monthly Hom. Review*, March.

**Gymnocladus.**—Dr. C. T. Bingham records a case of severe headache at back of eyes, following influenza, where belladonna did nothing, but gymnocladus, prescribed on the strength of the patient's bluish-white tongue, proved speedily curative. The 1st dil. was used. [This symptom *is* in the pathogenesis of the drug.—Ed.]—*Hom. Recorder*, March 15, p. 130.

**Hypericum.**—In a discussion on back-ache as occurring in women, Dr. O. L. Smith said that in the neurological clinique at the Hahnemann Hospital he found natrum muriaticum and hypericum more frequently indicated than any other remedies. The reason assigned for the former's usefulness—malarial influence—will not hold good here; but the "traumatism" which gives hypericum its place prevails on this as well as on the other side of the Atlantic.—*Clinique*, February.

**Iodoform.**—The paper on the use of this drug in meningitis summarised at p. 226 of our last number, is given in full in the *North American Journal of Homœopathy* for February. (The author's name should have been given as "Miner;" he has since died.) It contains his three cases, and in the third we note that the internal use of the drug, though at first soothing, was losing hold of the disease, when its administration by inunction on the scalp was followed by prompt and progressive improvement. In



the first case a crop of boils appeared upon the trunk during convalescence.

**Magnesia carbonica.**—Dr. A. J. Harvey finds that this salt of magnesium, as well as the phosphate, is curative of facial neuralgia. The pain is left-sided and shooting.—*Amer. Homœopathist*, January 1.

**Mercurius corrosivus.**—An old-school physician of Naples has been essaying the use of mercury in the treatment of scrofula, the presence of which has in traditional medicine always been regarded as a contra-indication for the remedy. So it would be, in the ordinary dosage; but Dr. Giampetro (of Naples) gets nothing but good results from giving a milligramme of corrosive sublimate *per diem*. His observations embrace forty-five cases.—*L'Art Médical*, February.

At a meeting of the Homœopathic Medical Society of Western Massachusetts a number of the members concurred in praising this drug for hastening the maturation of gumboil.—*N. Engl. Med. Gaz.*, April.

**Morphia.**—In a case of poisoning by a grain of morphia, recorded in the *Homœopathic Physician* for December, a marked symptom was vertigo from the least motion of the head. In the March number Dr. Skinner relates a case in which this symptom, tending even to *petit mal*, after resisting nux and lycopodium, yielded rapidly to a high potency of morphia muriatica.

**Myristica sebifera.**—Dr. Pinart, of Barcelona, has confirmed the favourable experience of Drs. Chargé and Chancercel with this drug in whitlow.<sup>1</sup> He used the 3x dil.—*Revue Hom. Française*, January, p. 36.

**Naja.**—With this somewhat neglected remedy Dr. Majumdar, since he has obtained a fresh supply from the native snake-charmers, has obtained "charming results" in the headaches, cardiac affections, &c., for which we have used it here, but also in cholera. "In the collapse stage of cholera, with pulselessness and difficulty of respiration, cobra is of immense value. Our Indian practitioners of homœopathy have ample opportunities of observing its efficacy. Many a fatal case has been rescued from the jaws of death."—*Indian Hom. Review*, January.

<sup>1</sup> See vol. iii., p. 208.

**Ocimum canum.**—Dr. Majumdar reports another case<sup>1</sup> showing the efficacy of ocimum in renal colic. The 3x dil. was administered, after other remedies had been tried in vain, with immediate relief to the suffering.—*Ibid.*

**Opium.**—Dr. F. H. Pritchard, calling attention to the sweating induced by opium, says that his experience with checking exhausting and colliquative sweating was unsatisfactory until he was led to give this medicine for it. He relates a case following influenza where ten drops of the tincture were mixed in four ounces of water, and a teaspoonful ordered hourly, with immediate benefit.—*Hahn. Monthly*, February.

Two cases are reported in which painfulness of the movements of the *fœtus in utero* was removed by opium—not given as a narcotic, but in the 6th dil.—*N. Am. Journ. of Hom.*, February, p. 120.

**Paullinia.**—A cure of diarrhœa with the *P. sorbilis* (3x) is related in the *Medical Century* of March 15. “Bloody stools, with bright green flakes intermixed,” are given as the indications for it. [Why? The only intestinal symptom noted in Allen’s pathogenesis is constipation.—Ed.]

**Pepsin.**—Dr. Gilman has had excellent results from the local application of pepsin in incipient gangrene. He relates one case in which the throat, another in which the foot, was affected, and the results both times were brilliant. In the former Boudault’s pepsin, in the latter fresh calf’s rennet, was the form employed.—*The Clinique*, April.

**Petroselinum.**—“Dr. Bukk G. Carleton reported a verification of petroselinum 3x in incontinence of urine of six months’ standing, which was cured by it in a week. The symptom was a sudden urgent desire to urinate. The remedy is often thus indicated in acute attacks of gonorrhœa.”—*Med. Century*, April 15.

**Phloridzin.**—To this glucoside, extracted from the bark of the stem and the root of several fruit trees, Dr. Gibbs Blake calls attention as experimentally producing glycosuria. He has used it as a remedy for diabetes since 1894, and promises a record of cases treated by it.—*Monthly Hom. Review*, February.

<sup>1</sup> See vol. iii., p. 208; vol. iv., p. 77.

**Plantago.**—Dr. Sircar bears another testimony to the value of plantago in toothache. The pain had lasted a fortnight, in spite of various remedial measures. Its character is not specified, but there was throbbing pain in the ear of the same side, worse from the slightest touch. Both pains were aggravated by taking either hot or cold water into the mouth. The first dose of plantago, 1st dil., gave so much relief that the patient likened it to the quenching of fire by water. Three doses more completed the cure.—*Calcutta Journ. of Medicine*, March.

**Plumbum.**—N., farmer, aged 46, was taken ill with peculiar symptoms in Nov., 1893. He had some attacks of colic, with vomiting, which occurred several times a day; there was great constipation—the bowels could only be moved by large enemata. In former years he had suffered frequently from constipation, but had never had any serious illness. The physicians in attendance prescribed opium, but it only gave temporary relief. Up to Feb., 1894, the attacks of colic became always more violent. The vomiting was rarer from Dec., 1893. The appetite was very bad, and the patient felt very ill. His mind was somewhat affected. The abdomen drawn in. I was called to see him Feb. 15, 1894. I found him wasted to a skeleton. He could not give me sensible answers to my questions. He had constant urgent call to stool, but only passed small hard black balls. The percussion sound of the liver was only heard from the upper border of the 6th to the upper border of the 7th rib. I suspected lead poisoning but could find no evidence of that, so I prescribed plumb. met. 6, three times a day. Six days later I was informed that the colic attacks were not so frequent or severe. He had had two stools without enema, and his mind seemed to be clearer. I continued the plumbum, and received favourable reports of his progress every week. The colic attacks soon ceased entirely, and the bowels were regular; his mental faculties, too, were quite restored; appetite good; he gained flesh and strength daily. After fourteen days of treatment he was able to leave his bed, which he had not been able to do since Nov. About the middle of March he made a journey of an hour by rail to see me. He was hardly recognisable, he had gained so much flesh. I found the liver of normal size. I could not find anything abnormal in his state. After a few more weeks of plumbum, he ceased to take medicine, and is to-day quite well.—*Fröhling, A. h. Z.*, cxxxii., 68.

**Primula obconica.**—Another case of poisoning by the emanations from this plant is recorded in the *American Homœopathist*

of Jan. 1, which has the feature of additional interest that the left eye was involved in the erythema of the face. There was considerable œdema of both lids, general and intense redness of the white of the eye, great itching, photophobia and lachrymation. Apis 30, with removal of the plants, effected a speedy cure.

**Prunus.**—Dr. G. F. Laidlaw has had very good results from prunin, the “concentrated preparation” from the *P. virginiana*, given in two-grain doses, for persistent cough, worse at night and on lying down. It should be preceded by an alkaline drink to neutralise any free acid there may be in the stomach.—*Med. Century*, March 15.

**Pyrogenium.**—Dr. J. S. Hunt, confirming the favourable experience others have had from pyrogen in typhoid, mentions a novel use of it, viz., that five cases of varicose ulcer healed quickly under its use.—*Hom. World*, February.

**Ratanhia.**—“When I made a proving of rhatany it caused great itching of the rectum, and for thirty-five years I have failed but once to cure pin-worms with this remedy. . . I want to say this, that if you except nitrate of sanguinarinum, I believe rhatany will cure more diseases of the rectum than all the other remedies in our materia medica. This is not simply opinion, but is based on experience.”—Cushing, *Med. Century*, February 1.

**Strophanthus.**—Dr. V. Léon Simon has experimented on a rabbit with strophanthus, and the heart was found after death in diastole—not in systole, as with Fraser’s frogs. [Dr. Berry Haycraft found the same thing in a dog (see *Practitioner*, Nov., 1895). Dr. Simon begins his paper by saying:—“Not knowing in homœopathic literature any relation of the effects of strophanthus on the healthy individual.” We would remind him that in the *Bulletin de la Soc. Méd. Hom. de France*, vol. xxix., p. 673, Dr. Piedvache published experiments on four persons, besides a summary of the continental literature of the drug.—ED.]—*Revue Hom. Française*, January.

**Sulphur.**—“I desire to draw attention to the administration of a remedy which has *never* failed me in septic conditions, no matter whether puerperal or purely surgical. The remedy is sulphur 200. There is no use in giving it lower, and you may go higher if you choose.”—Dr. J. Harmer Rile, *Hom. Journ. of Obstetrics, &c.*, March, p. 185.

**Symphoricarpus.**—Dr. Haines sends a good illustration of the power of this medicine over the sickness of pregnancy. The nausea and vomiting continued during the whole nine months whenever the patient was up and about, unless she took the symphoricarpus, in the 1st dil. It was only a palliative, but it enabled the patient to quit the recumbent position, which without it she could never do.—*Ibid.*, p. 183.

**Tanacetum.**—The undoubted epileptogenetic powers of the oil of tansy have been utilised in the treatment of the idiopathic disease by Dr. W. H. Pierson. He has treated several cases with drop doses of the fluid extract "with marked relief."—*Medical Argus*, March, p. 99.

**Terebinthina.**—H. M., aged 4, was taken ill about March 10, 1891, with catarrhal pneumonia at base of right lung, for which he got iod. 3, and in a few days the disease passed off. March 24.—There was desquamation of skin, showing that this was a case of masked scarlatina (his sister had scarlatina). There was some œdema of the face, for which apis 3 was given. The urine contained albumen and cylinders. As he did not improve on the 27th, phos. 5 was prescribed. On the 30th there was a considerable quantity of blood in the urine, for which phos. 5 and ars. 3 were given alternately. April 3.—Albumen less, but still traces of blood. April 6.—As the condition was unaltered he now got canth. 3, but this caused no change. April 11.—He now got tereb. 3, five drops every two hours; and this caused an immediate diminution of the blood, which disappeared completely in two days. The albumen was also much diminished, but in the beginning of May traces of it still continued. Under nitr. ac. 3 this disappeared in a few days.—Pfander, *A. h. Z.*, cxxxii., 18.

E. P., a boy, aged 7, had been under the treatment of an allopathic physician for two or three days, suffering from severe diphtheria. The physician had been giving him, I know not why, atropin in such large doses that toxic symptoms were produced, such as hallucinations and pains in the lower extremities. The diphtheritic deposit covered both tonsils, the soft palate, and the nose to its anterior orifice, and emitted a fœtid odour. I need say no more about the diphtheria than that it was at first attended by high fever, which declined gradually, corresponding to the slow disappearance of the diphtheritic membrane. Merc. cyan. and nitr. ac. seemed to have little effect, but merc. biniod. 3 did better, especially for the nasal diphtheria. In nine days

the fauces were perfectly, and the nose nearly quite, free from the diphtheritic membrane. On the seventh day there was albuminuria, for which apis 3 was given. Temp. 37·8°. The albumen increased so much that by the eighth day the whole of the urine coagulated when boiled. There was some blood and many cylinders and epithelia in it. Temp., morning, 37·5°; noon, 38·1°; evening, 38·2°; pulse, 130. Next day temp., morning, 37·6°; evening, 38·2°. Albumen increased; urine smoky from admixture of blackish blood. I now gave tereb. 3, five drops every two hours. The evening temp. then fell to 38°; the following morning it was 37°, and evening 37·5°, with diminution of blood and albumen. Two days later, in spite of a slight pulmonary affection, the albumen had diminished greatly, and no more blood was found. Three days after this there was very little albumen, and only slight turbidity from renal elements. For this I gave phos. 5, and after two or three days more there was no more albumen, and the urine was quite clear. There never was œdema. The ears suppurated, and the membranæ tympani were perforated. Complete aphonia from paralysis of the vocal cords came on early, and towards the end of the attack paralysis of fauces and œsophagus, and still later paresis of the lower extremities. These symptoms went off under gelsem., but whether this was due to the medicine or a natural recovery I cannot say. —*Ibid.*, p. 19.

W. P., aged 7, was treated by a homœopathic physician for a long time for articular rheumatism, combined with morbus maculosus and hæmorrhage from the bowels. After these had gone, there came on violent colics which yielded to acid. salic. 1, prescribed by myself. Some time after this there came on suddenly œdema of face and scrotum; the urine became turbid, and deposited a blackish-red sediment. The doctor in attendance gave apis and arsen., but did not examine the urine, some of which was sent to me, and I found that it contained much albumen and many blood corpuscles. I prescribed tereb. 3, five drops every two hours. Five days later I was told that the boy was much better, the œdema gone, the urine much clearer, but still somewhat reddish; the albumen was much less. I advised the tereb. to be continued, and three days afterwards the report was that the urine was sometimes quite clear, but that, the patient having taken liberties and got out of bed, the urine had again become reddish. I ordered the tereb. to be continued, though less frequently. The albumen, though in some diminishing quantity, continued in the urine for three months, and cylinders were also present, but

under cocc. cact., plumb. ac., merc. cor. and helonias, the albumen fell to  $\frac{1}{2}$  per cent., and the child was apparently quite well and attending school.—*Ibid.*

A man, aged about 40, had suffered for more than three weeks from episcleritis of the left eye. The eye was very red; at the inner border of the cornea there was a hard bluish-red elevation. The pain in the eye and the corresponding side of the head was intense, day and night. The pupil re-acted well. Urine very dark. Atropin and various other medicines had given no relief. Tereb. alleviated the pain in a few hours, and a complete cure was effected in less than a week.—*Ibid.*, 21.

**Thlaspi bursa pastoris.**—A proving of this drug, in which fifteen persons took part, was presented to the last meeting of the International Hahnemannian Association, and appears in its Transactions.—*Hom. Recorder*, January 15.

**Thuja.**—O. P., a boy, aged 9; before vaccination a healthy child. From his first year had suffered from his eyes; now has keratitis and conjunctivitis, with great injection of blood-vessels, extreme photophobia, copious lacrymation, swelling of cervical glands, with cicatrices from former suppurated glands, very cross and irritable, perspiration on exposed parts of the body. Thuja 200 for three successive evenings. Report after a fortnight: After taking the medicine copious discharge of urine. After the fifth day the eyes began to improve. No more medicine. In a fortnight more the eyes were quite well.—Wassily, *A. h. Z.*, cxxxii., 41.

B. B., a boy, aged 2 $\frac{1}{2}$ , affected with catarrhal pneumonia. Before vaccination was healthy. After that, eruption of pustules all over the body, some of which were still present; the former ones had left large cicatrices. In spite of cold compresses, the temperature was often 40°; pulse very weak. On the third day of the pneumonia thuja 6, five globules in half a tumbler of water—a teaspoonful every three hours. Next day the fever was diminished. Improvement went on rapidly. The medicine was discontinued for two days; then thuja 30 was given, after which the child soon became well.—*Ibid.*

**Thyroidine.**—In various hands the administration of thyroid extract has had now a good, now a bad, effect upon the growth of hair. The opposite results seem accounted for by an observation of M. Kummel's. In the course of myxodema the patient had lost nearly all the hair from the head, while the face, arms,

and chest developed such growth largely. Under thyroid treatment the hair fell off from these parts, but returned at its natural site.—*L'Art Médical*, January, p. 44.

A case of hypertrophied cicatrix of the face, resembling keloid, is reported, in which—after the failure of local treatment—thyroid extract, two to four five-grain tablets a day, was administered with curative results.—*Monthly Hom. Rev.*, March.

**Tuberculinum.**—To his other services towards bringing Koch's tuberculin into use as a remedy, Dr. Arnulphy has now added a translation of Dr. Mersch's pathogenesis of the drug, as published in the *Journal Belge d'Homœopathie*. Broncho-pneumonia, parenchymatous nephritis, and influenza, are, he points out, plainly figured therein, and in the first-named he testifies to its high efficacy. "Its rapidity of action in some cases is little short of wonderful, and all who have used it in this line are unanimous in their unbounded praise of its workings."—*Clinique*, February.

Henry W., aged 10, had always been delicate. Seen May 10, 1895. For about a year has suffered from chronic peritonitis—probably tubercular—and was given up by his allopathic doctor. He is emaciated to a skeleton; the abdomen distended, often painful, seems to contain some fluid; there is a small, probably tuberculous, tumour in the left spermatic cord; stools, two to three *per diem*, firm, but grey; lungs healthy; perspires readily. Tuberculin 10x, one dose every ten days. May 24.—Pains still occasionally. Temp., morning, 36·8°; evening, 37·7°. Repeat tuberculin every ten days. June 13.—Patient looks well, has gained flesh, rarely more than one stool daily; abdomen smaller. Tuberculin 30, one dose every fortnight. August 5.—Very well, no more pain, but a loose motion after breakfast. Has never looked so well as now. Abdomen somewhat sensitive to pressure on left side. The tumour on the spermatic cord smaller. Natr. sulph. 4, night and morning. After this he was well, and required no more medicine.—Pfander, *A. h. Z.*, cxxxii. 24.

**Uranium nitricum.**—The re-proving of this salt, of which we have more than once made mention, is reported as contained in full in the *Transactions of the State Homœopathic Society of New York* for 1895.—*Hom. Recorder*, April.

**Vipera.**—A case of poisoning by the viper's bite, observed by a medical man on himself, is extracted from the *British Medical Journal* in the *Homœopathic World* for March.



## THERAPEUTICS.

**Acro-megaly.**—There seems some reason to believe that this rare disease has the same relation to the pituitary body as myxœdema to the thyroid. When sight is affected in it the inference is confirmed, the pituitary body lying close to the chiasma of the optic nerves. It was natural to adopt a similar treatment, and pituitary feeding has already been tried, with excellent results.—*L'Art Médical*, January, pp. 41-3.

**Amnesia syphilitica.**—"Babu —, an attorney, came under my treatment in April, 1893. The previous history of the case showed that ten years ago he had contracted syphilis, and had eruptions all over the body. When I saw him he looked very healthy, and had no marks left on the skin. His only complaint was loss of memory, especially for proper names. I gave him *acidum nitricum* 6 once daily for a week. On my second visit I was glad to find considerable improvement. Within three weeks he reported himself all right, and I discontinued treatment. It is well here to state that he never took mercury in any form, and had had no salivation."—Banerjee, *Calcutta Journ. of Med.*, January.

**Anæmia perniciosa.**—Two cases are extracted from old-school journals in the *Calcutta Journal of Medicine* and the *Hahnemannian Monthly* for April, in which pernicious anæmia, after the failure of iron and arsenic, yielded well to the action of red bone-marrow.

**Angina pectoris.**—Dr. Jousset believes this affection to be always an incident of chronic aortitis. It may be painless, marked only by anxietas and dyspnoea, in which case glonoin is its great remedy. If it is painful, *spigelia* takes the first place in its treatment; and this drug Dr. Jousset has of late given in fractional doses of the mother-tincture rather than in the 3rd and 6th dils. he had formerly recommended.—*L'Art Médical*, March, p. 169.

**Aphonia.**—Mrs. W. N. had suffered for five months from complete aphonia, which came on witnessing the death from diphtheria of her third son. She had no cough, hoarseness, tickling, or pain. No reason for the aphonia but the depressing mental emotion could be discovered. *Ignatia* 6x three times a day caused complete restoration of the voice in four days.—Vendrell, *Rev. Hom.*, Dec., 1895.

**Ascites.**—Dr. V. Léon Simon details a case of this form of dropsy, occurring in an alcoholised subject whose liver was undoubtedly cirrhotic, though enlarged instead of contracted. Treatment directed to the liver had no effect, nor had apis or apocynum; after tapping the fluid continued to re-form. At last, viewing the state of the heart, which showed a double *souffle* at the apex, and was asystolic, digitaline was prescribed, 20 drops of Mialhe's solution—which is about equivalent to our 3x—during the day. Under this the heart regained force and regularity, the urine became abundant, and the ascites diminished by three-fourths,—the patient thus regaining tolerable health.—*Revue Hom. Française*, March.

In an instance occurring in a girl of eighteen, apparently due to amenorrhœa and chlorosis, the abdomen being as large as that of a woman at term, the ascites and all other symptoms subsided under the persistent use of *senecio aureus* 1x.—*Hom. World*, March.

**Asthma.**—Dr. Dewée records an interesting case of this disease in the *Journal Belge d'Homœopathie* for January-February. The patient, a man of 32, had had *crusta lactea* in childhood, which had been repelled by cajeput oil. At 15 asthma set in, which henceforth recurred three or four times a week, especially at night. He consulted Dr. Dewée for recurring furuncles, and did not mention his asthma, supposing it incurable. Sulphur, arnica, hepar, silicea had no prophylactic effect upon the boils, when, learning his general history, his physician put him upon *kali iodatum* 1x. Improvement now set in as regards both troubles, and after two or three months the patient was cured alike of his boils and of his asthma. In discussing the *rationale* of this cure, Dr. Dewée quotes from Fournier a description of iodism in which dyspnoea is a very prominent symptom.

**Bright's Disease.**—The number of the *Medical Century* for January 1 contains a series of papers on the nature, causes and treatment of morbus Brightii, which are of a high order of excellence. Among the hints for general management we note Dr. John Dowling's absolute forbiddance of alcohol, as being a renal irritant; and among remedies commended we would call attention to the stress laid on *kali chloricum* by Drs. Royal and Fahnestock. The latter argues its value from its pathogenesis only; but the former speaks also of two cures effected by it in

his hands, in the sixth potency. He also relates an interesting experience with iodine. He used it in a case where the percentage of albumen was very marked, and where, notwithstanding an unnatural appetite and the ingestion of an unusually large quantity of food, there was rapid emaciation. The patient had suffered from adenitis from youth, and his skin was swarthy and unhealthy. The sp. gr. of the urine was only 1006. Iodine 3x, with a milk-diet and a sojourn of six months in Florida, removed all the abnormal conditions.

**Cancer of Breast.**—The *Homœopathic Recorder* of April translates from the *Leipsic Populäre Zeitschrift* a case of left mammary tumour, having all the history and characters of cancer. It was as large as a child's fist. The patient was put upon lapis albus 3x and conium 4x; and in a month's time the growth had disappeared.

**Cancer of Womb.**—A woman, aged 39, had her left ovary removed five years ago. For some months has suffered from profuse metrorrhagia. She was so exhausted, had such bad appetite, and was so tormented by pain in sacrum and abdomen, that she had to keep her room and give up her household occupation. Examination showed undoubted carcinoma involving the whole cervix. Prescribed arg. nit. 3 and kreos. 3. After three or four weeks she came to my consulting room and said she was much stronger, and had walked all the way to see me, though with difficulty. Same medicines. Eleven days after this she reported herself much better, only that she felt much pain in the seat of the left ovary, which had been removed. Examination showed a considerable reduction of size in the carcinoma. Prescribed magnes. phosph. 6. About four weeks after this the improvement still continued. The posterior lip of the cervix is soft; the anterior lip, though smaller, is still hard. Prescribed arg. n. 30. After three weeks more, no more discharge. Prescribed natr. sulph. 3. After four weeks more the report is: cervix still enlarged, but soft. Prescribed hydrastis 1. After another four weeks, carcinoma quite cured; uterus quite normal, antelected. No discomfort for several weeks past. Menses again regular. Patient is rosy-cheeked and strong, and does all her household duties as in former healthy days.—*Layer, A. h. Z., cxxxii., 86.*

**Chorea.**—Dr. Delamater records a case of this disorder in a girl of 16, where the only cause seemed to be delay on the part of the catamenia in commencing their appearance. Pulsatilla.

30 three times a day both relieved the chorea and brought on the menses, but the former result antedated the latter by at least two months.—*Med. Century*, April 1.

**Constipation.**—A pretty piece of homœopathicity is the fact often noticed by those who practise in places where the water is hard, that persons coming there in normal health become costive, while those who are habitually constipated find their bowels regulated. An exquisite instance of such experience is reported by Dr. Washington Epps in the *Monthly Hom. Review* for March.

**Cornea, opacity of.**—A case of this kind, remaining after ophthalmia in a scrofulous woman of 25, who had also adenitis and otorrhœa, was treated by Dr. Banerjee with calcarea carbonica 30. Sight was then completely obscured. After taking the medicine three times a week for a month the sight had improved, and in three months the opacity had completely disappeared, and with it the otorrhœa. The enlarged glands were much reduced in size.—*Calcutta Journ. of Med.*, January.

**Croup.**—For this affection occurring in connection with diphtheria, Dr. Lambrechts has great confidence in hepar sulphuris, which he administers, however, not in the infinitesimals of many homœopaths, but in the 1x and 2x trits.—*Journ. Belge d'Homœopathie*, January, February.

**Diabetes.**—To meet the cases—chiefly those which do not emaciate—which fail to respond to treatment by pastilles of pancreas (see p. 233), Dr. Jousset has been essaying those made from liver. His results have so far been highly encouraging.—*L'Art Medical*, February, p. 93.

**Diphtheria.**—Dr. Tooker publishes, in the *Medical Century* for February 1, a paper read by him before the Homœopathic Medical Society of Chicago, animadverting on the conduct of the Health authorities of that city (see p. 224 of our last number) in forcing the antitoxin treatment upon the inhabitants. From inquiries sent out to the homœopathic practitioners of the county he has had reports of 315 cases treated by them in their usual manner during 1895. Of these 23 died, making a mortality of 7·3 per cent., which is a far superior record to anything that antitoxin can show, even were its unfavourable results in Chicago exceptional.

In the *Clinique* of February, Dr. Gilman gives statistics from the Chicago Health authorities up to January 10, showing much more favourable results, especially when viewed comparatively.

Dr. Boyer has sought to improve the homœopathic treatment of this disease by conjoining the mercuric cyanide of Villers with the bromine of Ozanam and Teste, giving the 3x of the former and the 2x of the latter in rapid alternation. He reports a large measure of success with this rather complex medication.—*Revue hom. Française*, February.

**Enuresis.**—Dr. Halbert contributes two interesting cases of this affection in boyhood. In the first, simple weakness of the sphincter, following diphtheria, seems to have been the initial cause, though some catarrh had now become engrafted. Equisetum cured, (he thought) better in 30 than in 3. In the second, irritation of the detrusor muscle was thought to be present, from the tenesmus which followed micturition; and gelsemium, in varying potency, proved remedial.—*The Clinique*, April.

**Exophthalmic Goitre.**—Miguel S., aged 18, had been ill for about a year before consulting the doctor. He had been under allopathic treatment without benefit. He had marked exophthalmos, a considerable goitre, and the pulse was 170. His hand trembled when the arm was raised; the heart was evidently hypertrophied. The action of the heart was tumultuous, and the patient had a constant sensation of palpitation. No signs of valvular disease could be heard. The thyroid gland was considerably enlarged, and one could feel in it a constant vibratory movement. It is well known that this disease is oftenest met with in females. But this was a male, and no cause could be ascertained for his malady. The medicines given were belladonna in low dilutions, with digitalis occasionally for attacks of palpitation. Under this treatment the young man gradually recovered, the perspirations ceased, the trembling went off, the exophthalmos and the goitre diminished, and the heart's action became normal, and in a few months he was quite well.—*Olivé, Rev. Hom.*, December, 1895.

**Gonitis.**—Christ. Wyse, aged 4, seen March 25, 1894. For five weeks had been treated allopathically for acute inflammation of knee, and was only worse. The knee was in flexed position, was red and hot, the swelling had latterly greatly

increased, and fluctuation was distinct. It was painful to touch and movement. I gave first a dose of calc. carb. 30, and then bell. 3 and bry. 3 in alternation every hour, with cold compresses. The child was brought again April 4. The fluctuation was nearly gone, and the knee could be extended without much pain. I gave another dose of calc. c. 30, and continued the bry. and bell. for another four days, after which spirit. silicat. 7x. May 1.—The knee was still somewhat swollen, but the child could walk a little, though he limped. He now got phos. 30 night and morning for eight days. May 22.—He walked to my house; the knee was a little larger than the other, but without pain. He now got calc. c. 30 and sulph. 30, alternate days for a fortnight. Seen again on September 2, he was quite well; both knees alike. After a chill he had a return of the pain, for which he got silic. 30. Since then he has continued well.—Pfander, *A. h. Z.*, cxxxii., 24.

**Headache.**—Mrs. L., aged 53; climacteric passed some years previous; has had recurring headaches every eight days for twenty years. About twenty-four hours before they come on she will experience a peculiar drawing sensation in her right arm, which gradually works up to the shoulder, and then the headache commences. For a day or two she will be perfectly wild with pain, and will also experience considerable retching and vomiting. When the headache subsides she will feel exhausted for several days. I prescribed lachesis, sanguinaria, gelsemium, natrum muriaticum, and sulphur in vain. I then concluded to give iris versicolor, 2x trit. This caused immediate improvement, the headache staying away for three weeks, when she had a slight recurrence. I continued iris, three or four powders daily, for several weeks longer, and she has been entirely free from the above-named attacks ever since, and is now (one and a-half years later) perfectly well in all respects.—Grob, *Med. Century*, February 1.

**Influenza.**—In the *Calcutta Journal of Medicine* for April, Dr. Younan gives an interesting account of his experience in influenza as occurring in that city. The only novelties it presents, however, are (1) that the author seems well satisfied with the action of 200ths, given on the indications generally recognised among us; and (2) that ammonium carbonicum plays a larger part in his therapeutics than in that of most homœopaths. He finds it the best "tonic" after the worst is over, and has known it cure the cough when everything else has failed.

In the *American Homœopathist*, Dr. F. C. Bunn speaks no less highly of ammonium bromatum (3x to 6x) in the "hard, spasmodic cough following grippe or other affection of the respiratory apparatus."<sup>1</sup>

**Intermittent Fever.**—Dr. Duffield, of Alabama, writes:—"I have had ten years' experience in a section where this fever is well known, and that our potentised remedies are efficacious I have every reason to believe. I have not used one grain of quinine in ten years. When I went into the South I was informed by an old homœopathic physician in Mobile that I could not cure a case of malaria or intermittent fever without a little quinine. He advised me to use it in these fevers in two-grain doses. I was also advised to give calomel. Now, I was educated in the Boston University School of Medicine, and I never heard of calomel there. I have not used a grain of that. The potentised remedy will cure malarial, remittent, or typho-malarial fever, which is not known in the North. I have used nothing below the 1x, and rarely below the 3x, and have cured some of the most desperate cases with the 200th. I have had the best results from quinine in the 3x trit. when indicated."—*Hom. Recorder*, February 15.

A case of four months' standing is recorded in the *Homœopathic World* for February, in which the liver and spleen were greatly enlarged. Natrum muriaticum 30 dispelled the fever and reduced the liver, but the spleen remained untouched until *ceanothus*  $\phi$  was given in five-drop doses night and morning.

**Locomotor Ataxy.**—In an article on this disease, in the *Pacific Coast Journal of Homœopathy* for February, Dr. Geo. H. Martin says that for the lightning pains, occurring before inco-ordination or exhaustion on exertion has set in, "there is one remedy which is, above all others, of great value, and that is ammonium muriaticum." When the exhaustion is the most pronounced feature, "picric acid will surely relieve"; when the inco-ordination, *argentum nitricum*. Where the disease is pronounced, and especially where there is tendency to ulceration about the feet, "*silicea* has been invaluable." "I have given it," he writes, "for months in the 30th potency, and in two cases have undoubtedly stopped, in a remarkable degree, the progress of the disease. One

<sup>1</sup> In a case of persistent asthma, with cough from tickling in larynx, the bromide salt, in the 2x trit., brought the attack to a speedy end.—*Hom. World*, February, p. 81.

case I have had under my care for the last seven years, with the result that the patient is to-day better in many respects than he was when I first took charge of him, though he had then been suffering for five years with undoubted symptoms of the disease."

**Mania.**—Dr. W. M. Butler, late of the Middletown Asylum, gives in the *North American Journal of Homœopathy* for February a study of the medicines most useful in acute mania. Fear is regarded the leading symptom for aconite, exaggeration for agaricus, "ugliness" and profanity for anacardium, rage for cantharis, fear of poisoning for hyoscyamus, hallucinations of vision ("faces peering from every corner") for phosphorus. Belladonna, when clearly indicated, he has found most useful in the 30th or 200th potency. "No other remedy is so often indicated or so frequently curative."

**Meningitis.**—In the *Journal Belge d'Homœopathie* for January-February Dr. V. Arnulphy, of Nice, begins a record of cases of this disease occurring in children which have recovered under his care. The first, given here, *seems* to have been tubercular, and was certainly going from bad to worse under aconite, belladonna and helleborus. Sulphur 12 was then given every two hours. Next day there appeared a number of pimples on the occiput, which twenty-four hours later had become purulent, with some improvement in the general state. On the third day, with discharge of pus from the eruption, this had become accentuated. Hepar sulphuris, followed by silicea, was given; and though some hemiplegia occurred as a sequela, entire recovery ensued.

In the No. of March-April two further cases are reported. In both helleborus, 6 or 12, seems to have been the curative agent; and in the former multiple abscesses on the surface accompanied the convalescence.

**Migraine.**—Translating a paper of Dr. Jousset's on the treatment of this affection, Dr. F. H. Pritchard adds some bits of experience from Dr. Puhlmann and himself. The former, for the radical cure, has most reliance on sepia and calcarea in alternate weeks; he thinks them specially useful in the angio-paralytic form. In the sympathico-tonic form, where the arteries are contracted, he gives glonoin 3x to 6x during the attack. Dr. Pritchard has had personal experience of the ophthalmic variety, where "fortification-patterns" and zigzag flashes are seen before the affected eye. It was brought on in



his case by over-use of tobacco and want of rest. After trying several remedies unsuccessfully, he took nux vomica 1, which relieved him in two minutes.—*Minneapolis Hom. Magazine*, April.

A physician who had suffered from attacks of migraine with amblyopia—a wheel-like whitish mass rotating before both eyes until vision was practically lost—found that chocolate was the exciting cause. A moderate use of cocoa did not affect him.—*Hahn. Monthly*, April, p. 268.

**Nephritis.**—Johanna K., aged 8. Seen February 4, 1890. Had been treated by an allopath six weeks for nephritis, which had probably lasted for a considerable time, as the urine had long been turbid. It now contains 2 per cent. of albumen and many bacteria. She has a craving for chalk, flour, charcoal; stool normal; little appetite. Five weeks ago the urine showed a red turbidity. Nitr. ac. 5x, five drops four times a day. February 14.—The urine only contains  $\frac{1}{2}$  per cent. albumen. Cont. April 6.—No trace of albumen for several days; urine quite clear.—Pfander, *A. h. Z.*, cxxxii., 21.

Emil R., aged 17. Seen March 30, 1894. Acute nephritis, urine turbid, contains much albumen; slight dropsy. Canth. 3. April 4.—No albumen, urine clear; dropsy gone. Canth. 6 for a few days.—*Ibid.*

**Ophthalmia.**—Dr. Aitchison states that he has found a solution of one drachm of sugar to three drachms of water, dropped into the eye every hour or two, never fail to afford relief, and that generally, if applied early, it cuts short the disease at once.—*Hom. World*, January.

**Scarlatina.**—Dr. Spranger relates his experience in this disease. In his early medical life he saw so many cases “go to the bad” under belladonna—septicæmia, as he thinks, complicating the scarlatina proper—that he began to give lachesis from the first. Under this treatment, he writes, “Scarlatina brings no more terror to me. It is like pouring oil on troubled waters.” For the last fifteen years he has so acted with all his cases, and has never had a troublesome one.—*Pacific Coast Journal of Hom.*, February.

**Sub-involution.**—In this condition of uterus, following parturition or abortion, Dr. Burford has been led to potassium, especially in the form of the bromide, as the most helpful medicine in

recent cases, and to aurum in those more advanced. He has had a double bromide of gold and potassium prepared, from which he gets excellent results.—*Monthly Hom. Review*, February.

**Typhoid.**—Dr. Searle relates an unusual but indubitable case of this fever, occurring quite sporadically, and—though its subject was healthy and in comfortable circumstances—marked by early gangrene of mouth and labia, and later intestinal hæmorrhage,—the blood discharged, as well as the breath and excretions, being very offensive. (Dr. Searle points to the latter symptom as strong evidence of malignity.) *Crotalus* 6 rapidly cleared away the former, and nitric acid 1 the latter symptoms; and though the fever ran its typical course, the patient made a good recovery.—*Hahn. Monthly*, March.

**Variola.**—Dr. Bishop, of Los Angeles, makes for variolinum, 6x trit., similar claims to those advanced by Dr. Winterburn for the 30th dil., and by Dr. Bhaduri for vaccinine,<sup>1</sup> in the treatment of small-pox. “Given in two- or three-grain doses every two or three hours, it will abort the disease in three days, and even where the eruption has already appeared, either in the discrete or confluent form, it will cause that eruption to fade without leaving any mark, and without any secondary fever. This fact we have repeatedly verified in well-defined and corroborated cases . . . . From none of the eight cases which I treated did any other person take the disease.”—*Pacific Coast Journal of Hom.*, March, p. 87.

**Whitlow.**—Dr. Gallavardin has a treatment for this affection which he deems specific. It is to give a dose of silicea the first day, of hepar the second, and of lachesis the third—all in the 30th dil.—*Hom. World*, February.

<sup>1</sup> See vol. ii., p. 369; vol. iii., p. 456.

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THE THERAPEUTIC PROPERTIES OF THE SALTS  
OF BARIUM IN THEIR RELATION TO CERTAIN  
DISEASES OF THE NERVOUS SYSTEM AND  
OF THE HEART.<sup>1</sup>

BY CHRISTOPHER WOLSTON, M.D.

IN bringing before this Society the therapeutic properties of the salts of barium in their relation to certain diseases of the nervous system and of the heart, my endeavour will be to show that, while these therapeutic properties are in themselves facts that have abundant proofs in clinical practice, they necessarily depend on or flow out of, so to speak, antecedent physiological facts that are equally beyond question; and further, that the relation that these facts relatively bear to one another finds its key in the *scientific* application of the principle, or natural law, that gives its distinctive name to this Society.

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, May 7, 1896.

With this purpose in view, I shall, therefore, approach my subject from the pathogenetic side, and arrive at these therapeutic properties by a process of induction that shall give Hahnemann his due place as the laborious gifted worker in the cause of science and humanity who put this key into our hands.

But I must at once remark here that, in adopting Hahnemann's formula of "*Similia similibus curantur*," I do not understand by it the mere symptomalogical process of "symptom covering," which has almost become synonymous with the term homœopathy, and which is asserted by many to be the *only true* way of applying the principle it indicates: a procedure which, rigidly carried out, I believe to be as unscientific as it is often misleading and disastrous. My grounds for making this disclaimer I for the moment reserve, as they will be more fittingly in place when I come to my own application of this principle in connection with the salts of barium.

Of these salts four are more or less known in their physiological and therapeutic properties: they are the acetate, the carbonate, the chloride, and the iodide. The acetate, chloride, and iodide are freely soluble in water, the carbonate very sparingly so. As the iodide is comparatively little known and used, I shall confine my remarks to the acetate, carbonate, and chloride, giving prominence to the chloride as the one whose physiological effects have been best established.

As my subject is not the *general* therapeutic properties of the salts of barium, but only these so far as they relate to certain diseases of the nervous system and of the heart, I shall not, of course, give an exhaustive account of all the researches made with a view of ascertaining the physiological actions of these salts, but only bring forward such provings and experiments on man and on the lower animals as shall supply well-established physiological facts bearing on the diseases in question, and these gathered mainly from our invaluable "Cyclopædia of Drug Pathogenesis."

A man took by mistake a draught containing ten grains of baryta acetica. When seen one hour later he was lying

stretched on his back, deprived of *all voluntary motion*, with pale face, haggard features, drooping eyelids and normal pupils. The skin was covered with profuse clammy sweat, voice faint, and speech unintelligible. Pulse 125-130, and very small; heart sounds muffled; respirations incomplete, and more frequent than normal, sounds scarcely distinguishable. Tongue was cold, slightly blackened, but still movable. He complained of a nauseating taste. Epigastrium was not sensitive to pressure, nor were colics present; there was, however, belching and inclination to vomit, also involuntary diarrhoea and micturition; urine clear and profuse. Friction, warmth and stimulation were unavailing, and the man died within twelve hours of taking the draught, in full possession of his senses, but with *absolute paralysis of all the voluntary muscles*.

Autopsy showed congestion of brain and its membranes; cord not examined. Muscular tissue of heart soft, and its cavities filled with black fluid blood. Lungs congested, and in centre an apoplectic patch of the size of a hen's egg. Mucous membrane of stomach showed here and there red patches and swollen veins.

Dr. Lagarde, who attended this case, tested this solution of baryta acetica on himself, in what quantity is not stated. After three hours, discomfort and general weakness, with lightness of head, set in. In upper extremities, and on scalp and skin of face, formication was felt. He was obliged to go to bed, and was immediately attacked with nausea, belchings of wind, and liquid diarrhoea. After three hours more, weakness had perceptibly increased, and left arm could not be moved, though *sensation was intact*. Temperature and transpiration of skin were normal; pulse about five beats slower than usual. He found it impossible to pull the bell or leave the bed; and eight hours after taking the dose upper and lower extremities were *almost paralysed*. To previous symptoms was now added copious vomiting, which was repeated several times during the night. *Paralysis of muscles* still increased, and spread first to abdomen, then to chest and neck, and last to the sphincters of bladder and rectum. Coughing, spitting, and even utterance of poly-

syllables became difficult, respirations were laboured, and urine and fæces were evacuated involuntarily. Pulse fell to 56, and for a time became irregular; temperature of skin now seemed lower than usual. A few red spots showed themselves on thorax, but disappeared after a few days. There was constant thirst, relieved by pieces of ice in mouth. *No pain* was felt anywhere, but the experimenter, with full consciousness and unimpaired sensation, experienced all the symptoms of impending death.

A man and three women, at 5 p.m., partook of some meal which contained 10 per cent. of carbonate of baryta. They all four felt sick, and the three women drank some milk, vomited immediately, and felt relieved. The man experienced only severe rumbling in bowels, did not take milk till some five hours after; this was followed by vomiting with diarrhœa, and at 4 a.m., on attempting to go to the closet, he fell to the ground with symptoms of collapse. In the morning vomiting and diarrhœa ceased, but gave place to *paralysis, extending from below upwards*, so that at 10 a.m. he could only nod his head. At 2 p.m. physician found him with face red, speech difficult; *loss of voluntary motion in limbs*, but *sensation intact*; reflex excitability increased; sphincters normal; respiration rapid, with tracheal râles; sensorium free. Pulse and temperature normal; *no pain* even in stomach. At 9 p.m. he died. *Post-mortem* showed a most remarkably dark colour of the grey substance of brain; stomach and intestines were normal.

A healthy barmaid, aged 22, took a teaspoonful of barium chloride at 12.30 p.m.; in half an hour she became badly sick all over, sharp burning pain in stomach and bowels, vomiting and purging, with much straining. Got an emetic. Seen at 2 p.m., was lying on back, face pale and anxious, eyes deeply sunken, surface of body very cold, *heart's action feeble and irregular, pulse hardly perceptible*, tongue natural and warm, muscular *power of extremities almost gone, sensation unimpaired*. All fluids vomited mixed with ropy mucus. Pains in stomach and hypogastrium, lightness of head, ringing in ears, twitching of face, and twisting of legs and arms. At 9 p.m. vomiting and

purging gone, colour returned to lips, warmth to surface, *pulse irregular and strong*, still complaining of twitching and twisting, and of noise in ears. At 2 a.m. purging returned, all *voluntary muscular power gone*, except that she could speak feebly and could swallow. Slow and laboured respiration, with copious effusion into bronchial tubes, loud loose râles all over chest. *Perfectly sensible*, fell asleep for an hour, breathing all the time becoming slower and more laboured, and countenance dusky. Awoke about 3 a.m., muttered something, and became convulsed, continued to be agitated by the most frightful paroxysms for two hours, when she died.

A medical student, aged 19, took, at 8.30 a.m., as he supposed, three teaspoonfuls of Epsom salts, which afterwards proved to be barium chloride, after which he vomited and had four stools. Seen at 10 a.m., he was very weak and prostrated, complained of pinching in abdomen, nausea, and urging to stool. *Pulse soft and irregular*, tongue clean. In half an hour the upper and lower extremities were icy cold, *pulse 54, irregular and soft*, tongue clean, icy cold, great weakness, *unable to move hands or feet, sensibility intact*, incomplete *paralysis of left eyelid*, speech weak and indistinct; complains of violent cutting and pinching in abdomen, which came on in fits every two minutes, and was attended by loud groaning; abdomen *not sensitive to touch*. He vomited three times, stools ceased, no alteration during the day. At 5 p.m. the extremities were warm; pulse rose to 84. At 8 p.m., alternate heat and cold of limbs, *quicker and then slower pulse*, slight sweat, no more vomiting or purging. Night pretty quiet, pains much diminishing, no sleep. Morning pretty lively, pain slight, pulse 80, warm, could move arms, no urine passed since yesterday morning; a moderate quantity of clear urine now drawn off with catheter. He could move arms and legs. The paralysis of eyelid gone; there were no more pains in abdomen, he slept well, and next morning was well.

The physiological effects of the salts of barium on animals have been very thoroughly investigated. They resemble closely those on human beings, but have been more developed.

Brodie experimented on rabbits and cats. Ten grains of barium chloride, rubbed very finely and moistened with two drops of water, were applied to two wounds in thigh and side of a rabbit. In four minutes he was evidently under the influence of the poison. In a short time he became giddy; then the *hind legs were paralysed*, and he gradually fell into a state of insensibility, with dilated pupils, and lay in general motionless, but with occasional convulsions. Pulse beat 150 in the minute, but *feebly and occasionally intermitted*. He was apparently dead in twenty minutes from the time of application of poison; but on opening the chest the heart was found still acting, and nearly three minutes elapsed before its action had entirely ceased.

An ounce and a half of saturated solution of barium was injected into the stomach of a full-grown cat by means of an elastic gum tube. In a few minutes it operated as an emetic. The animal became giddy, afterwards insensible, and lay with dilated pupils, in general motionless, but with occasional convulsions. At the end of sixty-five minutes from beginning of experiment he was apparently dead, but heart was still felt beating through the ribs, acting one hundred times a minute. A tube was introduced into trachea, and the lungs were inflated about thirty-six times a minute, but pulse sank notwithstanding, and at end of seven minutes had entirely ceased.

From these experiments he was, he says, led to conclude that the principal action of barium is on the brain; but in the first the pulse was feeble and intermitting; in the second, although artificial respiration was made with the greatest care, circulation could not be maintained more than a few minutes. These circumstances led him to suspect that, although this poison operates principally on the brain, it operates in some *degree* also on the heart. Further experiments confirmed this suspicion. In some of them the pulse became so *feeble* that it could *scarcely be felt*, and its *intermissions* were more frequent; but *in all cases* the heart *continued to act after respiration* had ceased, and the cessation of the functions of the brain was, therefore, always the immediate cause of death.



On opening the thorax after the heart had ceased to act, and introducing a probe into the substance of the spinal cord, it was found that by means of a voltaic battery powerful contractions might be excited, not only of voluntary muscles, but also of heart and intestines, from which it may be inferred that barium chloride affects the circulation by rendering the heart insensible to usual stimulus, and not by destroying altogether the power of muscular contraction.

The effects of barium chloride on animals have also been studied by Oudum, Cyon, Böhm, and Bartholow. Speaking of these researches, Bartholow states, that "when it is given to warm-blooded animals by the stomach a profuse secretion takes place, active peristalsis of the bowels and copious alvine discharges and free urination follow, but not until about half an hour after the injection of the poison. If thrown into the veins the same symptoms arise immediately; in either case, tonic and clonic convulsions *followed by paralysis* occur; the pupils dilate; the *heart is slowed*, but its contraction is more *energetic*; the *tension increases* enormously in the arterial system, after a preliminary fall, and finally insensibility and coma terminate the action. Very large doses suddenly precipitated on the heart by injection into the jugular vein will induce, *rapidly, paralysis both of heart and lungs*. With the peripheral paralysis laboured breathing ensues, due to paresis of the respiratory muscles, and death is caused rather by this than by cessation of the heart's action, when the poison is introduced subcutaneously. The paralysis in animals *begins in the hind extremities*. This paralysis is preceded by fibrillary trembling and clonic spasms mixed with clonic rigidity. The muscular contraction is entirely abolished when the paralysis is complete. On the nervous system of organic life barium chloride *acts as a stimulant*. The strong cardiac contractions, the dilated pupil, the energetic peristalsis of the bowels, the closure of the lumen of the intestines, and also of the bladder, and the almost complete approximation of the peripheral vessel-walls, are proofs of this excitation."

All experiments on animals with barium chloride go to prove that it is a heart poison, but it is not possible to

determine from them whether this is entirely due to its action on the cardiac nerves, or whether it affects also the muscular tissue itself; but the cessation of action *during systole* has been shown to be a constant phenomenon both in warm and cold-blooded animals, and the fact that the markedly increased blood-pressure that follows its entrance into the circulation is not at all interfered with by the division of the spinal cord in the neck makes it probable that this poison to some degree affects the muscular coat of the vessels, as well as the heart. The state of excessive contraction, into which the smooth muscular fibres of the intestines and bladder are thrown by barium, indicates a certain preference for the tissues composed of non-striated muscular fibres, or for the nerves in them, as characteristic of its action.

From the physiological actions of barium salts, that these poisonous and semi-poisonous provings in man, supplemented by experiments on the lower animals, bring to light, it is plain, that barium acts powerfully and rapidly on the *nervous centres* of animal life, and concurrently on those of organic life, but with this marked and significant difference, that after a temporary excitement, on the one it acts as a depressant, producing paralysis of all the voluntary muscles, and on the other as a stimulant, arousing into increased activity the functions of organic life, and the involuntary muscles. This being so, and the fact is scarcely open to question, the importance of bearing this difference in mind when we come to the therapeutic uses of barium cannot be overrated. It naturally divides this part of our subject into two parts, and must necessarily influence our selection of barium as a remedy, applied on the homœopathic principle, according as we have affections of the nervous system or those of the vascular system before us.

Turning now to our physiological provings, in connection with the first of these divisions, and taking them in the order in which I have related them, what most arrests one is the rapid and profound effect of barium on the cerebro-spinal axis, but apparently with a remarkable exemption of effect on the sensorium and posterior roots of spinal nerves.

In the first instance we have, within an hour of taking baryta acetica: "lying stretched on back, deprived of all voluntary motion, drooping eyelids, involuntary diarrhoea and micturition, mind clear, sensation intact, but no complaint of pain, and death within twelve hours of taking the poison, in full possession of senses, but with absolute paralysis of all voluntary muscles." In the next, from taking some of the same mixture, "after three hours general weakness, obliged to go to bed; after three hours more weakness had perceptibly increased, and left arm could no longer be moved, though sensation was intact. After eight hours from taking the dose upper and lower extremities almost paralysed. Paralysis of muscles increased and spread first to abdomen, then to chest and neck, and last to sphincters of bladder and rectum. No pain was felt, and the experimenter, with full consciousness and unimpaired sensation, experienced all the symptoms of impending death." In the third, from taking carbonate of baryta, after some hours, "paralysis extending from below upwards, so that he could only nod his head; speech difficult, loss of all voluntary motion in limbs, sensorium free and no pain," with death at the end of about twenty-four hours. In the fourth, from barium chloride, at the end of an hour and a half, we have: "muscular power of extremities almost gone, sensation unimpaired"; in about twelve hours "all voluntary muscular power annihilated except that she could speak feebly and swallow, and was perfectly sensible." In the fifth case, also from barium chloride, we have, at the end of two hours, "great weakness, unable to move hands or feet, incomplete paralysis of left eyelid, weak, indistinct speech," with sensibility intact and complete consciousness. In these two last cases there was some complaint of pain in the abdomen, evidently from muscular contractions due to vigorous peristalsis, but no pains properly neuralgic. In animals we find, after a temporary period of excitation, chloride of barium induces rapidly general paralysis commencing in the hind extremities, and apparently without pain.

Turning now to the therapeutic application of these

physiological facts, by a process of induction in accordance with the principle of "*Similia similibus curantur*," we should infer that barium would be curative in forms of paralysis of the voluntary muscles; and especially in those cases where sensation is not affected, and pain is absent or not complained of.

In result this is found to be so, and clinical proof is abundant. I have myself found baryta a prime remedy in hemiplegia, where commonly the muscles are paralysed, while sensation is unaffected. In paraplegia, where, in addition to motor paralysis, there is commonly more or less loss of sensation, I have also found it most useful, but not so uniformly so; and, when these diseases affect elderly people, no remedy, in my experience, compares with it.

In the hysteric forms of these diseases, where subjective symptoms are complained of, without the *actual* morbid condition that these symptoms should indicate, it is, as far as my experience goes, useless. Here, symptomatically it is simply misleading, and those who do not go behind symptoms "plough the sands," and bring discredit on homœopathy by an utterly *unscientific* application of the principle that underlies it, and, I am bold to say, it is not true homœopathy.

In paralysis agitans, other than the hysteric and intermittent reflex forms of this disease, barium is a potent remedy when persevered with. It is significant to note here that our so-called allopathic *confrères* have found out the therapeutic value of barium in paralysis agitans, and avouch its efficacy, but without suspecting the heterodox principle that underlies its efficacy.

In infantile paralysis, due to spinal congestion, and where often wasting of the *anterior* roots of nerves has been detected, barium comes in most effectively. In this connection it is interesting to note how specially and characteristically the therapeutic properties of barium manifest themselves in relation to diseases of the extremities of life, a guiding indication of great value.

In general nervous debility of old people, and especially when a distressing "gone" feeling in the epigastrium is

complained of, I have never found this medicine fail me in relieving this particular symptom, toning up the nervous system, and giving an improved sense of well-being.

In the condition following on the shrinking of the brain in old people, where you get childishness, loss of memory, trembling limbs, feeble gait, with more or less paralysis of the tongue; and in a like condition in half imbecile children, where you find the same paretic symptoms, with mouth kept partly open and saliva running out freely, barium is one of the most effective remedies I am acquainted with, and it is one of the few remedies that causes positive paralysis of the tongue.

Although the physiological effects of barium on the cerebro-spinal axis have marked motor-paralysis, yet its lack of action on the sensorium and posterior roots of the spinal nerves, evidenced by the fact that sensation is not interfered with, and the absence of purely *neuralgic* pains of any kind, would contra-indicate its use in locomotor ataxia, where the *posterior* columns of the cord and roots of nerves undergo a peculiar form of degeneration, and where, with the paretic symptoms, we have attendant sensory derangements in the limbs, and a characteristic form of neuralgic pain. In practice this proves to be the case, and, as far as I know, it has never been found of any use in this affection.

Farrington recommends barium chloride in multiple sclerosis of the brain and spinal cord, not an uncommon disease in infants; and remarks that "old school physicians" have used it with more or less success in these affections. I have never myself tried it with children in such cases, but in one middle-aged lady, with well marked indications of spinal sclerosis, I have found very decided improvement in all the symptoms of this disease while kept under its influence.

Another form of paresis, in which barium is of undoubted efficacy, is that following the toxic effects of diphtheria and epidemic influenza. The chloride of barium waters of Llangammarch Wells, in central Wales, have of late years come much into repute for their marked efficacy in restoring muscular power and nerve tone after these affections.

In chronic and obstinate constipation, due to low nervation and neglected attention to the bowels, barium chloride steadily persevered with, combined with a decided and persistent exercise of the will to have an evacuation at a certain hour, has, in my hands, proved a most helpful and satisfactory remedy.

The physiological action of barium in the human system on the nerves of organic life, and in especial relation to the heart, which forms the second division of my subject, presents some apparent anomalies. Bearing in mind what we have said about its being an excitant or persistent stimulant in this case, we are struck with the comparative lack of *symptoms* in the provings before us of the evidence of this action so far as the heart and circulation are concerned.

We have in the first instance: "pulse 125-130, very small; heart-sounds muffled." In the second: "pulse about 5 beats slower than usual"; a little later, "pulse fell to 56, and for a short time became irregular." In the third: ten hours after having taken carbonate of baryta, "symptoms of collapse," evidently from cardiac failure; then six hours later, "pulse normal," and the man suddenly dies. In the fourth: two hours after taking barium chloride, "heart's action feeble and irregular, pulse hardly perceptible"; three hours later, "pulse 60, regular, and pretty strong." In the fifth: three hours after taking barium chloride, "pulse soft and irregular"; six hours later, "skin warm, and pulse rose to 84"; and a little later, "quick and feeble pulse"; twelve hour after, "quicker and then slower pulse"; later, "pulse 80, is warm, and feels much better."

These symptoms, though few and slightly contradictory, as if there were in some cases an alternate action of the inhibitory, paralysing influence of the vagus, with that of a quickening action, due to stimulation of the accelerator nerves of the heart, are very significant.

The physiological facts here before us can all be summed up under the words, "irregularity with feebleness": functional irregularity of the heart, due to disturbance of the nervous centres, especially those of organic life. Hence, on our principle of homœopathy, barium, especially the chloride,

is indicated in functional diseases of the heart and circulation, characterised by irregular, feeble, and intermittent pulse, in neurotic patients. Such I have myself found it to be, especially where these conditions are found in old people. Under its action the pulse becomes steady, fuller and stronger, and gradually the intermissions entirely cease. Where these conditions are found in young girls and hysterical women, barium is also of the greatest service. Here its value stands in contrast with its value in hysteric patients where the symptoms of *motor paralysis* are in question, and the reason is plain. In this instance, the physiological facts and the symptoms respond the one to the other, for there is here actual functional disturbance due to disturbed nervation, and the homœopathic suitability is evident.

In exophthalmic goitre barium chloride is of decided service, remarkably quieting the vascular disturbance, undoubtedly of neurotic origin, that lies at the back of this disease. And in the dyspnoea of cardiac asthma, with a failing pulse, I have also found it of great service, steadying and toning up the heart remarkably; while, at the same time, it seems to have some action in subduing the spasm of the bronchial tubes, thus relieving the breathing.

If our indications for the therapeutic use of barium in cardiac diseases were derived solely from provings on the human system, and our indications for its use were dependent on the pathogenetic symptoms we have already had in view, our therapeutic range of applications for this remedy in cardiac diseases would be very circumscribed. But this is not so; experimentation, by many observers, on the effects produced by barium chloride on the lower animals, supply us with physiological facts, and their consequent therapeutic indications, of a most precise and valuable character.

These facts are well summarised by Dr. Ware, of Philadelphia, in the *Philadelphia Medical News* of 1889. He remarks: "Brunton and Ringer of London, and Roberts and Bary of Dorpat, have at various times published during the last few years their studies concerning the effect of barium on the circulatory apparatus of the frog and dog,

and they all of them are in accord in the statement, that it slows the heart very greatly, steadies its rhythms, and, at the same time, increases the volume of blood thrown out of the ventricle. They have also found that barium increases the blood pressure; and Roberts has, by a series of careful experiments, concluded that it brings this change about by an action on the muscular coats of the blood vessels, or the nerves distributed to them."

"If large doses are used in the lower animals, the heart suffers systolic arrest from over-stimulation, and the strongest irritation of the vagus nerves fails to relax the systolic contraction. Still more interesting is the statement that the failure of the vagi to inhibit the heart is not the result of paralysis of these nerves, but is due to the excess of contractile power. The slowing of the pulse is not due to inhibitory influence, but depends upon the excessive stimulation of the heart muscles, although it would seem probable that the vaso-motor stimulation, by increasing the arterial resistance, may be also a factor in the reduction of the pulse rate." But from these and other similar investigations it seems impossible to determine whether the cardiac paralysis is due to the action of barium *solely* on the cardiac nerves, or whether it acts also directly on the muscular fibres themselves, but the cessation of action *during systole* has been proved to be a constant phenomenon, both in warm and cold-blooded animals; and, with this, that the action of the heart continues after respiration has ceased and the animal is apparently dead.

The physiological facts in relation to the heart that we now have before us would seem to be of a different order to those we have previously been considering, as produced by barium in man, but this is not really so. In the one case we have symptoms of feebleness and irregularity of the heart's action resulting from nervous disturbance, with secondary effects from conditions that lay behind or had preceded them. In the other we have the conditions themselves, that produced these symptoms as a secondary result; brought into prominence. These conditions may all be summarised under the word "contraction." We have



excessive cardiac contraction, slowing the heart; and extreme contraction of the arterial blood vessels, inducing increased blood-pressure.

We find ourselves thus in the presence of a physiological problem that requires solving, rather than before an array of symptoms that require their counterparts to be found in patients, as our indication for the therapeutic application of barium. Starting with the well-proved fact that barium is a powerful stimulant of the nervous system of organic life, and very specially of that part of it that controls the heart and blood vessels, those who have most investigated its physiological action, and applied it therapeutically, regard it as a "heart tonic," and very similar in its action in both particulars to digitalis. They have therefore used it in just that kind of cases of heart disease in which digitalis is so pre-eminently useful.

Dr. Hare, amongst other cases, records its great service in the two following: "The first case was that of a girl, aged 6 years, suffering from rheumatic mitral incompetence. For some months she had suffered from marked dyspnoea at night, with shortness of breath during the day, but there had been no dropsy at any time. Dr. Hare ordered half a teaspoonful of a solution of the strength of one part of chloride of barium to 100 parts of water to be given three times a day. From the first the condition of the child at night was markedly improved, the dyspnoea was much less, and the patient not so restless; the pulse, which had been 130 per minute, now remained at 80 when quiet, or 100 after exercise; the area of the thrill over the apex was much less diffused than before, and one of the chief evidences of improvement was the absence of that peculiar whirring, trembling sound so characteristic of such cases, the murmurs becoming well separated from one another, and having a much more definite character. The continued use of the barium for over two weeks caused no untoward symptoms, and the patient steadily improved, notwithstanding an attack of mild bronchitis."

"The second case was that of a man aged about 35 years, admitted under treatment for acute dilatation of the heart,



an inch outside the nipple line, on November 9. On the 13th the area of dulness had diminished by half an inch, and the apex beat was found to be in the fifth interspace in the nipple line. On the 21st the area of dulness had shrunk by another half-inch, and the apex beat was half an inch within the nipple line; the anæmia was nearly gone, there was no vertigo, and he was able to resume his professional duties."

In a large number of other cases of cardiac disease, and many of them associated with dropsy, the barium waters of Llangammarch have been equally successful.

Though scarcely coming under the category of diseases of the heart, I cannot leave this subject, of the therapeutic properties of barium in such diseases, without referring to the undoubted efficacy of barium chloride in aneurism of the aorta, especially when abdominal. Dr. Flint, of Scarborough, in the *Monthly Homœopathic Review* for June, 1879, gives an account of its remedial effects almost amounting to a cure in such a case; and, as far as I know, he was the first to use barium in this form of disease. Influenced by the observations of Böhm, as to the irritating influence of barium on the arterial system, evidenced by experiments on animals, he, on *rational* grounds, selected, after careful consideration, to try it in a case of abdominal aneurism that had resisted all other treatment, including Tufnell's. He gave one-fifth of a grain three times a day for five weeks, afterwards increasing it to a fourth of a grain three times a day, and at the end of five months the tumour was so reduced that it could scarcely be felt. Others have followed in his wake, and since then several similar cases have been reported where barium chloride has been equally successful.

I have already incidentally referred to the physiological and therapeutic analogy in connection *with diseases of the heart and circulation* that obtains between barium and digitalis, where the nervous system of organic life is in question. They both slow the heart, while increasing the vigour of its contractions; they both increase the blood pressure by causing contraction of the muscular coats of the arterioles; and they both in hot and cold-blooded animals finally arrest

the heart in systole. And they are alike notably remedial in functional diseases of the heart, valvular disease, acute dilatation of the heart, and cardiac dropsy.

The question now fairly comes up, is the remedial action of these drugs in these instances an antipathic or a homœopathic one? My own answer is that it is undoubtedly homœopathic, but I could not maintain this ground if the similitude is to be based upon indications derived purely from symptoms. Neither of these medicines actually produce organic diseases of the heart, nor have they in their pathogenesis many or all the symptoms that indicate such diseases, *but* they do produce the conditions that could bring about these diseases, with their attendant symptoms.

For instance, cardiac dropsy, resulting from valvular disease, is strikingly amenable to the action alike of barium and digitalis, but neither of these drugs have any symptoms of dropsy in their pathogenesis. Here symptoms would entirely leave us in the lurch; but when we consider that cardiac dropsy is, so to speak, a mechanical affection due to over-distension of the vessels, especially dependent upon anything that interferes with the return of blood by the veins, as when there is obstruction to the circulation on the right side of the heart, the similitude between the *condition* producing this disease in the patient, and that produced physiologically by barium and digitalis, is plain. They are *thus* homœopathic to the disease.

In his able treatise on digitalis in our "Materia Medica: Physiological and Applied," Dr. Black pithily puts the matter thus: "*Cardiac dropsy*.—In this condition digitalis is one of the most valuable medicines, and the benefit is in proportion to its homœopathic relation to the *cause* of dropsy, for dropsy is *not* in its pathogenesis." That is to say, it is a purely physiological way of applying the principle of homœopathy.

The same may be said of Dr. Flint's brilliant and successful application of barium in abdominal aneurism. The conditions in the heart and vessels that might produce aneurism are found in its physiological action, but no *symptoms* that would indicate aneurism.

An interesting suggestion for the use of barium chloride, on purely physiological grounds, was made by Dr. George Clifton at one of our recent Friday hospital consultations. The case was one of elephantiasis of the left leg in a woman, that had hitherto resisted all treatment. Dr. Clifton suggested barium chloride upon the theory that, as the elephantiasis was due to excessive supply of arterial blood to the limb, an arrest of this excessive supply might be brought about by the well-known action of barium chloride on the arterioles, by which an almost complete approximation of the peripheral vessel-walls being induced, a corresponding diminished blood supply to the tissues is the result. Here again the homœopathic relation is between the producing condition, and not the symptoms produced.

After some thirty-five years of practice as a disciple of Hahnemann, while giving full place to the importance of symptomatology, I am increasingly convinced that the more—I say not entirely—we carry out our application of the principle of homœopathy on physiological lines, that have conditions capable of producing the disease, which symptoms may or may not indicate, in view, rather than on a comparison *purely* of symptoms actually produced, or supposed to be produced, by medicinal substances, the more really successful shall we be as practitioners, the sooner will the gulf of ignorance and prejudice that separates the old and new schools of medicine be filled in, and the sooner will the science of medicine be placed upon an impregnable basis of physiological and therapeutic facts, that the principle "*Similia similibus curantur*" has led us up to. And here, I say, all honour to Hahnemann!

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Dr. HUGHES thought barium was a very important medicine, whose value had only risen above the horizon at present, and wanted a very careful study in the light of the poisoning cases brought before them, and also of the experiments on animals which had been so largely conducted of late years, and of the therapeutic effects which had come to light, first in the new school in the treatment of aneurism, and then in the old school in the treatment of heart disease. He was inclined to think that

they must look to direct action upon muscular tissue to a much larger extent than hitherto, and not assume that all drugs acted through the nervous system. There had been a confusion in time past between nervous force and life, as if all drugs which acted dynamically upon the living tissue must necessarily act through the nervous system. The nervous system was not more alive than other parts of the body; it had living matter in it, but so had the muscles and many other parts, and drugs which acted dynamically could act upon any part of the body and influence it. He was satisfied that they must analyse some of those complex drug actions and find out what parts of them were produced by their action upon nervous centres and what part was produced by direct action upon the muscles which those nerves supplied. He had already adduced views of the kind with regard to the complex action of digitalis, and he expected they would find the same thing with regard to baryta. Unless baryta had a direct action upon the substance of the arterial walls, chiefly the muscles, it could hardly influence aneurism, which was not an affection of the nerves at all. But given that the drug had a degenerating influence upon the arterial walls, then it might be that the aneurism could be cured homœopathically or benefited very much. He thought they would gain most good by studying barium in that way, but the matter was so misty at present that they could not dogmatise about it at all.

Dr. MADDEN asked Dr. Wolston whether he was really correct in saying that the action of baryta as a heart tonic could be considered homœopathic. He thought if Dr. Wolston would recall his own experience, and published experiences, he would find that it had been found necessary to give practically a material dose, and in order to be satisfied that the drug was practically homœopathic to a condition, he thought one ought to find that it acted in doses at all events up to the third decimal. Since the action of barium in poisonous doses was to increase the force, while lessening the frequency of contraction, and since that was the action to be attained in cases of heart failure for which it was given, it surely was given for direct primary action and not for the cure of a condition similar to that. It was always satisfactory to find that a useful drug was homœopathic, but it was more necessary to be quite clear what was and what was not homœopathic action. One other thought had occurred to him, viz., whether the usefulness of the Nauheim treatment of heart disease was really to be referred to the small quantity of barium chloride in the waters. It was rather remarkable that in

some experiments published in the *Lancet* lately, the author had imitated the Nauheim waters, but had carefully left out barium chloride altogether, and merely gave carbonic acid and sodium chloride, which were the largest constituents of the waters. The writer evidently did not think that the small quantity of barium was necessary to complete his analogy. There was no doubt that the Nauheim treatment had improved many cases of heart disease, although the bath was not the most important part of it. The waters of Llangammarch also had done very good work in the same direction, and they also contained barium chloride in small but appreciable amounts.

Dr. WOLSTON, replying to Dr. Madden, said that the use of the Llangammarch waters, in the cases in question, was not in the form of baths at all, but apart from any treatment of that kind, as they were taken entirely internally and in London.

Dr. GALLEY BLACKLEY said he had been struck with the accounts published from time to time of the action of barium upon aneurism. Dr. Flint's cases were striking, and, to a less degree, those published by Dr. Clarke. The idea had passed through his mind that possibly baryta, in the form of the muriate, might resemble chloride of calcium in its action upon the coagulating power of the blood. Chloride of calcium had a very decided action upon the rate of coagulation of the blood, and it might be that baryta acted also as a coagulant of the blood, inside the sac of an aneurism—in other words, that its action was not upon the heart or the vessels at all, but upon the blood, pure and simple. He had listened with very considerable interest to Dr. Wolston's remarks upon the use of baryta in sclerosis. In this condition they needed all the help they could possibly get from drugs; such cases were notoriously intractable, and anything that was at all reliable must be greeted with acclamation. He had a case of disseminated sclerosis now under his care, which was not doing specially well under the medicine which he had given—nitrate of silver—and if the patient still hung fire he should try the effect of baryta.

The PRESIDENT (Dr. Goldsbrough) said that with regard to the use of the drug in paraplegia and nervous affections generally, they would have been glad if Dr. Wolston had given the cases in detail. Unless they had the detail of the cases before them, so that indications for the drug might be afforded, it would be misleading to look to the drug as of value, say in a case of hemiplegia. A vast number of such cases as these are not, from their very causation, amenable to the action of remedies. It was in cases

of diphtheritic paralysis and the loss of power following influenza that, in the President's opinion, they might look to baryta for its good effect.

Dr. WOLSTON, in reply to Dr. Hughes, said it was an open question whether the action of barium was exclusively on the nerve supply of the vessels and of the heart. There was nothing, as a fact, to prove that it acted directly on the muscles themselves; on the nervous centres supplying them its action was beyond question, and even where the spinal cord was divided in the cervical region it left the small nerves in the muscles to be directly affected by the barium, and there were no experimental facts to prove that muscular tissue, *per se*, was acted on by it. With regard to the statement that aneurism was due to tissue degeneration, and was not the effect of nerve disease, in many cases this probably was the case, though even in these cases enfeebled nerve stimulus may have begun the mischief. Bulging of the abdominal aorta from nerve disease, resulting in aneurism of a more or less permanent character, was, he believed, a clinical fact, and he should himself think that Dr. Flint's case was of this nature, and that the curative action of barium in this instance was entirely through the nervous system and thus on the aorta itself. Dr. Madden questioned whether barium acted homœopathically, because material doses were given in the cases cited; he had himself obtained its good results by using the second and third decimal dilutions, and he could not call those material doses. In any case, he had yet to learn that homœopathy was a question of the *amount* of medicine used. As to barium being a direct tonic to the heart, all he could say was, that it acted in a double manner. They might have a heart powerfully contracting with a very feeble pulse, and there might with this be also increased arterial tension. A patient might have a feeble and intermittent pulse, and at the same time a heart contracting very forcibly. These were the physiological and clinical facts that had to be kept in mind. As to Dr. Blackley's remark with reference to the *modus operandi* of barium in aneurism, he could not find that there was anything to prove that barium had any power to produce coagulation of the blood. If it were really so, he should think it could be easily proved by experimenting on blood outside the body, with barium, but he knew of nothing of this kind. In reply to Dr. Goldsbrough's criticism, all he could say was, that it would have taken up too much time to have given the cases in detail.

Dr. BURFORD asked Dr. Wolston what physiological reasons



he had for saying that a heart might act powerfully and at the same time be accompanied by a feeble pulse.

Dr. WOLSTON said the physiological facts proved it to be so, as in the experiments made upon animals the heart was found acting powerfully, while at the same time the pulse of the animal was very feeble and intermittent. Then clinical facts, especially in the case of children suffering from heart disease, gave abundant proof of this, and Dr. Ringer, in discussing the action of digitalis on the heart, draws special attention to this fact in his *Handbook of Therapeutics*.

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## THE THERAPEUTICS OF DIPHTHERIA FROM A STATISTICAL POINT OF VIEW.<sup>1</sup>

BY F. S. ARNOLD, M.B. (OXON.).

I CANNOT pretend to be able to advance any novel or valuable views of my own on the treatment of diphtheria. Probably many here have a larger practical experience of the disease than I have, as we see very little of it in Manchester. It has occurred to me, however, that an inquiry into the matter from a statistical point of view would not be without interest, and, in the case of a disease which has lately attracted such universal attention, and which presents to the medical profession so many unsolved problems as does diphtheria, I may at least hope that my paper will serve as a peg on which to hang a discussion. It hardly needs saying to an audience of those whom experience has convinced of the truth and therapeutic value of the homoeopathic law, that in the ordinary medical text books the least satisfactory sections are those headed "Treatment," and in this respect diphtheria is no exception to the rule.

If we take three such representative treatises on medicine as those of Fagge and Bristowe, and the "System of

<sup>1</sup>Presented to the Section of *Materia Medica and Therapeutics*, May 7, 1896.

Medicine" by Pepper, we shall find in each case, on referring to the treatment of diphtheria, a long list of remedies and methods, comprising almost every form of treatment that has, up to the present, been suggested. If, however, we wish to discover what form of treatment has the greatest weight of evidence in its favour we shall get very little satisfaction out of any of the orthodox works on medicine. The importance of coming to some clear and definite conclusion on this point, if in any way possible, is too obvious to need insisting on. The position of a physician who, cognisant of the numerous methods of treating diphtheria, but possessing no reasoned preference for any, is suddenly called upon to treat a severe case of the disease, is not one to be envied; nor can one regard the position of his patient as a very hopeful one.

It occurred to me some little time back that a search through recent medical periodicals might afford some kind of answer to the question "What form of drug treatment can show the best record of success in the treatment of diphtheria?" So far as the authorities I have consulted go, they answer the question with some definiteness, giving a body of evidence in favour of one particular method of treatment enormously more weighty than any other can claim. I do not propose to go through the whole list of methods that have been used; it would be tedious and entirely unnecessary, seeing that the great majority of methods are unsupported by any body of evidence worth considering. I propose to consider the following drugs:—

- (1) The liquor ferri perchlor. of the B.P.
- (2) Chlorate of potash.
- (3) Liquor ferri perchloridi and pot. chlor. in combination.
- (4) The liq. ferri perchlor. fortior.
- (5) Petroleum.
- (6) Magnesium sulphite.
- (7) Mercuric chloride, iodide, and cyanide.
- (8) "Antitoxin."

The foregoing list includes all the drugs in support of whose efficacy I have been able to find anything that could be called a body of evidence, whether a mere consensus of

opinion or evidence of a definitely statistical nature. Let us take the (1) liq. ferri perchloridi. There are, as you know, two pharmacopœial preparations of the perchloride of iron—the liq. ferri perchloridi and the liq. ferri perchloridi fortior. The latter I will deal with later on. With regard to the former I have been unable to find any statistical evidence of any weight. There is, however, something in the nature of a consensus of opinion in favour of the drug, as it is probably, either alone or in combination with the second drug on the list, the chlorate of potash, the most frequently adopted form of drug treatment. The impression I have got from reading all the reports of cases I could come across is that the liq. ferri perchloridi by itself, while piloting a mild case very satisfactorily to recovery, is practically powerless against the graver forms of diphtheria. The same may be said of the chlorate of potash, with the addition that it is by no means a harmless drug, and, given in the enormous doses usual among old school practitioners, it has probably, on the whole, done a great deal more harm than good. The combination of the chlorate and the liq. ferri perchlor. has a much better record than either drug alone. There seems little doubt of its power to arrest the development of membrane in a certain proportion of cases. The best results have been obtained when the mixture has been taken in large doses, some writers recommending that it be almost continuously sipped by the patient. The addition of hydrochloric acid to the mixture seems to increase its efficacy, probably owing to the fact that it leads to the slow liberation of chlorine, whose well-known bactericidal powers are heightened by being presented to the membrane in the so-called “nascent” state.

The liquor ferri perchloridi fortior has, I think, much stronger claims than any of the foregoing drugs. In the *Lancet* for January 25, 1890, Dr. Barraclough advocates the treatment of diphtheria by painting the throat with the undiluted liq. fortior. He gives a series of eleven cases treated by this method, without a death. Some of the cases were of great severity, copious deposit of membrane being present in the nostrils in three of the cases.

Dr. Barraclough advises that the undiluted liq. ferri perchloridi fortior be applied freely to the throat by means of a large camel hair throat brush, well charged with the solution. He holds that the liquor exercises a kind of "tanning" effect on the membrane, and that, by its intensely astringent action on the surrounding parts, it renders them less suitable to serve as a cultivating medium for the diphtherial micro-organisms. A certain amount of the solution is swallowed. There is generally slight vomiting after the application. Dr. Barraclough regards this as beneficial as tending to the expulsion of false membrane. It need hardly be said that this method of treatment is intensely unpleasant to the patient. Dr. Barraclough applies the solution three or four times a day, according to the gravity of the case. J. Braun (*Allgemeine Wiener Med. Zeitung*, No. 38, 93, quoted in *British Medical Journal*, October 21, 1893) speaks very highly of the strong solution of perchloride of iron in diphtheria. His method of applying the drug is different to that of Dr. Barraclough. The perchloride is made up into an ointment with lanolin, and applied on a plug of cotton wool. The author considers that an ointment has many advantages over a liquid preparation. The remedy can be used in a very concentrated form, none being swallowed, and the unctuous nature of the application allows the operation to be conducted with such delicacy that energetic action can be secured without any complaint from children of violent pain or burning. The author describes his results with this treatment as exceedingly satisfactory, and states his belief that the mortality from diphtheria would be reduced to a minimum if the method were universally and exclusively persisted in. As a rule, two applications daily suffice; in severe cases they may require repeating every three or four hours. Improvement is noted on the second day, and a continuance of the disease beyond the fourth day is rare.

Feige (*Therap. Monatshefte*, July, 1894), reports fifty-eight cases of diphtheria. Of the first twenty-one cases which were treated with various measures, eleven died. The remaining thirty-seven cases were treated with an

application twice a day of liquor ferri perchloridi (and no other treatment). Of these, only one patient died, a boy who was affected with severe glandular inflammation. In no case, however, not even in the latter, did the affection spread to the larynx. As regards the painting of the tonsils, an accidental contact with healthy mucous membrane does no harm, but may render the area less susceptible, and thus check the spread of the malady. Usually the patient vomits once, thereby ejecting some of the liquid which may have run down the œsophagus. Three to four applications, sometimes even one, seemed to check the virulence of the disease.

I have some experience of this method myself. In the summer of 1890, I had between twenty and thirty cases of diphtheria to treat. The diagnosis was established in a considerable proportion of the cases by the supervention of paralytic symptoms of various degrees of severity. Having been struck by Dr. Barraclough's article and his confident claims for the liq. ferri perchlor. fort., I determined to try the method. I used it in all the cases, and was fortunate enough to have no death. I may state that at that time I knew nothing of homœopathy, and did not attach as much importance to the "*jucunde*" in my selection of therapeutic measures as I should be inclined to do now. The effect of this treatment on the disease is absolutely beyond dispute to anyone who has tried it. The membrane shrivels up and comes away, the complexion loses its ashen grey hue, and the apathetic prostration, so characteristic of the disease, passes away, in many cases with the most surprising rapidity, and the child becomes bright and cheerful. I do not, of course, mean to say that every case responds equally readily to this treatment, but I will say that in no case in which I have tried it has it failed to produce most marked amelioration of symptoms and general condition.

Several observers report very favourably of the treatment of diphtheria by local applications of petroleum or paraffin. In the *British Medical Journal* for September 19, 1891, Dr. Sydney Turner, of Gloucester, writes as follows:—

"We have had an outbreak of diphtheria in this city since last April. I have treated thirty cases, children and

adults, with paraffin, and have had the satisfaction of seeing every one recover. My plan is to ask for the ordinary paraffin used in lamps, and, having scraped off the diphtheritic patch, to apply the paraffin to the inside of the throat every hour, with a large camel's hair brush. As a rule the throat gets well in twenty-four to forty-eight hours, and with improvement in the throat the paraffin is applied less frequently, but I continue its use for two or three days after the complete disappearance of the patches. In three very severe cases I found that as the diphtheria gradually disappeared tonsillitis supervened, which I treated in the ordinary way."

At a meeting of the Academy of Medicine of Belgium, on February 27, 1892 (*Sem. Méd.*, March 2, 1892), a communication was presented on behalf of M. Larcher, embodying the results which he had obtained with crude petroleum in the treatment of diphtheria. Since 1886 he has employed this method in forty-two well-marked cases, of which only two died, one of these a very young child, in whom the disease was far advanced before the treatment was begun; the other was a girl aged 6, who was so unmanageable as to make the application of the method almost impossible. The duration of the treatment was from eight to eighteen days. In not one of the forty-two cases was the disease communicated to any other person.

Flahaut (*Normandie Méd.*, No. 3, 1893) gives particulars of an epidemic of diphtheria at Neuville-Champ-d'Oissel in 1891-92, when seventy persons were attacked. He divides the cases into two series: (1) Thirty cases (between April 15, 1891, and May 5, 1892) treated by methods in common use, with the result that nine died and twenty-one recovered; (2) forty cases (between May 5 and June 15, 1892), treated by applications of petroleum, without a single death. The nature of the disease was clearly established by clinical as well as bacteriological evidence. The applications cause no pain, and the membrane seems to be rapidly dissolved by the petroleum. A fortnight after the general adoption of this method the epidemic ceased.

P. J. Rostenko (*Vratch*, No. 30, 1893, page 1383) fully confirms Flahaut's high opinion of petroleum as a remedy for diphtheria (*Epit.*, 1893, i., 331). He gives an account of seven consecutive cases, all of which were treated by painting the fauces with cotton-wool soaked in petroleum, thrice daily. Rapid recovery invariably ensued, the false membranes disappearing within three days.

The Russian peasantry successfully treat severe cases of diphtheria by the internal administration of petroleum.

M. Gottlieb (*Vratch*, No. 23, 1894, p. 670) emphatically endorses the statements of Rostenko (*Epit.*, 1894, i., 116) as to the brilliant effects of kerosene in diphtheria. He resorted to the paintings (four times daily) in five consecutive cases, in which he had previously tried various other methods with most disappointing results. In every case a rapid recovery ensued.

The treatment by magnesium sulphite taken internally and freely insufflated into the throat is strongly advocated by Dr. Brownlow Martin, and seems in his hands to have been successful in rapidly improving the aspect of affairs in some very severe cases. The method has not, however, been very widely adopted, and the number of cases on record in which it has been used is too small to serve as a foundation for any very definite conclusions. Dr. Martin dusts the sulphite in the form of a fine powder about  $\frac{1}{8}$  inch deep all over the false membrane and wherever the surrounding redness extends. He also orders tabloids of the sulphite to be sucked constantly.

Dr. Martin speaks enthusiastically of the method. He says: "I always expect to find all traces of membrane dispersed on the fourth day, *i.e.*, in seventy-two hours from the commencement of the treatment." Again he says: "The most powerful argument that I can make use of in favour of this treatment is that whereas prior to its discovery a very large per centage of those that I attended suffering from diphtheria expired, since its introduction not one case attended by me and treated on this principle has ended fatally." A certain amount of evidence confirmatory of Dr. Martin's views as to the value of this method is quoted by

him in his little book on "Diphtheria and its Successful Treatment." Seven medical men report fifty-nine cases treated by the sulphite with three deaths, two of the fatal cases having been practically moribund when the treatment was commenced. On the whole, a good *primâ facie* case seems to be made out for the sulphite, and one will look with interest for further reports of its use.

The per salts of mercury, biniodide, chloride, and cyanide, have been largely used in the treatment of diphtheria, and a very considerable number of cases treated with one or other of those drugs have been already recorded. With regard to the biniodide, I have been unable to find any figures relating to its use in diphtheria. There is a very wide-spread belief in its efficacy, especially among our own ranks. The numerous statements in favour of the drug, however, which I have seen have all been in general terms, and none of them accompanied by figures. With the perchloride the case is different. Dr. F. H. Coward, of Huddersfield, in a letter in the *British Medical Journal* of January 3, 1891, advocating the treatment of diphtheria by perchloride, records sixty consecutive cases without a death. In a letter I have received from Dr. Coward, he states that the number of cases treated up to the present by himself and his brother with the perchloride amounts to 120 odd, and that so far no death has occurred. Probably not all these cases were true bacillary diphtheria, but Dr. Coward's record shows that corrosive sublimate possesses a great power over membranous sore throat, which, whether the Klebs-Löffler bacillus be present or not, is always a serious disease.

Dr. Bennie (*Australian Medical Journal*, Jan. 20, 1895) speaks highly of the treatment by mercurial salts. After referring to published cases he describes his own results. During the last four years he has thus treated thirty-eight cases with a mortality of 8 per cent. Eight of his cases had severe laryngeal symptoms and in three paralysis supervened. Bennie gives the perchloride of mercury in doses of  $\frac{1}{16}$  -  $\frac{1}{32}$  grain. He thinks that possibly the mercurial salts may combine with the toxins, and says he is not at all inclined at present to change over to the serum treatment.



The perchloride of mercury, either taken internally or used as a wash or spray to the throat, is reported on favourably by Stuver, Baginsky, Hutinel, Braun, Jacobi, Lennox Browne, Hillier, Trousseau, Kossel, Escherich, and many others.

The cyanide of mercury was first used by Beck, a Swiss physician. Villers, of St. Petersburg, a homœopathic physician, reports having used it in over 100 cases, with no deaths. Erichsen, of St. Petersburg, an old-school physician, reports twenty-five with three deaths. Jousset and Burt speak highly of the drug, the latter saying that "as soon as he is certain that he has a case of diphtheria to treat, he at once puts the patient upon the cyanuret of mercury, with a feeling of almost certainty of curing him." In the *Lancet* for March 24, 1888, is an abstract of a paper by Dr. Sellden, a Swedish provincial medical officer, on the treatment of diphtheria by the cyanide. Dr. Sellden considers that he is warranted by the results obtained, both by himself and numerous colleagues, in the treatment of diphtheria by cyanide of mercury, in looking upon the drug almost as a specific. During the four years 1879-82, the official returns for the district of Norberg show that there was an appalling mortality from diphtheria, no less than 92·7 per cent. of those attacked succumbing (564-523). During the years 1883-6, 160 persons suffered from the disease, and of this number twenty-nine died; 132 of the 160 were treated by cyanide of mercury, and of these only one died. Is it possible, asks Dr. Sellden, that this startling difference in the mortality can have been due either to accident or to mistaken diagnosis? On the latter point he assures us that all the 132 cases were well-marked, with distinct pseudo-membrane, swelling of the glands, extremely foul breath, and all the signs of diphtheria which were present in the other and more fatal group of cases. Up to the commencement of the present year Dr. Sellden has treated more than 200 cases of diphtheria with cyanide of mercury, and of these only four have died, three of whom were seen by him too late for much good to have been expected from any treatment. He and his colleagues have altogether treated more

than 1,400 cases in this way, with a total mortality of 69, or about 4.9 per cent. Dr. Sellden gives the cyanide in frequently-repeated small doses (between  $\frac{1}{800}$  and  $\frac{1}{1000}$  grain). He does not brush the throat, but prescribes a gargle of the cyanide in peppermint water in the proportion of  $\frac{1}{10000}$ . Occasionally, when the cyanide of mercury has not appeared to act as quickly as usual, recourse has been had to the biniodide with satisfactory results. Dr. Sellden thinks it probable that the perchloride may also act in some cases better than the cyanide.

Dr. N. O'D. Parks, of Rhode Island, writes in the *Lancet* for May 26, 1888: "I quite agree with Mr. Pugin Thornton that mercury is the drug which will cure diphtheria. I treat this disease with small doses of an alcoholic solution of cyanide of mercury, administered every fifteen minutes, with inunctions of oleated mercury in benzoated lard, with alcoholic drinks *ad lib.* Since I adopted this treatment I have not lost a case out of fifty or sixty where my instructions were fully carried out."

And now we come to a thorny and complicated subject—the treatment of diphtheria by the so-called antitoxin. What place will the serum treatment hold in the estimation of the medical profession when sufficient time has elapsed for a thorough trial under the strict experimental conditions which can alone afford results of any inferential value, and for the elimination from the consideration of its claims of the enthusiasm and the animosity which have played so prominent a part up to the present? I have my own strong opinion on the matter, but I must frankly own to starting with a profound disbelief in the whole system of guinea-pig therapeutics, which may make me less than fair to "antitoxin."

The long-looked-for Report of the Medical Superintendents of the Metropolitan Asylums Board Hospitals was issued to the public a few weeks ago. It is a document which will repay attentive examination. On the first page appears a statement which, so far as I can see, absolutely stultifies the whole report. "No change," we are told, "has taken place during the year in the local treatment of

the cases." That is to say, the antitoxin has been used, not by itself, but as a mere addition to the older methods of treatment. It is obvious that, under such circumstances, only a very startling diminution in mortality in the cases in which antitoxin was superadded to the usual treatment, and one quite unexplainable by the hypothesis of a milder type of disease, or greater exhibition of skill or assiduity in medical treatment or nursing, could serve as a basis for any conclusion favourable to antitoxin. The report shows no such startling diminution. The mortality per cent. in the hospitals in 1895 was 22·5, against 29·6 in 1894—no very surprising reduction when we remember that, without antitoxin, the case mortality in the Asylums Board hospitals has been steadily falling for some years past. In 1888 the mortality was 59, and it fell almost uniformly year by year till 1894, when it was 29·6. How do the medical superintendents account for this very large diminution, and what evidence do they bring forward that the reduction from 29 in 1894 to 22 in 1895 is only to be ascribed to the use of serum, and cannot be accounted for by the factors which were at work in the previous years? There is no attempt to deal with this aspect of the question from the beginning to the end of the report.

Again, attention must be drawn to the fact that the 3,529 cases treated at the hospitals in 1895 are made up of 2,182 cases treated with antitoxin, giving a mortality of 28·1, and 1,347 not treated with antitoxin, giving a mortality of 13·4. This very striking fact, that the cases not treated with serum furnish a mortality less than one-half of that of the antitoxin series, we are asked to regard as deprived of all significance by the statement that the severe cases were treated with antitoxin and the mild ones were not.

The matter is thus stated in the Report: "With the exception of a period of three months at the Eastern Hospital, when its use was suspended; of periods of four months at the Western and North-Western, of three months at the Fountain, and to a considerable extent throughout the year at the South-Eastern Hospital, when all cases were consecutively treated irrespective of their severity—the

serum was administered only to cases which at the time of admission were severe, or which threatened to become so." A little further on it is stated that the cases moribund on admission were not treated with antitoxin.

The exceptions above detailed are fairly extensive ones, and it is obvious that to describe the cases treated by antitoxin as the severe cases, and those not so treated as the mild ones, can only be a very rough approximation to the truth. We are not told how many moribund patients there were, but it is important to remember that their deaths go to swell the non-serum mortality.

Great stress is laid by the medical superintendents on the lowered mortality in tracheotomy cases. It is pointed out that the tracheotomy mortality in 1894 was 70·4 per cent., while in 1895 it was only 49·4 per cent. A comparison of the tables relating respectively to tracheotomy cases treated with "antitoxin" and to the whole number of tracheotomies reveals some interesting facts.

At the Eastern Hospital there were 61 tracheotomies : 41 treated with antitoxin, mortality 51·2 per cent. ; 20 treated without antitoxin, mortality 50 per cent.

At the North-Western Hospital, 32 tracheotomies : 28 treated with antitoxin, mortality 64·2 per cent. ; 4 without antitoxin, mortality *nil*.

At the Western Hospital, 37 tracheotomies : all treated with antitoxin, mortality 40·5 per cent.

South-Western Hospital, 25 tracheotomies : all treated with antitoxin, mortality 52 per cent.

South-Eastern Hospital, 64 tracheotomies : 60 with antitoxin, mortality 48·3 per cent. ; 4 without, mortality 50 per cent.

Fountain Hospital, 36 tracheotomies : 34 with antitoxin, mortality 50 per cent. ; 2 without antitoxin, mortality *nil*.

Total cases treated with antitoxin, 225 ; mortality, 50·2 per cent.

Total cases treated without antitoxin, 30 ; mortality, 40 per cent.

Now, as we are dealing only with tracheotomy cases,

that is, cases all of the utmost gravity, it is impossible to maintain that the better per centage results obtained by treatment without antitoxin are due to the latter having been reserved for severe cases. It would be absurd to pretend that the lower mortality in the non-serum cases settles the question in a sense unfavourable to antitoxin. The number of cases in the one series is so much smaller than that in the other that no rigid conclusion can be drawn. To conclude, however, as the medical superintendents do, that an improvement in tracheotomy mortality, which is more marked in the series not treated with serum than in the series so treated, and which occurs at a time when the introduction of a method of treatment exciting deep interest and keen debate renders more assiduous nursing and medical treatment extremely probable factors, is due entirely to antitoxin, shows a most curious and novel conception on their part of the nature of logical proof.

If the medical superintendents had exercised all their ingenuity with the express object of preventing their report proving anything at all, they could not have succeeded better than they have done. They begin by retaining the "usual" methods of treatment under which the mortality had dropped from fifty-nine in 1888 to twenty-nine in 1894, and merely using antitoxin as an adjunct to those methods. They go on to treat not all, but only some of the cases with antitoxin; they would have us regard the cases so treated as the severe ones, and the cases not treated as the mild; but we find that this statement of the case is subject to certain exceptions, which exceptions amount to this: that out of six hospitals, in one the treatment was suspended altogether for three months; that in four of the others, "all cases were consecutively treated, irrespective of their severity," for periods which, in the aggregate, would amount to a fourth of the year of trial, and to fully a fourth of the total number of cases treated.

The expression by the medical superintendents of a belief in antitoxin is undoubtedly a weighty fact, but they have gone far to deprive it of significance by their statement of the

grounds on which they base that belief, absolutely ignoring, as that statement does, other possible factors in the results they bring forward.

The reports of antitoxin cases which have appeared in the journals are, in the great majority of instances, not worth the paper they are written on. In only a very small proportion is it stated that antitoxin was used in place of all other methods of drug treatment. In a very large proportion we are expressly told that such active and well-tried drugs as sublimate and perchloride of iron were continued throughout, while in a still larger number of reports no statement is vouchsafed on the point. The improvement obtained in mortality abroad seems to be mainly due to a mitigation of former homicidal methods of treatment, and the substitution for them of injections of an extremely powerful vital stimulant. Where "usual methods of treatment" give a mortality of from 50 to 60 per cent., as they have done on an average on the Continent, they are more willingly departed from than appears to have been the case on this side of the Channel.

To establish the claim of antitoxin to rank as a specific in the treatment of diphtheria, we should require the record of a large series of cases treated uniformly and exclusively (so far as direct drug treatment of the disease is concerned) with serum injections. So far as I know there is no such record. The advocates of antitoxin seem not to have realised clearly what it is they have to prove, and their arguments bristle on every side with possibilities of fallacy. Even if the results in diminution of mortality claimed for antitoxin be allowed to it in full, and the many other possible factors in the case be absolutely ignored, its record remains distinctly inferior to that of the per salts of mercury, and I cannot believe that a method which has about it so much that is revolting and disgusting, and whose most authoritative eulogium is the very unconvincing document we have been considering, will have long assigned to it any honourable place among our therapeutic resources.

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Dr. GALLEY BLACKLEY said that many of the results which were given in ordinary medical journals were very inconclusive—he was not speaking of the antitoxin, but of other methods. Still it was interesting for them to note how, from time to time, drugs upon which they, as homœopaths, had been accustomed to rely, were coolly appropriated, and doses of  $\frac{1}{100}$ th or  $\frac{1}{1000}$ th of a grain given as if this were an every-day affair in allopathic treatment, which they knew perfectly well it was not. He had seen perchloride of iron tried, and had tried it a few times himself, but, as Dr. Arnold remarked, it was very objectionable to the patient. Sulphite of magnesium, he supposed, was really a means of using sulphur, but he was surprised that no mention had been made of sulphur itself. In the London Homœopathic Hospital sublimated sulphur had been used as a local application, by insufflation, for years past with the happiest effects. It was very easy to use it to young children, by means of the fenestrated tongue depressor, an American contrivance, the powder being blown through the open fenestrum. They all knew the value, in suitable cases, of mercuric salts—the biniodide, the cyanide, and the perchloride. He had had no experience himself with antitoxin, but a few weeks ago, in the discussion upon Dr. Renner's paper, he had then mentioned having seen a very severe case of diphtheria treated successfully by antitoxin. Since that time, the same practitioner, an allopath, had treated fourteen cases by injections of antitoxin, with only one death. All were severe cases, and the fatal one was practically moribund before the first injection was given. The presence of Löffler's bacillus was verified in every case by the Clinical Research Association. Dr. Selden had reported that out of 200 cases of diphtheria he had not had a single death. He (Dr. Blackley) was, unfortunately, not able to boast of a success in any way approaching that.

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AORTIC DISEASE; WITH NOTES ON SOME  
HEART REMEDIES.<sup>1</sup>

BY A. MIDGLEY CASH, M.D.

CHRONIC valvulitis, affecting the aortic valve, is a disease of the greatest interest to the physician, and of the gravest import to the patient. It might, indeed, be, without exaggeration, termed tragic interest, as every medical practitioner of experience can testify when he recollects the termination of certain heart cases which have come under his observation. And not the least interesting is the circumstance that these people, when they come before us—if, indeed, during life they come before us at all, are so frequently unaware of their grave disorder, or of the sword of Damocles which is hanging over them. It is not they who come with that commonest of all complaints: "Doctor, I am sure there is something wrong with my heart." Such a complaint is almost sure to be from one whose heart is perfectly sound. The aortic case, on the contrary, rarely complains definitely of his heart at all. The serious nature of his condition will often come to light during the search instituted for the cause of some comparatively trivial symptom, which may, or may not, bear a relation to the main disorder. At the aortic valve we meet with two conditions, which seem to form the two extremes of seriousness in chronic valvulitis. Aortic stenosis, where met with alone, has been put down as of all forms of valve disease the one least threatening to life; while aortic insufficiency is of them all the most ominous, and the one which most frequently terminates in sudden death. As a matter of fact the two conditions are found co-existing. When—as after acute rheumatism—the aortic cusps are left thickened, shrivelled, sclerosed, or covered with vegetations, these conditions usually mean

<sup>1</sup> Presented to the Section of Medicine and Pathology, June 4, 1896.



some obstruction to the passage of the blood from the ventricle into the aorta; and at the same time some insufficiency in the perfect closure of the aortic orifice by the semi-lunar valves, whereby regurgitation of the blood column in a greater or less degree takes place from the aorta into the left ventricle. Now, just as mitral stenosis may be typically seen in young females, amongst whom it has been found specially fatal, so aortic insufficiency may be particularly observed in strong men, who lead laborious lives, such as rivetters, hammermen, and puddlers; and this quite apart from traumatic causes, although these are just the cases where valve rupture most frequently occurs. *Aortic stenosis*, on the other hand, often comes about as one of the senile changes to which the heart is liable. Atheroma may lead to thickening and partial calcification of the aortic valve segments, and we then get some obstruction to the onward flow of blood from the left ventricle, which may be evidenced by the systolic murmur, often harsh in quality, heard with maximum intensity over the second right costal cartilage, and not specially propagated either down the sternum or into the large blood vessels.

I have recently had under my care two cases of this condition: one in an old lady of 78, and the other in a man of about 70. Both suffered from secondary bronchitis, with fatiguing night cough. In both a rough systolic murmur was heard with the first sound in the aortic area, at mid-sternum and towards the lower part of the same. The changes of advancing life in both were apparently responsible, rather than any rheumatic affection, for the pathological condition. No signs of aortic regurgitation were associated with this stenosis in either case. The old lady, whose complexion was markedly waxy and anæmic, and who had suffered from syncopal attacks, lost her cough and had her heart strengthened by a course of arsenicum, followed by ferrum aceticum. The old man also had had faintings; he had seaweed markings, and dermatitis of the face. He derived benefit from a course of arsenicum and digitalis, under which the cough decreased, and the breathing much improved.

*In Aortic Regurgitation,*

we may get a diastolic basic murmur, usually soft and blowing, propagated chiefly down the sternum and into the larger arteries, having its point of maximum intensity over the lowest part of the sternum. What we most frequently meet with in aortic disease is a double murmur of a see-saw character, indicating the combination of obstruction and regurgitation.

What makes aortic regurgitant disease so serious? Why is it so frequently the form of valve disease which leads to sudden death? Geo. Balfour in his "Clinical Lectures on Diseases of the Heart," page 87, says: "Death from any cardiac lesion occurs from syncope, and this is brought about in two ways: first by gradually increasing asthenia, in which the aortic blood pressure slowly fails from day to day, till at last it drops below what is compatible with life, and death ensues; second, by asystole in which the aortic blood pressure suddenly falls below that necessary for the maintenance of life, because the left ventricle ceases to act." He goes on to show how that in mitral disease death from syncope, due to asthenia, is the rule, complicated by the secondary diseases of the organs to which the valve disease has given rise, such as pulmonary apoplexy, dropsy, &c. Whereas in aortic disease the column of blood pressing back on a dilated left ventricle at length proves greater and heavier than the strength of the latter can overcome, and so we get a fatal syncope from asystole.

This always seems to be a sudden affair, and this because it very often happens that instead of the patient lying helpless in bed, water-logged, or suffocating gradually for want of breath, as the mitral case does at the last, he is up and about, often making some special effort, which is seen of men, such as addressing a public meeting, or hurrying along the street, perhaps to catch a train. It is at such a climax of supreme effort that the last moment comes, and the worn-out dilated heart suddenly ceases for ever. No one, excepting perhaps his medical man, may have been aware how the feeble, overworked organ has been threatened with failure

for months past, during which time its sudden cessation might easily have occurred at any moment, being only a question of a little more exertion combined with a little less power to meet it, and so the death when it comes is spoken of as sudden, being in point of fact, however, not so at all. There is another element in these cases which tells tremendously against the patient, and again makes for the apparent suddenness of death when it comes, and that is the tendency aortic regurgitant cases have to degeneration of the muscular substance of the heart-walls. From the inability of the semi-lunar valves to hold up the blood column, it follows that the coronary arteries are not fed during the diastole of the heart. The blood which nourishes the heart muscle is not directed into them, as happens when the valves are sound and their closure true, hence arises yellow or brown softening of the muscular structure; and even, in extreme instances, aneurism of the heart may follow, which may lead to rupture when the patient lives long enough. Latham gives two striking cases where this result was on the point of occurring when the patients died. Aortic regurgitant cases may come under medical care because of distress in the heart, but they are quite as likely to do so on account of some secondary result which may eclipse the original trouble, and indigestion may probably be the complaint. The following will illustrate this :—G. N., aged 37, a short, stoutly-built man, consulted me on June 19, 1893. He had been ailing for some three years, and he now complained of pain in the stomach and back, with flatulency, waking him early in the morning, when he could not again get to sleep. The tongue was large, flabby, and indented by the teeth, the pain and fulness was marked after all meals, and meat especially caused pain. He constantly eructated gas. He had, it seemed, some dyspnoea on ascending. The heart, of which he did not much complain, was hypertrophied, the apex beating violently in the fifth and sixth interspaces outside the mamillary line. There was a loud see-saw murmur at the base, but heard all over the heart, and secondary mitral disease existed likewise. There was a sense of tightness and oppression “as if the heart was grasped.” He had

always been athletic, and had overstrained himself rowing. He stated that his family were liable to heart disease. He had consulted two prominent London physicians, but without alleviation of his symptoms. The skin always acted profusely; the liver was enlarged and projected below the ribs. He was dieted, ordered an abdominal compress, and treated with *mercur. viv. 3x* and *cact. grand. 1x* alternately every three hours. In eight days he returned greatly relieved. He had slept better, the tongue was cleaning, and there was all round improvement, including the heart. This was working more quietly, the sounds softer, and he had lost the sense of constriction. The apex beat was now observed to be chiefly in the fifth interspace, and fainter in the sixth; the pulse felt less like a ball shot under the fingers; he could ascend better, and altogether felt much benefited. On August 15, I received by the morning's post a card asking for an appointment to come over and see me, and at 8 p.m. a telegram came to say he had died suddenly during the day, and asking me to send a certificate to save the holding of an inquest. This man did not complain of his heart when he consulted me. I very much doubt if he had been aware that he was the victim of grave valvular disease. Had he not come for treatment of his digestion, the condition of his heart might not have come to light, and a coroner's inquest would probably have been held. Aortic cases may go on for a long time, living a quiet, uneventful life, so long as no shock to, or sudden demand on, the heart is made. But should this some day happen they will very likely slip off before the friends around are aware that the patient was in any danger. An old gentleman whom I often met with, rather in a social than in a professional way, who was vaguely spoken of as gouty, and accustomed to doctor himself, sent for me about 8 o'clock one evening for an attack of colicky pain in the bowels. He had considered himself in his usual health, and up to that day had been quietly working away at his occupation of a medical electrician. He had lost his sight years before, and was then compelled to go about in a very careful, deliberate manner, and this had, without doubt, been the means of prolonging his life. He

had been out one cold day in November, and had contracted a chill, which caused the pain for which he had sent for me. I was struck with his grey, shrunken visage, and examined his heart carefully. There was some rigidity of the arteries, and near the upper end of the sternum was audible a very faint blowing, whilst the aortic valves were acting very feebly. I ordered him to be kept warm, and remain absolutely quiet in bed, cactus 1x to be given every hour, and a dose of Rubini's camphor from time to time should the pain recur. At 3 a.m. I was hurriedly called to him, and went as quickly as possible, but I found him dead, and in a position as if he had been reaching something off the table beside his bed. Doubtless for some time past this man's life had hung upon a thread, but his tranquil disposition and the even tenor of his way had never till now caused the slightest disturbance to his heart. This attack of pain, however, causing shock and consequent exhaustion, had tried the feeble organ beyond its power of resistance, and it at once succumbed. In the young, and those of healthy constitution, we see damage to the aortic valves, such, for example, as acute rheumatism causes, satisfactorily compensated by hypertrophy of the left ventricle; and after the stage of distress, which occurs before and while this process is being completed, the damaged heart is rehabilitated, and the patient is often able for many years to lead an active life, and to undertake very considerable muscular exertion.

Balfour would allow twenty-five years as the limit of vitality in cases of disease occurring under favourable circumstances (see "Clinical Lectures," page 86). I give the following as an illustration of a severe case of double aortic with mitral lesion, caused by acute rheumatism, where thorough compensation was established.

It is a case of repeated rheumatic attacks, causing pericarditis and endocarditis, eventuating in chronic valvulitis, double aortic lesion with mitral insufficiency and pericardial adhesions, stationary under allopathic treatment, improvement under homœopathic. Finally, complete compensation established with vigorous, active life, the valve lesions persisting in a mute form.

A. D. A., aged 21, living at Ashburton, near Dartmoor, sent for me December 10, 1893.

*History.*—I had attended him for an attack of acute rheumatism in 1891. Since then he had had “at least two attacks,” but these had been when he was away from home, and were not under my observation. Some time early in November, 1893, he had got chilled when out in the wet, lumbago pains came on, and shortly afterwards he began to get severe pain in the region of the heart. Pericarditis developed with friction murmur and effusion. At the date of my first visit he had been in bed about five weeks, and latterly had got into a chronic condition; he could not sit up without pain, had tried it, and was very glad to get to bed again. The local doctor, an allopath, had been treating him with salicylate of soda, which made him very sick, and had been changed to a mixture of nux, soda and digitalis, which also he could not manage to take.

*Present Condition.*—Temperature 99·8°; pulse 86, and of a “water hammer” character. There is a loud double murmur to be heard in the aortic area, propagated in all directions, and audible pretty much all over the cardiac region. A faint systolic murmur is heard in the mitral area; no hypertrophy of the heart exists at present, but there is some dilatation. He has a tight feeling, “like a load on the chest, worse afternoons”; and a sensation about the heart “as though it pulled on something on each side as it worked.” The doctor who had attended him and myself had a discussion on his case, and the former agreed to watch him in my absence. I explained to him my reasons for giving the medicines, cactus 1x and spigelia 1x, alternately every hour, to which he made no objection, only stipulating that as the case was critical, and I was fifteen miles off, and might not be able to get over at once, should urgent symptoms develop, he should be at liberty in such an event to discontinue these remedies, and to prescribe such others as he might think necessary under the circumstances. I heard from my patient at intervals. He reported that the doctor had called, and had found him going on nicely. I think this was the only call he paid, as

he seemed to take for granted, from what he then saw, that the case was likely to go on satisfactorily. On the 17th, a week after my first visit, I rode over, and found A. much better, the pains about the heart quite trifling, the murmurs less blowing, and approaching more to closed sounds. Pulse about 70; temperature, normal; to sit up for half an hour. Arsen. iod. 3x, gr. ii., *ter die*. 31st.—Saw him again, and thought him better; sounds improved in character.

*January 8th, 1894.*—Wrote to me complaining of tightness in the chest, with shooting pain through the heart, and spitting a little blood. I sent him acon. 2x, sticta pulmon. 1x, gtt. ii. about two hours. 12th.—No more blood spat, and is easier; but he writes of a sense "as of a lump in the chest, which he must bring up"; also of shortness of breathing. Bryonia, ignatia, ambra and nux were given in the course of the next two weeks; and in about ten days he began to go about the house a bit, and gradually lost the sense of a lump which had troubled him. Early in February he began to complain "of a nasty, dragging pain over the heart," and also a sharp pain below the shoulder. These pains developed into an attack of influenza by February 6, when his temperature was 102.4°, and pulse 108, for which he took acon. and bryonia. This unfortunate attack of influenza threw him back, and interfered with the progress his heart was making towards convalescence; the effect of it was apparent in the increase of the dragging pain about the heart. Vipera 3x was given for this, without much evident effect; and then kalmia 1x, gtt. iii., *ter die*. He reported improvement from the kalmia, but shortly after he wrote complaining of an increase of pain after being out. Iberis 3x, gtt. ii., two hours, was sent him. The iberis was taken for about three weeks; and under this medicine the dragging pain markedly lessened. On March 23, 1894, I visited him, and examined the heart, finding evidence of adhesions of the pericardium; strong indrawing at the apex was observed at diastole, and the sense of dragging corresponding to this had been more felt since he

began exerting himself; he still felt weak, but his complexion was fresh and ruddy. In June, three months later, he visited me, when I found him much stronger; he had lost the troublesome pain in his chest; his pulse was still of the "water hammer" character, collapsible, and disappeared when the arm was raised. The double aortic murmur was propagated up the neck along the course of the great vessels; a mitral systolic murmur was propagated up towards the left axilla. He had a decided feeling of increased strength. Ranunculus b. and cactus had both seemed to help certain chest pains; and now for the last six weeks he had kept steadily on kalnia. The improvement in his condition was marked and satisfactory. For nearly a year he went on well; then early in April, 1895, I was hurriedly called over to see him. He had severe pain, with symptoms of threatened pneumonia, which I think may have been of an embolic origin. He was brought over to Torquay in a closed carriage, wrapped in blankets, so as to be under my care. He made a satisfactory recovery, getting over the attack in about nine days. I saw him recently, February 12, 1896, and examined the heart; the mitral systolic murmur exists as a murmur *with* the first sound at the apex, but the sound is now heard closed. In the aortic area the first sound is less blowing than formerly; it is heard rough, with a strong impulse. The second sound low and blowing, heard with maximum intensity at lower end of sternum, and runs up into the cervical vessels. There is some epigastric pulsation and some heaving in the supra-sternal notch. Apex beats strongly in fourth and fifth interspaces, just inside the left mamillary line. The valvular deficiencies are now perfectly compensated. There is some dilatation of the heart chambers, but more hypertrophy, just enough to enable the heart to meet the needs of an active, energetic youth, who practically manages the country town hotel where he lives, and can superintend the farmers' "ordinaries," where seventy sit down every month after the local fair. He can run up steep stairs and not feel at all puffed, and he told me one day recently he had walked over



to a village seven miles off, up and down steep rough hills, and back again the same afternoon; and had also been a day's rabbiting on Dartmoor another time, stopping out the whole day without feeling tired or breathless. He looks the picture of health and activity. It is just over three years since his severe illness, when the doctor who had charge of him at the time gave it as his opinion that even if he got over that attack, he could not live six months longer; and in this verdict a medical *confrère*, who saw him at the time, fully concurred. Several remedies seemed to be of considerable use in the case, especially *spigelia* and *cactus*, during the early time, after I was called in, when chronic endocarditis was still existing; and later, again, they assisted in quieting and regulating the heart while compensation was being established. *Iberis* was undoubtedly useful in relieving the heart pain, caused apparently by the pull upon the adhesions which had formed between the visceral and parietal layers of the pericardium. This medicine pretty much broke up this symptom, and the patient has had little of it since then. *Kalmia* reinforced *iberis*, and under its use the heart became steady and stronger. *Nux* was of great use in regulating the secondary indigestion, which was a trouble at one time, and had been aggravated by the large doses of it given previously. *Arnica*, *ranunculus* and *bryonia* were also all useful in quieting the rheumatic myalgæ, from which this patient suffered.

#### *Notes on Heart Remedies.*

Reference has already been incidentally made to some of these in the description of the foregoing cases, but I should like shortly to mention a few others, and in so doing, I do not propose to do more than touch on those which I personally have found of service.

*Digitalis* is not so often called for in aortic as it is in mitral disease. Geo. Balfour, however, trusts mainly to it in regurgitation, giving large doses, fifteen drops to half a drachm of the tincture every four hours. A dangerously large dose;

this requires close watching as to its effects, and should the urine, which will naturally increase under it, begin to lessen, the pulse must be carefully felt several times a day, and if thumping or faulty action be noted, or if nausea is induced, the drug must be at once stopped. He says he can attain improvement by such means in cases which seem to be beyond improvement by any other method, and he gives one remarkable instance of threatened asystole, where he was "only enabled to get the patient out of the Infirmary and sent home, a distance of a hundred miles, by the continuous use of half-drachm doses of tincture of digitalis every two hours for several days."

My experience with digitalis has been mostly in valvular (chiefly mitral and tricuspid) deficiency. Here moderate doses, say one to four drops of the  $\phi$  tincture, have served me best, under which the rapid, irregular pulse has slowed down and strengthened, and the dropsical accumulations run off.

In one case, noted elsewhere,<sup>1</sup> of mitral deficiency with enlarged liver and scanty urine, where I had given two drops of the  $\phi$  tincture every three hours for some days, under which no diuretic effect was obtained, on doubling the dose the urine at once increased to four pints in the twenty-four hours, and kept up well, till the water-logged legs and abdomen became almost free.

I have seen little advantage from digitalis in the dilutions 1x and higher.

*Spongia* I have used for the symptom "starting from sleep at night, fearing suffocation," as mentioned by Dr. Hughes in his "Therapeutics," quoting Dr. Wells. *Spongia* comes out in symptoms a good deal like cactus, oppression and contractive pain in the chest being marked features in its action.

*Arsenic* is useful in extreme weakness. It will rally a failing heart, as I have seen when there was gasping, vertigo, great debility, coldness and constantly threatened syncope, where the pulse had sunk to thirty-two per minute, and digitalis had failed to effect any good. I have used arsenic

<sup>1</sup> *Monthly Homœopathic Review*, May, 1896.

in all strengths of dilution, and not unfrequently as the liquor arsenicalis in one- or two-drop doses, and found it often of great service. The iodide is also a useful preparation, especially where dilatation and fatty changes complicate the valvular trouble.

*Strophanthus* may be used with advantage to tone the heart, and run off dropsical accumulations. In one case where the urine had become scanty, and full of lithates, three drops of the tincture every two hours in two days cleared it, and more than doubled the amount passed. In another case, some nine years ago, where the patient was water-logged with general anasarca, extensive ascites and œdema up to the chest, the urine being much decreased, various remedies had been tried, amongst them arsen. and convallaria majalis—the latter in increasing doses for several days (from five to ten drops of the tincture three times a day) without touching the urine. The patient was getting rapidly worse, and tincture of strophanthus was given in three-drop doses three times a day. In four days it was noted that the urine had increased, and the pulse was steadier than I had ever observed it before. In nine days' time the urine was never less than two pints in twenty-four hours, and had been three. In another ten days the legs were normal as to swelling, and the dropsy almost entirely run off from the rest of the body. She was able to be about and attend to her house as usual, and got a renewed lease of life with more comfort than she had had for a long time before.

*Camphor* I have often given, and found extremely useful for the sudden attacks of spasmodic distress in valvular disease. Usually to get a rapid effect I have given five or six drops of Rubini's tincture in half a wineglass of hot water, to be stirred and swallowed down curds and all. Its use is often followed by surprisingly rapid relief.

*Moschus* is useful for palpitation and flatulence, and calms down nervous excitement generally, of which there is often a good deal mixed up with the organic trouble. It does well given as an intercurrent remedy.

*The serpent poisons: lachesis, naja, and crotalus* are all useful at times; lachesis, I should say, more in functional

than in organic disease. Dr. Russell gives a good case (BRITISH JOURNAL OF HOMŒOPATHY, vol. xii., page 372) of cure of chronic palpitation, due to irritated heart, by naja; and I have found it act well as a diuretic. It is commonly credited with assuaging the sufferings of valvular disease.

*Lycopus virginicus* I have seen do good service in a severe case of dyspnœa and cardiac distress, associated, I think, with valvular disease. I have not notes of the case, which occurred many years ago.

*Aconite* is invaluable in quieting flutter and excited action, whether resulting from hypertrophy, valve trouble or cardiac neurosis; and powerfully reinforces in alternation other specific indicated remedies.

*Nux Vomica*.—Primarily or secondarily the stomach is often the source of much trouble and worry to the already embarrassed heart. Nux will more often be indicated perhaps than any other drug under such co-existing conditions; and, by its action on the digestion, will prove of the greatest use in calming and steadying the heart; in addition to which it has a special heart sphere of its own. I think, of all drugs, I have found nux capable of accomplishing the most for the subjects of chronic valvulitis, suffering, as they all do, from stomach trouble.

*Strychnia* I often find helpful, and generally use either the nitrate  $\frac{1}{100}$ , or Burggraev's granules of the hypophosphate. A case of mitral regurgitant disease I treated in a very nervous, anæmic lady, markedly improved, and gained strength, when strychnia was substituted for remedies which had seemed better indicated, on constitutional and other grounds.

From *Convallaria majalis* I do not remember ever getting any satisfaction, and have ceased to prescribe it.

*Scilla*, given as infusion in hot water, as recommended by Dr. W. Epps, has done me good service in cases of dropsical effusion.

*Adonis vernalis*, the glucoside of the *adonis vernalis*, was once of benefit in an old water-logged patient of 75, with regurgitant disease; where after some temporary benefit from digitalis and arsenic they ceased to help her, and

the urine again dropped to under half a pint in twenty-four hours. One grain of adonidine was given in three doses, at eight hours' interval. At once the secretion rose to two and a half pints in twenty-four hours, with great relief to the breathing; increase of sleep, and improvement in appetite, and in the strength and tone of the cardiac muscle followed.

Time does not allow of more than a passing reference to the *Schott* method of treatment, as carried out at Nauheim, by saline and effervescent warm baths, combined with gymnastics by restricted movements, which has met with much success. This is much superior to the *Oertel* treatment of heart disease, which has largely fallen into disuse. A modified Salisbury diet is helpful in some cases as an adjunct to other treatment.

In the examination of the heart, I find the phonendoscope very useful, and quite superior to any stethoscope, single or binaural. It conveys fine distinctions of sound with clearness and intensity. By its use, it will, I believe, be found possible to detect and trace a murmur which would escape notice by auscultation as usually practised.

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Dr. DYCE BROWN said there was one remedy mentioned by Dr. Cash which was out of fashion a good deal, and that was convallaria. It was a really valuable remedy when active, but to be active it should be made from the whole plant while in flower, and the tincture ought to have a very strong odour of the lily of the valley. Where no such odour was found, the medicine was practically inert.

Dr. JAGIELSKI thought that if it was really a principle that all patients should be sent to Nauheim for the particular treatment carried out there, it would be impossible to carry it out, in most cases, for want of means. In the majority of cases, therefore, they must try to do in London what was done in Nauheim; and it was not impossible to do that if they put their shoulder to the wheel.

Mr. SPENCER COX said he was very disappointed to hear, amongst the remedies, no mention of glonoin. It was a most useful medicine in many heart cases; and he thought it would have done a great deal of good in one or two of the cases mentioned. With regard to the case of collapse Dr. Cash mentioned, he was

wondering whether the camphor had anything to do with it. It might have brought about some such symptoms. But he did not know whether it was always advisable to give it, and would like to hear what others thought about it. It depended, of course, on the dose.

Dr. Pope said that some years ago the late Sir George Johnson brought forward a series of cases of camphor poisoning in people who had taken camphor for eczema. They were adduced in order to show the dangers of homeopathy: but this camphor was likely to be used to an extent which would endanger life—except when taken recklessly—he thought had not been very well proved. With regard to aortic cases not being subject to sudden deaths, one case occurred within his knowledge a short time ago, in a clergyman of a country parish. That gentleman consulted him for the first time some six or seven years ago, and he made some memoranda of his case, showing that there was some aortic disease and considerable hypertrophy. He gave the usual advice, to walk steadily and take things easily: and though he had seen him several times since, he had never made any reference to the condition of the heart. One Saturday evening, about a month ago, the patient, a clergyman, was apparently perfectly well, and preparing for his Sunday duties. At five o'clock in the morning he awoke feeling very ill. He said nothing about the nature of his illness, but went downstairs to his study, got hold of Rudwick's book, and began fishing about for something to relieve him. He took some brandy and water, and sent his servant for a medical man, in a town two miles distant from his residence, who came immediately, but only to find him dead. The clergyman was 77 years old, and had certainly had aortic disease for a great number of years.

Dr. Lambert said that Dr. Snader, of America, strongly recommended cactus in massive doses, as much as 3—5 drops of the tincture. His favourite dose was 5 drops where the heart was irritable, and where there was some atheroma. He considered as the great indication for it, the presence of arterial disease, which condition rather contra-indicated the ordinary use of cactus. One point in its favour, according to Dr. Snader, was that it might be continued indefinitely three or four times a day. Dr. J. B. Lambert had lately a case of weak, irritable heart, in a lady, and cactus certainly did very well. She had been taking some strychnanthus, which she had been taking

Dr. Lambert, in reply, said, with regard to the point

of sudden death, he meant that death was not sudden from the development of the primary symptoms. They did not expect a case of aortic disease to be wiped out like one from pneumonia or peritonitis. It was very sudden to the public who knew nothing about the diseased heart; but the case had probably been going on for many years, and the disease had been very gradual. With regard to Mr. Cox's reference to camphor, he quite agreed with him as to the dangers of giving heroic doses; but he would not call four to six drops of Rubini's tincture a dangerous dose for an adult. He had seen cases of poisoning from twenty or thirty drops. But the camphor had nothing to do with the death mentioned in the paper, as the patient did not take it. He thought the case mentioned by Dr. Pope was similar to that of the old man he had mentioned. The latter was blind, and, therefore, bound to take care of himself. He would not send cases of heart disease to Nauheim. They could be treated at home much more satisfactorily, both to the patient and the physician.

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## THE INFRA-MAMMARY PAIN.<sup>1</sup>

BY EDWARD BLAKE, M.D.

- I. ITS NATURE.
- II. ITS CAUSES.
- III. ITS CONCOMITANTS :
  - (a) Supra-orbital pain.
  - (b) Pain in the nineteenth spinal nerve (twelfth dorsal intercostal).
  - (c) Pain in the ilio-hypogastric.
  - (d) External cutaneous of thigh.
  - (e) Posterior (lumbar) filaments.
  - Posterior (sacral) filaments.
  - (f) Posterior cervical filaments.
- IV. THEIR TREATMENT :
  - (a) Local.
  - (b) General.
  - (c) Etiological.

### I. ITS NATURE.

THE clinical association between infra-mammary pain and abdominal disease generally has long been recognised.

I propose to show one kind of relation which exists

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between pain in the line of the thirteenth spinal nerve, usually known as the sixth dorsal intercostal, and certain special disorders of the pelvic viscera.

I will in this paper adopt the simplified modern nomenclature of the spinal nerves.

This pain is usually looked upon as a typical example of pure "referred neuralgia." If such a condition exists, then this particular pain may be sometimes of that nature. It could not be denied that this form of suffering, when it appears and disappears abruptly, may be "reflex" in character; but I am now speaking of the more persistent forms. That the pathological change involved in these latter forms is a vasomotor change, that it is hyperæmic in character, and that its site is the nerve-sheath, I have convinced myself for the following reasons:—

- (1) The sheath of the nerve is tender on pressure, especially at certain points.
- (2) The persistent *congestion* of the sheath occasionally passes into actual *inflammation*.
- (3) This inflammatory condition may extend:—
  - (a) Externally, to adjacent structures.
  - (b) Internally, to the nerve substance proper, setting up a true neuritis.
- (4) accompanies perineural changes in remote parts.
- (5) The condition is intensified by inflammation in other parts.
- (6) It is relieved by antipyretic treatment.

Of course we all know that the infra-mammary pain is commonly and curtly announced to be "a pelvic reflex." With most men this assertion is enough, and the subject is summarily dismissed. But there is much more in the matter than this, as I hope presently to show.

It will be readily admitted by experienced men that the infra-mammary pain is more frequent on the left side than on the right. In about 99 per cent. of my own cases the pain has been found to be on the sinister side of the body. If this be so, we may ask why does this particular form of suffering especially affect the left side? I reply that—



*First* ; the left is the *sensory* side of the body.

*Secondly* ; that the left is, in woman, the active side, generatively speaking.

As to the former of these positions, there are some points of alluring fascination, to which I will venture presently to call your attention.

It has been said that the greater proclivity of the left ovary to functional disturbance is due, in some mysterious way, to the presence of the sigmoid flexure on the left side. No one has yet explained what the sigmoid flexure has to do with the ovary. It may be remembered, perhaps, in connection with this point, that the sigmoid flexure is usually to be found in the abdominal cavity, whilst the ovary normally occupies the pelvic space.

*Thirdly* ; there is an important anatomical reason why civilised women, at least, should suffer more frequently from hyperæmia of the left ovary than of the right. It is because the left spermatic vein drains into the renal, before that vein crosses in front of the aorta and of the prominence produced by the union of the vertebral bases in order to reach the inferior cava. The left ovarian vein is thus exposed during the day to considerably more pressure than the right, from a tight corset or from a well-fitting frock.

Again, the left ovarian vein is more exposed than the right to pressure exerted by tumours and by abdominal accumulations of fæces, of fluids, and of flatulence.

*Fourthly* ; the ovarian veins differ in length.

*Lastly* ; they vary in the arrangement of their valves.

It is the opinion of some archæologists that primitive man, during the Flint Age, was ambi-dextrous. The proofs of this we need not here stop to consider ; but it is interesting to note that babies are even now born using apparently both hands equally.

As evolutionists, we may remember that ever since the first arboreal ancestor began to accustom himself to stand erect on his hinder hands, there may have been a tendency to employ the right arm preferentially for offensive purposes, for prehension, and for convection of food ; whilst

the left might be reserved for defence and for body-balancing—the latter needed to make up for the steady shrinkage of the caudal vertebræ in some advanced types. Certainly at a later date, we note that with the right hand the savage smites his foe, whilst with the left he protects his own heart. When a vast number of generations have transmitted the habit of using the right arm chiefly for movement, then the skin of the more employed member naturally encounters traumatism; it is prone to grow thick, whilst repeated jar tends to deaden its sensory supply. For the delicate perception of minute shades of difference in sensation, many persons prefer the use of the left hand. It is said that if a man be blindfolded he can detect a more minute grain of sand with his left hand than with his right.

A graphic picture of the struggles of primitive man to emerge from a state of hopeless savagery, towards the borderland of communal civilisation, has been drawn by Mr. Grant Allen, in his well-known essay "Right and Left" (Smith, Elder & Co., 1889). The picture is a pathetic one. Like all of Mr. Grant Allen's writings, it is full of a curious and characteristic charm. Its teachings should, however, be taken with a certain reserve.

The habit practised by the mothers, in the case of some races, of carrying the young on the left arm, is more likely to be the *result* of right-handedness than the *cause* of it, for it obviously should lead to left-handedness in the child.

It is probable that pain, considered as a radiating and referred sensation, exists equally on both sides, as far as the sensory centres are concerned. It is quite likely that pain is referred to both sides of the body in a symmetrical manner, but that in adult women, impressions are interpreted with more poignancy on the left side of the body than on the right. I know of no such rule as regards men.

It is noteworthy that, on the threshold of life, this power of pain-convection is in abeyance, whilst as age advances, it may be impaired or even lost. It would be quite easy to make clear one's meaning by conceiving that a message had been flashed from the Central Bureau in Telegraph

Street to two equi-distant villages. In the one instance the local office is in the charge of an alert and clever clerk, whereas the other is controlled by a very different kind of official, namely, one of the stupid and sleepy variety. It is plain that in the one case the message would be promptly and perfectly understood and recorded, whilst in the other there would be no interpretation and no permanent record.

With regard to the second point of contention, that the left side is the actively sexual side, it is at once conceded that the right ovary in women may be more frequently the seat of *organic* disease than the left. And this may possibly be explained, *inter alia*, by desuetude. On the other hand, those who frequently measure the relative size and sensitiveness of the two ovaria will readily admit that the left is nearly always larger and more tender than the right.

It is also quite certain that children of either sex may be the result of impregnation of ova derived from the right ovary; yet it can be shewn that the left ovary is, developmentally, *the active organ par excellence*.

It has been pointed out by C. Claus, the professor of Zoology at the University of Vienna, that in the female generative organs of birds, the ovary of the right side is either reduced in size, or entirely absent. I am indebted to Mr. Bland Sutton for the interesting piece of information that all birds possess both ovaria before they are hatched, but that the ovary on the right side usually perishes during incubation. But, according to Professor Stewart, of the College of Surgeons, nature, doubtless foreseeing the unsparring war waged by that privileged murderer, the gamekeeper, on the harmless hawk family, has made a remarkable exception in their favour; for they are the fortunate possessors of two ovaria.

There is in the Museum of the Royal College of Surgeons, in Lincoln's Inn Fields, an unrivalled collection of pelvic dissections of differing animals, belonging to nearly every variety of vertebrate in the scale of evolution. These possess an unusual interest for us, because many of them were done by the hands of John Hunter himself, and they still bear his original notes.

It is asserted by Wiedersheim, in his well-known and classic work on the "Comparative Anatomy of the Vertebrates," that in the upper mammals the ovaries are usually *anatomically* symmetrical, however widely they may differ in their *physiological* activity.

We are here confronted by a most curious fact with regard to those remarkable little Australian mammals, the Monotremata, now represented by only two solitary survivors, namely, the Echidna and the Ornithorhynchus. In these the asymmetry of the ovaries is due to a reduction of that on the right side. I will content myself with referring those who would like to pursue this truly fascinating subject further, to the "Recherches sur l'anatomie des Organes Genitiaux des Animaux Vertébrés" by Lereboullet, the Professor of Zoology in Strasburg University. This work can be found in vol. ix. of the B. Tracts in the Library of the Royal College of Surgeons.

## II.—ITS CAUSES.

By far the commonest cause of the infra-mammary pain is pelvic suppuration in some form. The most usual kind of pelvic pyogenesis is chronic cervical catarrh. On radically removing this, the pain nearly always disappears without further treatment. Its exit, however, from the pathological stage is materially assisted by the various preparations of *cimicifuga racemosa*. Some elect to use the alkaloidal extract, *macrotin*. Personally I prefer the crude drug; and, as a matter of fact, for the young, I order pilules of *actæa* in the thirtieth dilution before meals, and *actæa 3x* at bedtime; whilst older patients are directed to take the drug in the twelfth centesimal whilst fasting, and the first decimal, or else the matrix tincture at bedtime. I have found that this combination acts admirably.

It is quite difficult to conceive in what way the constant absorption of purulent products will induce and keep up the infra-mammary pain. I may say that I have observed that the pathogenic activity of these pus toxins bears a direct relationship to the inadequacy of vaginal drainage.

Should the pain persist through morbid habit, after the removal of causative pelvic pyorrhœa, then I have found it needful to employ certain local measures, which will be fully described under the section, "Treatment."

*Invasion Route.*—With regard to this point, that is, the road by which purulent products pass from the pelvis to the various selected nerve sheaths, and especially to that of the left thirteenth spinal nerve, I may venture to speak with some slight authority. *The route is by way of the lymphatic system, and that is the only possible path.* The infective materials taken up from the genital tract pass into the receptaculum chyli, then along the thoracic duct to the left subclavian vein, afterwards into the right heart, to be churned up with the general venous supply, and driven to the lungs. From the lungs they are returned to the left heart, to be distributed into the whole arterial system. If these poisons be sent in every direction, it will be asked, why do we find the results, especially at first, restricted to certain fixed and well-defined areas? To this I cannot reply. I can only say that the possession of differing elective affinities is characteristic of all toxic agents, whether organic or inorganic, and upon this we base our whole system of therapeutics.

I have taken special care in indicating the path of invasion, because another direction altogether has been described as the route of invasion. A direct lymphatic connection between the pelvis and the left pleura has been invented to explain the pulmonary complications which so often follow septic peritonitis. There is no anatomical connection, as to lymphatics, between these points of the human body. To settle this matter finally, I have been at the pains to re-visit the dissecting room, and I must here record a considerable debt of gratitude which is owing to the respective professors of anatomy at Middlesex, at King's College, and at University College.

Besides all this, the view I have put forth receives valuable confirmation from the interesting researches of Vaughan Harley, on the absorption route of the bile in cases of acute icterus. Harley found by experiment that general jaundice

does not follow obstruction of the *ductus communis chole-  
dochus*, if the thoracic duct be tied. (See his paper on  
"The Pathology of Obstructive Jaundice," recorded in the  
*British Medical Journal* of 1892.)

### III.—ITS CONCOMITANTS.

#### (a) *Supra-orbital Pain.*

Should the infra-mammary pain have existed during many years, then it is often found to be associated with pain over the left eye. Persistent pain in the left supra-orbital filaments of the fifth cranial nerve should always lead us to suspect passive pelvic purulent processes. This pain is to be distinguished so-called "brow ague" on the right side, which is much more common in males. The latter is often associated with what is called atonic dyspepsia (dilated stomach); whilst pain over both eyes, especially after their concentrated use, as in reading and sewing, should suggest probable errors of refraction, or of accommodation. On the other hand, it must be borne in mind that we find in practice that the victims of pelvic disease are especially prone to visual defect.

(b) *Pain in nineteenth spinal nerve* (commonly known as "the last dorsal, or the twelfth dorsal intercostal.")

#### (c) *Pain in the Ilio-hypogastric.*

The former of these is a very large nerve, and is extremely prone to suffer for many reasons. It is often the seat of pain during nephralgia, from myalgia of the *quadratus lumborum* as a referred sensation, and from accumulation in the colon. It arises with the ilio-hypogastric, and it will be convenient to consider them together.

The so-called "ovarian pain" is usually situated in one or both of these branches. Whenever a patient comes to me ticketed "ovarian neuralgia," my practice is to draw a line along the site of suffering. Nearly always it is found to commence behind the left kidney. Then it passes to the ilium, throwing a branch over the buttock. Now it can be

traced down the groin, just inside Poupart's ligament, sending a sensitive filament to the navel. This last is the misleading element that has led to this neuralgia being mistaken for an ovarian pain. As a matter of fact the ovarium is, anatomically speaking, "fifty miles away" behind and below this point. More especially is this true of a *congested* ovary, which is nearly always displaced downwards, backwards, and inwards; lying in close contact with the anterior wall of the rectum.

But the course of pain which has been described is the course of the ilio-hypogastric nerve.

A very little thought will convince us that the ovary cannot perceive pain. It is not endowed with nerves of sensation. Its so-called "tenderness on pressure" is a referred suffering, really to be traced to some superficial sensory distribution.

(d) *External Cutaneous of the Thigh.*

When the pain, which commences in the ilio-hypogastric, is of long standing, or when it is exceptionally severe, it is described by the patient as extending down the outside of the thigh. This is one of the pains that does duty for "sciatica." Another form is a tenodynia of the *tensor vaginæ femoris*. Many of the early and brilliant cures of sciatica by high dilutions have been examples of this pain, suddenly ceasing after the exhibition of a carefully selected "simillimum," *post hoc*, and, possibly, *propter hoc*.

It is much less common in my experience to find the pain following the course of the internal cutaneous. Then it is more related to the urinary, than to the genital tract. When present, it probably means that the former has become secondarily involved, or, as in some forms of gonorrhœa, the mischief started in the urinary tract, and afterwards involved the genitalia.

Pain in the middle cutaneous of the thigh has an entirely different clinical signification. It is a valuable semaphore, pointing to the inferior intestine.

I repeat that pain in the middle cutaneous of the thigh suggests either primary disorder of the rectum, or some

extension of an adjacent diseased process to the lower bowel. It is not, unfortunately, always existent in cases of rectal disease, but when it is present it should always lead to a prompt exploration of the gut. It is nearly, when occurring alone, pathognomonic of rectal carcinoma; then we usually have hæmorrhage without mucus. In the other group of cases, in which a dislocated ovary or displaced uterus, or a sub-peritoneal fibroid, cause, what I venture to call, "pressure catarrh," then we usually find mucous diarrhœa without blood.

A discharging pelvic abscess will at times imitate both these conditions. These latter states are often treated by those physicians who content themselves with subjective symptoms, as forms of dysentery.

(e) *Posterior Lumbo-sacral Filaments.*

Vasomotor paresis of these distributions, occasionally passing over the thin line which separates congestion from inflammation, is what is commonly known as "backache," as it exists in women. In its earlier stages there is often extreme hyper-æsthesia. This is a true toxic neuritis. A careful examination of the terminations of the sensory fibres will show them to be enlarged and hyperæmic. In the next stage a perineuritis is more common. In the last stage we encounter œdema under the skin.

A painstaking scrutiny of the loins shows a loss of the normal contour of the sacrum, with a disappearance of the dimples over the sacro-iliac synchondroses. The natural form is *replaced* by a general resemblance to a pudding or a pincushion.

(f) *Posterior Cervical Filaments.*

Old-standing cases are frequently complicated with osteo-arthritic changes in the upper spine.

Patients complain of crepitation felt between the atlas and the axis, whilst turning the head, followed in process of time by ankylosis of the cervical vertebræ.

At a later stage there is myalgia of the superior spinal muscles, followed by certain myotrophic changes. Then we



get a curious elevation of the spinous process of the vertebra prominens or seventh spinal, with pain and tenderness, followed by a general sub-cutaneous effusion of lymph in the neighbourhood, accompanied by a thickening of the ligamentum nuchæ, as one sees happening quite physiologically in old men. A very difficult condition to cure.

#### IV. TREATMENT.

(a) I have not found much good from local treatment of pain over the left eye, nor can I say that internal medication has been of much more service.

It is curious that pain over the right eye may often be cured in a very sudden and brilliant way by the lower dilutions of chelidonium majus. For this useful bit of clinical knowledge the writer is indebted to Dr. Arthur Clifton.

The remedies chiefly indicated for pain over the left eye are aconite, pulsatilla, kali bichromicum, spigelia, and argentum nitricum. I have tried them in every dilution, literally on thousands of patients. The result has usually been, what my transatlantic patients call, a "brilliant failure."

An anodyne paint consisting of

Cocain, gr. x.,

Menthol, ʒij.,

Camphor, ʒi.,

Chloral, ʒiij.,

will sometimes give relief.

The only hope of permanently and promptly curing the case is to obey Hahnemann's injunction, "*tolle causam.*" If the persistent supply of muco-pus be cut off, the patient soon gets well.

(b) Infra-mammary pain is much more amenable to *internal* treatment. Curiously enough the result in this case has often been cured without a removal of the cause. Aconite, actæa, arsenicum, nux vomica, pulsatilla, ranunculus, rhus and phosphorus have all proved useful at times.

In very persistent cases the metal tonics, iron and zinc, are sometimes useful. I have often used superficial acupuncture, followed by inunction of the indicated remedy, in a concentrated form. In very hopeless cases, when a distinctly gouty ancestry has been traced, colchicum in the thirtieth centesimal, in the morning on waking, and two or three minims of mother tincture at bedtime, with the electric button or the thermo-cautery, at a black heat, lightly dotted down each of the vertebral grooves, has proved successful, the last quite as a *dernier ressort*, of course.

(c) The pain in the nineteenth spinal nerve and in the ilio-hypogastric has yielded to the same treatment at my hands. I always begin with aconite first decimal, and it often cures, with due attention to the pelvic *fons et origo mali*. Should it, however, fail, the acupuncture applied at each side of the first three inches of the respective nerve-trunks is of great service. I usually employ wet cupping afterwards, and then inunction of aconite.

(d) Pain in the external cutaneous of the thigh is a fugitive, rather than a fixed pain; it seldom requires local treatment. Xanthoxylum is the remedy for it, when aconite has proved unsuccessful.

(e) As to the lumbo-sacral pains, it is of the greatest possible importance for successful treatment to make out their precise topography and their anatomical relations. The patient is placed in the prone posture, in a good light; above all things the surgeon must not be hurried. The lines of pain should be each carefully marked; they are usually in the sacral fossæ; more rarely on the points of the spinous processes and along the iliac ridges.

If in the former position, the pain may be in the cutaneous filaments, and aconite or belladonna are indicated; or, if in the substance of the erector spinæ, *actæa*, *baptisia*, or else *arnica* are more likely to be useful.

If on the bony prominences, I usually give mercury in the form of corrosive sublimate or else as cinnabar, or one of the many forms of rhus in the higher dilutions. In these chronic and hopeless backaches, a combination of local, general, and etiological treatment is infinitely more successful than mere constitutional and unaided medication.

Of course, I mean as reinforcements rather than as substitutes. Without local treatment the backache will often long survive its cause. In old cases a well-marked œdema will be found over the sacral and the surrounding areas; I have never seen this cured save by firm, gentle, and slow upward-massage, systematically administered. Quick, rough rubbing does irreparable harm, by tearing the lymphatics and the capillaries already in a dilated and paretic condition, as is loudly proclaimed by the presence of the œdema. I am in the habit of using, in the more recent cases, aconite, belladonna, apis, or actæa, according to indications; in older cases, mercurius corrosivus or rhus toxicodendron, and, in very chronic cases, sulphur.

Wherever such a course be possible I employ the same remedy topically that I introduce internally.

Voltaism, galvanism, or the continuous current is more indicated than faradism, electro-magnetism, or the static form of electricity.

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Dr. HUGHES said that the paper contained a wealth of material, but if he had wanted specially to learn about the treatment of infra-mammary neuralgia he would have been disappointed, for Dr. Blake discoursed with zest and vigour on such a variety of matters that any special point was lost sight of. It would have been better, he thought, if Dr. Blake had taken two or three very valuable remedies and carefully compared them one with another, and discriminated. He (Dr. Hughes) would place ranunculus and actæa far ahead of other medicines for this trouble; but he should like to know better than he now knew when to choose the one, and when the other. He was pretty certain that, in nine cases out of ten of infra-mammary neuralgia, great relief would be given, if a cure was not effected, by one of those medicines; but he did not know which to begin with. If Dr. Blake considered infra-mammary pain only sympathetic with substantive pelvic alterations, that would seem to be going a little beyond general experience. He (Dr. Hughes) thought it was met with in cases where the uterine disturbance was functional, and where there was no such organic change as accompanied deposition of pus. With regard to the other neuralgiæ spoken of by the author as sympathetic with, or concomitant of, the infra-mammary, he (Dr. Hughes) agreed with him in always beginning with

aconite. Aconite was an anti-neuralgic of far greater power than was often recognised. He would like to know if Dr. Blake had ever tried giving aconite in the form of the tincture of the root, instead of that of the leaves and flowering tops as ordinarily employed. It seemed to have a much sharper action on the nerves. The other did excellently well as an anti-pyretic, or anti-phlogistic; but where neuralgia was concerned he thought it was far better to begin with the tincture of the root, either the first decimal, or the first centesimal dilution. He had cured a number of cases of neuralgia of the extremities, arms and legs, supra-orbital neuralgia, facial neuralgia, and neuralgias generally, and he nearly always commenced the treatment of any case with that prince of medicines.

Dr. DYCE BROWN agreed that the majority of cases of infra-mammary pains were certainly only functional, and there was no evidence whatever of any organic disease in the pelvis. It seemed to him that it was one of the most common reflex neuralgias occurring where the whole nervous system was in a depressed state; the nights sleepless or restless, a great sense of fatigue, occipital or vertical headaches, with pains in the eyes, palpitation, and the whole array of nerve phenomena found so often in women with simple functional nervous disorder. In such a case, actæa was the remedy most generally useful. He had certainly found rapid cures following its use. He agreed, also, that ranunculus stood second. If he might suggest a differentiation between the two drugs, he would say that actæa should be given when the pain was such as he had described, and ranunculus where such conditions were not found, but where there was more distinctly a rheumatic condition, or where the patient had shown, at the time of his illness or previously, the symptoms of muscular rheumatism. He did not think the two remedies were interchangeable; but, from his own experience, he thought that they were suitable to those two classes of cases he had mentioned. Another remedy he had found most useful was dry heat, which could be applied either by means of an indiarubber hot water-bottle or a common flat-iron through a blanket. The heat should be as intense as could be borne. He found nothing locally relieve the pain like dry heat. In cases where heat failed to give relief, he found that chloroform was the next best thing to use, either rubbed in or put on for a few minutes in the form of a compress as long as it could be borne.

Dr. DUDGEON said that his experience, during the last thirty or forty years, with infra-mammary neuralgia was that ranunculus bulbosus was one of the most efficient remedies to cure most cases.

Actæa had also been useful. But, as the pain was usually dependent on some other affection, it often ceased when the parent disease was relieved. The worst case of infra-mammary neuralgia he had had was in a man. He had had it for several years, and had consulted a good many doctors and several quacks about it. But though he had infra-mammary neuralgia it had no effect on his general health. He was capable of the most super-human exertions, chamois hunting, and all sorts of athletic exercises. While in full exercise the disease almost entirely vanished, but when he came to civilised life in London it returned—not during the daytime, but at night. As soon as he lay down in bed the pain came on, and it was very acute, and deprived him greatly of sleep. In that case it could not be said to be connected with the uterine function, or with any corresponding function in the man. He (Dr. Dudgeon) would like very much to find a remedy for it, but ranculus and actæa had no effect.

Dr. BURFORD said he was glad to find that Dr. Blake had not found pathology with regard to the correct interpretation of those reflex and vagrant pains so fickle a mistress as she had proved herself to him. He would like to know, in the first place, what had produced in the author that frame of mind which made him think a great many pains, not primarily caused at the spot, were due to inflammation of the nerve sheath. When the right remedies were given, or a misplaced ovary rectified, these pains would oftentimes vanish as by a wave of a magician's wand. Backaches, pains running down the thighs, and many other pains would very often then take wings and fly. It was difficult to imagine that the ovaries could be the entire cause of pains such as those, because sometimes, as many members well knew, oophorectomy even would not influence those pains in the least, although they might be entirely of the same character as those which had been in other cases successfully treated by ablation. They had to seek for a cause in these cases, but they might grow grey and linger on like Rip Van Winkle, if they were to base their treatment in each individual case on the endeavour to find out the cause. In many instances it was absolutely impracticable. Cases were too obscure to be dealt with in that way, and in the majority of cases it did not matter one bit. Some of the best bits of practice in the rectification of pains such as those mentioned had been by the use of remedies got, not on pathological, but on purely symptomological grounds—such remedies as lachesis, as actæa, as pulsatilla. With such remedies he had had very satisfactory results. If the *fons et*

*origo mali* was the primary storehouse of pus which engendered toxins, and which created all those vagrant pains, a very short and obvious reply would be, remove the *locus morbi*; but even that alone oftentimes rendered an incomplete result. He had had a case occurring a short time ago which had made a great impression on his mind. A lady had been told that she had an abscess of the Fallopian tube, and that she had better have an operation. She came to him (Dr. Burford), but he could find no abscess, and after a fortnight of lachesis, not only was the fear removed from her mind, but the pain was cured. There was no evidence of pus either before or after, and as the cause of the pain was occult, he was concerned only with the cure of the patient.

Dr. JAGIELSKI said, as to the causation which produced infra-mammary neuralgia, he thought they would all agree that there was often some kind of plastic exudation in the nerve itself, which was exceedingly difficult to detect. This exudation could be relieved by massage. It was very difficult to treat infra-mammary pain due to the internal intercostal nerves. They could not get at the nerve through the ribs. The patient must be made to expire deeply, and during the relaxation of the muscles they must go deeply under the ribs until they came to the point of pain. That was quite impossible if the diaphragm did not yield easily.

Dr. CASH referred to one agent he had found most useful in treating those obstinate pains, and that was the use of the brush faradaism. He found that when the pains resisted the remedies indicated that that helped very much, and sometimes set up a process of improvement which medicine might then be able to carry on. He had had a very obstinate case of infra-mammary pain some years ago, and he gave bryonia in the first dilution, but got no benefit from it. He then tried other remedies, and after they had failed he came back to bryonia again, giving it in the sixth dilution, and it produced a rapid effect. He thought it should be tried in several strengths where it was indicated before it was finally given up. He mentioned a case he had had recently of a young lady who had the most extraordinarily severe pain in the region of the left kidney. She was seen by Sir Henry Thompson, and it was assumed that she had an impacted calculus. There were other symptoms which pointed to kidney disease. These, in course of time, rather retroceded, while the pain for a while retained its original prominence. Improvement was initiated by treating it more on the lines of a functional pain. He thought that in such cases the bicycle might be of service in effecting a cure.

Dr. HUGHES said there was one medicine he ought to have mentioned, namely, sulphuric acid. In one case, where the patient was past the time of uterine activity, and there was no reason to trace her pain to that, he treated her with sulphuric acid, with very excellent results indeed.

Dr. JAGIELSKI said he had also had some cases which he had treated with sulphuric acid, but they were of malarial origin. They responded very well.

The PRESIDENT (Dr. Goldsbrough) was rather surprised that Dr. Blake did not mention *ignatia* in the cases he brought forward of supra-orbital neuralgia. He (Dr. Goldsbrough) had found it very successful, other things being equal. He had also found *colocynth* of use. With regard to *actæa* and *ranunculus*, he would like to confirm what had been said by Dr. Hughes and Dr. Dyce Brown, and also to add that he believed the correct differentiation between the two drugs was, that in the case of *actæa* the pain was of an aching character, as a rule, while in the case of *ranunculus* it was of a shooting character. When there was tenderness along the course of the nerve he generally found *hypericum* useful. He agreed with Dr. Cash with regard to the use of *bryonia* in the higher dilutions, the sixth or the twelfth. He suggested that Dr. Dudgeon should try the mother tincture of *chamomilla* for his male patient, administering a dose on his going to bed.

Dr. BLAKE, in reply to the President, said he had not found *ignatia* of value when the pain began in the supra-orbital of the fifth, and extended to the temporal branches; but when the suffering originated in the temporal twigs, and extended to the supra-orbital branches, then *ignatia* was of signal service. He feared that tenderness along the nerve-trunk was not of much use as an indication, for it was always present. With regard to Dr. Dudgeon's remarks, though infra-mammary pain is nearly unknown in men and children, Dr. Blake did not confine his use of *actæa* to diseases of women. He had found it of very great service, in the lower dilutions, in the lumbago of gouty men, and more especially when the loin symptoms were associated with gouty *chondriasis*. He (Dr. Blake) had commenced his paper by eliminating the pains in the sixth dorsal, which were merely reflex in character. The fact is that any pain will disappear for a time if sufficient physiological distraction can be produced. Dr. Blake regretted the dissatisfaction of Dr. Hughes. As for indications, when there were found to be present sadness, apprehension, lumbago and polyuria, vertigo and nocturnal restlessness, *actæa* is

indicated. Dr. Blake found that a colourless state of the stools, suggesting an abolition of the anti-toxic function of the liver, called distinctly for the use of aconite. Whilst the toxins of pus elect the sixth dorsal intercostal nerve, the influenza toxins prefer the seventh, eighth, and ninth intercostals. Dr. Blake cordially agreed with Dr. Dyce Brown that infra-mammary pain forms a suggestion of functional, rather than organic pelvic disease. Hahnemann would have been delighted to hail the advent of a remedy like actæa, of which he knew nothing. A medicine which would combine the actions of arnica, bryonia, mercury, and rhus; which would not only act upon the muscular and the fibrous tissues, but would actually restore degenerate nerve substance, such a remedy would have been prized indeed. With regard to the forcible remarks which had emanated from Dr. Jagielski, the effusion of lymph theory had had its day, but was now dismissed by modern pathologists.

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## THE STAGES OF TUBAL DISEASE.<sup>1</sup>

BY E. A. NEATBY, M.D.

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THE author alluded to the difficulty of the early diagnosis of salpingitis. He gave careful histories of two cases, which he subsequently discussed from a diagnostic point of view. He first entered into the question of the diagnosis of salpingitis in the pre-objective stage, and considered it to be mainly an assumption. He said the diagnosis could only be made sure by a microscopical examination, or an attack of local peritonitis. In the first case described, retroflexion and cervical "erosion" were the predisposing conditions; in the second, sub-involution and miscarriages. He considered that the salpingo-peritonitis is sometimes due to extension through the coats of the tube-wall, and is then of specific or gonorrhœal origin.

<sup>1</sup> Abstract of a paper presented to the Section of Surgery and Gynecology, April 9, 1896. The original paper has been unfortunately lost.



In most of the early cases, however, the inflammation of the peritoneum is set up through the escape into the serous cavity of the tubal contents through the patent fimbriated extremity. When the chronic stage is reached, the condition of the patient is one of permanent invalidism.

Discussing treatment, he laid emphasis upon prophylaxis, especially the proper management of labour. The most useful remedies for the attack are aconite, gelsemium, colocynth, belladonna, and mercurius cor.; after the attack, platinum or potassium bromide, iodide and carbonate of lime, sepia, and sulphur. Local treatment may be necessary.

He summarised his remarks as follows :—

(1) Accurate and early diagnosis is necessary to prevent the condition passing into the chronic stage.

(2) The pre-objective stage is only diagnosable when peritonitis sets in.

(3) Repeated attacks of peritonitis may occur during the pre-objective stage.

(4) The objective stage begins only when peritonitis has closed the fimbriated extremity of the tube.

(5) This closure of the tube may be nature's method of terminating the attacks.

(6) In the pre-objective and the early objective stages, remedies may effect a cure. In the later stage removal of the appendages is the radical cure.

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Dr. HUGHES asked if the author had tried arsenicum in the cases mentioned. It was the one drug which *post-mortem* investigation showed to have caused inflammation of the lining membrane of the uterus. It was of unquestionable value in endometritis. He had never come upon an example of salpingitis caused by it, but was inclined to think arsenicum was the best medicine to employ in the idiopathic disease. Medicines suited to the general condition were very important, but those applicable to the local lesion were also necessary.

Dr. DYCE BROWN said it was in the early stages of the inflammation that medicinal treatment showed its value, and no doubt such cases could be treated by rest and proper therapeutic means. The difficulty was with the chronic cases.

requisite, they would have received instructions in the matter from the doctor; while I knew that the doctor, taking the matter for granted, gave no such orders, and only had the matter under consideration when, later on, from the development of some uncomfortable symptoms, he diagnosed the deformity of phimosis, and performed an operation for its relief.

I, therefore, as I found the prepuce could not be naturally retracted, dealt with the conditions present, separating agglutinations, and thoroughly retracted the prepuce, removed all the smegma from the sulcus of the glans, and ordered the retraction to be repeated several times daily till it was all right.

Of course, labouring under a delusion, I looked upon my boy's condition as an abnormal one—phimosis—and because abnormal requiring interference. Just at this time a patient of mine called my attention to her boy whose foreskin was irritable, could not be retracted, and was causing a condition of considerable excitement of nerves and bladder, as well as locally. I circumcised him. A few days after the mother said to me "Doctor, the baby is just the same." She had tried to retract the foreskin, but without success. I examined it then, and found it as she said, and, supposing it ran in the family, my first thought was to circumcise it also; but on second thoughts, and helped by my experience in the other cases, I separated the agglutinations between the glans and prepuce, and, aided by a condition of priapism induced, I managed to retract the foreskin without instrumental dilatation. My attention was now thoroughly aroused, and I examined all male children, and in case after case found that instead of a condition of foreskin capable of retraction being present, the normal one was the condition called phimosis in some of its degrees. That in all the prepuce had a measure of agglutination to the glans, and that in nearly all cases the condition present was such that only by deliberate, and in many cases determined, procedure could the foreskin be retracted, such operation being quite outside the sphere of mother or nurse, even if the medical man had given instructions as to the necessity of drawing back the foreskin for cleanly purposes.

Such being the case matters assumed quite a new position. The truth, then, is that at birth the prepuce is, in nearly all cases, more or less agglutinated to the glans. This adhesion varies in extent, and is at this time easily separated by a probe carefully swept round between the glans and prepuce, and this must be done carefully and thoroughly, quite down to the sulcus. This adhesion is, however, apart from any contractions of preputial orifice, sufficient in the majority of cases to prevent the foreskin being retracted. Later on, when irritation has been set up by the retained smegma and urinary products, the adhesions become thickened and organised, absolutely attaching the parts one to another, and require forcible tearing if the operation of circumcision has to be performed.

The state of the prepuce itself also varies very much. In many cases, the adhesions being separated, the prepuce (hopeless before as to retraction) can with but little trouble be drawn back, and with a little patience it is surprising how the skin may be stretched till the retraction is complete and the glans fully uncovered. The smallness of the parts makes this sometimes a difficult matter, and it is often a great help if, owing to the manipulations, a degree of priapism is induced, giving a basis upon which the retraction may be carried on.

Another practical point is to take care that the skin is thoroughly retracted, not only to uncover the glans, but that the adhesions are separated right back, and all along the edge of the glans, so as thoroughly to open out the sulcus, and provide for the thorough removal of the smegma, which often requires considerable care to do it thoroughly. In many cases, however, though the adhesions have been thoroughly separated, the prepuce cannot be drawn back owing to the contracted orifice of the prepuce, and sometimes its elongated and truncated condition. In extreme cases of truncated elongation, probably circumcision may be the best procedure, but as I have not sufficient experience of this class of cases as yet, we may, for the purposes of present consideration, exclude them, and deal with cases of contracted orifice only.

The smallness of the orifice in very many cases is astonishing, and it is equally astonishing until one has had experience how the difficulty may be overcome by well-directed effort.

If then, after passing a silver probe well down to the sulcus, thoroughly sweeping it round and separating all existing adhesions, retraction cannot be accomplished by the fingers, then a pair of sinus forceps should be passed carefully in the same way as the probe, and the blades slowly separated in two or three directions. Then a pair of artery forceps of the older type, with broader and flatter blades, should be substituted, and further dilatation slowly obtained, till the prepuce can be easily and fully retracted, smegma removed, ointment applied, and the foreskin worked backwards and forwards several times. This retraction and use of ointment must be frequently repeated by the nurse for several days to ensure that contraction does not recur, as is the tendency in all dilatations. In extreme cases this is the difficulty, and only persistent and frequent attention will prevent it; but after a few days the difficulty is over. I think in these more difficult cases, and indeed in any where proper attention is not likely to be given, so that the good effects of the dilatation are in danger of being lost by contraction, the use, for a day or two, of a little expanding silver dilator in the orifice will secure success, but on this point I must wait for more experience before I can speak positively. In cases where any operation is required, I think it desirable to avoid, if possible, removing the prepuce as in circumcision, and prefer the operation of Mr. Furneaux Jordan.

Mr. Jordan passed one blade of a small round-pointed scissors through the orifice, skin and mucous membrane being divided to the length of a quarter of an inch on one side, the same being repeated on the other. The prepuce is now retracted as much as is possible, and thus exposing more lining membrane between the lips of the little wounds, this is again divided by a second snip on each side. The operation is now complete, and the foreskin may easily be retracted. This operation follows most usefully upon the dilatation method of treatment in the more

difficult cases; and circumcision, with its inherent deformity, is minimised or excluded altogether. The boy is saved all objectionable observation and remark upon his peculiar condition, and, in the estimation of many experienced men, an important point is gained in the preservation of the prepuce, over and above that of natural appearance. The after-treatment and convalescence is also considerably shortened in the case of Jordan's operation, as compared with circumcision.

The points therefore, I desire to urge are: That as a delusion has existed in most minds, at any rate, as to the conditions usually present at birth; and, as a result, the manipulations needful to secure cleanliness are impossible, and therefore not carried out; and as most serious consequences are well known to follow upon this condition, it is most important that it should be dealt with, whatever it may be, at the time of birth; all male children being at once examined as to this condition, and steps taken forthwith to put matters right; thus once and for all avoiding the development of serious maladies, and saving the patient and his friends the serious mental and bodily consequences which are well known to have resulted from this neglected condition. Further, that circumcision, by this method of proceeding, would, in most cases, be avoided, and the boy placed from the first in the most favourable and natural conditions; relieved from irritation and its resultants; from observation as a peculiar person; and saved in many cases from masturbation, with nervous sequelæ, extending in some cases to the most serious and lamentable terminations. Lastly, that it is the responsibility of every medical practitioner to carry out his duty in this matter, acting in whatever way commends itself to his judgment.

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Dr. ARTHUR CLIFTON said that fourteen years or so ago he contributed a paper to the BRITISH JOURNAL OF HOMŒOPATHY on this subject, and mainly on the lines of thought so admirably set forth by Dr. Roche. At that time, he, with his assistant, had circumcised fifty-three boys; since then, and up to about three years

ago, they had done it in upwards of 300 cases. He had seen every one of the long list of diseases which Dr. Roche had mentioned as the result of agglutination of the prepuce, and did not recall one instance in which the operation of circumcision had failed to give relief, and in nearly all to cure the patient.

Dr. IRWIN said that Dr. Pratt, of Chicago, had demonstrated that there were as many difficulties arising from the hood of the clitoris as from the prepuce, and suggested that Dr. Roche should also investigate that subject.

Dr. DAY said he always persuaded his patients to have their children circumcised. He had seen many cases of disease cured by the operation.

Dr. ORD spoke of the liability of little boys in after life to irritation, which led them to self-abuse. When the prepuce had been removed and the glans was habitually exposed, the children were very much less likely to fall into the habit, and for that reason he was strongly in favour of actual circumcision rather than merely stretching the prepuce.

Dr. NEATBY agreed that the prepuce was usually adherent to the glans in the early months of life, sometimes lasting up to three or four years of age. In nine cases out of ten it was impossible to properly retract the prepuce, and even when a slit had been made it required considerable physical force to strip the mucous lining of the prepuce back as far as the sulcus, and remove the smegma. Repeated stretching was as painful as circumcision, and more trying to the patient's friends. Slitting was also as painful; and with regard to the æsthetic argument raised by Dr. Roche, he thought it was much more unsightly than a properly-performed circumcision. He thought there was no objection to the exposure of the glans after removal of the prepuce; on the contrary, it was extremely beneficial.

Dr. HUGHES said the great value of Dr. Roche's paper was that it was what Tennyson called "hewn from life"—a product of actual experience; but he was bound to say that his own experience was in a diametrically opposite direction. Ever since the publication of some observations on the subject many years ago, which he believed were American originally, he had had phimosis in his mind as a possible *causa mali*, and had searched for it in every case where children had symptoms not easily accounted for otherwise; but he never recollected having examined a male child without being able, by a little gentle manipulation, to draw back the prepuce over the glans sufficiently to expose the glans, and remove any smegma which might

be present, and he had never found sufficient smegma to make it of any importance. Perhaps others had had the same results, and if so, the thing could not be so universal as might be gathered from what they had heard that evening. Far more harm would have arisen, he maintained, had the trouble been so general. He mentioned two cases of adults who had never retracted the prepuce, one of whom had been married for some years, and had several children. The prepuce was not easily retractable, but he had managed it, and had cleared away the smegma, and no harm ensued; both patients being perfectly healthy. It was hardly likely they would all be born in that state, if the state were a morbid one, and ought to be corrected soon after birth. Circumcision was not confined to the Jewish race; it was widely spread, especially in Africa; and, no doubt, in tropical climates the secretion of smegma might be so great that the sacrifice of the prepuce was the lesser evil; but to make it a universal practice seemed to him to be flying in the face of nature. When it was said that the uncovered glans was less liable to irritation than the covered, and that there was a greater amount of masturbation in uncircumcised than in circumcised persons, he thought they must require some evidence of that. Could it be learned on any sure data that masturbation was not practised by Jewish youths as well as by Christians? He had never heard that statement made, and thought it exceedingly unlikely.

Dr. WILLIAM ROCHE said that during twenty-nine years of active practice he had only had occasion to operate upon male children in very few cases. At the same time, he joined with others in thinking his brother's paper a very practical one, and he could not conceive of there being any harm in paying attention to a subject which might cause considerable mischief if neglected. He utterly disliked circumcision, as it was unnatural. Why should they be given a prepuce if it were to be cut off a few days after birth? The operation, in his experience, did not lessen any irritation which might take place; and he thought he could count on the fingers of one hand the cases where any serious mischief had arisen from the phimotic condition described.

Dr. DYCE BROWN referred to the Levitical law, which he declared to be marvellously up to date in all the sanitary recommendations contained therein. Although circumcision was instituted as a religious rite, yet there was no doubt that if it had not been a wise and a good thing, God would never have ordained it

for His chosen people. His own view was that the more often circumcision was adopted, whether there seemed great necessity for it or not, the better; in fact he should like to see it universally practised. The Jews were less liable to venereal disease than any other nation, and as a law ordained by God, circumcision must be right.

Dr. JAGIELSKI referred to the difficulty occasioned when a chauce was developed beneath a phimotic prepuce. Early circumcision would have avoided this.

The PRESIDENT (Dr. Goldsbrough) confirmed Dr. Roche's experience as nearly as possible, except that he saw no objection to circumcision. It was far more sightly than the splitting-up operation, and more satisfactory in the end. Dr. Ord's point was a very important one. If the prepuce could be permanently kept back, the chances of morbid sexual excitement were very much less than if the glans were covered. He (Dr. Goldsbrough) knew a man who stated he had never had a morbid sexual feeling in his life. This man had never had a prepuce, nothing beyond a mere fold of skin at the back of the glans.

Dr. E. B. ROCHE, in reply, referred to the opposition met with on the part of parents and nurses, which he thought could be overcome with a little trouble; he did not believe it was an insuperable difficulty. Dr. Clifton had spoken of half retraction. If there was to be retraction at all, it should be thorough. With regard to unsightliness, were cases of circumcision satisfactory to those who performed the operation? (Several members: "Yes.") He thought not. They were very unsightly, and he had never been satisfied with his own cases; besides which, boys who had been thus treated were the objects of notice, as being different from other people. He wished it to be clearly understood that he objected to circumcision. The operation of Furneaux Jordan was not what was commonly called slitting. He objected to an incision being made right down through the middle of the prepuce; after the operation of Furneaux Jordan there was no apparent slitting, the prepuce remaining for all practical purposes as though it had been untouched. He had particularly referred in the paper, amongst other troubles caused by phimosis, to sexual excitement, masturbation, mechanical frictions, chronic erections, and so on; they were one of the great points to be considered. The adhesions kept the penis in a constant state of irritability, and the state of sensitiveness thus set up was a frequent cause of the bad habits mentioned. Agglutinations and adhesions were very different things; it was much



easier to deal with the former shortly after birth, than with adhesions in a child three or four years old. In the one case, they could be separated with a probe without causing any bleeding; whilst in the other, the prepuce had to be torn from the glans, leaving raw surfaces which were very troublesome, and caused a great deal of pain. Whichever operation was performed it must be done thoroughly, once for all; it was not a question of doing the stretchings again at intervals. Retraction, which should be practically easy, was to be performed simply because in that way it continued the cleanliness, and for the first week or so it prevented any contraction: There was no pain if the retraction had been properly accomplished in the first instance. If Dr. Hughes would refer to the statistics, and the experience of men like Dr. Barlow, he would find many instances which were very convincing. It was much less likely that a boy would masturbate if his mother or his nurse had looked after him as he grew up. With regard to the cases of adults mentioned by Dr. Jagielski, if a little attention had been given in the early part of life, further trouble would have been prevented. He objected to circumcision because he did not think it was a desirable thing to have the prepuce continually off the glans, and the experience of many doctors bore out that view. He could hardly follow Dr. Dyce Brown in his contention with regard to the Jews; he must go further back than circumcision, and see that a prepuce was given, and while he recognised God's right to order His chosen people to be marked in any way, he failed to see that was an argument for all being circumcised. The prepuce was given, and there must have been a reason for it. He mentioned the case of a young man who came to him in great agitation about two years ago, thinking he was suffering from a terrible disease. On examination, his trouble proved to be caused by smegma, which had grown hard by reason of the prepuce never having been retracted, and with some difficulty this was removed, and the patient suffered no more. His recently-born infant had been properly attended to, and would thus be saved his father's painful experience. He wished them to look into the question, and see whether they could confirm his experience, and if they did, to go into the matter early; it might be that no bad results would ensue in any particular case, but even so, where was the harm in getting the child into a satisfactory condition once for all?

FERRUM PICRICUM AND PERINEAL DRAINAGE  
OF THE BLADDER IN PROSTATIC HYPERTROPHY.<sup>1</sup>

ABSTRACT OF A PAPER BY MR. DUDLEY WRIGHT.

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London Homœopathic Hospital.*

MR. DUDLEY WRIGHT mentioned that at the end of last session a discussion had taken place on the treatment of prostatic hypertrophy, and that it had struck him that no mention of the use of iron salts in this disease had been made.

Mr. Knox Shaw, in the excellent opening address,<sup>2</sup> had made the following remarks in reference to the early stage of the enlargement, and the prevention of further increase in size: "This is the stage when drug treatment should be of service, and I want to learn from members of the Society whether they can offer any evidence on this point. I have prescribed for this early condition various remedies, such as iodide of potash, iodide of mercury, iodide of arsenic, hydrastis, and thuja, but I cannot say I saw any direct or positive results follow their use. . . . What I want to find is a drug having a direct action upon the diffuse glandular growth which is the cause of the enlargement." In the remarks made by other members there was nothing to show that any drug was considered worthy of holding the place of a specific in such conditions, or, at any rate, as at all influencing the increase of growth, and though the writer of the present paper took part in the discussion which followed, he was not at that time in a position to bring forward sufficient proof of the beneficial action of ferrum picricum; but since that time he had made numerous observations,

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, June 24, 1896. The original paper has been most unfortunately lost.

<sup>2</sup> See Vol. III., p. 399.

and would endeavour to show that we possess in this drug a means of not only improving the general health, but also of actually reducing the bulk of the gland itself, or, at any rate, of making the passage of urine from the bladder more easy of accomplishment.

In support of this he gave full notes of three cases selected from a considerable number, in all of which, before coming under treatment, there had been residual urine from two to ten ounces, and constant desire to pass water at night, by which the patient's rest was disturbed. These three cases were particularly chosen since in them—apart from the catheterisation on the first and one or two subsequent visits, with a view to ascertaining the amount of residual urine—no instrumental treatment had been adopted, the patients being left to pass their water as well as they could without such aids. Ferrum pic. 2x in one drop doses three or four times daily was used and continued for some months. Almost at first, usually within two weeks, a marked diminution of the nocturnal pyknuria was noticed, and in all of them, after a two months' course of the remedy, there was likewise a considerable decrease in the amount of residual urine. Before the patients discontinued treatment, two of them had practically no residual urine, and the other only two ounces.

Passing on to those cases in which long-continued and exhausting cystitis and retention of urine render the patient's life miserable, he advocated perineal drainage by Mr. Reginald Harrison's method, which was performed by means of a specially long trocar and canula by puncture from the perinæum, the canula being left in and secured, like a tracheotomy tube, by tapes, and having affixed to it an indiarubber tube to conduct the urine into a vessel placed under the bed.

He narrated two cases in which he had adopted this method with excellent results. In the first, a patient of Dr. MacNish, who had had prostatic retention for some time, and had been using catheters for its relief, much cystitis was present, and considerable hæmorrhage from the prostate had occurred. Double orchitis had also developed.

The patient had sunk into a state of extreme depression and could not stand the shock of a supra-pubic cystotomy, so perineal drainage was performed without causing any shock, and the tube retained for eighteen days, at the end of which time the patient began to pass urine *per urethram*. The tube was finally removed, and in two weeks the patient was perfectly recovered and passing water freely by the natural passage, the perineal wound having healed.

The second time he performed the operation in the case of an old man who had retention and much cystitis. The tube was retained two weeks, and the bladder washed out through it, after which, the cystitis having disappeared and the patient's health greatly improved, it was removed and the patient discharged. In this case, however, the use of the catheter had to be continued.

As advantages over other methods of treatment, he pointed out that it was easy of performance, only taking a few minutes to complete everything, so that there was practically no shock; the easy and reliable method in which the bladder could be afterwards washed out, and, the wound being at its most dependent part, the viscus was sure to be thoroughly emptied; the possibility of the sinus through the prostate left after withdrawing the tube so contracting up as to cause sufficient shrinking of the prostate to enable the patient to pass water naturally afterwards, as actually occurred in his first case; and finally, that the patient was able to sit up or walk about a day after the operation, thus preventing the tendency to lung trouble.

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Dr. CHRISTOPHER WOLSTON had never heard of ferrum picricum for enlarged prostate; the only medicine which he had found of actual value in confirmed cases being belladonna, although there was more or less advantage with other remedies.

Dr. JAGIELSKI could not recommend anything better than the electric bath, not only the general constant current but also applied locally, so that the electrical current, by means of a rectum electrode, reached a little above the internal sphincter. It could be used in the full bath on the prostatic gland from the rectum, and also through the urethra. In cases where there was

great difficulty in passing water, the Faradaic current, applied in the hot bath over the bladder and perineum, was very useful. Amongst the most useful medicines, particularly with regard to irritation, belladonna stood first; and where the case was aggravated by the use of alcohol, nux vomica; in gravel lycopodium, and hepar sulphuris when suppuration threatened.

Dr. ORD thought that perineal drainage would be of great value. Belladonna was the only drug from which he had obtained satisfactory and reliable results in tiding over difficult nights; but of course it did not cure, and, sooner or later, failed in its temporary effects. A treatment which had been tried in America with considerable success was the use of cimicifuga and ergot, injected into the rectum, or used in gelatine suppositories. It was scarcely homœopathic, but it was said that repeated local applications into the rectum had a very marked effect in reducing the size of the prostate, through the action of these drugs on hypertrophied muscle-tissue. Iodide of sulphur also helped cicatricial contraction in glandular organs, and might be thought of. Another drug which had been highly recommended was *sabal serrulata*, used in mother tincture.

Dr. STONHAM said he had used *sabal serrulata* in several cases with marked success.

Mr. WRIGHT, in reply, thought belladonna was more useful in the congestive states of the prostate; but for the first symptoms of prostatic enlargement the use of ferrum picricum might be found of advantage, possibly by preventing the increase of the growth of the prostate. He did not think it was of use in the acute stages, and, so far as the treatment of active obstruction was concerned, it would be a waste of time to try it. When there was a difficulty in passing a catheter he recommended a piece of ice being put into the rectum.

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MAMMARY CANCER: ITS EARLY DIAGNOSIS  
AND SUBSEQUENT TREATMENT.<sup>1</sup>

BY JAMES JOHNSTONE, F.R.C.S.

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IT might be as well to preface anything I have to say with the remark that I have nothing novel or strange to offer on the subject of mammary cancer. The subject is one which meets with our everyday attention; and if the seniors among us are to be believed, cases of this disease appear to occur much more frequently than formerly. I am inclined to think, however, that the reason why we see and hear so much about cancer is to be found in the fact that the public, and particularly that portion of the public, the female sex, amongst whom by far the majority of cases are to be found, are finding less compunction in consulting their medical men with regard to the complaint. This diffidence in confiding the secret of the malady has militated greatly against its successful treatment. If a woman finds a lump in her breast she at once thinks that she is the victim of the awful malady, and very often strives all the more to conceal the fact, not only from her medical adviser, but from her nearest relatives and most intimate friends. Only yesterday I had two examples of this diffidence or secrecy. In one case I heard from a lady's maid that her mistress, whom I had attended a year ago for some trivial complaint, had had a cancer, or, as it was called, "a sore in her side," for some two or three years, which required dressing frequently daily, and which no medical man had yet seen. The existence of the major evil I had never suspected while in attendance on the lady. The other case was that of a woman, who came to my out-patient department with a lump in her breast about the size of a Tangerine orange. The skin was implicated, ulcerated and scabbed to the extent of the area of a shilling piece. The axillary glands were affected. This

<sup>1</sup> Presented to the Section of Surgery and Gynecology, June 24, 1896.

tumour was first discovered some four years ago, and yesterday was the first time she had had medical advice for the condition.

When such cases come before us we cannot but regret that such secretiveness, bred of modesty, fear, shame, or what you will, should prevent the early, and I would fain add, successful treatment of hundreds of cases of mammary cancer, which otherwise come to us in the last and hopeless stage. Should we, however, be fortunate enough to see a case of mammary cancer in its early stages, very often we are confronted with a difficulty of diagnosis. This difficulty moreover may not present itself to us as such, but unconsciously, yea even when in a self-conscious and self-satisfied condition of *non est dubium quin*, we ultimately find ourselves in the unexpected, an error of diagnosis. In the first part of my paper I hope, therefore, to be able to indicate some of the more frequent errors to be avoided in diagnosing mammary cancer, and to analyse some of the symptoms which we too frequently have regarded as infallible and unvarying.

#### TYPES OF CARCINOMA OF BREAST.

First a word as to the types of carcinoma of the breast. There are practically only two forms.

(A) By far the most general is that known as the cirrhotic form, scirrhus, hard cancer, stone cancer, &c. This is characterised by its hard consistence and comparatively slow growth.

(B) The less frequent form is that of soft cancer or encephaloid, known by the soft, fleshy consistence and generally rapid growth.

My remarks will deal principally with scirrhus.

#### PRE-CANCEROUS CONDITIONS.

There is considerable diversity of opinion as to the existence of a pre-cancerous state or states. As far as I have been able to learn from a dip into the literature of both the prevailing schools, more opinions have been formulated on this question by homoeopaths. Possibly their habit of

noting leading symptoms, and totality of symptoms, has led them to form pictures of aberrations of health, which ultimately resolve themselves into conditions accompanying newly-discovered cancer. The opinions of Mr. A. C. Clifton and Dr. Gutteridge may be specially noted in this connection.

*Heredity*, first of all, though it can be hardly called a pre-cancerous condition of health, undoubtedly plays an important part in the production of the disease. Family history, taken in a large number of cases, bears out the fact that about 30 per cent. of those suffering from cancer have had a family taint of the disease. I saw a lady to-day whose mother and sister (one of two) died of cancer in the breast. She herself has had a nodule in the breast for three or four years, and now has secondary or collateral infection of the uterus.

*Constipation*, chronic, obstinate, and not giving way to ordinary remedies, has been observed by many to be a forerunner of cancer, and is deemed by them to be a probable sign in otherwise suitable cases.

*Worry*, mental anxiety, loss, &c., have been noted to exist in cases before cancer. Dr. Snow, in his treatise on cancer, urges this idea; and in the same category may be placed the observations of one of our own colleagues, Dr. Harrison Blackley, with regard to loss of money and subsequent cancer.

*Atonic dyspepsia*.—Mr. A. Clifton is strongly of opinion that there is, in many cases of cancer, a preceding condition of atonic dyspepsia with biliousness and constipation. Its features are a usually clean tongue, an irregular appetite, occasional desire for meat and malt liquors (excess in which does not aggravate the dyspepsia), harsh and thickened skin, no perspiration, a dirty earthy complexion, and lastly, the failure of drugs to cure all these. Such are the main ideas of those who have studied and observed the subject.

#### SYMPTOMS OF EARLY CANCER.

And now I shall pass on to an analysis of the various symptoms of early cancer. A typical case of scirrhus presents itself as follows:—A middle-aged woman discovers acci-



dentally in her breast a lump, which has been the seat for some time of shooting, darting pains, particularly down the arm. The nipple is retracted and the skin puckered over the lump. The lump is irregular, hard and stony, without a delimited capsule, and not mobile apart from the breast tissue. An axillary or sub-pectoral gland or glands are found enlarged. With such symptoms there is no doubt of diagnosis. But all cases are not typical, and each of the factors which go to make up the type is liable to variation. Let us now see to what extent they are variable.

(1) *Age.* Veritable cancer has been found in cases as young as 21 and 25. Cases have been reported as low as 13 and 16, but they are open to doubt. Still the fact remains that one cannot negative the idea of cancer when a tumour occurs in a mamma under 30. On the other hand, 80 is about a safe limit. Few cases of cancer arise after that; and I have found that the nearer a cancerous patient is to 80 the less likely is she to die of that disease. In 1894 a patient of mine, a lady of 86 years of age, who had had a scirrhus nodule in her breast for many years, died of congestion of the lungs. Another of 83 years of age, similarly afflicted, died of bronchitis following influenza.

(2) *Position.* This varies much and may be in any part of the breast. The upper and outer quadrant seems to be the more common *locale*. Sometimes the disease may originate in a part which one would consider quite outside the area of the physiological breast; in such cases retraction of the nipple is not likely to occur, as the milk ducts and fibrous bands connected with the nipple do not reach so far as the outlying area.

(3) *Consistence and outline.* The most striking feature of the usual scirrhus is its stony hardness. Hence the term "stone" cancer. But occasionally it may be softer, and the softer tumours may then approach non-malignant conditions in feel. A thick-walled cyst, a distended chronic abscess with inflammatory tissue round it, or a circumscribed area of chronic inflammation, may each be so hard as to be mistaken for cancer. The *outline* of a scirrhus is generally irregular, and not distinctly delimited. This is not so with a cyst, but applies to an inflammatory nodule.

(4) *Mobility* without the surrounding breast substance is not a characteristic of scirrhus, but is so of innocent tumours, except when they are surrounded by an inflammatory area. There is one condition, however, where a scirrhus may give the idea of being mobile, and that is where the breast is very fat and soft, the cancer very deep in its structure, and the skin not implicated, not even puckered. Owing to the semi-fluid nature of the fat the nodule may be very mobile.

(5) *Retraction of the nipple* is usually recognised as a classical sign, but on the accompanying table is given a list of other conditions under which the nipple is retracted.

Non-cancerous causes of retraction of nipple :

- (a) Congenital sinking.
- (b) Chronic inflammation round a chronic abscess.
- (c) Incised cysts or abscesses.
- (d) Discharged and shrivelled cyst.

The first condition often presents itself in primiparæ, who are enduring for the first time the trials of the early days of lactation. Should one nipple be congenitally retracted and the other not, suspicion might unnecessarily fall on a lump associated with such retraction.

(6) *Implication of the skin* over a cancerous nodule is effected in two ways :

(a) In the early stage, when the nodule is yet buried in the breast, the fibrous bands running up to the surface are tightened as they become involved in the cancerous infiltration. There is produced, as a result, a puckering or dimpling of the skin. A deep tumour with skin puckering is almost certain to be cancer. Dimpling itself may have been caused by a shrivelled cyst, an old abscess, or some operative procedure.

(b) The second infection of the skin, when it adheres to the actual tumour below and becomes infiltrated with the diseased process, is almost entirely typical of cancer. Some authorities hold that gumma and chronic mastitis may produce it, but their view does not find general favour. Again, a soft and rapidly-growing cancer may not pucker the skin at all.

(7) *Enlarged glands*, axillary or pectoral, are often absent in scirrhus. Hence their absence is no proof that the tumour is innocent; nor, on the other hand, is their presence a proof of malignancy, for gummata, mastitis and tubercular disease may have them also. Hence nothing less than the microscopical examination of a gland can absolutely settle the question of its malignant infection.

(8) *Pain* is usually of a neuralgic character, sharp, shooting, and "stooning." It is not constant, and there are intervals of complete ease. With rarest exceptions, such pain is present in all cases of scirrhus. It may be wanting in the encephaloid form. It may be simulated, however, by the pain of chronic suppuration. It differs from the pain accompanying sarcomata, inasmuch as their pain is continuous, and without intervals of ease.

(9) *Secondary effects* which might raise suspicion in a case of undetected mammary cancer are:

(a) Fractures of bones due to cancerous deposits.

(b) Nerve disorders, anæsthesia, paraplegia, &c., due to deposits in or near the spine.

I recently had the opportunity of seeing a striking example of the latter condition when performing an autopsy on a case of Mr. Gerard Smith's. The case had during life baffled the diagnostic skill of several leading physicians. The paraplegia, intractable bedsores, and other characteristic symptoms all pointed to grave lesion of the spinal cord. The prime cause had been a bone of contention. At the *post mortem* examination there were found several cancerous nodules in the vicinity of, and implicating the arches and bodies of, some of the upper dorsal vertebræ, and pressing in places on the spinal cord. These nodules were undoubtedly secondary deposits from an atrophied scirrhus of the right breast and nipple, which being small, and having attracted no attention, had escaped its proper valuation as the prime factor in the whole condition. The nature of the process in breast and secondary nodules was verified by microscopic examination.

And now let us glance for a moment at the list of diseases which may simulate cancer in its early stages:

- (a) Acute mastitis.
- (b) Chronic mastitis.
- (c) Chronic abscess.
- (d) Cyst.
- (e) Sarcoma.
- (f) Fibro-adenoma.
- (g) Gumma.
- (h) Phantom tumour.
- (i) Morbid conditions in skin, areola and nipple.

(a) *Acute Mastitis*, such as is seen during lactation, may be simulated by a rapidly-growing cancer in a young, robust person, pregnant or lactating. Such a cancer increases with astonishing rapidity, presents the hot, tense, red and inflamed skin of mastitis, but with this difference, that the skin is found infiltrated with the cancer, is thickened and brawny, and has the pigskin puckering. Examples of this are not infrequent.

(b) *Chronic Mastitis* is a condition well known. It may be the result of the acute form; or often exists in conjunction with gout. Blows and hæmorrhage might occasion it. This condition, where a hard, solid mass, ill-defined and non-mobile, is present, closely simulates scirrhus. The two processes are to be distinguished as follows:

(1) On picking up a mastitis between finger and thumb it is apparent enough, but, on palpating it with the fingers flat, one does not get such a sense of defined tumour as in scirrhus. By this mode of examination only a cancer nodule or a thick-walled cyst will give the real tumour sensation.

(2) Usually there are present other similar areas, dotted about in the same or in both breasts. Scirrhus is, as a rule, single and isolated.

Puckering of skin and retraction of the nipple have already been shown to be common to scirrhus and chronic mastitis. Axillary glands may be enlarged in this condition, and often are. Their presence is therefore no sure sign.

It is held by some that chronic mastitis is the forerunner of cancer; and many go so far as to advise the immediate removal of a chronic mastitis.

(c) *Chronic Abscess* may be due to tubercle, old mastitis, rib necrosis, or infection from a sore nipple. If such a condition have thick walls, an inflammatory area surrounding it, and retraction of the nipple, then its true nature might easily be overlooked, and it might be taken for scirrhus. Perhaps careful palpation, search for a cause, attention to the character of the pain and tenderness, may decide the point. In any case *incision* before *excision* would settle the matter. Such conditions, according to the records, have often been removed for cancer.

(d) *Cyst of the breast* when seated in the substance of the mamma may occasionally resemble cancer. This is more particularly the case if the cyst is small, single and tense, and where the cyst wall is thick. This condition and the depth from the surface would preclude the possibility of eliciting fluctuation. As a rule cysts in this region do not occur idiopathically, but are dependent on some pathological process, such as a chronic mastitis, a fibroma, a sarcoma, or an adenoma, &c. They are usually caused by the blocking or constriction of the milk ducts, the accumulation of secretion behind the stricture, and consequent dilatation and thickening of the wall of the acinus or duct. Reasoning from their etiology, one would naturally conclude that if there existed a cyst the same cause would produce more, and we find it to be so. This multiplicity of cysts, larger or smaller, contrasts with the solitude of a cancerous nodule. As an aid to diagnosis, the aspirating needle has not always proved trustworthy, a fact due no doubt to the varying density and inspissation of the contents. Incision before operation is therefore the surest method of procedure.

(e and f) Other tumours, such as *sarcoma* and *fibro-adenoma*, may simulate cancer at first sight, but on closer enquiry there should be no difficulty in diagnosis. *Sarcomata*, as a rule, are softer than scirrhus, and usually have associated cysts. Their subjects are, on the whole, younger. *Fibro-adenomata*, seen early, have that mobility in the breast, due to the presence of a capsule, which is not found in scirrhus. If, however, they become irritated by local medication or rough treatment, the capsule may become adherent,

the tumour become hard, specially in elderly persons, and it might easily be mistaken for cancer. Pre-operative incision is the only safe test.

(g) *Gummata* may form in the breast. Other specific symptoms would probably attract attention. In a case reported by Mr. Shield, there was retraction of the nipple. The tumour disappeared under iodides.

(h) *Phantom tumours*. In a nervous and apprehensive patient, a slight amount of pain referred to the breast, where there may also be a slight thickening and tenderness on pressure, will arouse in the imagination of the patient the idea that she has cancer. Probably, as a result of her hyperæsthetic condition all her symptoms are exaggerated, and often accompanied by a contraction and bulging of the pectoral muscle, simulating a swelling.

Recently, in my out-patient room, a woman came to me with a lump in her breast, which she thought was cancerous; fortunately it turned out to be a prominent costal cartilage.

(i) *Various tumours and affections of the skin, areola and nipple*, have simulated cancer. Such are :

Peduncleated tumour of areola.

Epithelioma of skin over the mamma.

Fungations from a neglected mammary abscess.

Tertiary syphilis about the skin of areola.

Sloughing gumma of the breast.

Keloid of the skin, to which the region is prone, may be easily mistaken for cancer. It usually follows on some scar or cicatrix.

#### THERAPEUTICS.

Having thus cursorily run over the more important points bearing on diagnosis of early cancer, I would now pass on to a brief review of what has been done by homœopathic remedies in the cure and alleviation of this dire malady. Other work has prevented me from going so thoroughly into the literature bearing on the point as I would have liked, but I have been able to arrive at a fair idea of what homœopathic physicians and surgeons have found by practice to be the best remedies. I may, however, digress for a moment

to refer to a matter which has struck me while looking up records of bygone meetings such as this, and after poring into dusty tomes of annals and reviews of previous work in homœopathy. I refer to the meagre number of recorded cases of successful treatment by any particular drug. Apart from fairly ancient records of consecutive cases, such as those of Dr. Bayes, Dr. Yeldham, &c., and the more recent collection in the "Review" by Dr. Ord, of Bournemouth, there is a singular lack of material such as this. As a result, the number of cases of cancer cured or alleviated, or otherwise reported in our own literature, as treated during the last twenty years, might almost be numbered on the fingers of the two hands. Hence, for information on the subject, one has chiefly to depend on the opinions expressed incidentally in papers and discussions, without reference to detailed cases. How much more valuable to us now would have been the record of the hundreds of cases of cancer which must have passed through the hands of our predecessors in this hospital. We should then have been able to adduce some definite proof of the action of homœopathic medicines as applied to cancer. Perhaps we, of the present day, may be induced to do something in the way of collective record, of which we ourselves shall not reap the real and full benefit. That would be left to those who follow in the twentieth century.

But returning to the subject of remedies, I have derived much information of a definite nature from some records collected by Dr. Burford a year or two ago, as a result of queries which he submitted to many of the members of our body. I take this opportunity of thanking him for the material.

Of all the various remedies employed, the two which have produced by far the best results have been arsenicum (oxide and iodide) and hydrastis. The latter has been used either as the mother tincture, the liquid extract, or, the active principle, hydrastinin.

ARSENIC has a reputation in both schools. Billroth, the Vienna surgeon, says that he had seen permanent benefit in one case of malignant disease, namely lympho-sarcoma; and in others he had noticed retardation of the disease and

relief of pain. Many cases are reported by Mitchell in the *New England Medical Gazette*, July, 1895, of successful treatment of cancer, principally of the epitheliomatous type. He uses arsenic internally up to the third, topically as ointment or lotion to nodules and ulcers. He places it in the highest rank for the relief of pain. The testimony of many others coincides with this, and though few maintain that arsenic will cure cancer, yet there is a solid phalanx who believe it is the remedy for retarding the growth, lessening the constitutional disturbance, and giving a longer lease of fairly comfortable life to the sufferers. I have at this moment in private a case of advanced carcinoma of the breast, where the whole of the pectoralis major, even to its attachment to clavicle and humerus, has been destroyed. I have used many drugs, conium, hydrastis (internally, and locally as paste), carbo veg., &c., but for six months at least she has been entirely on arsenic 3x, and any attempt to change the medicine is followed by a deterioration in health.

That this homœopathic use of arsenic is amply justified there is not a shadow of a doubt. Time will not permit me to compare the provings of arsenic with the symptoms of cancer, but I will make use of the observations of a leading allopathic skin specialist, Mr. Jonathan Hutchinson, to prove the point. Mr. Hutchinson, while observing the action of appreciable doses of arsenic administered for a long time, found that in several cases undoubted epithelioma had been developed in addition to the toxic effects of the drug. Here we could not have a clearer case of the application of our guiding law.

While arsenic has been found the sheet anchor by many, even more have placed greatest reliance on HYDRASTIS. In looking over the testimonies to which I have referred, the majority I think prefer hydrastis in one or other of its forms, both locally and internally. Among those who have left a record of their favourable experiences with this drug in literature are Bayes, Hastings, Rogers, Bradshaw, McLimont, Hall, Gutteridge, Kidd, and others. Dr. Bayes went so far as to say that of eleven cases of cancer in the breast



treated with hydrastis he cured six, also one on the dorsum of the foot, and one of the cervical glands. Personally I am rather inclined to doubt the pathological nature of cancers occurring on the dorsum of the foot and in the cervical glands. If that be so, how many of the six cases were real cancer. Of six cases of early ulceration, Dr. Bayes found none were cured, but one had marked relief. The *summum* of his experience was that hydrastis was only useful in early cancer in glands, such as the breast, and that this benefit was due to its affinity for glandular structure, and not to its specific effect on cancer.

Now as to the use of hydrastis according to homœopathic law, I confess that I have not been able to discover any outstanding characteristic of hydrastis which would lead one to employ it in cancer in compliance with the rule of *simillimum*. What it certainly does apply to is the atonic dyspepsia, described by Mr. A. C. Clifton as a pre-cancerous symptom. And if we were to consider that atonic dyspepsia as only the beginning of the later cachexia, we might in this roundabout way be satisfied in saying that hydrastis, when used as a cure in cancer, had at least, some pretence to a homœopathic remedy. I shall feel satisfied if the outcome of this paper results in nothing more than the definite opinion on this knotty point during the discussion to follow. My personal experiences with hydrastis in private, in the gynæcological department, and in the surgical out-patient department, have led me to think most favourably of it; and if we could only get the cases of cancer sufficiently early we might be able, not only to alleviate pain, arrest growth, and improve the general health, but absolutely to cure a large percentage of cases. I may say in passing that hydrastis paste applied to large open wounds is readily absorbed, and produces very marked toxic effects. In one case, until I had referred to the "Cyclopædia of Drug Pathogenesis," I was under the impression that the heats, flushes, coryza, &c., were due to attacks of fever to which my patient had been subject in India, and which had left her with an enlarged spleen. On ceasing the local use of hydrastis paste these symptoms disappeared.

I will now merely mention a few of the long list of remedies which have been found useful in cancer. Each drug is followed by the leading indication, as testified by clinical experience :—

CONIUM : Chiefly in scirrhus, special action on gland tissue.

CARBO VEG. : Ulcerated scirrhus.

CALC. IOD. : Soft cancers where epithelial tissue predominates.

CALC. CARBON. : "Oyster shell" remedy ; scirrhus.

HAMAMELIS VIRG. : Bleeding ; engorgement.

BAPTISIA	}	Arrest ulceration and fœtor.
SANGUINARIA		

CONDURANGO : Relieves pain.

GALIUM : Retards progress of "nodulated" cancer.

### SURGICAL PROCEDURE.

With regard to surgical procedure there is much to be said, but time does not permit more than a few words.

If a patient lives three years after operation without recurrence, it is regarded by surgeons as a "cure." The probability is that the patient will continue free of cancer after that, or die of some other disease.

Endless statistics have been compiled. Some surgeons have had better results than others, some nationalities better than others. Roughly speaking, *one person in five operated upon is cured*, and survives three years without recurrence. Operation to secure this must (1) be done early ; (2) be radical, all glands being cleared out.

Is this result better than drug treatment? I am inclined to say "Yes," reserving the use of remedies for inoperable cases and for the after-treatment of those operated on.

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Dr. BLACKLEY said he had found the two medicines mentioned by Mr. Johnstone decidedly beneficial, particularly hydrastis. He mentioned a case of malignant disease which had been treated with sulphate of thallin, a decided retrocession of the growth taking place.

Mr. WRIGHT had always considered hydrastis did not act primarily upon the glandular structure; its beneficial effect upon cancer of the stomach, where its action was upon the mucous membrane, and cases of mammary and other cancers, supported this view. One always looked with a certain amount of scepticism upon cases of cure of cancer by drugs, because one knew that cancers occasionally cured themselves. He believed Mr. Lawson Tait had records of cases which, although an examination of the liver by means of laparotomy had proved them to be cancer, had recovered. Personally he had never cured a case by means of drugs, nor after a certain stage had he even relieved the symptoms. His advice was that all cases should be operated upon where possible.

Dr. MADDEN said that the author's pathology was perfect, but with regard to homœopathic treatment, without throwing any doubt upon the reported cures of cancer by homœopathy, he thought those cases must necessarily be extremely rare. He had not met with one, but he had certainly seen many cases where the general health had been markedly improved, chiefly by the use of arsenicum and hydrastis. He had seen cases of complete cure—*i.e.*, absolute absence of return for a period of three years—by operation, and was inclined to think that homœopathic treatment before, during, and after operation would give a higher percentage of cures than where it was not used.

Dr. DUDGEON said with the exception of arsenicum none of the homœopathic medicines could be credited with producing anything like cancer in the healthy subject. He had known cases cured by conium, hydrastis, and arsenicum, and mentioned the case of an old lady—who had a very large, hard tumour of the left breast, with stabbing pain and retraction of the nipple, looking very like an advanced case of carcinoma—which had been cured by condurango 1x.

Dr. MOIR asked what view Mr. Johnstone took with regard to the local origin of cancer against the old constitutional view. Homœopaths in the past had considered it constitutional, and thought that it should be treated from that point of view. He thought they had to give up that position, because evidence was being brought forward daily that by the removal of the growth and of all the parts infected recurrence need not be expected for some time in the great majority of cases. They were in perfect ignorance as to the causes of cancer. He thought that operation was the best treatment.

Dr. ORD stated that Dr. Clifton had said that he had never

seen a case of cancer developed by a patient who had been treated from childhood by homœopathy, and believed that the old system was a predisposing cause in the production of cancer. He (Dr. Ord) believed that worry was a cause of cancer ; and when there was a hereditary tendency to cancer, followed by life-long constipation, it seemed probable that the soil was prepared for the growth of the germ, if it were a germ. Belladonna was useful in clearing up a doubtful case of cancer. About eighteen months ago a patient, supposed to be suffering from cancer of the breast, was admitted to the hospital for operation, and put on belladonna, but when the day came for operation there was nothing to operate upon. One drug which had not been mentioned was trifolium pratense, the common clover. He had heard of a very interesting case of a lady who had developed uterine cancer which could not be operated upon, who had been cured by an infusion of clover flowers, and he thought that trifolium pratense was worthy the attention of homœopaths.

Mr. KNOX-SHAW agreed with the author's remarks as to the secretiveness of patients who had cancer. He was glad to see that Mr. Johnstone had laid stress upon the laying the hand flat upon the breast. He had examined patients who thought they had tumour, who had absolutely no tumour at all ; the sense of tumour merely being evolved by pinching the breast tissue. He had unfortunately removed cysts of the breast upon a diagnosis of malignant disease. The difficulty of diagnosing a small, hard cyst with a thick wall was very great indeed. He would not lay any emphasis at all upon the retraction of the nipple ; it depended upon the position in which the disease existed. The question of enlarged glands was one of extreme difficulty to be able to pronounce upon. Since he had adopted the method of removing the glands, whether he felt them or not, he had been astonished at the number of times he had come across small indurated glands in the axilla, which could not be felt from the outside. The three years' limit was not always to be relied upon. He had operated upon a lady more than eight years ago for undoubted carcinoma of the breast, who made a perfect aseptic recovery ; a few months ago she had come to him with a hard tumour in the axilla. He removed it within a few days, and it was undoubtedly a scirrhus gland. The point which more concerned them as homœopathic surgeons and physicians was : were they to adopt the old-fashioned method of treating the patients with cancer, or to move with the times, and review their position and hold different views with regard to cancer ?

Had they sufficient evidence in their literature, or their books, or their experience of the action of drugs in cancer, to give them confidence to recommend that in preference to operation? The effect of drug treatment of cancer, as a rule, was given to them in the form of general impressions. Cancer was not of one general form; there were several varieties. The atrophic form of scirrhus might go on for years without getting much worse. There was a medicine which had not been mentioned, viz., bromide of arsenic; and an American surgeon (in the "Annals of Surgery") had brought forward some cases which would make one particularly thoughtful in suggesting that a certain amount of good could be got out of a drug like that. Bromine and arsenic both had an action upon indurations; and in the cases mentioned it seemed to be of particular service. With regard to trifolium, a very interesting account of the cure of a glioma of the eye-ball was published some few years ago, and a record of it will be found in the *Monthly Homœopathic Review*.

Dr. NEATBY said that on the question of diagnosis he thought that of the conditions which stimulated early carcinoma there was no doubt that chronic mastitis was the one which did so most frequently, and was most difficult to diagnose from it. With regard to remedies, hydrastis was the one which gave most relief from pain. He had never seen a case of cancer cured by medicinal treatment alone. He remembered a case in which the whole arm was swollen, where hydrastis 30 had relieved the swelling for a considerable length of time. He mentioned another case, where some years previously the patient had had carcinoma removed from her left breast; she came to him with a lump on the right breast, and with a swelling, and pain, and diminution of movement of the right arm. The lump in the breast was not removed, but the swelling and diminution of movement were removed by hydrastis. He thought very highly of condurango for relieving pain; and he thought calcarea carb., or powdered oyster-shells, had some deterrent effect in carcinoma, not of the rectum particularly, but of the rectum; and in pelvic carcinoma he gave it a grain at a time, ten grains of the 1x trituration, about four times a day. He agreed as to the necessity of differentiating the different kinds of carcinoma.

Dr. BURFORD thought that one of the most undoubted cures of cancer was by powdered oyster-shells, but it was to be borne in mind that the percentage of verified cures by medicinal treatment was infinitesimal, and, therefore, one did not like to take upon oneself the responsibility of advising a patient to wait. He had

come to the conclusion that homœopathic remedies ought to act a good deal better, provided that the physiological obstacles to cure were primarily removed.

The PRESIDENT (Dr. Goldsbrough) thought it was necessary to discriminate carefully as to the origin of the growth, and as to the method of treatment, or as to the prognosis which they were bound to make in relation to the case. If the growth were purely a local matter, the question to be considered was, what part did heredity play in its production? Hahnemann himself thought that cancers were some of them of psoric origin. That might or might not be the case, but that raised the general question as to what general causes tended to produce a cancerous condition. At the same time they might arrive at this general statement with regard to them, that they were of constitutional origin, and had a local contagion; that was, in the prognosis of the case they were bound to regard the case primarily as local, as far as the prognosis and treatment were concerned. There was a local contagion, but the case itself was of constitutional origin. The two things were quite distinct, and required a different line of thought to be maintained in relation to them.

Mr. JOHNSTONE, in reply, said the paper was rather one of compilation than of originality. Three articles which had appeared in the *British Medical Journal*, written by Mr. Marmaduke Shield, had assisted him in laying before the members the diagnosis of cancer, but those articles did not say much about homœopathy. He should suggest that the case where arnica proved of use was one of chronic mastitis, due to a blow or some injury, for they knew that in such conditions arnica was of great use. He thought that as homœopaths, and particularly as surgeons, they should assist operation by means of homœopathic treatment. The treatment by petroleum was not new to him, but he could not say that he had seen any great advantage from it.

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## A CLINICAL STUDY IN THE USE OF THE CURETTE.<sup>1</sup>

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### INTRODUCTION.

I DO not propose to enter upon a general dissertation on the subject of curetting the uterus, but will plunge at once *in medias res*, and try to put before you a few clinical pictures which will, I trust, serve to show the utility of this form of surgical treatment in suitable cases of uterine disease.

Let me observe, however, first of all, that in speaking of curetting, I do not refer to any partial, or even slight measures, but to a definite surgical procedure, requiring in all cases an anæsthetic; to one, moreover, which necessitates preliminary local treatment; and, in fine, to one which involves certain definite surgical risks. Curetting, then, in this sense, is not a *minor* surgical operation.

With regard to details thus briefly hinted at, I think they will be sufficiently discussed in the course of my remarks, to obviate at this stage any preamble upon this head.

In glancing at the literature of our subject one is struck by its paucity, and in looking for definition in what does exist, by the haziness which characterises it, especially in reference to the *class* of cases which are suitable for this treatment. This is to be deplored because it threatens to consign a most valuable method of treatment to the limbo of oblivion, a goal which is often reached, perhaps justly, by some of those meteoric flashes, which for a brief space illumine the medical world! The cases cited are, I think, sufficiently

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, June 24, 1896.

varied in their characteristics to indicate a wide range of those suitable for curetting. A word is necessary as to the operation itself. I am struck by the extent to which the preliminary dilatation is sometimes carried, and of the almost vicious amount of scraping done by some operators. Although I am open to correction on this point, so far, I can hardly bring myself to believe that the first is essential, or that the second is desirable. May it not be taken as an axiom applicable to all surgery, that it is one's duty, *not to show how much can be done with safety, but how little need be done with efficiency?*

The first case to which I will refer is one of—

*Case I.—Chronic ovarialgia and dysmenorrhœa, associated with cervical endometritis and probably tuberculous disease of ovaries, much relieved as regards the ovarian pain by curetting.*

Miss A., aged 25, has suffered from enlarged cervical glands for fifteen years. For the last two years she has complained of constant pain in the region of the ovaries, it is especially severe at the "periods," and she suffers considerably from leucorrhœa. On examination the uterus is found in the natural position, and not enlarged; the cervix is notched, and gives the impression of that of a multiparous uterus; there is great pain in both *culs de sac*, and on the examining finger being withdrawn it is found copiously covered with muco-pus. Thus the case will be seen to offer a sufficiently unfavourable panorama of symptoms to make one hesitate as to what to do for the best. I will not here allude to the medicinal treatment which was, of course, directed to the tuberculous manifestations, but observe that in view of the fact that the impact of the tuberculous mischief was evidently chiefly upon the endometrium, and believing, moreover, that the ovaries were affected by direct anatomical continuity, I decided to curette. This was accordingly done, and as my notes record laconically shortly after, the patient was "much better," and later on that she has been "very much better." This was especially noted during a certain period of three months, in the course of the subsequent his-



tory, until indeed the sudden news of her father's death abroad prostrated her. It is significant to note that the improvement consisted in the alleviation of the pain in the ovaries, and that this pain, as is so constantly observed in the mobile nervous system of women, was set agoing once more on receipt of the distressing news.

There is one point which in all fairness must be stated, as it may be held by some to militate against the ultimate good of the surgical treatment this patient received. A long time afterwards she told me that after the pain in the ovaries had ceased, she had, to use her own words, "thirteen abscesses in the neck." As bearing upon this, I may mention that she was contemplating marriage, to prevent which undesirable consummation I used all the arts of persuasion which I could bring to bear upon her, with what ultimate good I do not know, probably as much as and no more than is usual in such cases. Could I have my own way, I should now send her to reside on the wilds of Dartmoor, which is nature's most marvellous sanatorium in all such cases, as I have before mentioned as the result of much experience.

The next case I wish to bring before you is one of—

*Case II.—Auto-infective endometritis at the menopause, causing a rise of temperature every day towards evening—cured by curetting.*

Mrs. B., aged 47, who is nursing her husband, a complete invalid from tachycardia, complains of various ill-defined symptoms, *e.g.*, flatulence, headache, languor, sleeplessness, &c., which may generically be called "*malaise*." Having regard to the time of life reached by this lady, and prosecuting inquiry on the lines thus suggested, I ascertained that the "period" was quite regular, though lessening in amount; that there was an acrid leucorrhœa; that the temperature in the after part of the day was 100° or over, especially at the "periods"; and that the headache referred to was much worse for a week or so before the advent of menstruation. Examination revealed a freely movable uterus, with the anterior lip of cervix purple and œdematous; a long slit was present in the cervix, with a second at

right angles to it, and there was considerable ectropion. In view of the above symptoms, both subjective and objective, it appeared quite obvious that the endometrium required definite radical treatment. I therefore curetted this patient with great thoroughness, and, with the aid of the galvano-cautery, removed the redundant portions of the cervix. Pure carbolic acid was very freely applied inside the uterus by means of Playfair's probes, and the cavity stuffed with iodoform gauze for a period of sixty hours. In due course the gauze was withdrawn, and free antiseptic douching commenced. The recovery was steady and uneventful. One point, however, is worthy of record, viz., that on the day after operation, the urine on heating threw down an enormous proportion of albumen, somewhat to my dismay, as I feared I might have overlooked a latent nephritis. Very shortly, and I may add, suddenly, this entirely disappeared, showing that it was due to the nerve shock of the operation, aided and abetted doubtless by the prolonged strain of nursing previously alluded to. It was beautifully significant to note, from the date of operation, a cessation of the afternoon rise of temperature, and the gradual return to health of the patient; one symptom after another yielding. Subsequently she returned to her home in Cornwall, and resumed to a great extent the nursing of her husband until his death, which took place many months after, and, as she expressed it, she was able to combat this strain with an amount of strength and ability which would doubtless have been impossible but for the curetting. She remains in good health at the present time.

*Case III.—Sub-involution with menorrhagia, adhesions between left appendages and uterus, in a lady, several years resident in India, cured by curetting.*

Mrs. C., aged 29, has resided several years in Chittagong, she has had one child, now 5 years old, followed by a miscarriage three years afterwards. When the child was born she was perforce subjected to the rough manipulations of a native midwife; and since this date she has had profuse menorrhagia, the catamenia occurring at intervals of fourteen

to twenty-one days. Several attacks of malarial fever, leaving their too evident traces, and hæmorrhoids add to the category of woes. On examination the uterus is found less freely movable than normally would be the case; it is drawn over to the left side of the pelvis, and is apparently adherent to the ovary of same side. There is, in addition, a laceration of the cervix. In due course the piles were dealt with by the galvano-cautery, after forcible free dilatation of the anal aperture. It then became necessary, after the lapse of a fortnight or so, to undertake local treatment of the uterus. The patient was treated the while by various remedies, *inter alia* by nitric acid, from which especially she received benefit. In view of the long standing mischief in the left side of the pelvis contiguous to the uterus itself, the signs of which were definite and tangible, and in view also of a possible, though less apparent, morbid condition of matters on the right side also—for she suffered much and continuous pain on this side, more so indeed than on the left—I thought it desirable that the responsibility of treatment should be shared, and, accordingly, sent her to London to see Dr. Burford. He, confirming my diagnosis, advised, as preliminary treatment, that the left *cul de sac* should be well tamponed with boro-glyceride for four days before operation. This was accordingly done. I was the more desirous of a second opinion, because, as we all know, one of the details of the operation is the seizing of the uterus and drawing it down as far as is consistent with safety. To draw forcibly upon a uterus, which might not unlikely be adherent to a phlegmonous broad ligament on one or both sides, would be a perilous procedure, and one which is justly and freely condemned. The risk of rupture of some portion of the pelvic contents involved in the inflammatory mass goes without saying. Happily no such eventuality occurred in this case, and the patient has made an uninterruptedly good recovery. She is completely relieved of the severe periodic floodings, and of the pain also, with the exception of an occasional reminder on the right side if constipation exist, or there be any severe jarring of the pelvic contents, accidentally brought about from any cause.

*Case IV.—Carcinoma of cervix uteri, in a very advanced stage, with metrorrhagia and fœtid leucorrhœa, treated with curetting and the application of chloride of zinc, after the method of Sims and Heywood Smith, with an arrest of hæmorrhage and removal of fœtor.*

Mrs. D., aged 45, came to the out-patient department of our hospital, complaining of pain in the sacral region, and of a continuous and offensive sanious discharge from the vagina, of considerable weakness, and of a falling off in her powers of sustained work. She was not haggard looking or thin, but there was that indescribable something in the facial expression which one comes to associate with malignant invasion. She had been under treatment, but I think had not been examined, at all events the nature of her ailment was quite unknown to herself or to her friends. On examination I found a large deep crater-like excavation involving the cervix and extending far into the corresponding *cul de sac* on the right side. Moreover, the uterus was to some extent fixed. There was a foul discharge emanating from the ulcer itself, and from the debris which was lying more or less detached in its cavity. I told the friends the case was probably beyond cure, and that so long as the disease remained unchecked, matters must go from bad to worse, and that the hæmorrhage would probably continue. The patient, accordingly, being placed under an anæsthetic, I scraped the ulcer and the uterine cavity with the sharp curette, until all that was removable of the growth was taken away. There was a good deal of bleeding, and when this ceased, following the method of Drs. Marion Sims and Heywood Smith, I packed the crater with small pieces of absorbent wool, previously well soaked in a saturated solution of chloride of zinc, and dried. These were packed in very firmly, and so as to fill the cavity completely. Then an ordinary dry tampon was applied, being pressed well against the latter. Finally the vagina was packed with tampons soaked in a saturated solution of bicarbonate of soda. The following day the tampons only were removed, and free, but not forcible, antiseptic douching commenced through a Ferguson's speculum, passed well up to the

cervix, or rather what was left of it. The zinc chloride packing was allowed to remain *in situ* for three days, when, presuming it had effected the object in view, viz., the destruction of the neoplasm, it was removed piecemeal. A good plan is to use a kind of serrated burr at the end of a rod to entangle the pieces of wool. At the end of ten days or so the slough came away by degrees, its detachment being promoted by the douching.

I am sorry to say that owing to carelessness the notes of this case were lost, so I can only rely upon memory for the sequel. *Much* that was satisfactory I did not expect, and anything permanently curative could not be even hoped for, but as to the arrest of the bleeding, the measures employed proved efficient. Ultimately the patient succumbed at her own house, from disease in the neighbouring structures, and which I have no doubt was present in an initial stage when we were first called upon to render aid. Of this I feel convinced, that cases in a less advanced stage may probably on these lines be permanently relieved, and, in a certain proportion, radically cured. When one remembers in what an exceedingly large proportion of cases the disease commences in the cervix, it stands to reason that this treatment ought to be effectual. How constantly, however, the nature of the disease fails of detection until it is too late to apply this, or even other more radical treatment, with any hope of success!

*Case V.—Menorrhagia, due to nodular fibroid condition of uterus in a single lady, cured by curetting.*

Miss E., aged 34, consulted me for headaches, chiefly in supra-orbital and occipital regions. She called them "sick headaches," and told me they were relieved by heat. I ascertained there was a history of rheumatic gout on the maternal side. She gradually improved under various remedies, but not so markedly as it seemed reasonable to expect, and it appeared as though there were something, hitherto hidden, barring the way to real recovery. On inquiring with more precision than hitherto about the menstrual function, I ascertained that the "periods" were

excessive; and on pressing for more definite information on this point, I learnt that it was necessary to change as many as twenty to twenty-four times altogether, "drenching" being indeed at times the only term applicable to the condition present. Moreover, for the first twenty-four hours, pelvic pain was very intense. There was no noteworthy blanching of the ocular or buccal mucous membranes, the part, however, which had to bear the brunt of this exhausting discharge was evidently the cranial sensory nerves. I determined to dilate the uterus, with the double object of ascertaining if any morbid growth existed, and also of giving relief to pain if possible by the forcible stretching of the structures of the cervix. This treatment brought to light no growth interiorly, but the bimanual examination, carried on concurrently, revealed an outline of the uterus which was neither so smooth nor so regular as would be consistent with a normal condition of that organ.

The dilatation was succeeded almost immediately by a hæmorrhage, which pursued the type as to time and character usual in the case of this patient, though the catamenia had only just ceased. Subsequent "periods" proved less painful, though there was little or no diminution as regards the quantity. I, accordingly, decided upon curetting, which was done with the flushing curette, and the denuded surface was very freely painted afterwards with pure carbolic acid. An iodoform gauze intra-uterine drain was employed, and the patient in the course of a week or so was able to get up. The next "period" was characterised by fourteen changes, and the next curiously enough was pretty much the same as regards quantity as before operation. Thereafter matters greatly improved, and have continued quite satisfactory, so that now there is no greater quantity than would make a so-called "moderate period."

In conclusion I ought to mention that in view of the utility of electricity in some cases such as this, I employed the continuous current at intervals, for some weeks, by means of an insulated terminal at the uterine os, and the other over the hypogastrium. No effect was, however, traceable to this treatment.

*Case VI.—Endometritis and salpingitis, probably specific in origin, accompanied by profuse metrorrhagia, with complete and permanent relief of latter by curetting; severe acute ovaritis when convalescence was nearly complete, owing to an error in a detail of nursing.*

Mrs. F., aged 35, has a fairly typical history, pointing to her ailments as essentially "specific" in character. She has had four miscarriages, the last four years ago, since which she has been definitely ill—in fact, to use her own expression, she has "never seemed to get over it."

The periods occur every fortnight, and last a week; they are very profuse, necessitating fifteen or sixteen changes, and she suffers much from a sense of "bearing down" then. She is in constant pain in the epigastrium, and in both ovarian regions, and the lumbar spine aches. She has, moreover, the typical "tubal pains" in the neighbourhood of the iliac crests. On examination, under an anæsthetic, there is revealed an exceedingly extensive tearing of the cervix, which involves the mucous membrane in each fornix; and both lips of the cervix, especially the anterior, are extensively hypertrophied. There is also a distinct fulness in the region of the right Fallopian tube.

Curetting was, accordingly, undertaken and well borne, and convalescence was well maintained afterwards, the temperature being normal throughout. She expressed herself subsequently as not having been so well for six or seven years as now. Ten days after the operation, with a view of treating the cervical hypertrophy, tampons of ichthyol-glycerine were employed, and ichthyol-lanolin was freely applied externally over the hypogastrium and adjacent part. And now a most unfortunate incident occurred, which I record as a warning to myself and to all whom it may concern. The patient had of course been kept in bed, and one day the nurse in charge, with sadly misdirected zeal, instructed her to leave the ward for the purposes of nature. The day happened to be exceedingly cold. What happened? Exactly that which happens to many a woman, in degree, who undertakes a railway journey, *e.g.*, on a cold day, and insufficiently protected, the cata-

menia being present, viz., pelvic inflammation; in this case probably of the ovaries and tubes chiefly. Rigors supervened, the temperature rose to 103°, and the pulse was 120. Diarrhœa was persistent and intractable. The patient's husband now returned from abroad, and she left the hospital at her own desire, and with much apprehension on my part. For six weeks she was confined to bed, and her illness dragged on a wearisome course for much longer, the details of which I need not trouble you with. Finally, however, a rallying took place and she recovered. I saw her again after six or seven months, and found her attending in some measure to her household duties, though she is, of course, in a most unstable condition as regards a fresh outbreak of pelvic mischief. With reference to the condition for which she sought advice, the improvement is definite and marked, and, in her own view, at least, eminently satisfactory. It consists essentially in this, that the "period" is now scanty and regular, and the "bearing down" has entirely ceased. She is now under observation for the sequelæ of the pelvic inflammation, and it will, I think, be right to recommend oöphorectomy.

*Case VII.—Menorrhagia for twelve years, due, probably, to small fibroid, completely cured (and remaining so for two years) by curetting.*

Mrs. G., aged 27, married a few years, no children, states that she had "inflammation of the womb" some years ago; that her "periods" are characterised by the necessity to change some eighteen or twenty times; that she is short of breath, and suffers much from throbbing headache. On examination I found the uterus irregular in shape, and nodular in outline, especially in the neighbourhood of the right ovary. Taking this to be probably a fibroid enlargement I decided to curette. With Dr. Seelenmeyer's assistance this was done, and iodized phenol applied to the denuded interior of the uterus. She did exceedingly well, and the next "period" was characterised by an amelioration of her former troubles. I now lost sight of the patient for nearly two years, though I had no reason to suppose she was other than well. When I



saw her a few weeks ago, the anæmia had given place to a rosy appearance. She told me that the catamenial discharge had diminished to an amount which might be represented as one-quarter or one-fifth of that before operation. The old symptoms were, as she put it, "all dying away," and she added that she felt "as well as any other woman." This was borne out by the fact that she had just been entertaining many of her friends, who were flocking into Plymouth at the time to the Devon Agricultural Show.

In conclusion, I ask you to take these cases for what they are worth, and let them speak for themselves. They are clinical facts from notes made at the time, and do not admit of romance in the history, and I trust their substance warrants the title of "clinical study."

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Dr. NEATBY said that the paper was a practical record of facts which ought to guide them in the future to the kind of cases in which curetting might be useful. His own feeling was that, apart from carcinoma, which had been alluded to, and uterine polypi, a condition of endometritis was the thing which would guide them to curetting as a mode of treatment. In cases where there was menorrhagia and ovarian pain, without definite evidence of endometritis, he thought, in nine cases out of ten, the result would be a failure; and where it was a success, a simple dilatation would have been equally successful in the relief either of the menorrhagia or the pain. With respect to the much discussed question of curetting in fibroids, his own experience was that if they were going to do good to hæmorrhage in fibroids they must select a case where there was endometritis as evidenced by leucorrhœa. He had seen more than once definite aggravation of hæmorrhage, and of the fibroid uterine condition as a whole, from curetting where there had been no definite evidence of endometritis. Therefore, he would say, apart from morbid, *i.e.*, malignant or semi-malignant new growths, he would regard endometritis as the leading indication for curetting.

Dr. MADDEN said that one of the most practical lessons which they had learnt from the paper was when not to curette. These cases bore out the accepted dogma that it was unsafe to curette when there was any peri-uterine inflammation. With regard to curetting in cancer, where the condition was such as to make it possible to relieve all the diseased parts by curetting, it

was much more desirable to remove the uterus *per vaginam*, and not to do what had proved, in innumerable instances, to be a purely temporary measure. In no case he had ever heard of had curetting the cervix been followed by more than temporary improvement; whereas vaginal hysterectomy had given very fair hope of permanent cure, just as operation on the mammary gland. Finally, as to operating in fibroids, unless there was definite endometritis, and unless the fibroid was a comparatively small one, one could not hope for anything in the way of permanent relief. No doubt it would diminish the hæmorrhage for a time by relieving the acute condition of endometritis, but it would be certain to return if the fibroid was large; and either the removal of the appendages or hysterectomy must be looked to for permanent cure. In simple hypertrophy and endometritis no doubt curetting was a valuable method of treatment.

Mr. JOHNSTONE thought curetting was of the greatest use in those cases where they got infection of the uterus after child-birth. Expeditious curetting, and the removal of any infective material, very often prevented puerperal fever setting in.

Dr. BURFORD was glad that Mr. Johnstone had called attention to puerperal cases in which there was not much concomitant peritonitis. He believed that in the curette they had a speedy and brilliant method for the permanent cure of puerperal cases in which there was comparatively a small degree of concomitant peritonitis. There was no doubt the curette was an exceedingly valuable aid in some cases of endometritis, but he could not recommend it in all cases. His experience in curetting, where leucorrhœa had been the leading symptom, had been unsatisfactory. When curetting was used rashly, the results might be very bad; he had seen two cases die after curetting—not his own patients—and that showed that even the curette was not an instrument to be used wildly and without caution. At the same time, when due precautions were taken, it was just as safe as tooth-drawing.

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As long as this is in keeping with the normal action and function of the parts, it is physiological, but when those reflex impulses produce a state of activity over and above the normal physiological conditions, then we have developed an abnormal reflex, or a neurosis.

It will be necessary to divide ocular reflex neuroses into those originating in the eye, and affecting other parts; and those originating elsewhere, and extending to the eye.

Before we proceed further you will remember that I pointed out that the eyes were subject to **distressing symptoms** arising from the various errors of refraction.

It is not in any way to obtain relief in many cases of myopia, hypermetropia, reflex ~~ocular~~ disturbances, and other refractive errors, by the use of specially-adapted spectacles. It does not follow, therefore, that in the treatment of such cases the only remedy of value is the truth of symptoms is in fact, in many cases, essentially the same refractive error: but, in some cases, the refractive error, giving rise to a series of reflex symptoms in the case, may exist in another individual, and give rise to a reflex symptom. On the other hand, we may find entirely different reflex symptoms in the same individual at different times from one initiative cause.

In the connection of the cerebro-spinal with the sympathetic system of nerves, allowing nerve impulses to be transmitted along one set of nerves, and reflected back by the other system, renders it necessary to briefly examine that part of the sympathetic and the cranial nerves with which the present more immediately concerned. As the sympathetic ascends to the head, it forms connections with many of the cranial nerves, and there is a free exchange of impulses between these nerves. My intention is to glance at the connection between the sympathetic and the third, fourth, fifth, and sixth nerves, taking one or two others as examples.

The motor nucleus of the third nerve (connected as it is with the motor nucleus of the fourth) gives rise to three branches, supplying all the muscles of the eyeball, with the exception of the external rectus and superior oblique.

It also supplies the levator palpebræ superioris, the sphincter pupillæ, and the ciliary muscle. The external rectus is supplied by the sixth, and the superior oblique by the fourth.

The nucleus of the third and fourth nerves is connected with the sixth under the iter, and thus the nerves to all the ocular muscles are connected at their centres. Both the third and fourth nerves anastomose on the cavernous sinus with the ophthalmic branch of the fifth, receiving from it sensory fibres for the muscles to which they are distributed, and they anastomose with the sympathetic through the carotid plexus.

The sixth nerve is reached by branches from the sympathetic on the cavernous sinus; and some branches come to it from the trigeminus. The lachrymal, frontal, and naso-ciliary branches of the ophthalmic division of the fifth supply sensory fibres to the conjunctiva, upper lid, lachrymal gland and sac, also the caruncula, as well as giving sensory fibres to various parts about the nose.

You hardly require to be reminded of the distribution of the fifth nerve to the nose, ear, and teeth, and generally to half of the face, to perceive the amount of reflex trouble liable to be caused when one or more of its ramifications become implicated by disease, or by one irritative cause or another.

The sympathetic, in short, being connected with all the cranial nerves by means of the cranial ganglia, their action on each other becomes almost a physiological matter of course.

Having thus shortly treated this part of my subject, which might well have occupied the whole time at my disposal, I will now revert to reflex neuroses from the eyes affecting other parts.

The chief of these, as has been mentioned above, are due to errors of refraction, and I have only to impress upon you the necessity of carefully examining for some error of refraction, in any obscure and intractable case of headache, nausea, vertigo, and the like.

We often find such small amounts of astigmatism as a  $-.5d$ , or  $+.5d$  giving rise to troublesome headache and

general discomfort, removed by supplying the necessary correction. No amount of error, however small, in such cases ought to be passed over without being corrected.

A gentleman lately consulted me, with reference to a difficulty he experienced during rifle practice. With either eye he read without hesitation and Jaeger 1; on directing him to look at Carter's astigmatic clock, the lines pointing five o'clock seemed blurred to his right eye.

I, finally, after dilating with homatropine, prescribed the necessary cylinder (+ .25d). With this his former difficulty with his rifle disappeared, viz., his inability to see the fore and back sights simultaneously with sufficient distinctness to ensure a correct aim.

In my own case I formerly suffered with severe headaches, with pressing, aching pain in my eyes, accompanied by a great amount of nausea and anorexia. At first my refraction cases gave me considerable difficulty, till one day, while testing a patient for astigmatism, I found that I could not see the horizontal lines clearly myself, especially with my right eye.

I afterwards found I required for right eye —1.5d. cylinder-axis horizontal; left eye —.75d. cylinder-axis horizontal.

Since wearing this correction, my difficulty in dealing with the cases coming under my care, as well as my former headaches, has disappeared.

The efferent neuroses from my eyes affected my head and gastric functions; and now, when I have erred in diet, I have much the same form of headache and pain in my eyes, but a dose or two of the indicated medicine relieves, whereas it had no effect previous to my wearing spectacles. This shows that, in accordance with the laws of reflex action, any irritation in any organ, or part of the body, can be transmitted back, and affect the eyes over the same route as the primary efferent neurosis took.

Coming now to ocular reflex neuroses, arising from other parts and affecting the eyes, I may mention, in passing, such ailments as gout, syphilis, and Bright's disease. The implication of the eyes in such cases is due

more to the general dyscrasia than to any direct reflex action, and hence falls into line with the general treatment of the specified disease.

Spinal diseases, and the various pathological changes in the brain affecting the optic nerve and fundus, will form the subject of a subsequent essay before the Society.

In dealing with special diseases I consider it of the utmost importance that a specialist should, in the first place, have a pretty extensive and practical experience in general medical work. If this is not the case, the significance and treatment of many cases occurring in his speciality must present considerable obscurity and difficulty.

The practitioner of homœopathy must, of necessity, take a more complete survey of the objective and subjective symptoms presented by his patients than is usually done by his allopathic brethren, and, therefore, cannot fail to notice the frequent association of collateral groups of symptoms attending on some particular derangement.

In the department of gynæcology anyone must be struck with the numerous reflexes arising from some organic diseases of the uterus or its appendages (more especially, however, in merely functional disturbances). It is often very mortifying to note the incredulity displayed by patients when their pet throat, eye, or cardiac trouble is practically ignored, and some medicine or treatment ordered for a uterine trouble, which they did not consider worth mentioning.

In the case of young women coming from Wales, or Ireland, to Liverpool, we frequently find they suffer from temporary amenorrhœa, with no marked anæmia, but complaining of various headaches, asthenopia, with more or less marked hyperæmia of the disc.

Amenorrhœa in such cases is not very amenable to treatment, but gets righted when the patient becomes accustomed to the change of residence; the eye symptoms and the headaches disappearing with the reappearance of menstruation.

Ovarian diseases without doubt give rise to numerous reflex neuroses, and frequently this is very marked in con-

nection with the eye. Here, I think, brief mention of a very interesting case in my practice will not be out of place.

Miss P., aged 22, pale, anæmic, fairly well nourished, of highly neurotic character, suffers from what Charcot terms "ovarialgia," and numerous hysterical symptoms. She has what I take to be an enlarged (cystic ?) and prolapsed left ovary, pressing on the rectum, and causing obstinate constipation. She has hyperopic astigmatism, corrected by suitable lenses, so that her near and distant vision is normal. At irregular intervals she presents herself, with almost complete mydriasis. Strong solutions of eserine have no effect in causing contraction. The dilated pupils, however, contract in the course of a week or ten days to their normal condition.

I recommended removal of the diseased ovary, and lately this was done, the enlargement turning out to be a parovarian tumour, the size of an orange, and close to the left ovary, which was removed with it.

It is too early as yet to speak of the result of the operation, but the constipation and the various abdominal pains in the left iliac region are considerably improved.

In connection with hysteria we meet with every conceivable form of ocular reflex neuroses, but they are of no special importance apart from the general neurotic condition.

Strabismus is usually due to some error of refraction, but occurs as a result of intestinal irritation from worms, errors of diet, or inflammatory conditions in the abdomen.

The teeth are a very common, but often overlooked, cause of ocular reflex neuroses.

The superior and inferior maxillary branches of the trifacial, supplying, as they do, the covering of the forehead and temple, are also distributed to the teeth, the antrum, and the integument of the alveolar processes ; and, keeping in mind the complete connection between the cranial ganglia and the nerves to the eyes and teeth, it need give rise to little wonder if reflex neuroses are of frequent occurrence.

We find in ophthalmic literature many reports of long standing and intractable cases of eye trouble being quickly set right by the removal of a carious tooth or teeth, or attention to a chronic alveolar periostitis.



In 1884, a girl, aged 7 years, presented herself at the dispensary here, suffering from obdurate inflammation of the left eye, with some ciliary congestion, conjunctivitis, and a great amount of photophobia, with partial ptosis. She had been under treatment at one of our eye hospitals for two years.

I tried during a period of six months to relieve her, without effect. For the next eighteen months she attended our eye hospitals, one and then the other, till 1886, when she again drifted my way. I did my utmost for three months, without any good result. The only bad tooth in her mouth was a left upper molar (badly decayed); she did not remember ever having suffered with toothache. However, I extracted this decayed molar, and in two weeks the inflammatory condition, the photophobia, and the ptosis, were quite cured, and have not returned. Therefore, in any case of eye trouble, where a constitutional cause is not evident, we must carefully examine the condition of the teeth.

In children, we meet with various degrees of conjunctivitis and strabismus during dentition. Caries and periostitis of the teeth or jaw have caused spasm of the ciliary muscle, and partial paralysis of the third nerve, glaucoma, ulcerated cornea, and lachrymal abscess.

In section of the cervical sympathetic we find a narrowing of the palpebral fissure, a sinking of the eyeball, the cornea becomes flattened, and the tension of the eyeball very materially diminished.

In complete section of the fifth nerve the eye undergoes panophthalmia.

We may infer from this, regarding the cases above mentioned, that irritation of the dental nerves sets up reflex action in the sympathetic cranial ganglia, and they, in turn, interfere with nutrition of some part of the eye.

In nasal diseases we often see the effect of adenoid growths, &c., in the posterior nares, in causing deafness and other ear troubles.

In ophthalmic practice we often have the opportunity of seeing a deep-seated inflammation of the eye—heterophoria, asthenopia, or spasm of the ciliary muscle—relieved

by attending to a congested nasal mucous membrane, a deflected septum, enlarged vomer or turbinated bones, or removal of polypi or other growths. This necessarily follows when we consider the intimate connection and nerve supply of the nose and eye.

With regard to onanism, this is often very difficult to trace, especially in females, but we may be helped to arrive at a definite conclusion if we remember that stimulation of the sympathetic, either in the neck or in its course to the eye, causes (a) the pupil to enlarge, (b) the palpebral fissure to widen, (c) the eyeball to protrude; and that strong stimulation of the nerves of the sexual organs causes a like result in the eye.

It is to be noted in connection with the ear that nerve channels, capable of exciting reflex movements in both eyes, proceed from the labyrinths to the nuclei of the third, fourth, sixth, and eighth cranial nerves; and from these efferent fibres pass to the muscles of the eye.

Cyon showed that compensatory movements of the eyeballs may be caused reflexly from the membranous labyrinth; he found that stimulation of the horizontal semi-circular canal was followed by horizontal nystagmus, of the posterior by vertical, of the anterior by diagonal nystagmus. Stimulation of the auditory nerve is followed by rotating nystagmus, and rotation of the body of the animal, on its axis, toward the side stimulated. Therefore, the condition of the inner ear has to be taken into account in cases of nystagmus and the like.

Where a pyramidal cataract is present, some deposit on the surface of the lens capsule, or some central corneal opacity, &c., the cause is probably not so far to seek.

In conclusion, just a word with regard to glaucoma. I have incidentally mentioned disease of the teeth, necrosis of the alveolar process or jaw, as a cause of this affection. Much doubt exists as to the ætiology of the disease, but there can be no doubt that the increased tension is due to an actual over-distension of the coats of the eyeball, seeing that the glaucomatous eye retains its increased hardness for some time after excision.

The point as yet unsettled is whether this increased distension is due to increased exudation in the eyeball, or to an impeded flow of the natural exudation, or in some cases to both.

The obliteration of the space of Fontana, and the blocking of Schlemm's canal, described by Knies as constantly present in all cases examined by him, must be regarded more as secondary appearances, and not the primary cause of the glaucoma, because this condition existed mostly in eyes that had reached the chronic stage. Pagenstecher found there were cases of glaucoma where no obliteration of the space of Fontana existed.

While increased tension of the eyeball is not synonymous with glaucoma, still, when we find increased tension, and the other conditions attending on a glaucomatous condition, occurring intermittently, as is so frequently the case, it would seem naturally to point more to an active exudation at the time, than to an accumulation of fluid, due to any impediment to its escape.

There are factors, however, very generally admitted as being necessary for the occurrence of the disease, viz., the older the individual the greater the tendency, its frequency after debilitating diseases, mental depression, and other causes giving rise to a slowing of the heart's action. The great variation in the severity of the symptoms is generally regarded as evidence of two elements in the production of the disease. In simple recurring glaucomatous conditions, some temporary vaso-motor disturbance probably exists; in severe cases, or acute glaucoma, a venous stasis probably occurs.

The connection between the vaso-motor and the cerebro-spinal and sympathetic system of nerves is very intimate; and no doubt they exert great influence over the condition of the eye by their action on the circulation in the eye. And, in all probability, a goodly number of the cases of simple glaucoma met with are due to vaso-motor reflex causes. Therefore, any existing cause, such as decayed teeth, weak acting heart, a greater amount of presbyopia than is normal for the age of the patient, rheumatism and kindred ailments

ought to receive attention when we find recurring attacks of glaucoma.

The subject I have treated so imperfectly is a wide one, and, in the course of a paper such as this, it is impossible to do more than present it for your consideration and discussion, and I have no doubt the discussion will be of more value than the paper.

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Dr. C. W. HAYWARD remarked that the case referred to of eye trouble, the result of reflex irritation from a carious tooth, showed how every kind of treatment, homœopathic as well as allopathic, may be futile until the cause is removed. He would like to ask Dr. Gordon whether there was any truth in the belief common among sailors and others, that piercing the ears was a cure for bad eyes.

Dr. HAWKES mentioned that if he ate an ice it produced unbearable pain in the eyeballs: that was, no doubt, a simple instance of Dr. Gordon's contention. Some of them might remember Dr. Wolston's case of intractable cough cured by removal of cerumen from the ear. He referred to Graily Hewitt's suggestion that the vomiting of pregnancy was aggravated by retroversion of the uterus, but cured by reposition. With regard to the case of Charcot's disease, it was not common to get the ovary enlarged as well. He would like to ask why in these cases there was sometimes transitory blindness as well?

Dr. ELLIS said that the subject of reflex irritation could not be too frequently insisted on. He would like to ask Dr. Gordon what was the most usual ocular disturbance which gave rise to headaches?

Dr. J. MURRAY MOORE asked what was the distinctive headache of glaucoma, and if Dr. Gordon had tried macrotin.

Dr. MAHONY said that with regard to these cases it might help us if we took the symptoms in the order in which they occur.

Dr. GORDON, in reply, said a good many seamen consulted him with bad eyes, who wore earrings. He thought the temporary blindness referred to by Dr. Hawkes was due to temporary paralysis of the nerves of the retina. The eye trouble which most frequently gave rise to headaches was hypermetropia and hypermetropic astigmatism, because the effort for accommodation was greater. The headache of glaucoma is described as if the head was going to burst. He had not tried macrotin, but had used phosphorus and spigelia, and eserine locally.

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## X-RAY DEMONSTRATION.

BY GERARD SMITH, M.R.C.S.

DURING the second meeting of the Annual Assembly, June 25, 1896, Mr. Gerard Smith gave a demonstration of the X-rays. During his remarks, he said that Michael Faraday, eighty years ago, commenced the series of suggestions in molecular physics, which have been followed up by Crookes and others, notably Hertz and Lenard, and now by Röntgen. Faraday asserted, as a scientific prophecy, which he was unable to demonstrate, that the molecules of matter may exist in a state, with regard to diffusion, as far removed from the gaseous form as that is from the liquid, or the liquid from the solid.

Mr. Gerard Smith showed two of Crookes' experiments in high vacua, whereby he demonstrated the truth of Faraday's intuition. These experiments were to show the cathode dark space caused by the molecules travelling during the first part of their rush from the cathode in straight lines and without collision. A further experiment demonstrated the molecular shadow formed by the arrest of molecules against the metal ring, of which the shadow was thrown on the fluorescent glass. The scattering of the cathode stream by the platinum plate on the anode in the new X-ray tube was explained, and the fact that the X-rays started outside the part of the tube thus bombarded.

Mr. Gerard Smith mentioned that there were held at present three theories as to the nature of the X-rays.

(1) That the rays are longitudinal vibrations of excessively short period.

(2) That the rays are transverse vibrations of periods shorter than those of the ultra-violet light. This theory is advanced by Sir G. Stokes and Lord Kelvin.

(3) That the phenomena are due to electrical induction.

Various objects concealed in wooden cases were clearly shown on the fluorescent screen, as well as the bones of the living body; successful photographs were also taken and developed.

NOTES ON PATHOLOGICAL SPECIMENS, CASES,  
&c., SHOWN AT VARIOUS MEETINGS.*Phthisis—Cavity in Right Lung—Perforation into Inter-Lobal  
Fissure—Pneumo-thorax—Death.*

THIS preparation was shown by Dr. WASHINGTON EPPS, November 7, 1895.

The patient was a young man of 21, in advanced phthisis, who was brought to the hospital about twelve o'clock. The previous evening when standing in the street he felt a sudden pain in his right side as of a knife going through him, which left a pain in his chest which spread downwards over the whole of the right side of his chest. Great dyspnœa came on. Patient went to bed, but could not lie down for want of breath. He coughed a little, and expectorated with great difficulty. When seen in the ward, he was sitting up in bed suffering from acute orthopnœa (fighting violently for his breath). Respiration 36, pulse 128, temperature 100·6. Face pale; lips, ears, finger tips, &c., blue. The skin bathed in cold perspiration. *Alæ nasi* working.

*Chest inspection.*—The extraordinary muscles of respiration working strongly. Retraction at both bases in front. Expansion at upper part of chest feeble on both sides, the movements being more upwards than expansile.

*Palpation.*—Diminished vocal fremitus on right side, tactile fremitus on left side.

*Percussion.*—Hyper-resonance over the whole of the right chest as compared with opposite side.

*Auscultation.*—Breath sounds on right side weaker than on left.

Ether and other stimulants were given, also phosphorus; poultices were applied all over the bases of the chest; and lastly, aspiration of the air in the right pleural cavity was tried, a small quantity of air was withdrawn, which relieved patient for a few minutes, but he gradually became more and more cyanosed, and died about five o'clock.

At the *post-mortem*, the *right lung* was found completely collapsed, with a large cavity in the apex, and a perforation leading

into the sulcus between the upper and lower lobes (shown in the specimen, a bristle being placed in the perforation); the pleural cavity contained about an ounce of fluid. The lung was free from adhesions, except at the apex.

The *left lung* was almost solid, with a large cavity in the apex.

The condition of the lungs would seem to show that previous to the rupture the major part of the respiration had been performed by the right lung. The position of the perforation appears to have favoured the free entrance of air into the pleural cavity, and completely prevented its exit; for when the diaphragm ascended, and the chest walls fell in, the lower lobe of the lung was pressed against the entrance to the perforation.

*Chronic Interstitial Nephritis and Acute Pericarditis.*

This pathological specimen was exhibited by Dr. THOMAS SIMPSON, at the February meeting of the Liverpool Branch.

The possibility of such serious organic mischief existing for months prior to attention being attracted to it by urgent symptoms supervening, should surely prompt us (as homœopaths) to make a minute investigation of existing symptoms, in each case, until its real nature is ascertained, or we may incur the risk of treating symptoms only, and remain oblivious to grave pathological conditions. The following case of chronic interstitial nephritis and acute pericarditis, recently under my care, may, perhaps, illustrate this :—

P. B., Esq., aged 57. In early life delicate. No severe illness of any sort as long as he can remember. Very active and excessive mental labourer.

December 24, 1895.—Was suddenly seized with dyspnoea. Pulse 120, and had temperature 102°. Pericardial friction sounds were marked. There was great prostration. Aconite was prescribed, and removed the distressing symptoms. In a few days the pulse was 86, and the temperature 99.7°. As any cause for this disturbance was not forthcoming from any history of recent chill, and as the patient had never suffered from rheumatism or gout, attention was directed to the kidneys; the urine was found to be abundant, 70 ozs. in the twenty-four hours. Specific gravity 1010, and passed frequently, hyaline tube casts were seen under the microscope; there were traces of albumen. Up to this time there was no dropsy. It was now assumed that a chronic interstitial nephritis must be dealt with in addition to the acute pericarditis. From December 26 until January 19, arsenicum was

given with apparent success. An increased conical precordial area of dulness indicated much pericardial effusion.

January 19.—Urine still abundant; specific gravity 1015. Œdema of legs; feeble, irregular pulse; attacks of dyspnoea; Cheyne-Stokes respiration. Dram doses of infusion of digitalis were ordered every four hours, which seemed to benefit patient until January 30, during which interval the pulse became regular, and the œdema disappeared, and he seemed much brighter and stronger. Arsenicum iodide was then ordered. At beginning of February patient sustained a relapse, and the urine became scanty. *Convallaria maj.* was then given. The heart's action became more and more feeble, until on February 11, whilst sitting up in bed, patient had a sudden attack of syncope, and died in a few minutes. A *post-mortem* examination of the heart and pericardium showed the pericardium to be very much congested, and greatly thickened, fully a quarter of an inch through; it contained 50 ozs. of serous fluid. The myocardium was soft and fatty, all the cavities were much dilated, and the walls thin. The tricuspid orifice admitted four fingers, the mitral three. There was fibrous atheroma of aortic and mitral cusps. Microscopic examination of sections of pericardium showed much fibrous thickening, small round cell infiltration, and dead endothelium.

*Note on an unusually short Period of Incubation in Enteric Fever.*

At the Liverpool Branch, Dr. HAWKES, April 9, 1896, described the case of Bessie W., whose temperature had been normal for three weeks after an average attack of enteric fever—average as to height of fever, short as to continuance of fever—who went into the general ward (Agnes), Hahnemann Hospital, Liverpool, on March 12, 1896, and the next morning had one or two loose evacuations. She had one or two every morning after for fully a week, but no increase of temperature.

In the next bed was Mary D., who had had a normal temperature for five weeks, her homeless condition having induced the hospital authorities to keep her in so long. She had been suffering from pelvic cellulitis after instrumental delivery. Five days after Bessie W.'s removal into the ward, D.'s temperature rose to 100·8°. She complained of headache. On the day following temperature rose to 103°; twenty-four hours later to 104·4°, when patient vomited. The vomiting was repeated again the following day. The tongue became characteristic; there



was mild delirium, and crops of papules occurred, then diarrhoea supervened, and she ran through an attack of enteric fever, from which she appears (April 8) to be recovering.

The case illustrates the necessity of prolonged isolation during convalescence, and the increased susceptibility of puerperal cases in regard to enteric.

*Perforating Gastric Ulcer: Death in Twenty-three Hours.*

A specimen showing an old gastric ulcer, which had caused an "hour-glass" contraction of the stomach, and led to perforation, was presented by Mr. B. W. NANKIVELL, November 7, 1895. The ulcer is deep rather than large, and has produced a good deal of thickening and contraction of the surrounding tissue. It is pyramidal in shape, with smooth walls, and has a perforation the size of a pea, with a well-defined rounded margin at its base. The ulcer is situated nearer the lesser than the greater curvature of the stomach, and nearly midway between its œsophageal and pyloric extremities. It has perforated anteriorly into the peritoneal cavity.

The patient, a married woman of 56, had never been diagnosed as having an ulcer during life—the only symptoms being flatulence, waterbrash, and occasional attacks of "colic." She was brought into the hospital in a collapsed state, with a history of fourteen hours' abdominal pain, suffering from diffuse peritonitis, and died nine hours later.

*A Case of Gastrotomy for Stricture of the Œsophagus.*

This patient was shown by Mr. KNOX SHAW, May 7, 1896. He, George H., aged 59, was admitted to the hospital under Dr. Byres Moir in February, 1896, with a history of six months' gradually increasing dysphagia, accompanied with pain and occasional vomiting. For four months he had only been able to take slops, and had lost flesh. On examination a stricture was discovered fourteen inches from the teeth, which would not admit even a small probang. He left the hospital March 10, to return March 25 with a view to operation, as he could only take liquids with great difficulty. On April 14 gastrotomy was performed, the stomach being carefully stitched to the abdominal wall. On the 20th the stomach was opened and a tube inserted. The patient made a perfect and rapid

aseptic recovery, and was presented to the Society a little over three weeks from the operation, in order to give a practical demonstration as to the method of feeding in such cases.

*Multiple Pyæmic Abscesses of Liver.*

A section of the liver, showing multiple pyæmic abscesses, secondary to pelvic suppuration, was exhibited by Dr. BURFORD, March 5, 1896. The liver was enlarged, firmly bound down to all adjacent structures, most intimately adherent to the diaphragm, and completely riddled with pyæmic abscesses. Several of these have thinned out the diaphragm, and probably would soon have perforated into the thoracic cavity. Where the abscess sacs were discrete, they averaged the size of a pigeon's egg; but in the left lobe several had conjoined, and their contents undergone caseation. There were no abscesses in either spleen or kidneys. The patient, aged 26, had been admitted into the hospital with pelvic suppuration, accompanied by rise of temperature; in spite of the evacuation of the pus and drainage the pyrexia persisted.

*Cystic Kidney.*

Dr. BURFORD showed, November 7, 1896, a cystic kidney successfully removed by abdominal section from a patient aged 34. The specimen was much shrunken from its long preparation in alcohol. When fresh it contained over a pint of fluid.

*Renal Calculi.*

Mr. DUDLEY WRIGHT showed, March 5, 1896, two oxalate of lime calculi removed from the kidney by nephro-lithotomy.

*Fibro-adenoma of Breast.*

A microscopical section prepared by the Clinical Research Association from a tumour removed from the left breast of a young lady, aged 23, was exhibited by Mr. KNOX SHAW, November 7, 1896. The section showed:—

Well-marked lobular induration of the breast. Excess of fibrous stroma surrounding and compressing the acini and ducts. The more rare condition of dilatation of the smaller ducts, which are lined with columnar epithelium, and are in some parts forming into cysts with intra-cystic protrusions.

*Microscopical Section of Loose Body Removed from the Knee-joint.*

Shown by Mr. KNOX SHAW, December 5, 1896. A young man, aged 18, was admitted into the London Homœopathic Hospital with a four years' history of weakness of right knee-joint, the joint occasionally locking and being liable to attacks of synovitis. A loose body was found and removed, November 20, by direct incision. The body was white in colour, concavo-convex in shape, of a smooth cartilaginous surface, and measured 1 by  $\frac{1}{2}$  by  $\frac{1}{4}$  inches. It had all the appearance of a portion of cartilage detached from the femoral condyle.

The transverse section, made by the Clinical Research Association, showed under the microscope hyaline cartilage in the centre of the section, with irregular patches of calcification along one margin and imperfect fibrillation of the matrix at the opposite margin. There was no true bone in the specimen, hence no evidence in favour of detachment from the femoral articular cartilage. The lad made a perfect aseptic recovery.

*Extra-Uterine Gestation Cyst with Embryo.*

This specimen was exhibited by Dr. E. A. NEATBY on February 6, 1896, of which the following is the history:—

Jane S., aged 29, under my care as an out-patient in March, 1895, sent by Dr. Bennett. She was twice married, eight years before and in August, 1894; had one child seven years previously; no miscarriage.

Three weeks before coming to the hospital she became ill with sudden severe abdominal pain accompanied by vomiting and shivering. The pain was so bad that she called up the doctor in the middle of the night. The pain was accompanied with a brown discharge (vaginal), followed next day by hæmorrhage, which lasted during the whole time until she came to the hospital.<sup>1</sup> She was seven weeks severely ill in bed, during which time she had dysuria, frequent and often fruitless urging to micturate; occasional retention. She twice fainted during the illness.

Examination showed the uterus to be of medium size, forward, and of lessened mobility. On pressing cervix to the right much pain was produced; not so on pressing to left. A soft, round swelling was found to the right of the cervix. A rectal examination confirmed the above. Patient, who declined to come into hospital, was directed to go home and rest, and to see Dr. Bennett

<sup>1</sup> The amount varied; when free, her pain was less severe.

until better able to visit hospital. The hæmorrhage and pain soon ceased, and strength slowly returned.

On January 9, 1896, she came to hospital and was admitted by Dr. Burford. She had ceased to menstruate three months ago, and there was no hæmorrhage from the vagina until a few days before admission, when there was a very slight blood-stained discharge. Three weeks before admission she did some washing, and the following night was seized suddenly with acute spasmodic pain, for which morphia was injected. Subsequently she had continuous pain of a less severe character and recurrences of violent paroxysms. Dysuria, constipation, and dyschezia were also present.

Patient came into hospital on January 9, 1896. The pulse varied from 112 to 124 during the first twenty-four hours of her stay in hospital. The temperature varied between 98·6° to 100°. In the afternoon and evening of the 10th the pulse rose to 160, and in Dr. Burford's absence from town I was asked by the house-surgeon to see the case. The abdomen was generally tumid and very tender, knees drawn up, and face pallid and anxious. To left of middle line considerable resistance, and an ill-defined swelling in left iliac region; left flank dull on percussion. Pelvic examination revealed a diffuse, resistant swelling in Douglas' pouch, a well-marked tumour to left of uterus, rising out of pelvis and displacing the uterus to the right. Peritonitis following internal hæmorrhage due to a ruptured tubal pregnancy was diagnosed. The patient's condition was considered to be critical, and, with the concurrence of Dr. Epps and Dr. Moir, who kindly saw the case with me, I opened the abdomen at 1.10 a.m.

The intestines were extensively matted together, and the abdomen was full of fluid and clotted blood. During the manipulation necessary to isolate the swelling a fœtus of about three months was extruded from the gestation sac. The growth and rupture had been towards the free peritoneal cavity, and the sac was ligatured off without much difficulty; very little additional blood was lost during the operation. The patient suffered severely from the shock of the operation, and died about thirty-six hours after. I am indebted to Dr. Burford's kindness for permission to present these details of the case.

#### *Ovarian Cystomata.*

Dr. BURFORD exhibited, February 6, 1896, a cyst successfully removed from a girl aged 15½.

He also showed at the same meeting a strangulated ovarian cyst removed from a patient aged 35, also the subject of "missed abortion."

A specimen of simple ovarian cystoma was also shown at the meeting on April 9, 1896.

#### *Sub-involved Uterus.*

A specimen of this condition, removed by vaginal hysterectomy, was shown by Dr. E. A. NEATBY, November 7, 1896.

#### *Epithelioma of Uterus (cervix.)*

Mr. JOHNSTONE showed, December, 5, 1895, a specimen of this disease for which he had successfully removed the uterus by the vaginal operation the previous July. Accompanying the specimen was a microscopical section of the growth.

#### *Fibromata of the Uterus.*

A specimen of disintegrating cystic fibroid of the uterus successfully removed from a patient, aged 32, was shown by Dr. BURFORD, November 7, 1895.

A simple uterine fibroma removed by hysterectomy was also exhibited April 9, 1896.

#### *Case of Sarcoma uteri.*

Dr. NEATBY showed a large abdominal cystic sarcoma on November 7, 1895; removed May, 1895.

E. B., aged 39, single, consulted Dr. Neatby, in July, 1894. She complained of abdominal pain and enlargement, dyspnoea, dysuria, and spanuria, œdema of lower extremities, and slight emaciation. Her symptoms commenced about two years before. It was diagnosed as a large uterine myoma, extending in the middle line to midway between the umbilicus and the ensiform cartilage. This was removed with some difficulty owing to its many and dense adhesions. The microscopical examination showed the tumour to be a sarcoma, composed of oval and spindle-shaped cells.

#### *Hydatidiform Degeneration of Chorion.*

Dr. LEO ROUSE, at the meeting on April 9, 1896, exhibited a very good specimen of the above condition obtained from a

The patient had never hemorrhaged on January 12, and was with strong uterine contractions at intervals of twenty to thirty minutes, supposed to be never morbidly pregnant. The tumor was situated one inch below the umbilicus; the tumor was distinguished by presenting part made out. The symptoms abated, but returned in ten days, when a large tumor was found in the vagina, which on delivery, proved to be the condition shown. There was no reasonable suspicion of syphilis, either to the patient or husband. She made a good recovery.

*Impacted Pessary.*

On the 15th of July, Dr. NEATHY showed a large Hodge's pessary which he had removed from an old lady about 70 years of age. It was sent by Dr. Epps, who had discovered it. It was found that it had been *in situ* for thirty years. It measured 4 inches by 2 1/4 inches. It was so impacted that no anæsthetic was required. Fully one hour was expended in the tissues. It was necessary to cut the pectora in six places before it could be removed. It had left a vesico-vaginal fistula, through which the phosphates freely escaped. The fistula was closed by the bladder pain from which she had suffered for some time, until, indeed, she passed by the fistula a calculus, about the size of a greengage stone. She is now well.

*Important Disease of the Testes in a Diabetic Patient.*

Dr. HAYWARD referred at the Liverpool Branch on January 9, 1896, to this case. The patient was a master of the age of 49, who enjoyed remarkably good health under a high degree of untoward morbid conditions. He is a stout, very healthy looking man, who attends to his business and drives about in a pony cart in all weathers. Nevertheless, for many years he has had severe diabetes mellitus—about forty grains of the ounce—for which he takes no care in his diet or habits. More than two years ago he was found to have cancer of the testicles extending well up the cord. The diagnosis was confirmed by Dr. Barron, of Liverpool, who advised operation, despite the extent of the local mischief and the constitutional disease. The testicle was removed, as was the cord well up into the inguinal canal; both were involved by the tumour, and return

was considered probable. The man made an excellent recovery as far as the wound was concerned, but two weeks after operation he had severe double pneumonia, with rusty and bloody expectoration; from this he recovered well, and with the exception of a little sciatica has been in good health ever since. The operation was performed by Dr. John D. Hayward in May, 1894, and up to the present there is no sign of any return of the carcinoma; the only recurrence being that of the annual baby with which his wife presents him. In addition to the above, this man has been a hard drinker for many years; he begins each day with a stiff dose of alcohol, and is frequently intoxicated. Once, when in this condition, he fell from the box seat of a cab and was stunned, and severely cut and bruised, and twice has he tumbled out of a dog-cart, with the result of less serious injuries. Occasionally albumen is to be found in the urine.

When we recollect what apparently slight affections frequently cut the thread of life, we may be pardoned in crediting this man with the nine lives proverbially allowed to the cat; and must congratulate Dr. Gordon who has guided him through so many and such serious pathological dangers.

#### *Uric Acid Calculi.*

Mr. KNOX SHAW showed three specimens, November 7, 1895.

(1) A stone, weighing 23 grains, removed by litholapaxy from John B., aged 52, September 4, 1895. Attacks of renal colic in January, 1894; subsequent difficulty of micturition followed by pain; pain darting to testicles and to tip of penis; pain increased by jolting; vesical hæmorrhage two months. Urethra admitted No. 9 catheter with difficulty; urethra gradually dilated to admit No. 13. Operation fifteen minutes; left hospital in a week, having passed no fragments. Re-admission in four weeks, having passed a few fragments, and having had a little hæmaturia. Evacuator used, and a fragment weighing four grains removed. The patient is the subject of a sensitive urethra and enlarged prostate, and hypertrophied and irritable bladder.

(2) A stone, weighing 100 grains, removed by litholapaxy, from Dr. U., aged 58, October 11, 1895. Urinary difficulties some months; vesical hæmorrhage; complete retention of urine, only relieved by catheterism. Operation lasting thirty minutes; rapid recovery, in spite of continued inability to urinate without the catheter.

(3) A stone, weighing 77 grains, removed by litholapaxy from

General P., aged 70. October 24, 1895. Vesical symptoms; pain on movement, etc. in blood; three months. Urinary action violent sometimes, etc. prostate bleeding readily, even on the most gentle manipulation. Operation lasted thirty-five minutes, all symptoms subsided in twenty-four hours; rapid recovery. One small fragment passed on third day.

*Phosphate of Lime Calculus.*

Dr. JOHN SNOW showed this specimen, November 7, 1895. A calculus weighing 440 grains, removed by litholapaxy on October 15, 1895. History of vesical symptoms, etc. after taking in an omnibus, two months; pain at end of urethra, etc. as above of flow of urine. A phosphate of lime calculus, etc. had been removed fifteen months previously, etc. in the hospital fifty minutes; rapid, uninterrupted



**REPORT OF THE COUNCIL.**

THE Council is gratified to be able to record in its Annual Report for the Session 1895-1896 an evidence of the progress and prosperity of the Society by the addition of sixteen new members to its roll, fourteen having been elected through the London Society and two through its Liverpool Branch, the total membership now being 222.

The Society has lost by death one of its oldest and most revered members, Mr. Stephen Yeldham, consulting surgeon to the London Homœopathic Hospital. Mr. Yeldham was elected a member as long ago as 1849, and retained to the last a great interest in all its work. He was President in 1880, following Dr. Dudgeon, who was the first President of the Society after the death of Dr. Quin. Two perhaps less well-known members have also died, Mr. Rean and Mr. Charles Thompson. Two members have resigned.

An important event of the year is the arrangement whereby the Society meets in the Board Room of the new London Homœopathic Hospital, which room also contains the library of the Society. The Council considers itself fortunate in having such commodious and comfortable quarters.

The Presidential address was delivered by Dr. Goldsbrough at the opening of the Session. There have been twenty-four papers read at the various meetings and many interesting pathological specimens exhibited. The average attendance has been over thirty-three, and on two occasions the numbers reached forty. In addition to the usual work of the Society, the Council has interested itself in the London Homœopathic Hospital, its foster child, by urging its financial needs upon the members; and has also set on foot a proposal to index British Homœopathic literature. The Society has pronounced its opinion as to the need of purity in the method of preparing tabloid triturates, and has completed the arrangements for making a collective investigation into the effect of homœopathic treatment in certain diseases.

The Council consider therefore that the Session has been an eminently satisfactory one.

# BRITISH HOMOEOPATHIC SOCIETY.

## RECEIPTS AND EXPENDITURE FOR THE YEAR ENDING JUNE 24, 1896.

RECEIPTS.	£ s. d.	EXPENDITURE.	£ s. d.
To Balance in hand .. .. .	164 11 0	By Printing (less advertising) .. .. .	129 1 9
" Subscriptions .. .. .	210 0 0	" Reporting .. .. .	18 18 0
" Sale of Publications .. .. .	8 10 4	" Postage and Stationery .. .. .	6 17 6
" Dividends on £199 4s. 8d., 2½ per cent. Consols. .. .. .	5 6 0	" Honorarium to Editor .. .. .	10 10 0
" Subscription paid twice .. .. .	1 1 0	" Rent .. .. .	25 0 0
" Half Cost of Plates .. .. .	3 0 0	" Refreshments .. .. .	5 10 0
" Printing Refunded .. .. .	0 7 6	" Library .. .. .	25 6 0
		" Cheque returned .. .. .	1 1 0
		" Petty Cash .. .. .	2 17 0
		" Sundries .. .. .	0 7 6
			-----
		Balance in Bank .. .. .	£225 8 9
			-----
	£392 16 10		£392 16 10
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D. MACNISH, Auditor.

JNO. G. BLACKLEY, Hon. Treasurer.

**SOCIETY NEWS.**

The newly-elected Council, at its first meeting, re-appointed Dr. Hughes Editor of the *Journal*, and Mr. C. Knox Shaw Secretary of the Society.

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The following evenings were allotted by the Council to the various Sections:—

Section of Surgery and Gynæcology, Thursday, November 5th; February 4th; May 6th.

Section of *Materia Medica* and 'Therapeutics, Thursday, December 3rd; March 4th; June 3rd.

Section of Medicine and Pathology, Thursday, January 7; April 1st; June 30th.

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At the Annual Assembly, the Council was instructed to make arrangements to entertain at dinner the Members of the International Homœopathic Congress, meeting in London in August. A Committee, consisting of Dr. Blackley, Dr. Moir, and the Secretary, were appointed to make the necessary arrangements. Invitations were issued by the President and Council, and 108 sat down to dinner on Friday, August 7th, at the Hotel Cecil, Strand; the company including 56 homœopathic *confrères* from America, France, Germany, Switzerland, Belgium, Italy, Russia, Holland, Denmark, and Sweden.

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## SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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"GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST."

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MAY, JUNE, 1896.

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### PHARMACODYNAMICS.

**Acidum nitricum.**—A case of *sudor pedum*, excoriating the heels, of some years' standing, was (seemingly) cured at the end of a week's administration of nitric acid 15 three times a day.

[This medicine is said to have been indicated by the "pathogenetic symptom, excessive offensive perspiration of the feet." No such symptom, however, is to be found in Hahnemann or Allen.—Ed.]—*North Amer. Journ. of Hom.*, p. 312, May.

**Æthusa.**—In spite of the apparent demonstration of the inertness of this plant, Dr. Deschere continues to esteem it as the most effective remedy we have in some cases of cholera infantum, where the deep lines from the *alæ nasi* to the corners of the mouth express the collapse and anguish of the little patient.—*Hahn. Monthly*, June.

**Apis.**—Dr. Montgomery records a case of acute laryngeal œdema, where death from suffocation seemed imminent. Preparations were made for tracheotomy, but in the meantime 5 drops of apis 1 with 20 minims of water were injected subcutaneously (the patient being unconscious). Relief was afforded in a few minutes, and an uneventful recovery took place under the internal use of the drug.—*North Amer. Journ. of Hom.*, May.

**Arsenicum.**—Some fresh observations of the effects of arsenic on the skin are extracted from the *British Journal of Dermatology* in the *North American Journal of Homœopathy* for May. In one case of lichen planus, while the lichen lesions were disappearing

under its use, an eruption of pemphigus bullæ, of all sizes up to a pigeon's egg, appeared, together with repeated ague-like chills, aching in arms and legs, and general sense of illness. Another series of four poisonings and four over-dosings exhibited every variety of cutaneous affection, from erythema to ulceration.

**Aurum.**—Dr. James Love communicates to the *Revue Homœopathique Française* of June a series of cases of otitis and perioritis, in which the action of aurum 30 was very decisive. Two of the cases were of Pott's disease; in another the condition could only be described as spina ventosa.

**Bryonia.**—In the physiological laboratory of the Hôpital St. Jacques, Dr. Jousset has been experimenting on animals with bryonia. His most marked result was the production in all cases of a febrile state, which seems primary and essential. In guinea-pigs, if the dose is large, refrigeration and collapse are substituted. A serous diarrhœa was always caused by the alcoholic extract, even when introduced otherwise than by the stomach. The lesions produced were, in one guinea-pig, fibrinous effusion into pleura, pericardium and peritoneum; and in all animals, pulmonary congestion, limited to one lobe or part of a lobe, and never going on to hepatization.—*L'Art Médical*, May.

**Calcarea ovorum.**—This preparation (of triturated egg-shells first browned *in vacuo*, which our American colleagues will persist in calling "ova testa") is lauded more highly than ever in leucorrhœa by Dr. Edson. He speaks of 70 consecutive cases treated by it (3x trit.) without a single failure. He considers the symptom, "feeling as if the back were broken in two and tied with a string," specially characteristic of it; but mentions a case in which, if taken too frequently, it caused this very disjointed sensation in the back, with tired feeling and chills. He finds it also to have a wonderful effect in controlling the suffering of cancer.—*Amer. Hom.*, May 15.

**Calcarea phosphorica.**—An interesting discussion on the therapeutic virtues of this salt, carried on at a meeting of the New York Homœopathic Materia Medica Society, is given in the *Medical Century* for June 15. Hydrocephalus, spinal curvature, too early menses, diarrhœa of dentition, phosphaturia, defective nutrition, eczema of childhood, school-girls' headaches, corneal troubles (non-inflammatory)—these were the conditions in which its use was lauded.

**Chelidonium.**—*Apropos* of a case of infantile bronchopneumonia, in which the breathing was nearly as rapid as the pulse, Dr. Ludlam stated that in former days he had never found any remedy so satisfactory in such conditions as chelidonium, and Dr. MacCracken stated that the same thing held good with him at the present day.—*The Clinique*, June 15.

**Chionanthus.**—Dr. H. C. Morrow relates a case of jaundice rapidly recovering under chionanthus 30, and states that he finds nine-tenths of his cases of this disorder amenable to the remedy.—*Hom. Physician*, June.

**Cimicifuga.**—An exhaustive article on the usefulness of this drug in child-bearing, from the pen of Dr. J. C. Sanders, is contained in the *Homœopathic Journal of Obstetrics* for May. In gestation it controls the nervous headache, the gastric disturbances (save the nausea and vomiting), the aching of back and limbs, and the uterine myalgæ. He does not find it make labour easier, but it checks the tendency to hæmorrhage and after-pain when given prophylactically, and at the time regulates abnormal uterine action, and relieves incidental distresses.

**Cocaine.**—An interesting account of cocaine inebriety, by Dr. T. D. Crothers, is extracted in the *Pacific Coast Journal of Homœopathy* for May. He fears that it will prove, with alcohol and opium, the third great scourge of the human race; and gives a graphic account of the neurasthenia, marasmus, and tissue degeneration it induces in the victims of its continued use.

**Dolichos.**—In the *North American Journal of Homœopathy* for May, Dr. Cartier communicates his latest experience<sup>1</sup> with dolichos pruriens as a remedy for itching of the skin. "It almost always relieves pruritus, even in the most rebellious cases, the dose only being a matter of experiment." He now begins with two drops of the mother tincture a day, and increases the dose by one drop every other day. "I have seen the itching stop with two, five, and ten drops a day, and have given as much as fifty drops in an extremely difficult case of senile prurigo."

**Equisetum.**—Dr. G. H. Bickley relates some experience tending to show that to obtain the action of equisetum in enuresis we must sometimes push its dosage somewhat far, even to five or ten drop doses of the mother tincture.—*Med. Century*, May 15.

<sup>1</sup> See vol. ii., p. 219.

**Filix mas.**—It would seem, from a case reported by Masiero in the *Journ. de Méd. et de Chir. Prat.*, that the amaurosis observed from filix mas may go on to atrophy of the optic nerves and permanent blindness.—*Hom. Recorder*, May.

**Ledum.**—A woman, aged 50, had suffered for several years from rheumatism of the knee-joints so badly that she could only walk a very short distance, and that sideways, and with the greatest pain. The pains were described as sticking, and one of the joints was swollen. Ledum 5 night and morning for about three weeks did not change the trouble much; and as the remedy still seemed indicated it was given in the 14th dil., one dose a day, and continued for a month. There was considerable improvement at the end of that time, and a continuance of the remedy entirely cured the case.—*Med. Century*, June 1.

**Lobelia.**—Dr. Holton, an "eclectic" practitioner, speaks of lobelia in minute doses as almost infallible in infantile colic. He dissolves a drop of the tincture in an ounce of water, and of this mixture gives half a teaspoonful, warmed.—*Hahn. Monthly*, p. 333, May.

**Magnesium phosphoricum.**—It is a new development of the virtues of this salt to find it capable, by its physiological action, of relaxing a contracted uterus. This power, however, Dr. W. Chapman claims for it, giving a case in which a dose of 15 grains in hot water produced the effect within five minutes, enabling a retained placenta to be removed.—*Amer. Homœopathist*, June 1.

**Morphia.**—The *New England Medical Gazette* of June gives an account of a remarkable communication to the *New York Medical Journal* on the use of this drug. For all its sedative and anodyne properties, the writer (a Dr. Frank W. Root) finds the  $\frac{1}{10}$  grain sufficient, a few of such doses being frequently repeated till the effect is produced.

**Oleander.**—Dr. F. H. Pritchard relates an interesting case of (local) poisoning by oleander leaves. The cutaneous symptoms were severe, closely resembling those of rhus poisoning. There was no fever and no nervous disorder. Apis was relied upon for treatment.—*Hahn. Monthly*, May.

**Plantago.**—Some facts are adduced in the *Homœopathic Recorder* of June 15 which seem to show the plantain has no little power, used *intus et extra*, over snake-bites and other poisoned wounds.





*North American Journal of Homœopathy* for June, a recent convert, Dr. Eric Vondergoltz (*sic*), substantiates this by a record of successes. They can only be gained, however (he maintains), by ignoring the local symptoms, and treating the patient constitutionally after Bönninghausen's method. Dr. Vondergoltz gives no account of the dilutions he uses, or the frequency of administration of his remedies.

**Hydrarthrosis.**—Dr. Marc Jousset relates a series of cases illustrating the treatment of effusion into the knee-joint with cantharis, apis, and iodine, as recommended by his father. He seems to have had very good results, using the 1x and 2x dils. Drs. Tessier and Léon Simon state that they have done as well with apis and iodine in the 6th and 12th cent.—*Rev. hom. Française*, June.

**Lymphangitis.**—A servant girl, aged 17, had a wound, caused by a bit of broken glass, on the ball of the left foot. She gave no heed to it until, on the third day, swelling, redness, and pains in the ankle-joint, with increased temperature, suddenly appeared. At night she must constantly change the position of her foot, and was very restless. Next morning, on rising, the pains went up to the knee. Examination showed a wound no bigger than a pin's head, of a black colour—she wore black stockings. Rhus 6 was prescribed. The next day the swelling was gone. The fourth day she was well.—*Waszily, A. h. Z.*, cxxxii., 167.

A woman, aged 26, had a boil on the right index, which opened spontaneously and was healing, when suddenly she had pain in the whole arm and glandular swellings in bend of elbow and axilla. The arm showed red stripes and erysipelatous swelling. Great heat, thirst, and extreme restlessness throughout the body; worse at night. Rhus 30 in solution, a teaspoonful every three hours, eased in five days. She had been in contact with a child suffering from eczema, which may have caused the blood-poisoning.—*Ibid.*

**Ophthalmic Therapeutics.**—In the *North American Journal of Homœopathy* for June, Dr. C. C. Boyle gives brief reports of cures of diffuse keratitis (syphilitic) by cannabis sativa 3x, and of iritis with gumma by cinnabar 2x; and of duboisin 6x in congestion and inflammation of the optic nerve entrance.

**Points douloureux.**—This symptom has hitherto been supposed pathognomonic of neuralgia. Dr. Weihe, of Herford, in Westphalia, believes it to exist in all morbid states, and accord-

... certain homoeopathic remedies. In the *Journal of Homoeopathy* of May-June, Dr. Nyssens gives an account of this doctrine, with a bibliography.

**Shock.** The value of intra-venous saline solutions to rally to in the collapse of shock is well shown by Dr. Shears from a case of same related in the *Medical Century* of June 1. It is to be desired that transfusion was once thought necessary for. A full pint of boiled water at about 103° is the solution he used, and, inserting gradually, he finds a quart or more well borne, and more effective than smaller quantities.

**Swallowing.** A soldier age 38 had an attack of influenza, with severe pain in limbs and bronchitis. For seven weeks he suffered from profuse perspirations. Every morning after sunrise the sweating began extending from the forehead to the soles of the feet and lasting from three to six hours. For years he had been troubled with a neuralgia, constipation, had formerly gonorrhœa five or six times. After the influenza the perspirations diminished the first night he had only some perspiration every night. The fact became much more distressing as the disease continued, and effected a perfect cure.

... reports a case of sub-... ear, in which an accompanying... distressing, subsided in three... three hours.—*N. Am. Journ. of*

... the treatment of this condition, ... claims for medicine, in the shape ... he gives in the 2x or 3x trit. ... advanced, and without accessory ... of clearing up the condition, pro- ... and it exerts a favourable action ... the nephritis. Eight cases are ... *Am. Journ. of Hom.*, June.

... Dr. J. T. Martin confirms from his ... of vinegar as a means of checking ... Half a teaspoonful, he says, taken ... the wound to contract in five ... control the bleeding.—*Pacific Coast*

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