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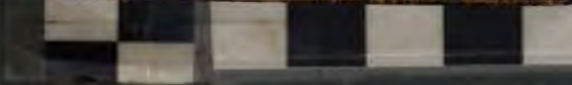
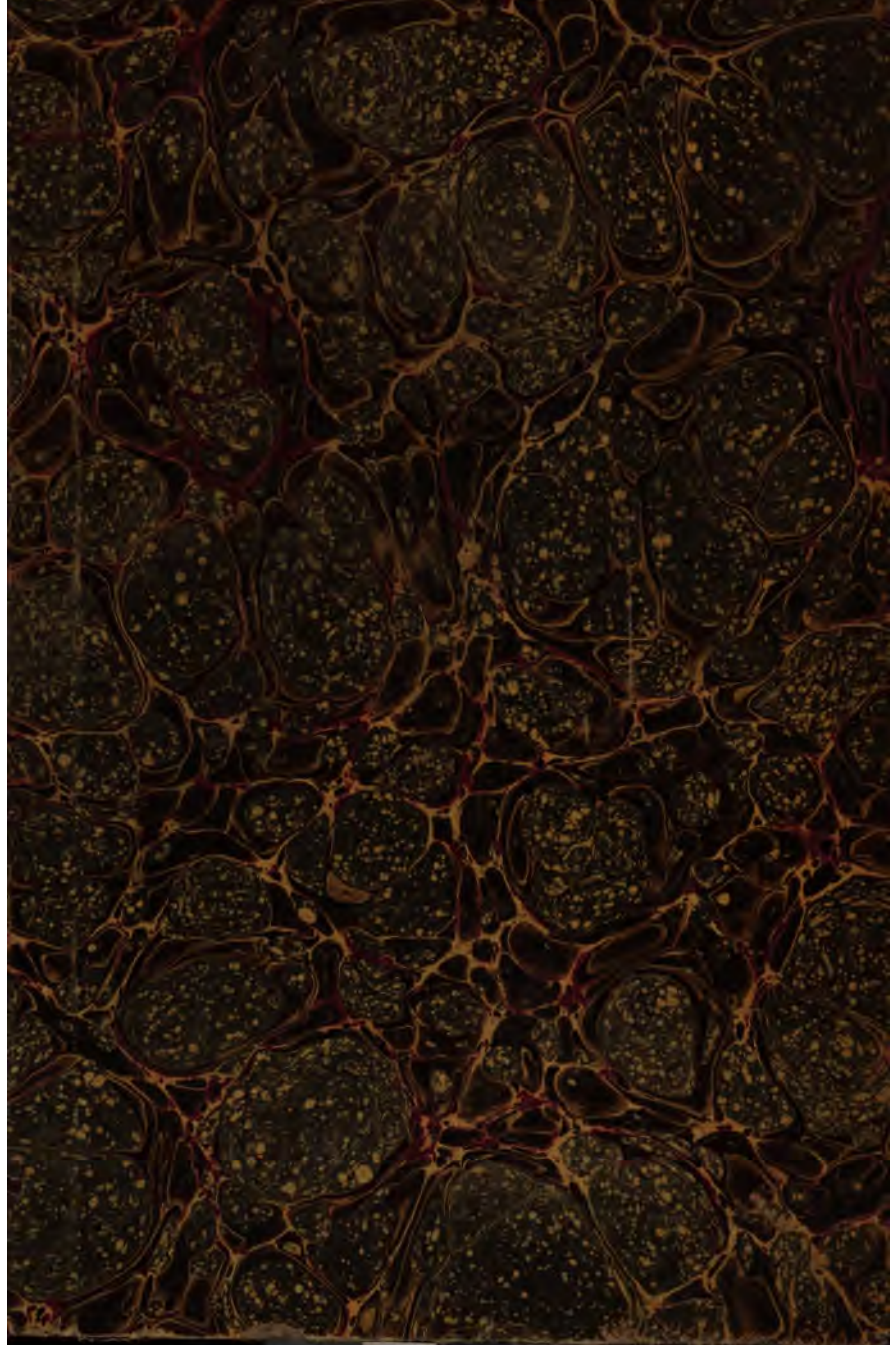
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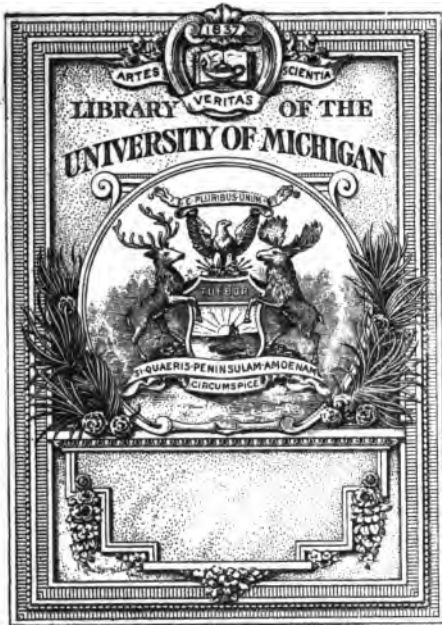
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PREFATORY REMARKS.

THE present issue completes the seventh volume, and the sixteenth year of the publication, of the 'Annals.' The Editing Committee believe that this volume will be found to sustain the character of the work, both as regards the scientific merits of its contents, and as a record of the progress of homœopathy in England.

The readers of the 'Annals' will recognise with satisfaction the revival of the Lectures which were originally inaugurated in the Hospital in Golden Square, and continued for several years in its present locality, by the President of the Society, and other members of the medical staff of the Hospital.

It is gratifying to the Editing Committee to be able to congratulate the Society on its continued prosperity, and on the practical and scientific character of its 'Transactions.'

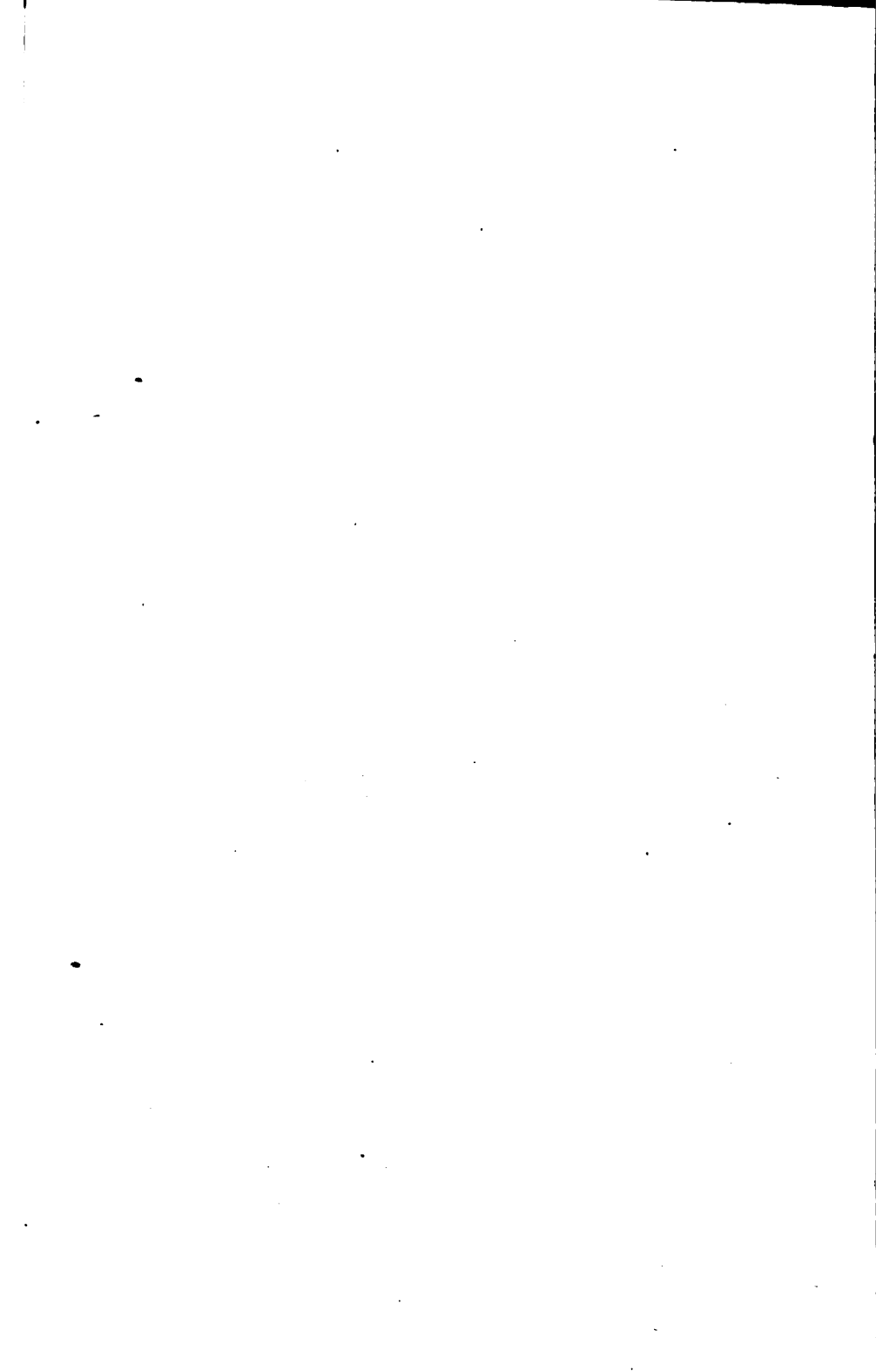
FREDERIC FOSTER QUIN,

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Editing Committee.

LONDON; *April*, 1876.



Annals of the Society.

PRACTICAL REMARKS ON *PODOPHYLLIN*.

By Dr. JOHN MOORE.

BEFORE I enter on the immediate subject of my paper I beg to be allowed to make a few remarks on the substance itself, although it is now so well known and so freely used by both schools that it seems almost needless to do so save as a reminder. *Podophyllin* is a resinoid substance obtained from the *Podophyllum peltatum*, the plant known as the mandrake, or May-apple, or wild lemon, indigenous to America, belonging to the natural order *Berberidaceæ*, the only plant of that order in our *Materia Medica* excepting *Berberis vulgaris*. The root of the plant only is used in practice, but the fruit contains all the active principles, as proved by the accidental poisonings which have taken place. According to Dr. Coe, whose book on *Concentrated Medicines* contains the fullest account of this medicine, *Podophyllin* is a compound body made up of a resinoid, an alkaloid, and a neutral substance. In the resinoid principle, besides the emeto-cathartic and cholagogue properties, the alkaloid and neutral contain the diuretic, diaphoretic, and laxative properties, but *not* the emetic.

The alkaloid and neutral principles are very beneficial in modifying the irritating effects of the resinoid principle, and Dr. Coe attributes the excellence of Keith's *Podophyllin* to the fact that it is duly prepared with all three principles, while many other podophyllins sold are simply *resinoids*. How far this is correct I cannot say, but we all know how very superior Keith's tinctures are to the ordinary tinctures, and this he attributes to the fact that they are made with the separate ingredients of the plant and then mixed together in the proportion in which the various substances exist in the plant.

As a proof of the excellence of Keith's concentrated tincture.

tures I need only name *Apocynum cannabinum*; where the ordinary tincturè fails this tincture has taken speedy effect in ascites and anasarca. To return to my subject. It is the resinoid principle which causes the irritation of the throat and tongue, so obnoxious to those who have taken *Podophyllin*, and indeed causes such a prejudice against it that its very name is odious to many patients. Coe has experimented on it, and finds that an acrid oil attaches itself to the resinoid and that this is the cause of the irritation. He also finds that if acidity of stomach exists it will not act; hence before he gives his wholesale doses he administers *Carbonate of Soda*, viz. if he suspects acidity. He has proved also that *Lactic acid* is an effectual antidote to its action, while *Acetic acid* does not affect it.

Fifteen grains of the *Podophyllin* have been given and immediately afterwards a draught of sour milk, and the effect of the *Podophyllin* has been *nil*. Sugar antidotes it somewhat, common salt increases its action. I have proved some of these statements myself both on my own person and on patients. I find that by adding five grains of *Carb. soda* to a quarter of a grain of *Podophyllin*, and giving this night and morning, it will begin to manifest its physiological action, in two, three, or four days and without any throat or tongue irritation, and generally but not always without griping. I have been amazed at the difference of its action when thus given; the soda diminishes a little the power of the medicine, but compensates greatly by neutralising the acrid oil.

We now turn to the proving of the plant as given in *Jahr*; the proving was made by Dr. Williamson of Philadelphia many years ago, and as you are all familiar with it, I need not detail the various symptoms there given, often (as is usual) most opposite and contradictory ones, and no explanation of the dose with which produced. *Podophyllum* provings may be regarded as synonymous with those of *Podophyllin*.

In Dr. Hale's book we have still more recent provings and cases of poisoning given, from which we see that in large doses it produces the most violent vomiting, hypercatharsis, tormina, stupor and bloating of the body. He states like-

wise that he has been called to treat many painfully severe and incurable diseases of the stomach and bowels, uterus and urinary organs, which could be distinctly traced to overdosing with this potent drug.

Touching the resemblance of *Podophyllin* to *Calomel* of which we hear so much nowadays, doubtless there is some similarity, but there are many contrasts. Here I can only throw out one or two hints on the subject. That it acts like *Mercury* on the liver and all the glandular organs of the body cannot be questioned. The nature of the action is, however, different, as we shall see by-and-by. It does not produce salivation spontaneously. Coe says, in those cases where salivation takes place *Mercury* is previously lodged in the system, and I believe he is right. It does possess the power of dissolving *Mercury*, and that, as with *Kali hydriodicum* and a few other medicines, is a very valuable attribute. It does not produce the painful rheumatism of *Mercury*; its rheumatism is more like rheumatic gout, nor does it act on the bones like *Mercury*. A greater similarity exists between it and *Mercurius corrosivus* than it and *Calomel*, as you will see by the provings. It possesses a similarity but not a profound or extensive similarity with any of the preparations of *Mercury*, and we have yet to learn that it possesses antisyphilitic virtues. To sum up briefly the sphere of action of *Podophyllin*. It may be regarded as acting directly on the liver and whole portal system, producing congestion of that organ as seen by the weight, fulness, pain, and soreness in right hypochondrium, with constipation; on the spleen, by the weight or dragging in the left hypochondrium; on the whole alimentary canal from the mouth to the anus, producing diarrhoeas of all kinds and dysentery; an irritation if not an inflammatory condition of the whole track of the mucous membrane; on the uterus, producing "prolapsus uteri;" on the kidneys causing enuresis and involuntary urine, scanty and frequent urine, suppression of urine; but I regard all these symptoms as connected with its hepatic action. Its thoracic and cerebral symptoms are secondary, and sympathetic with its hepatic symptoms, in my judgment.

Its curative sphere of action, therefore, I regard as the

abdominal, and such affections as arise from or are connected with the abdominal sphere, and their name is legion. I believe it is in that state of liver where deficiency of secretion or depravity or irregularity exists that *Podophyllin* will be found most useful. Cases either of obstinate constipation or alternate constipation and diarrhoea. Its curative sphere of action is different from *Mercury*.

In the disorders of liver attended by constipation, yellow furred tongue, and dark or brown stools, dry bilious temperaments, *Podophyllin* will be found most useful. In liver disorders with diarrhoea, yellow or clay-coloured stools, *Mercury* is most closely indicated. Where constipation exists, as it so often does in liver diseases, *Mercury* needs an adjunct as *Nux* or *Bryonia*, and improvement is accompanied by the return of the natural secretions. In such cases *Podophyllin* alone carefully administered will suffice without any other medicine. I may here state that whilst *Mercury* has its worst symptoms at night, *Podophyllin* has its in the morning.

When we reflect on the importance of the liver in digestion, nutrition and blood formation, and its nervous and vascular connection with the heart and lungs, as well as its direct influence on the brain, we shall see how wide a sphere opens up for the curative action of a medicine which can so thoroughly search its whole tissue, and change its torpidity into liveliness, arouse the sleeping gall bladder to discharge its contents penned up therein for weeks or months.

A very instructive and illustrative case was given us lately in the sudden death in two days of the manager of the Turkish baths, a fine healthy-looking man, aged 66, and active too, seized with vomiting, followed by collapse and death. Post-mortem examination revealed a large gall stone ulcerating its way through to the duodenum, never suspected in life. His only symptoms were occasional indigestion and some urinary difficulties which at his age were so common as not to call for medical aid. He had been subject, however, to attacks of gout. Dr. Hayward who attended him possesses the calculus.

I pass on to the practical part of my paper, noting, first,

that the cases recorded in our journals of *Podophyllin* have obviously been those of hepatic derangement, bilious affections, diarrhœa, dysentery, hæmorrhoids, prolapsus ani and uteri, in which cases *Podophyllin* has proved directly homœopathic, but the class of cases to which I shall refer come under the sympathetic affections, in which its direct specific action is not so obvious, but in which its pathological relationship to the origin of the disease has been fully proved, and in which, while its action is indirect, is not less certainly curative.

To some of these I shall refer, viz. bilious and rheumatic headaches, gout, erysipelas, spasmodic and bronchial asthma, and chronic bronchitis. Now, in all these diseases the indication for *Podophyllin* is the coexistence of torpidity of the liver, indicated by constipation or diarrhœa, alternating with constipation, depression of spirits, and irritability of temper, and that malaise which gouty patients are wont to feel prior to an attack; and lastly, but specially, the colour and condition of the urine. If the urine is dark coloured and defective, or full of lithates, it is an indication for *Podophyllin*.

First let us speak of gout. Prior to an attack of gout, in nine cases out of ten, there will be found defective secretion of the skin, or of the liver, or of the kidneys, and sometimes of all these organs. Doubtless in a few cases no premonitory symptoms show themselves; the person is bursting with health and hilarity, and the explosion takes place in a fit of gout, but these cases are the exception and not the rule. In persons who are actively engaged in busy life these sudden cases of gout must be combated, in the first instance, by pure specific treatment—*Aconite*, *Pulsatilla*, *Arnica*, or *Colchicum*, as they may be indicated with the usual change of diet; but as soon as the more acute symptoms have subsided, *Podophyllin* will be found indicated, and may be given night and morning, continuing by day the local specific.

In the other class of cases with premonitory symptoms, I give at once the *Podophyllin* night and morning, and a dose of the more directly gouty medicine midday. And what is the result? Why, that the attack is warded off, and much time and suffering saved to the patient.

Three years ago a gentleman came to me whose family I was in the habit of attending, aged forty-five. He had a decided attack of gout for the first time; I treated it with *Aconite* and *Pulsatilla* for two or three days, then went to *Podophyllin*, knowing him to be of a bilious temperament. He speedily recovered, and has never had an attack since. Whenever threatened he betakes himself to *Podophyllin* and *Pulsatilla*, and is soon right; and not only does he keep himself well, but has cured several "fellows on Change," who were allopathic, by the same medicines.

This is a sample of many cases which I need not repeat, for there is great similarity between them, and I have paid special attention to this class of disease, being myself a sufferer, and have warded off attacks even when the skin of the toes had become red by taking this medicine. I can, therefore, speak confidently of its power; I believe that with its aid, and a moderate amount of care in diet, attacks may be kept off, and their tendency to recur perhaps be eventually destroyed. But of this we want fuller proofs; and I shall be glad if the members of this Society can confirm this opinion by their practical experience.

Case of rheumatic gout. Three months ago, a gentleman, aged fifty, came from London to visit his friends in Liverpool, had felt poorly before leaving, but thought a change might set him to rights. However, it proved the reverse, for after dining in a room without a fire, he was seized with shivering, pain in the hips and feet, and in one hand; obliged to go to bed. Found him with pulse not quite 100; dry and hot skin, thickly furred tongue, and some red spots on the points of the fingers; urine highly loaded with lithates. Diagnosed it as rheumatic gout, and looked upon the case as one for *Rhus*; gave *Aconite* and *Rhus* the first three days with benefit; diminution of pains in some parts, fresh pains in others; but constipation and the highly furred tongue continued. Ordered *Podophyllin* A. gr. ij night and morning, and *Rhus* steadily by day; no other medicine. The *Podophyllin* was continued for three days before any great result was seen. Then the tongue began to clean, pains to die away, and he was able to rise from bed and come down

stairs on the eighth day of my attendance, attendance ceasing on the tenth day ; tongue clean, all pains gone ; pulse natural ; appetite restored, and except debility, nothing to be complained of. This person had an attack of rheumatic fever some years ago, and, since then, has been subject to a cough and occasional spitting of blood. *Query ?* Would such results have been obtained without the *Podophyllin* ? I think they might, but not so speedily.

On January 30th, 1869, a solicitor, æt. 50, consulted me for spasmodic asthma, to which he had been subject for years ; it kept him in the house for two or three days at a time, his nights being greatly disturbed. The asthma came on in the evening, and continued throughout the night. He could always get relief by burning the nitre paper, but nothing more could be obtained therefrom. He had a red pimply face, nose particularly rubicund, but was perfectly temperate and regular in his habits ; was subject to neuralgia, and, in addition, had varicocele, altogether a very unpromising combination. I prescribed *Ipec.* and *Colchicum*, believing that it might have a gouty origin ; found benefit from those medicines for a time, but it returned. Prescribed *Kali bich.* B. but with little good ; then *Stannum*. Observing his eyes were yellow, I thought of *Podophyllin* and gave him *Podophyllin* A. with *Pulsatilla*. He improved under these medicines so much that he told me he had not to stay a day at home throughout the whole winter following his spring and summer treatment, and he attributes this mainly to the *Podophyllin* action improving the liver condition.

In November, 1871, called to a case of bronchial asthma in a man thirty-three years of age. He was suffering very much, and always did so when he caught cold. His cachectic appearance indicated disorder of the liver, or spleen, or both. Gave from the symptoms *Kali bichrom.* and *Ipecac.* ; these medicines relieved for the time, but the administration of *Podophyllin* A. night and morning completely removed the bronchial attacks. The condition, however, of the spleen was unchanged, and also of the liver, which, several months afterwards was found enlarged, and after a course of

hydropathic treatment ascites and anasarca supervened and death. I quote this case not as one of permanent cure, but, as far as the bronchial and asthmatic attacks were concerned, they were cured and did not return. It also shows us what *Podophyllin* cannot do; it cannot cure organic disease of the liver.

Chronic Bronchitis.

An old lady, nearly 70 years, has had an attack of bronchitis for years—in the winter or early spring—recovers in the summer, but is sure to have a renewed attack the following winter. Suffered greatly from hepatic spasms several years ago, said to be from the passage of gall-stones, but that occurred before the time of my attendance; cannot, therefore, state particulars. She had a very bad attack of bronchitis in the spring of 1871, which left her with anasarca. In this attack—which was very distressing—in addition to the ordinary medicines I gave her *Podophyllin* occasionally and always with benefit, and by dint of that and *Lycopodium* 12 she not only lost all bronchial affections, but the swellings of the legs disappeared and she passed through the whole winter of 1871-72 without needing a doctor. This winter she has become decidedly dropsical and it threatens to be fatal.

A stout lady, 71 years old, had an attack of bronchitis in January, 1871. Is subject to a winter cough, which shakes her; is constipated, and obliged frequently to take aperients. I treated her with *Merc. solubilis* and *Bryonia* 1 with some effect, but saw that the progress was slow and not very satisfactory. Prescribed *Podophyllin* A. night and morning until it acted on the bowels, then stopped it; great benefit followed and she then, for the first time, said she had falling of the womb and that it was greatly better for the medicine.

As I have referred to prolapsus uteri I may here incidentally give a brief account of a uterine case that came under my notice two months ago.

An American lady, æt. 33 years, unmarried; ill for sixteen years. She was brought to me by a friend. She

is stated, by the New York doctors, to have anteversion. Has constant leucorrhœa without pain; irritable condition of the bladder causing frequent urination. Is melancholic and occasionally has fits of depression, followed by high spirits and a peculiar perspiration in the arm-pits offensive to herself. There is insanity in her family; has a sallow complexion, constipation, and great sleeplessness. Did not examine uterus, as the general health appeared first to demand attention. Was led to prescribe *Mercurius* and *Hyoscyamus*, subsequently *Rhus*, but not making much progress, in two or three weeks I gave her *Podophyllin* A. gr. 1, night and morning; this had a good effect on the liver and spirits. I repeated it after an interval of three days, giving *Kreasote* in the interval. Was at my house on Thursday last, reports herself greatly improved. Able to walk five miles. No leucorrhœa; but if she leaves off *Podophyllin* for many days it returns, and I quote this case more to show that *Podophyllum* has a curative action on the uterine condition as well as on the purely hepatic symptoms.

It is so common to meet with bilious affections that we seldom take much note of them; and, indeed, Dr. Hughes has written in the *British Journal* an article on their treatment by *Podophyllin*, so that it is unnecessary for me to swell this paper by noticing them, only that I may mention that I have had very decided success in the treatment of jaundice by this medicine when it had returned again and again after *Mercurius* and *China*, and I have every reason to believe that attacks have been warded off by its timely use. As regards bilious and sick headaches I shall only quote two cases.

Miss B—, æt. 35, bilious temperament, keeps a little boys' school. For years has been subject to violent headaches, which prostrate her for twenty-four or thirty-six hours; they generally end in vomiting of bile, but not always. Prescribed *Merc. sol.* and *Gelsemium*. She soon afterwards had an attack of rheumatic or gouty inflammation in knees, ankles, and feet, which yielded to the usual remedies, *Acon.*, *Bry.*, and *Puls.* On inquiring or

rather watching for her headaches she said, "I never have a headache when I have anything else the matter with me." Gave her *Podophyllin* A. night and morning, and *Pulsatilla* 3 at 4 p.m. daily, and the effects have been very satisfactory. Before this time I had given *Puls.* 3, *Sulph.* 12, without effect. *Gelsemium* relieved the pain of the attacks. This headache I regard as of gouty or hepatic character. Recently I have been called in to her sister, a married lady, about 48 years. Catamenia have ceased. Has had a large family, takes violent headaches about once a week; characteristics of them are pressing pain across the root of the nose, and are always followed by involuntary weeping. She had been taking *Gelsemium* by her sister's recommendation. No symptoms of biliousness whatever; bowels regular as a clock. I thought at once of *Ignatia* and gave it, and at first it relieved, but the next attack came at the same interval and no relief was obtained from *Ignatia*. I found on inquiry that there were pains in back, shoulder-blade, and what she called neuralgia on top of right shoulder. Gave her *Podophyllin* A. and cautioned her against its action, that if severe she must desist at once. To take *Gelsemium* midday. She passed her last week without an attack, which she had not done for six weeks. Take this case only for what it is worth.

The next case is that of a dissenting minister, the Rev. C. B—, æt. 38, nervo-bilious temperament. Came to me respecting a sore throat which frightened him as he had been attending a case of diphtheria. It turned out a case of fear only; but on inquiring as to his previous health, he states that all his life he has been subject to bilious headaches if over-excited, or if he over-walks himself. That these headaches manifest themselves by a burning pain at the top of the head and over the forehead, and last for twenty-four hours if left to themselves, and that if very bad they end in vomiting. That his urine is pale during the attack, and when they pass off it returns to its natural colour; and that he passes a good deal of bile the day after the attacks. During the last six months, by the advice of a brother minister, he takes the mother tincture

of *Podophyllum* during an attack, one or two drops every hour. He finds the attacks pass off now in six or seven hours instead of lasting twenty-four hours, and this without any action on the bowels or any sickness, proving the pure homœopathic action of the medicine. Next day he has the usual action of the bowels, perhaps a little more relaxed than usual, but nothing more.

I have quoted this case because he is a highly intelligent man and noted the above particulars with discrimination. As it is in the preventive stage rather than the directly curative that my experience lies, I was glad of this information.

Lastly, I will now quote a case which shows both the good and the evil of *Podophyllin*.

Mr. K—, a scientific instrument maker, æt. 58, came to my house on October 17th for first time. Has suffered for upwards of ten years from bronchial asthma, the asthmatic attacks coming on at any time without any obvious cause or reason. At present is wheezing, and has a violent spasmodic morning cough, which is his present greatest trouble. Sleeps badly. Pulse not quick; tongue covered with a thick yellow fur. The peculiarity of his case is this—the last severe winter we had he was out at nights frequently, visiting one or two sick friends. “It was the best winter he had passed for years,” so that weather does not much affect him. Bowels quite regular and urine clear and copious. Although there was an absence of the constipation here, still I thought the state of tongue indicated *Podophyllin*, and I gave A. night and morning, and *Arsenicum* 3 by day. He went on for six days, when he again appeared. Reported that the medicine began to purge him at the end of six days. Symptoms a little better. Gave now *Merc. sol.* and *Ipec.* In two days was sent for to see him, found him suffering great pain from the anterior part of the chest—right side, through to the shoulder-blade. Great muscular pain in the right side of the chest. Examined and could not find anything wrong either with the lungs or pleura; diagnosed it as a case of pleurodynia and treated it with *Bryonia* and

Gelsemium, and with happy effect. In two or three days he was up and out as usual, and came to my house as heretofore.

Nov. 4th.—Says he is greatly better in all respects. The violent morning cough is a 'thing of the past;' sleeps better, but has a little night cough. A fortnight later, not being so well, I again gave *Podophyllin*, but this time the 3rd decimal instead of the 1st. It began before three days to take effect on the bowels, and to cause a return of the former pleuritic stitches, and of course I left it off. Here I have no doubt the *Podophyllin* produced its physiological action in the first instance with the $\frac{1}{3}$ th of a grain, and in the second instance with the 500th part of a grain; and whilst a proof of its power is given to us, the difficulty of obtaining its curative without its poisonous action is shown; in other words, its purely homœopathic action.

I know of only one other case where similar symptoms have been produced, and I am now very cautious about the time of its administration, and warn the patients to discontinue it the moment it purges; but they are so pleased with this effect that they sometimes violate the orders. I believe it is just at this point where the curative effects are most striking, viz. on the verge of the physiological action.

Inferences drawn from the foregoing and other facts.

1st. That *Podophyllin* is a very active and penetrating medicine, resembling *Calomel* in its specific action on the liver and glandular system, but beyond that the similarity ceases.

2nd. That its direct sphere of action is the whole portal system, and indirectly all other systems connected with that either by nervous or vascular ties.

• 3rd. That while the liver and gall bladder are directly acted upon by this medicine specifically, and led by it to discharge their contents, great relief is given to the lungs and the brain when oppression of these vital organs is connected with inactive and irregular action of the liver.

4th. That torpidity of liver rather than vascular congestion is the chief sphere of *Podophyllin*; in other words, a non-secretory state, or a state of non-expulsion of the secretion of bile, is the indication for *Podophyllin*, and this state is indicated by sallow complexion, furred tongue, and constipation.

5th. That the curative dose in such cases must be brought near to the physiological, viz. the 10th, 5th, or 4th of a grain given once, or at the utmost twice, a day, and immediately arrested if diarrhœa appears.

6th. That the middle dilutions ought to be prescribed for the other diseases in which *Podophyllin* is indicated—diarrhœa, dysentery, prolapsus ani or uteri, &c.

7th. That the diseases in which *Podophyllin* has been found most serviceable by the writer are gout, erysipelas, spasmodic and bronchial asthma, and chronic bronchitis, and in all these diseases only as an intercurrent. (The writer has not had any personal experience of its benefit in syphilis and goitre, and cannot therefore affirm or deny its power in these diseases.)

8th. That *Podophyllin* is not specially indicated in hepatitis, nor in any of the early stages of acute disease, save in the diarrhœa and dysentery, for which it is homœopathic.

9th. That it ought never to be given where a simple aperient is required, as in cases of undigested food, lodgments in the cæcum and colon, &c. Its use should be restricted to liver constipation.

Lastly, while a specific has been defined by Dr. Drysdale as a remedy in which the whole physiological is absorbed into its therapeutical action, there are some exceptions, and this I believe to be one of those where the boundary line between the physiological therapeutic action is not easily defined, and where we are most certain of the therapeutic effects when we touch the physiological sphere.

Discussion on Dr. John Moore's paper.

Dr. BAYES said that his experience, so far as it went, corroborated Dr. Moore's views as to the curative sphere of *Podophyllum* and *Podophyllin*, but was less extensive. He had found the lower triturations and dilutions of the greatest service in sick-headache accompanied by constipation; while the higher dilutions had proved of great use in bilious diarrhœa and chronic looseness of the bowels. Both these effects are well pointed to in Dr. Hughes' *Pharmacodynamics*. The true sphere of *Podophyllin* appears to be in removing venous congestions of the liver and of the pelvic viscera. In a recent case of obstinate constipation, occurring in a young woman who was subject to frequent and severe headaches, he (Dr. Bayes) had seen the headaches and the chronic constipation both cured by two doses of *Podophyllin*, a quarter of a grain given each night. Ever since the second day regular daily action has continued (now for seven weeks), and there has been no return of the headache. In the case of an elderly lady suffering also from constipation and abdominal venous congestion *Podophyllin* 1 had cured both conditions. His (Dr. Bayes') practice, in these cases, is to give a dose of *Podophyllin* every night for three nights (unless the bowels act freely earlier), but then to cease and only to repeat the course after three or four days if rendered needful by recurring constipation. In this way no unpleasant results have succeeded, and purging and pain have been avoided. In both the cases above named other homœopathic remedies had been tried without good result. His (Dr. Bayes') experience leads him to place reliance on *Podophyllin* in a low dilution in those cases where the prominent symptom is abdominal congestion (venosity), causing uterine troubles, constipation, and headache in females, and in men headaches, constipation, and sometimes varicocele.

Dr. HALE said that, although what he had to remark might seem ungracious and ungrateful to Dr. Moore, who had taken the trouble of writing the paper just read, he was obliged to be at issue with the conclusions to which the paper led. The result of the treatment of the cases appeared more the effect of intercurrent remedies than that of *Podophyllin*, which he looked upon more in the light of an allopathic aperient than a truly homœopathic remedy. *Podophyllin* took the place of *Castor oil* and was found a more efficacious auxiliary. Dr. Moore was justified in prescribing it, but, inasmuch as its action in the cases quoted was clearly pathogenetic, it was incorrect to instance them as having been treated homœopathically, as far as *Podophyllin* was concerned. In nearly all the cases the action of *Podophyllin* was simply purgative, and therefore not homœo-

pathic. In the cases mentioned by Dr. Bayes the remedy had been administered according to the homœopathic law,—not so in Dr. Moore's cases. Dr. Hale had found *Podophyllum* 3^r useful in cases of hepatic and intestinal congestion. An interesting subject connected with *Podophyllum* mentioned in Dr. Richard Hughes' *Therapeutics* was the supposed action of the drug upon the small intestines, the *jejunum* and *ilium*; and had Dr. Moore investigated the action of *Podophyllum* upon these portions of the intestinal canal he would have contributed most valuable information. Dr. Hale, in conclusion, said that, with a few exceptions, his namesake's new American remedies had disappointed him; whether this arose from his failing to interpret the provings, such as they were, or not he could not say.

Dr. B. HUGHES said that he felt very strongly with Dr. Hale in the remarks he had made. He was the last man to refuse any piece of useful practice because it did not square with a particular theory. But he could not forget that this was the British *Homœopathic* Society, and that we met as adherents and carriers-out of the principle *similia similibus*. It seemed to him that all contributions read at such meetings should either be illustrations and confirmations of our law; or, if exceptions thereto, should be put forth as such, and upon grounds shown. Dr. Moore's paper entirely ignores such a position. The practice he advocates and exemplifies may be good, but it has not an iota of homœopathy in it. *Podophyllum* is used by him as a cholagogue purgative, and we hear accordingly of its "acting on" the liver, and being "contra-indicated" when the organ is already irritated, just as in our allopathic days. Yet no admission is made of the character of this proceeding, and no argument advanced to show its necessity, in consequence of the weakness of homœopathy at this point. On the contrary, Dr. Moore refers to Jahr's pathogenesis, and cites Dr. Yeldham's rule of dose and Dr. Drysdale's definition of a specific as if they had anything to do with such a use of a drug as that which he advocates. The question we have to ask ourselves is, Is the administration of a cholagogue purgative sometimes necessary, pure homœopathic treatment being insufficient? It may be so, but he thought that we should very fully test the latter before resorting to the former. We owed a duty to our method as well as to our patients, and should not lightly abandon it. He himself had hardly ever used *Podophyllum* after Dr. Moore's manner, but he had every confidence in it when applied in accordance with the law of similars. We had very little knowledge of its physiological action, Jahr's pathogenesis of it deserving as much as his others the name of "nonsense made difficult." But so far as we knew it, its use in acute irritation of the small intestines (as in cholera infantum), in rectal dysentery with prolapsus ani, and in acute "bilious attacks," had given him every satisfaction.

Dr. MASSY viewed the cases recorded by Dr. Moore true as speci-

mens of the general run of practice, but not cases especially selected and treated to exhibit the value of *one* remedy. Here there were two or three other valuable medicines prescribed. He gave *Podophyllin* 3x in a recent case of obstruction in the liver of an old Indian lady without much benefit. On the following day, as the lady's chief desire was to have the bowels moved, he ordered the 1x, two grains in four doses, without any result. This disappointment might not have occurred had *Podophyllum* ϕ been prescribed. However, on Dr. Moore's recommendation, Dr. Massy shall feel hopeful in testing *Podophyllum* in a very obstinate case of bronchial asthma now under his care.

Dr. DUDGEON was some years ago called up in the middle of the night to see an elderly lady who had sent for him thinking she had cholera. There was vomiting and purging to a great extent. The skin was cold and clammy, the pulse almost imperceptible, she had violent pains in the bowels, and cramps in the legs. It certainly looked very like a case of cholera. On inquiring if she had been taking anything she said that she had lately seen in an omnibus an advertisement of "podophyllin pills, the vegetable mercury, a mild, safe, and certain remedy for biliousness." Being bilious, as she thought, she bought a box of these pills, and had taken one that night before going to bed, and had been disturbed by the symptoms he now saw. He was able to assure her that this was medicinal action and not Asiatic cholera as she supposed, and, in fact, she recovered very rapidly. Since then he has generally used *Podophyllum* in cases of very painful diarrhoea. He had also used it successfully in cases of prolapsus ani occurring in the course of dysenteric diarrhoea, especially in children. He had seen it in doses no stronger than the 1st centesimal dilution produce speedy evacuation of the bowels in cases of constipation dependent on functional liver complaint.

Mr. HARRIS said that, while he entirely agreed with Dr. Hughes' protest as to the character of the paper, he would like to mention a case that in its result rather confirmed part of Dr. Moore's experience. The patient, a woman forty-five years of age, subject to occasional dyspepsia, was attacked with acute burning pain in the region of the pyloric orifice of the stomach with violent retching and vomiting of bile, and belching of wind, bowels confined, motions healthy (no sign of gall stones). After the attacks, which recurred sometimes twice or thrice a day, had ceased she was left prostrate, slightly jaundiced, with a persistent tenderness to touch in one spot corresponding to the entrance of the common cholecic duct into the duodenum. Several medicines were given with good results, but most benefit was derived from drop doses of *Podophyllum*, mother tincture. The attacks, however, continued to recur but with less severity, and a pill containing one grain of *Podophyllin* was ordered for two nights in succession. After that she had no return and quite recovered.

In its truer homœopathic sphere he had obtained good results in prolapsus ani of children, in diarrhœa during dentition, when stools resembled "dirty water," and were accompanied by the common symptom of sleeping with the eyes partly closed, and in adults in diarrhœa, with similar stools coming on immediately on rising in the morning.

Dr. LEADAM thought the observations of Dr. Moore were very carefully made in the different cases brought under notice, and the distinctions very clearly brought out in which the remedy (*Podophyllin*) was efficacious, but he has not had great experience in the use of this remedy, because some long time ago he had tried it on several occasions and found the objections to its use so prominent, some of them indeed referred to in this paper, that he had entirely given up the use of it. If given in the third attenuation he thought it might be serviceable in many cases and manageable, but in the first it was nasty, crude, uncertain, and often violent in its effects, partaking more of the allopathic action of the drug than of the homœopathic. He quite understood the action of it in cases of congestion of the uterus and prolapsus where the portal circulation was engorged, and its effects were experienced in the hæmorrhoidal and uterine veins, causing fulness and weight and distension along the whole tract, but a low dilution of *Sulphur*, one or three in trituration, would accomplish the same purpose without the disagreeable and unhomœopathic effect of the *Podophyllin*. He has restricted himself from that time to the use of third dilution of *Podophyllum*, which he had found eminently useful in congestion of the mucous membrane of the bowels, in protrusion of the bowels, and imperfect defæcation, but he would now try the *Podophyllin* again in the third attenuation.

Dr. DRURY regretted that he had been unable to give the attention he wished to the reading of the paper, as his duties as secretary rather interfered with his so doing. Happily for himself he had been in ignorance of what Dr. B. Hughes now stated as to Jahr's sources of information. His experience would lead him to think that Jahr was correct, for he found in practice that his leading indications were trustworthy. The cases in which he chiefly relied on *Podophyllum*, which he had used in different potencies, number twelve and others, were diarrhœa of children with white stools, in prolapsus uteri, and prolapsus ani. He had no doubt that *Podophyllum* in the form of 1x trituration was a medicine that might be of use in some affections of the liver, and if it were homœopathically indicated might in some cases give a help where the more diluted dose would be less effective. Certainly, if a help could be gained by the tenth of a grain in some of these varying cases of constipation that caused so much annoyance to doctor and patient, it was not wise to exclude ourselves from a remedy that it might be for the good of our patient to employ. At the same time he was disposed to join in the expres-

sion of opinion that Dr. Moore's cases were too dependent on an action that could hardly be called homœopathic. Credit had been claimed for the use of this drug in bronchial asthma, but as dyspepsia so frequently attended asthma it was more than probable that the action of *Podophyllin* in such a case was curative not by any action that was homœopathic to asthma, but rather by its direct effect on the liver.

Dr. MOORE, writing in reply, said,—In the first place I have to state that I wrote to the secretary on the day of the meeting *anticipating the very criticisms* which have been made upon my paper. They do not therefore take me by surprise. In my letter I acknowledged the one-sidedness of the paper, as it comprised only hepatic cases and such diseases as I believed to have a close connection with the functional affections of the liver, such affections being characterised by inaction of that organ, and having *constipation* as one of the most predominant symptoms; and these cases I had treated with the low potencies, as low as the tenth, fifth, or fourth of a grain of the pure substance. I added that if treating other diseases for which *Podophyllin* is indicated, as its diarrhœas, dysenteries, &c., I should use the third, sixth, or even the twelfth dilution, but my practice was not sufficient in such cases to enable me to form a judgment. I cordially believe, however, in the cures reported of such cases by the above dilutions. *Podophyllin* evidently as seen from the provings produces two very opposite effects, constipation and diarrhœa, and if it will constipate in very small doses, it will purge violently in large ones. I have a strong gouty patient in whom $\frac{1}{4}$ -grain doses produce constipation, $\frac{1}{2}$ -grain doses cause a laxative condition. Two objections have been raised which call for special reply. Dr. Hale regards *Podophyllin* as I have given it, as a mere aperient, and asks why do not I give *Castor oil* instead? to which I reply, that if I want a mere aperient I greatly prefer *Castor oil*, but I give *Podophyllin* in the cases referred to for its direct specific action on the liver. The second objection is by Dr. Richard Hughes, and is akin to the first, but more explicit. Dr. Richard Hughes says I use it as a *cholagogue purgative*, and protests against the practice as un-homœopathic, and not coming within the provinces of discussion by a British Homœopathic Society. My answer to Dr. Hughes' objection is as follows:—that I believe the practice in the foregoing cases was quite homœopathic where the doses did not produce *actual* purgation; where they did they were antipathic, and therefore objectionable and unsought. When an old lady, aged seventy-two, takes *Podophyllin*, at nights only, for four days, without any effect whatever, and at the end of that period has a laxative and painless movement of the bowels, I deny that such action can be reasonably called “cholagogue purgation.” If such a condition resulted after the use of *Mercurius*, *Nux*, or *Lycopodium*, no one would dream of calling it purgation, but clearly what I believe it to be, “*healthy reaction resulting*

from the homœopathic stimulant given." I believe Dr. Hughes has taken too limited a view of what constitutes homœopathic action. That action I conceive goes down to the *very root of disease* (the *fons et origo mali*). Disease must begin somewhere, and I believe *Podophyllin* has profound relationships to the *beginnings* of disease, to the laboratory in which or from which so many diseases issue.

NINETY CASES OF SMALLPOX TREATED WITH
BAPTISIA.

By Dr. EUBULUS WILLIAMS.

WITH REMARKS ON THE SALIENT PROPERTIES OF THIS DRUG,
BY DR. BAYES.

Introductory Remarks, by Dr. Bayes.

THE few remarks which I propose to bring under your notice this evening relate to a property of the *Baptisia tinctoria*, the knowledge of which has been arrived at more by clinical observation than by pathogenetic research. Its practical importance is, however, so great in affording us a most useful ally in the treatment of one of the most fatal and perplexing phases of the *febrile state* that I do not hesitate to bring it prominently forward, although it has more to do with clinical medicine than with strict homœopathy. I refer to its great power in combating prostration of vital force. The few pathogenetic symptoms which point to the influence of *Baptisia* in rallying a patient out of extreme prostration are the following :

1. "If given in large doses it causes a very disagreeable prostration of the whole system" (Hale).

2. It induces great painfulness in the sacral region when lying upon it, or in the hips or any other part when lying upon them (Hale).

3. "Pulse at first accelerated, afterwards very low and faint" (Hale).

4. "Gone" empty feeling in the stomach (Hale).

There are many other drugs which produce most of these symptoms when given in large doses, more especially those included in Nos. 1, 3, and 4, which are common to most emetics.

The second symptom alone appears to me to be really peculiar to the *Baptisia*. It differs very widely from the lumbar pain induced by *Rhus*, and from the pains caused by *Arnica*. I know of no other medicine which produces similar pains, and yet how constantly are they met with in the stage of prostration in fevers, the precursors of bed-sores in the sacrum, the hips, or the shoulders.

Where this symptom occurs in the course of a fever or other grave disease we know that the failure of vital power is great, and that the danger of the patient's sinking is imminent; we then insist on a very free use of stimulants and on the administration of as much food as the patient's digestive organs can receive, digest, and assimilate.

But now and then we meet with such cases where the power to swallow or to retain food appears to be lost, in which the œsophagus seems to be paralysed, and the patient cannot get food or even liquids down. What then is our sole resource? Hitherto injections of beef tea and other liquid nutriment per anum; but in some of these extremely adynamic cases the rectum also refuses to retain food, and the patient sinks. Some years since I had just such a case; it was before the use of *Baptisia* was known in this country. A fine, strong, hale man, of about sixty years of age, was seized with gastro-enteric fever. The patient apparently was doing well till the third week, when, owing to a sudden shock to his mind, he got rapidly worse, and was unable to swallow any food whatever. At first we got down a little champagne and Madeira, but in a day or so even this was rejected (not vomited, but simply returned from the throat), and he slowly sank into a fatal syncope conscious to the last. He made every effort to take and retain food, but he was powerless and could not even make the effort of swallowing.

In another case of gastro-enteric fever treated by me in 1866 the same symptoms occurred (I have recorded this

case in the *Monthly Homœopathic Review*). I gave the *Baptisia tinctoria*; ten drops of the mother tincture was mixed in half a pint of water. At first this was applied by means of a camel's hair pencil to the tongue and mouth every ten minutes or quarter of an hour; in two hours the patient was able to swallow a little of the medicine. Teaspoonful doses were now given every hour, followed by a teaspoonful of beef tea. In four hours the patient was not only able to swallow but also to relish some beef tea. From this time, recovery took place steadily.

Since this time I have frequently been able to test and verify this experience, *Baptisia* appearing to act very decidedly on the great sympathetic nerve, and to give tone and power to the stomach and its appendages. I have further had the gratification to hear from several of my colleagues a confirmation of this experience in their practice, and it is with no little pleasure that I find in the interesting paper by Dr. Eubulus Williams, which I am about to read to you, that his extended experience fully corroborates this beneficial action of the remedy. "The appetite improved," he says, "and the patients were able and actually did take abundant nourishment." They continued to do this throughout the attack.

There are a few other points mentioned by Dr. Williams in his excellent paper as showing further marked beneficial action of the remedy on other phases of the disease. I shall advert to these at the conclusion of his report, which I will now read.

Ninety Cases of Smallpox treated with Baptisia, by Eubulus Williams, M.D.

"Of all the diseases we are called upon to treat few are regarded with more fear than smallpox, whether considered in its course or its results. The large proportion of fatal cases, the repulsive scars which mar the faces of many who recover, the consecutive diseases frequently left in its train, and last, not least, its contagiousness; all these alike contribute to make it one of the most alarming and dreaded of diseases.

“The beneficial results of vaccination in preventing smallpox, and even when it does not prevent it in modifying its effects, is acknowledged by a very large majority of the profession. The public also, generally, are almost unanimous in their appreciation of Dr. Jenner’s discovery ; but unfortunately the faith in vaccination is not absolutely universal, and, arising among the unprotected, epidemics of smallpox occur, overrun whole districts, spread among the partially protected, and fatal cases are by no means unfrequent, especially among the unvaccinated.

“During the epidemic which recently visited this country no less than 500 fatal cases occurred in Norwich alone, and the returns of other large towns show that the proportion of fatal cases among those attacked was exceedingly large.

“This fact serves to show that although much has been learnt with regard to the treatment of variola, there is ample room for further investigation with the view of supplementing the means at present employed for its cure.

“During a professional career extending over forty years a number of cases of variola have come under my observation, and I have devoted much time to the study of the causes of death in those that terminated fatally. A large proportion of these die from extreme prostration, and to prevent this symptom various remedies have from time to time been made use of. My object in the following remarks is to give very briefly the result of some cases recently treated by the internal administration of *Baptisia*.

“It is unnecessary to enter into a discussion on any of the theories of blood-poisoning, or into the precise effect of vaccination, but I will confine myself to the question, how may this prostration which so frequently occurs in these cases be best treated when it does occur, or how can it best be prevented ?

“If my own experience may throw any light upon the subject or induce other members of the profession to add to the information already published, I shall be amply paid for my little labour.

“It would be useless to enlarge on the frequency with

which these symptoms occur in severe cases of variola ; all my professional brethren must be painfully familiar with the symptoms of prostration occurring during this disease. Nor is it necessary to do more than say that at certain stages of the disease the great aim of the physician is to ward off this failure of vital power, and to do so without setting up any other constitutional disturbance.

“ During the months of April, May, June, and July of this year, nearly 300 cases of variola came under my care in a large institution of this city ; the earlier cases were treated some with *Tartar emetic* in 3rd decimal and higher potencies, others with *Vaccinia*, and some with *Thuja* ; these earlier cases would bear a fair comparison with the usual average of recoveries ; out of 210 cases, 19 died, or 9 per cent.

“ Although this rate of mortality is by no means large, when the ages and the conditions of the patients are taken into consideration, yet I sought for some mode of treatment which should combat the disease more successfully, and I determined to try *Baptisia* from its known power over the adynamic state of typhoid fever. The remaining cases, about 90 in number, were treated with *Baptisia* only, given in the 1st decimal, one drop dose every two to four, six or eight hours, according to the severity of the case. The cases thus treated were not selected, but comprised every case occurring in one department, irrespective of the age of the patient or the severity of the symptoms. I may mention that the ages of the patients varied from 3 to 18 years, and I attribute the absence of any fatal case among the children under 10 years of age to the protective effect of vaccination in their infancy. The ages of the inmates exposed to the contagion of smallpox varied from 3 months to 18 years ; *none took it under 3 years old and not one died from it under 11.*

“ One of the conditions of admission to the institution is a copy of the certificate of successful vaccination being furnished. It is to this vaccination I ascribe the complete immunity of the infants and the modified character of the disease in those over 3 and under 11 ; the cases and

proportionate deaths were more frequent as the patients were advancing in the scale of years.

“ Throughout the whole epidemic the faces of the patients were covered with a paste of starch and sulphuret of lime (*Hepar*), but as many rubbed this off as fast as it was put on and dried, I had no reason to attribute to this any virtue, since some were marked very severely that recovered from confluent smallpox treated in the earlier months of the epidemic; but during the later, and generally when *Baptisia* was used, the patients were so well and yet careless of their personal appearance that they almost entirely neglected the use of the starch, &c., especially as they had seen very little good apparently arising from it.

“ In the cases in which *Baptisia* was used the result was even beyond my expectation. In several confluent cases which threatened to prove speedily fatal the effect of the remedy was very marked, inducing a speedy development of the eruption with corresponding diminution of the constitutional disturbance.

“ Nor was this all—the appetite improved, the patients were able to, and actually did, take abundant nourishment, and continued to do this throughout the attack. In many of these the secondary fever was entirely absent, in other cases the disease appeared to be suddenly arrested, but in all the effect was very speedy in improving the general symptoms of the patient. In those that were thus cut short the vesicles seemed to dry up instead of becoming pustular, and there was an entire cessation of all symptoms of illness within a few days after taking the *Baptisia*. Many of the patients recovered their usual spirits and tone, and the symptoms were so mild as not to prevent them moving about; one can only assume that the *Baptisia* must be credited with the great modification of the disease.

“ Of those patients who succumbed to the disease in the earlier part of the epidemic the majority died on or about the sixth day of illness, and this was preceded by flattening of the vesicles and a very feeble circulation, but in those cases treated with *Baptisia* there was no evidence of the failure of vital power either on the sixth or any other day.

I believe too that the decomposition of the skin and mucous membrane was much prevented by the use of this drug ; at any rate the usual offensive effluvia were almost entirely absent.

“ In three cases hæmorrhage took place, one bleeding of the nose, and in two the catamenia appeared out of due time and excessive in quantity ; these recovered without an untoward symptom ; now in the earlier cases, when this symptom showed itself the hæmorrhage was speedily followed by death. It may be difficult to account for this, the quantity of blood lost was not sufficient to account for the death, but I regarded it as an epidemic of great nervous depression, which depression was prevented by the *Baptisia*. I may mention that the subjects of this epidemic were all orphans, and that a very large majority had lost one or both parents by phthisis.

“ Under ordinary circumstances, therefore, it was probable the effects of variola would have been more than ordinarily severe both in the immediate results and in the after-marks : none had been re-vaccinated. In the earlier cases it was frequently necessary to administer stimulants, but in those in which *Baptisia* was used there was the absence of the fits of exhaustion, and therefore alcoholic stimulants were less called for. Then as to the loathsome scars produced by variola these were much less than usual, and one of the worst cases treated by *Baptisia* threw off the crust from the face in large continuous pieces, leaving the skin beneath pale, even, and smooth. The absence of irritation of the skin may or may not have been the effect of the *Baptisia*, but I think this medicine, partly, at any rate, caused the crusts to remain unbroken. In two cases only of those treated with *Baptisia* were there any evident scars two months after recovery.

“ How may the beneficial results of the use of *Baptisia* be accounted for? Theories alone are for the most part unsatisfactory, but in smallpox ‘ the nervous system is overwhelmed by poison ’ (Watson), as in many other adynamic diseases the aim of the physician should therefore be to counteract this tendency to loss of vital power. *Baptisia*

has been proved to possess properties rendering it invaluable in cases of blood-poisoning, as typhoid and typhus fever, and in my experience unusually successful in variola. I hope other members of the profession will find it equally so.

“Few could test its efficacy with better advantage than myself in my recent experience, for not only were there a large number under treatment at the same time, but although in one establishment, and the different modes of treatment took place in separate buildings, the conditions of all the patients were identical; and though it is not well to form deductions from a limited test, there was sufficient success to encourage one greatly.

“In some cases that I have under treatment in private practice the effect was equally encouraging. In a few the patients were so well as to cause the friends to doubt the correctness of the diagnosis, as their experience showed it to be so much less formidable than their expectations had led them to fear.”

Concluding Remarks, by Dr. Bayes.

Among the marked symptoms of improvement attributed to the *Baptisia* by Dr. Williams, depending no doubt on its stimulating power over the sympathetic nervous system, and through that system on the arterial and capillary system, are the speedy development of the eruption on the skin, in confluent cases threatening to become speedily fatal from retrocession.

Following this came the power to take food, and then another remarkable point, the “absence of secondary fever” in many of these severe cases.

Dr. Williams points out that some cases appeared to be suddenly cut short, the vesicles drying up and the patients feeling and appearing quite well.

Dr. Williams also points out that in the hæmorrhagic form of smallpox all those cases recovered in which *Baptisia* was given; this too illustrates the power of the drugs over those branches of the sympathetic nerve which supply and control the arterioles and capillaries.

A further advantage derived from the *Baptisia* was that, owing to the "absence of the fits of exhaustion," alcoholic stimulants were far less needed than in cases treated by other remedies.

The absence of deep-pitting and of scars and seams, even in severe cases, when the patients were treated by *Baptisia*, points to the same property of *Baptisia*, viz. its stimulating action on the sympathetic nerves and its consequent control of the distal circulation, so that repair took place rapidly and the secretion of pus was restrained within due limits.

I cannot conclude my remarks without drawing attention to the unusual value of Dr. Eubulus Williams' observations owing to the circumstances surrounding his comparative statistics, viz. that the two classes of cases treated by different drugs were in all other respects treated on the same general principles under the same physician, and the patients were of the same class and treated in the same establishment. Hence the testimony in favour of *Baptisia tinctoria* in averting the worst dangers in cases of smallpox appears to me to be conclusive; I should, however, be inclined to attribute the successful issue of the cases which were treated by *Baptisia* not to any specific action of the remedy, but to its power to avert the worst danger incident to the febrile state, viz. a tendency to sudden prostration and subsequent syncope.

Answers to questions arising during the discussion.

1. How many months did the first series of 210 cases spread over? Five, from January 26th to June 15th.
2. How many months did the second series of 90 cases spread over? Two months, from middle of April to middle of June.
3. How many in each series were between the ages 3 and 11? Of the 210 cases, 25; of the 90, 18.
4. How many between 11 and 18? Of the 210 cases, 185; of the 90, 72.
5. Were the 90 cases as severe in their character at their outset? Yes, certainly; some were more so. It was not simply the end of an epidemic, for many of the 90 cases were

with others of the 210, the *Baptisia* being used in only one division of the establishment.

Discussion on Dr. Bayer's paper.

Mr. ENGALL said that, as the malignancy of a smallpox epidemic became less towards the end of it, so in the cases before them such a thing might have occurred, and as the *Baptisia* had been given at this stage, that which had been attributed to its action might really be due to the violence of the disease having mitigated. Any one who had visited Müller's asylum must be aware that the arrangements of the place and its locality were highly favorable to treatment; that although there were so many children, these were not all located in one building, but in separate ones. As regarded the application to the face, he thought it was not to be commended. Anything which prevented the outlet of the morbid matter (for he supposed it would be admitted that there *was* morbid matter in these cases), and which might repel this, was to be avoided. The best way, he thought, to prevent the pitting was to keep the patient in entire darkness. As medicines he had generally employed *Tart. emetic* and *Mercurius*. The great point, however, in this (as in all other eruptive diseases) was to get the eruption well out. In scarlet fever he did not consider that *Bell.* was always the best remedy; that *Bryonia* or *Sulphur* was better indicated where the eruption did not readily appear; and that the best means of avoiding typhoid symptoms was to get the eruption well developed upon the surface.

Dr. DUDGEON said the paper was disappointing, inasmuch as it did not enter into sufficient detail. He should have liked to have known the proportions of patients of different ages. All had been vaccinated, but if the cases latterly treated had been mostly of the younger patients it was evident that, being more protected, they would have the disease more mildly. Again, in every epidemic the cases occurring in the latter periods of the epidemic were usually much milder than at the onset of the epidemic. The ninety cases treated by *Baptisia* occurred in the latter part of the epidemic. Although *Baptisia* is said to be the remedy for the prostration in febrile diseases, there does not appear from this paper to have been any prostration in the ninety cases treated by it. Is it intended to be inferred that the *Baptisia* prevented the occurrence of prostration? The paper by no means proves that *Baptisia* is a potent remedy in smallpox. He had seen confluent smallpox in a vaccinated patient which left no marks behind, though no particular care had been taken to prevent them.

Dr. BANSFORD thought that the best way of preventing pitting

was to keep the patient's room dark. Pitting does not take place on the body nor on the covered parts, but only on those portions exposed to the light. Dr. Ransford has never used *Baptisia* in smallpox. Scepticism of its remedial properties, merely on account of the epidemic approaching its termination, may apply to any medicine, and we shall be landed in infidelity. He has great and increasing confidence in *Baptisia* in cases where the typhoid symptoms were well marked.

Dr. BAYES said it was a great disadvantage to the Society when the writer of a paper was unable to read it himself, for however much the deputed reader might desire to do justice to the paper there were always a number of particulars which were known only to the writer. He (Dr. Bayes) fully agreed with Mr. Engall and Dr. Dudgeon that several points in the report required a further explanation, and he had no doubt that Dr. Eubulus Williams would gladly append farther particulars as to the age of the patients, and as to the time occupied by the treatment of the first 210 cases and that occupied by the last 90 cases. But he (Dr. Bayes) thought it unfair to infer that, because the 90 cases treated by *Baptisia* were the last in the series, that therefore they were all mild cases, or even that they were milder than the average of the 210 cases which preceded them. It occurred to him, and he would suggest to Mr. Engall, whether it was at all probable that Dr. Williams would have changed his treatment at all if the first 210 cases had progressed so favorably as to satisfy him. Dr. Williams sought a new remedy because the usual routine medicines had not come up to his expectations in their power over the disease and form. The moment he began to give *Baptisia* no further fatal cases occurred. Previously to the use of the *Baptisia* hæmorrhagic cases had proved fatal, but since its use 8 such cases occurred, and they all recovered; in two of these cases hæmorrhage occurred per vaginam (not at the monthly period), and in one epistaxis. He (Dr. Bayes) would wish particularly to observe that *Baptisia* is not to be looked upon as being homœopathic to smallpox. Probably it has no direct relationship to the disease. It is, however, homœopathic to a very frequent and most dangerous complication of the febrile state, no matter whether the fever be a specific or simply a continued fever; he alluded to the stage of prostration, and it is in such cases that *Baptisia* will be found successful whatever the nature of the fever may be. There are still a few points of great interest in this paper bearing chiefly on the preventive power of vaccination. It appears that the protection was complete in all the children under three, that there was no fatal case under eleven, but that after eleven no protection to life was to be relied on absolutely. It is worthy of remark that none of these cases were revaccinated, and that out of 2050 inmates in the institution 300 took the disease, 1750 having been completely protected by the first vaccination. On carefully reviewing the paper he (Dr. Bayes) concluded that

it had proved that *Baptisia* was to be credited with the power of warding off a fatal result even in severe cases of smallpox.

ON AN EPIDEMIC OF RELAPSING FEVER IN ABERDEEN.

By D. DYCE BROWN, M.A., M.D., Aberdeen.

IN the following paper I propose to give a sketch of an epidemic of relapsing fever which visited Aberdeen in the summer, autumn, and winter of 1871. As each individual case of disease differs from another in many points, so in epidemics we find that one visitation may differ in several more or less interesting and important points from another, and in observing these points of difference we get a more complete picture of the disease than we should otherwise have. The subject of relapsing fever is at the present time peculiarly interesting and of practical import, as it has of late appeared to a considerable extent in London, and if anything new can be suggested in the treatment of this disease, now is the time to put it to the test.

At the risk of being tedious I shall first give a short sketch of relapsing fever as described in books to have occurred in former years. By this plan I shall be the better able to bring out some points in which the epidemic I am about to describe varied from former epidemics. In doing so I make use of an admirable article by Dr. Warburton Begbie, of Edinburgh, in Russell Reynolds' *System of Medicine*.

Relapsing fever is characterised by the suddenness of its attack. Unlike other fevers, in which there is a stage of incubation, during which the patient feels out of sorts and "all-overish," one who is going to have an attack of relaps-

ing fever may be at his employment in the morning feeling quite well, and by the afternoon be laid down with well-marked symptoms of the complaint. There are usually very distinct, and sometimes severe, rigors, with headache, pain in the back, and loss of strength, though at first the prostration is not great. The feverishness gradually increases, as do also the pains in the limbs and headache. "By the third day there is usually some amount of epigastric tenderness, and not unfrequently vomiting. No general abdominal tenderness, however, presents itself, and diarrhoea is of rare occurrence. A perspiration, marked in character and general on the body, occurs sometimes very early in the disease, on the second or third day, bringing with it little or no relief to the headache and other symptoms." When the fever is at its height the temperature is generally high and the pulse is very rapid, much more rapid than is found in other fevers. At the same time there is usually very slight disturbance about the head, headache frequently, rarely delirium, hepatic and splenic tenderness, with vomiting, great restlessness, thirst, and a white condition of the tongue. In a considerable proportion of the cases a peculiar yellowness of the skin becomes noticeable, best marked in the face, styled by Cormack "facial bronzing," and to this a distinct jaundice, with urgent vomiting, sometimes succeeds. To these symptoms there occurs, usually on the fifth or seventh day, an abrupt cessation. Nothing can be more remarkable than the sudden change—usually ushered in by a profuse perspiration, less frequently by an epistaxis, or other hæmorrhage, or by diarrhoea—effected in the condition of the patient. The frequent pulse and hot skin have in a few hours vanished, there is a normal appearance presented by the tongue, and, as Cormack has described it, "one day we hear the patient moaning and groaning in pain, and on the next he is at ease and cheerful, his only complaint being of hunger and weakness." The condition of apyrexia established, the patient continues to improve, he gains strength, often rapidly, and convalescence appears to be altogether satisfactory, except that the pulse sometimes continues remarkably slow. On or about the

fourteenth day from the commencement of the original attack the relapse takes place; "a second paroxysm of fever occurs exactly resembling the first, although in some cases it is more or less severe than the first. The duration of this relapse is usually three or five days. A third attack may occur, but there is usually only one relapse."

Relapsing fever, properly so called, is undistinguished by cutaneous eruption. A "measly-looking efflorescence" was described by Welsh in 1829 to have occasionally occurred, but these are now believed to have been cases of true typhus, with which the epidemic of relapsing fever that he observed was mixed. Petechiæ, hæmorrhagic spots and vibices, have all been described as having occasionally occurred, while Dr. Merrod in 1847 found an eruption of sudamina of very frequent occurrence. But in this same epidemic, as it occurred in Edinburgh, Dr. Begbie says that sudamina were very rare. The occasional yellowness of the skin has already been noticed, and sometimes true jaundice has been observed. The tongue is generally from the commencement coated with a yellowish or white fur, thick towards the back, but at the point and edges the tongue is clean and redder than usual. Occasionally the urine is much diminished, or altogether suppressed, in which case serious head symptoms, causing death by coma, may occur. Chest complications, such as occur in other fevers, may also occur in relapsing fever; hæmorrhages also have been observed to occur chiefly about the critical period. Local muscular paralysis, and more frequently severe muscular and articular pains, have been observed. Diarrhœa has been frequently observed to take the place of the perspiration as the critical discharge, causing in the former Scotch epidemics an increase in the mortality. Pregnant women attacked by relapsing fever invariably miscarry or abort. Very often a protracted convalescence is the result, with a great deal of bodily weakness. Almost the only post-mortem appearances known are enlargement and softening of the spleen, and a state of engorgement and enlargement of the liver, which latter is best marked in those cases where the yellow skin is best developed.

The average mortality in relapsing fever is 4.75 per cent., or 1 in every 21.

Such is a sketch of the fever as it has been described to have occurred in former epidemics.

The epidemic which occurred in Aberdeen first appeared in July, 1871, and continued gradually to increase till, by the end of the winter, it had almost died out. Some of the very first cases that occurred came under my notice in connection with the dispensary, and the earlier cases differed very much in character from the later ones. It was easy to see at the first attack that the disease which I had to treat was different from any of the usually observed fevers, though it was only when the distinct relapse occurred that I was sure of the diagnosis. In the sketch I gave of the fever as it appeared in former epidemics it was mentioned that diarrhœa was rare, except occasionally as a critical evacuation. The cases, however, that occurred earliest in Aberdeen were characterised at the outset by severe vomiting and diarrhœa. The patients were taken ill suddenly, as is usually the case, with shivering, followed by high fever; and simultaneously with the access of the fever, profuse watery diarrhœa, with watery vomiting, and more or less abdominal tenderness. In these cases the tongue was much cleaner than in the later cases. The presence of this profuse diarrhœa made the diagnosis at first rather doubtful, and I was at first inclined to put them down as a modified form of enteric fever, until the relapse occurred after the seemingly complete recovery of the patient. When the cases became more numerous and spread over the town, although sickness or vomiting was always present to a greater or less extent, diarrhœa ceased to be a symptom of the disease—in fact, constipation was more the rule. Unlike, also, what is usually observed, was the marked and, in some cases, severe delirium, which was observed in several of the cases. This was chiefly observed at night, and along with the headache was in some instances so severe that the friends of the patients were much alarmed.

In some cases the perspiration which usually occurs only as a critical evacuation was present during the whole time

of the fever, even in some of the diarrhœa cases, but, of course, not so profusely as on the critical day. For in these cases the patient was easily able to mark the distinction between the continuous moisture of the febrile stage and the profuse perspiration of the critical day. The pulse was, as is usually the case, very rapid, much more rapid than in any other fever, but we soon found that the rapidity of the pulse was no indication of danger, for in several cases, when the pulse was quickest, the disease was in reality running a very mild course. The temperature was generally high, from 102° to $104\frac{1}{2}^{\circ}$, during the fever, while after the crisis the corresponding fall was remarkable. The thermometer generally sank to below the normal standard, and in one case fell in a few hours from $104\frac{1}{2}^{\circ}$ to 95° . What is usually considered to be a symptom pathognomonic of relapsing fever, the splenic and hepatic enlargement and tenderness, I failed to find in any of the cases; we (that is, the students who were going round with me, and I) carefully examined the abdomen in many of the cases, with the view of eliciting this symptom if present, but we never found it. Nor did I see in any case the yellow colour of skin which has been observed in other epidemics, still less did I meet with any case of jaundice proper. Dr. Begbie in his account already alluded to mentions the occasional occurrence of hæmorrhage in some form occurring at the critical period, and taking the place of the usual perspiration. This I never saw, but during the febrile stage, and unconnected with the crisis, hæmorrhage occurred in two cases, in one of which, taking the form of epistaxis, the hæmorrhage was so profuse that the patient was considerably blanched before it could be stopped, and then only by plugging the nares with lint dipped in the strong solution of *Perchloride of Iron*. This patient also, a young woman, about three months pregnant, aborted after this, and lost a considerable quantity of blood from the uterus.

The critical discharge I never saw take even the form of diarrhœa, but it always consisted in a very profuse perspiration, which left the patient free from fever, with the

pulse often unusually slow, and the temperature, as already remarked, frequently far below normal. This critical perspiration, although stated in the sketch of the fever, as given by Dr. Begbie, to occur on the fifth or seventh day, I invariably found in cases left to themselves as regards medicinal treatment to occur on the seventh day; but I shall have to speak more particularly of this when I come to the treatment, so shall not enter further into it here. The relapse invariably came on, when it did come at all, on the fourteenth day from the commencement of the fever. As to its duration and its occasional non-appearance I think it better to speak afterwards.

Dr. Begbie states that relapsing fever is undistinguished by cutaneous eruption, but that petechiæ, hæmorrhagic spots, and vibices have been described as of occasional occurrence. In this epidemic, however, in almost every case, to a greater or less extent, the skin of the trunk, and even of the arms and legs, was covered with an eruption of minute ecchymoses. Sometimes this has been so thickly scattered over the skin that on the abdomen hardly any healthy skin was visible. This eruption would also appear very suddenly. In one case, when it was most thickly present, it appeared all in one night. After the relapse was over a state of very considerable debility remained, which some patients complained of for long afterwards. Another very troublesome sequela was rheumatoid or neuralgic pains in the joints and limbs, worse at night, keeping those attacked with them from sleep. In two cases also, after the relapse, œdema of both feet occurred, but without any albumen being present in the urine.

My mortality out of about fifty cases, instead of being 1 in 21, amounted to *nil*. The husband of a woman who had the disease very seriously was attacked with it just as she was convalescent, and as the room in which they were was very small and ill-ventilated he went to the hospital, where he died, the case being registered as one of typhoid fever. As to the cause of relapsing fever, the generally entertained opinion is that it is the result of famine and destitution; but although the patients that I saw were all

of the class of dispensary patients (with one exception—a student, who caught the infection from visiting the other cases), yet I could not say that those attacked were worse off or more destitute than the generality of the labouring classes.

Coming now to the treatment, if we can suggest anything likely to be useful, that will be a gain to therapeutics and to the patients, as the old-school treatment is confessedly inert. Begbie says that all medicines tried to shorten the attack or prevent its return have signally failed, the disease running its course in spite of everything. There is, therefore, nothing behind us to which we can look back, and I think that I am not wrong in claiming for the treatment I am going to mention considerable success. In the earlier cases, when the watery diarrhœa and vomiting were present, I gave *Arsenicum*, and found that this signally met those symptoms. When these symptoms were not so severe, and there was simply gastric disturbance, with some diarrhœa along with the fever, I prescribed *Baptisia* 1 every two hours, as the state of the patient, during the attack at least, more resembled typhoid than any other fever. *Aconite* certainly was not of the slightest use.

I know that in giving my impressions of the results of this treatment I will be told, especially by any one opposed to homœopathy, that there is a fallacy in all my cases. The duration of the first attack is, as you will remember, stated by Dr. Begbie to be five or seven days. Now if a patient sweat on the fifth day, I may be told that the paroxysm ended on that day naturally and not as the result of the medicine given, and again the duration of the relapse, Begbie says, "is usually three days, it may extend to five days or even longer, and when unusually mild it may terminate before the third." But to set against this treatment I carefully watched the natural progress of a good many cases, some of which were purposely not treated at all by medicine, and others were seen too late to draw any conclusion fairly, and I do not recollect one case of those thus allowed to follow their own course where the attack

ended sooner than the seventh day, and in similar cases the relapse nearly always lasted five and sometimes even seven days. Of course I am quite aware that if a case treated with *Baptisia* sweat on the fifth day, it is just possible that it might have ended in the same way without any treatment. But it certainly was my impression and belief that cases thus treated, if seen in time, had the paroxysm mitigated in severity and shortened in duration, compared with others which were allowed to follow their natural course. In at least two cases put under *Bapt.* the sweating occurred on the fourth day, and in more than one case the relapse ended by sweating on the second day.

When the *Baptisia* was given I found that the sweating almost invariably occurred, not on the day following the first administration of it, but on the day but one, so that the earlier in the disease that the patient was seen the better the chance of early recovery. The *Baptisia*, however, did not succeed in every case, as the fever occasionally went on to the seventh day in spite of the early administration of the medicine. I am sorry, therefore, that I cannot say that the *Baptisia* is a specific for the fever, nor even can I *positively* assert that in the majority of cases it lessens the duration of the paroxysm, as if I did so, for the reasons already stated, I *might* be deceiving myself and mistaking the natural course of the disease for the result of medicinal treatment. I am, therefore, obliged to limit my statement to this, that my impression and belief is decidedly to the effect that *Baptisia* will, if administered sufficiently early, lessen the duration of the paroxysm and relapse, and conduct the patient safely and mildly through it. Even this amount is a gain to medicine, since no other medicine, that I am aware of, will do the same, and the allopaths admit freely that they can do nothing in the way of drug treatment. When it came to the question—Will *Baptisia* prevent the relapse? I must say no; it always failed to do so, and I soon gave up giving it after the paroxysm was over. The allopaths also confess that none of the usual antiperiodics or any other drug will prevent

the relapse, which one must in this case look on as a matter of course.

But there is one drug which I wish to bring under your notice, though I cannot claim it for homœopathy, nor can I claim any credit for the discovery of it. Mr. James Walker, one of the students who was going round with me at the time we had these cases, was himself attacked by the fever, and after the paroxysm had passed off by sweating it occurred to him to try what effect the *Hypo-sulphite of Soda* would have in the way of preventing the onset of the relapse. It was merely taken as an experiment, on account of the statements which had been made from time to time in the medical journals as to the virtues of the hyposulphites in blood-poisonings. Five grains, three times a day, was the dose he took, with the effect of entirely preventing any relapse. This was so new a result to obtain, when formerly it was thought impossible to accomplish it, that I resolved after that to put it to the test in all cases where we had the opportunity. Mr. Walker also observed the cases and the results with me. The conclusion we drew was, that although not infallible in preventing the relapse, it yet did so in a sufficient number of cases to make it a most valuable acquisition to our armamentarium. Though it is not strictly homœopathic, yet I presume no one though practising homœopathy would refuse to give a patient the benefit of the only medicine which has as yet been known to prevent the relapse. The epidemic was half over before Mr. Walker discovered the value of the *Hypo-sulphite of Soda*, so that our opportunities of testing it were more limited than might have been had we known of it earlier; but I am not overrating it when I say that at least twelve or fifteen cases were relieved entirely from the relapse, and were able to return to their work in a few days after the sweating of the first paroxysm was over. I have no hesitation then in recommending a fair trial of this drug in every case. If it fail in one case the patient is none the worse, and he has got the benefit of a medicine which has actually prevented the relapse in a sufficient number of cases to make it well worth the trial in every instance. In

treating the sequelæ of relapsing fever I was much disappointed. The pseudo-rheumatic or neuralgic pains in the limbs were in two cases extremely obstinate and severe. The patients could get no sleep at night for the pains, which were worse than during the day. I tried *Bryonia*, *Sulphur*, *Rhus*, *Arsenic*, *Quinine*, and *Iodide of Potassium*, with not the slightest effect. The pains seemed to subside in time and of themselves. The cases of œdema of the limbs I treated with *Arsenicum* chiefly. There was no albumen in the urine in these cases, one of which occurred in a child about six years of age. I presume that the cause of this œdema was a temporary vaso-motor neurosis of a passive character, whereby the coats of the vessels became so relaxed as to permit the transudation of fluid through the coats. The child already mentioned was a long time in recovering. The *Arsenicum* did not act as I expected, and the little patient recovered, I think, more by time and nourishment than by anything else.

Discussion on Dr. D. Dyce Brown's paper.

Dr. YELDHAM, after thanking the author for his excellent paper, and complimenting him on his zeal in appearing in person to read it to the Society, said he had had no experience in relapsing fever, and could therefore offer no practical observations on the subject. He would merely suggest that as relapsing fever appeared to be—whatever else it might be—an intermittent disease, he would himself, in treating it, give *Quinine*, as being the great periodic remedy for acute periodic diseases, and he thought it a pity Dr. Dyce Brown had not given that medicine, in small yet palpable doses, regardless of what had been done by the allopathic authorities whom he had quoted.

Dr. BAYES said that he was in the same position as the last speaker, and had not seen any cases of relapsing fever. He much doubted whether *Quinine* would influence relapsing fever favorably. He had seen cases of ague apparently cured by large doses of *Quinine*, but where the disease nevertheless again appeared on the eighth day. The symptoms of relapsing fever, and especially the pathological state of congestion of liver and spleen, pointed to the alternate administration of *Nux* and *Ipecacuanha* as being likely to be serviceable. These remedies were found by Fleischman to be of great service in the intermittent fevers round

Vienna, in which gastric disturbance was a marked symptom. It did not appear clear to him, from Dr. Dyce Brown's report, that *Baptisia* had really exerted any specific influence over the disease, nor did any of the homœopathic medicines used. *Hyposulphite of Soda* was the only drug which really dominated the diseased condition.

Dr. WYLD agreed with several other speakers in thinking that *Quinine* might be a useful medicine in relapsing fever, although it had failed in the hands of those giving it in large doses. At the same time, as Dr. D. Brown had given the antiperiodic *Arsenic* very freely, without effectually checking relapses, it might be reasonable to infer that *Quinine* might also fail. The great prevalence of low fevers in the Scottish towns, as compared with London, was a striking fact, depending probably on the difference of soil and food.

Dr. LEADAM acknowledged his want of experience in relapsing fever, except that of the Irish famine fever of twenty to twenty-five years ago he saw a good deal, when very small doses of *Aconite* were most beneficial and successful, with *Bryonia*, and he would be glad to know from Dr. Dyce Brown if he had used *Bryonia* in any stage of the relapsing fever. As there was congestion of the liver and spleen in some of the cases it would be indicated. The *Hyposulphite of Soda* having been used with a view to arrest the relapse, was its successful application due to the *Sulphur* contained in the preparation, or to the *Soda*? He believed it was the *Sulphur* which was the curative agent, as the pyrexial symptoms are indicated in the symptomatology of *Sulphur*, and he should expect the action of *Sulphurous acid* to be as beneficial.

Mr. POPE regarded Dr. Brown's paper as an extremely well-drawn portrait of a disease which few had opportunities of observing. The comparison Dr. Brown had made between the epidemic he had been called upon to meet, and those which had occurred in previous years, was very interesting. It showed how different a disease might be in its manifestations in each epidemic, and consequently how impossible it was to infer the value of a medicine in one epidemic from the results, whether negative or otherwise, which has followed its exhibition in a preceding one. Hence he failed to see that Dr. Brown was altogether justified in placing *Quinine* entirely on one side because Dr. Warburton Begbie, in an epidemic of a few years ago, had seen no good to have resulted from prescribing it; -but, at the same time, he thought that the fact that *Quinine* was an antiperiodic was, in itself, no sufficient argument for its use in relapsing fever. *Quinine* was far from being the only antiperiodic drug in our possession; while periodicity in the occurrence of symptoms was only one of the elements to be taken into consideration in treating a periodic fever. We ought, in such a disease, as in all others, to be guided in our choice of a drug-remedy by the

entire group of symptoms presented by our cases. For his part, when listening to Dr. Brown's description of the fever as it occurred in Aberdeen, the proving of *Natrum muriaticum* was brought to his remembrance, and he should have been disposed to have examined the pathogenesis of this drug with such cases under his care. Mr. Pope would like to hear from Dr. Brown whether the source of introduction of this epidemic into Aberdeen could be traced. Such epidemics as have occurred here have very generally been regarded as having been imported from Ireland. He would also ask whether, in the generality of the cases occurring in the town, relapses happened more than once. In severe epidemics there have frequently been two and even three relapses. In the cases referred to by Dr. Brown the relapse appears to have only taken place once. In concluding his remarks, Mr. Pope, while thanking Dr. Brown for his paper, thanked him still more for the excellent service he was in various ways rendering to homœopathic therapeutics in the North of Scotland.

Dr. Brown, in reply, said that he had not used *Quinine* during the paroxysm, as it had never been found of any use by the allopaths, and from their experience of the benefit of *Quinine* in large doses in intermittent fever, it would have been at least sometimes found of service by them if it were capable of doing any real good. He did mention uræmia (in reply to Dr. Harmar Smith). He had not used *Nux* and *Ipecac.* alternately, but in the severe vomiting he had not found *Ipec.* of any use. He had given it in alternation with *Baptisia*. *Nux* alone failed to relieve the vomiting, in which *Arsenic* did most good. In reply to Dr. Dudgeon, Dr. Brown said, that in the Aberdeen Hospital there were two deaths (he thought) in about forty or fifty cases, one of these being registered as typhoid fever. The fever occurred entirely among the poor. *Bryonia* has not been given during the fever, as it did not seem indicated. Dr. Brown could not explain the action of the *Hyposulphite of Soda*. There was no means of saying where the fever came from. *Natrum mur.* was not given, as it did not appear indicated. The pulse varied from 120 to 140. Dr. Brown thanked the Society for the kind manner in which they had received his paper.

ON THE PHYSIOLOGICAL ACTION OF CERTAIN
ALKALOIDS DERIVED FROM OPIUM.

By J. GALLEY BLACKLEY, M.B. Lond.

IN March, 1869, Messrs. Matthiessen and Wright* during a course of experiments upon the opium alkaloids found that when morphine was treated under pressure with strong hydrochloric acid, a body was produced differing in many striking particulars from hydrochlorate of morphine. On applying the ordinary qualitative tests for morphine the reactions, although similar, were in no case identical with those of morphine. Strong nitric acid gave a blood-red colour in place of the orange-yellow colour produced with morphine, and bichromate of potassium produced a dense yellow precipitate, no such precipitate being produced in solutions of morphine. The precipitates produced with other reagents were found unlike those from morphine to decompose rapidly generally turning black. When purified the body formed a white crystalline powder, soluble in thirty parts of cold water and freely in spirit.

On submitting this substance to analysis it was found to have the composition $C_{17}H_{17}NO_2HCl$, being therefore the hydrochlorate of a base differing only from morphine in the absence of an atom of water. This substance was called by its discoverers apomorphine, an arbitrary term meant to show the source from whence it was obtained.

On administering a small quantity of the new salt to a cat it was found to have physiological properties totally different from those of morphine, as it produced no narcotic effects whatever, but in their place copious vomiting.

Through the kindness of my friend Dr. Wright I obtained a small quantity of the salt, and commenced a series of experiments upon it, the first experiment being tried upon myself.

* *Proceedings of the Royal Society*, No. 112, 1869.

EXP. 1. On May 25th, 1869, at 9 p.m., my general health being good and the pulse and temperature normal, in the presence of my friend Dr. Wright I injected ten minims of a ten per cent. solution of apomorphine under the skin of the left arm, the pulse and temperature at the moment of injection being 72 and 98° respectively. During the first two minutes no effects were produced. After about three minutes the pulse began to rise slightly, and the respirations became slightly accelerated. At the end of four minutes I felt a sudden qualmishness, which was almost immediately followed by nausea and profuse vomiting. This continued for several minutes, and was followed, as soon as the contents of the stomach had been evacuated, by severe retching. On taking a draught of water with a little brandy in it this was immediately rejected, and on drinking cold water this too returned at once. No bile, however, came up in the vomited matters. At the end of seven or eight minutes from the commencement of the experiment I began to feel very faint and was compelled to lie down, and almost immediately on doing so I fainted entirely, and remained in a state of syncope for about five minutes. On awaking from this I felt giddy and chilly, and was obliged to take a little brandy and water. This was retained, and as I began to feel slightly drowsy I remained lying down for the space of about an hour, during which time I perspired profusely. On rising I still felt slight giddiness, but no inclination to vomit. I went to bed and slept soundly all night, awaking about 8 a.m. in my usual health, slightly pale, but very hungry.

The pulse and temperature observations taken by Dr. Wright during the course of the experiment were as follows :—

May 25th, 9	p.m.,	pulse 72,	temp. 98°.
" "	9.5	" 80,	" 99.2°.
" "	9.12	" 65,	" 97.8°.
" 26th,	8.20 a.m.,	pulse 70,	temp. 98.2°.

The second experiment made was upon a patient under my care with an ulcer of the leg, a stout, strong carman, aged twenty-eight, and I determined in this case to com-

mence with a less quantity than the one tenth grain. The notes of the experiment ran as follows:—

June 5th.—Wm. J—, aged 28, carman. Pulse 76; temp. 98·3°; general health good; pupils normal.

8.4 p.m.—Injected one twentieth grain of hydrochlorate of apomorphine under the skin of arm.

8.8.—Feels giddy; complains of pressure at epigastrium; pulse 88, weak, but regular; pupils moderately dilated.

8.9.—Began to vomit slightly.

8.10.—Vomiting profusely. This continued for three minutes.

8.13.—Ceased vomiting. Took a drink of water, which came up immediately. Milk was also rejected in like manner. Pulse 80, weak; temperature 98·6°.

8.20.—Still feels very giddy and looks pale; pupils dilated.

After lying down for half an hour he got up and walked home, and when I next saw him he told me that he felt no unpleasant after effects, and ate a good supper on reaching home.

From a variety of causes my experiments were here interrupted, and it is only within the last three months that I have been able to resume them. In the meantime several observers, both here and on the continent, have been carefully studying the action of apomorphine, and papers upon it have from time to time appeared in the various medical journals.

Dr. Gee, of St. Bartholomew's Hospital, performed a number of experiments upon cats, dogs, and rabbits, the results of which he communicated to the Clinical Society.* Since then papers have appeared by M.M. Siebert,† Riegel and Böhm,‡ Blaser,§ Quehl,|| Loeb,¶ Moerz,** and Rabuteau,†† giving the results of their observations, physiological and clinical, upon the action of apomorphine.

* "On the Action of a New Organic Base," by Samuel Gee, M.D. *Transactions of Clinical Society*, vol. ii. † *Archiv der Heilkunde*, xii, 522—548.

‡ *Deutsch. Arch. für klin. Med.*, ix, 211. § *Arch. der Heilkunde*, xiii, 272.

|| *Centralblatt*, Oct. 12, 1872. ¶ *Berliner klin. Wochens.*, Jan. 20, 1873.

** *Prager Vierteljahrschrift für prakt. Heilkunde*, xxix, 76.

†† *L'Union Médicale*, Feb. 22, 1873.

Their experiments have been performed upon cats, dogs, rabbits, guinea-pigs, and the human subject.

In the experiments performed upon cats and dogs it was found that a larger dose was required than in the human subject, but the symptoms produced, with a few exceptions were such as I have above described. This I have recently verified in several observations made upon cats. The quantity required to produce vomiting varying from $\frac{1}{3}$ to $\frac{1}{2}$ gr., vomiting being produced in five to ten minutes, the animal recovering directly. In dogs a somewhat smaller quantity suffices. In rabbits and all rodent animals even large quantities failed to produce the least emetic effect.

Dr. Quehl found that by cutting the vagus nerve on both sides, or by chloroforming the animal, vomiting was prevented.

In several of Dr. Gee's experiments on cats, however, he found that the group of symptoms produced was far from being as simple as those given above, and in two cases which I have recently seen the symptoms were so different that I shall venture to read you the notes of one of the experiments.

February 20th.—Took a large powerful tom-cat, and injected $\frac{1}{3}$ gr. dissolved in ten drops of water under the skin of the abdomen.

10.20 p.m.—Within a few seconds after the injection begins to be excited and jump about the room; pupils became very much dilated; runs wildly round the room looking up at the walls.

10.25.—Respiration and pulse much quickened; very excited and savage; very sensitive to slight noise; runs round the room, and tries to scale the walls, falling backwards on his back at each attempt. On examining the eyes with the ophthalmoscope the retinal vessels appear much congested.

10.40.—Injected another $\frac{1}{3}$ grain; urination; walks to and fro like a tiger in a cage, constantly looking up at the wall; pupils dilated to their fullest extent; breathing 92 per minute, laboured; pulse too rapid to be counted.

11.0.—Injected $\frac{2}{3}$ gr.; slightly salivated; tongue pro-

truding ; is very savage if touched ; runs about from side to side, the hind legs being slightly dragged ; slight twitchings of head, especially on hearing any noise ; runs backwards.

The next morning all the symptoms had disappeared with the exception of a slight dragging of the hinder extremities, which continued for a couple of days. Thinking that the specimen used, which had been kept in solution some weeks, might have undergone some change, I procured a fresh supply of pure apomorphine, and on trying this upon two cats was fortunate enough to observe in one of them the same train of symptoms, though in a somewhat less marked degree. No vomiting followed in either case. Gee found that by commencing with a large dose these symptoms could invariably be produced. In one of his cases when the animal had in all $7\frac{1}{2}$ grains injected, the animal had epileptiform convulsions, and was found dead the next morning.

The post-mortem appearances hitherto observed have been so slight as to afford little or no clue to the *modus operandi* of the poison. In one of Quehl's cases a little hyperæmia was found in the pons Varolii and adjoining parts of the crura cerebri, the remaining organs being perfectly healthy.

I have ventured to classify the symptoms so far observed by myself and others as follows :

Brain and Cord.—Slight deafness, giddiness, singing in ears, great excitement, epileptiform convulsions brought on by touching. Tetanic condition, running round and round room, scaling walls, turning summersaults. Partial paralysis of the hinder extremities, clawing, natatory movements. Diminution of reflex irritability, continuous workings of stomach, depression. Uncomfortable sensation in the head.

Eye.—Pupils dilated. No action when applied locally in powder.

Ears.—Dimness of hearing.

Circulation.—Pulse accelerated, or accelerated and then

retarded. Syncope, lessening of blood pressure, fall of bodily temperature.

Respiration.—Accelerated, laboured.

Digestion.—Qualmishness, nausea, vomiting, retching, convulsive movements of stomach. Præcordial pain, salivation. Diarrhœa (in cats).

Urinary.—Urination.

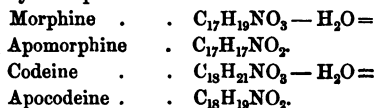
Of the clinical uses of apomorphine it is not my intention to speak this evening, as I have as yet only tried its effects in two or three cases. I see, however, that Dr. Dyce Brown has promised a paper upon its clinical uses for the *Review*, so shall look forward to its appearance with interest. I may mention that it has already proved a very serviceable emetic in cases of poisoning, to which, from its portability and readiness of administration, it is peculiarly applicable.

Dr. Loeb records a case where he injected $\frac{1}{8}$ grain in a man who had swallowed $2\frac{1}{2}$ oz. of bitter almond oil. In the course of a few minutes nearly the whole of it returned, and the patient speedily recovered. Gee used it with perfect success to produce vomiting in a man who had taken a large quantity of raw spirits.

Its advantages over the ordinary emetics are, first—the rapidity of its administration; secondly, that it can be given subcutaneously when the patient cannot swallow, or when the stomach-pump tube cannot be introduced; third, the absence of unpleasant after effects, or of any irritation in the skin when given subcutaneously.

Apocodeine.—When codeine is submitted to the same treatment as morphine a homologous substance to apomorphine is produced, differing from codeine by the absence of one atom of water.* This body has been examined by Dr. Wickham Legg, of St. Bartholomew's Hospital,† and

* The relation of apomorphine and apocodeine to the alkaloids from which they are derived may be expressed as follows:



† *Transactions of the Clinical Society*, vol. ii.

he finds that the symptoms produced resemble very closely those of apomorphine, though somewhat less marked. I have not yet had an opportunity of examining this body, so cannot speak from experience.

Diapomorphine.—When codeine is heated in a sealed tube to 140° with excess of HCl, methyl chloride is formed and a body is produced, which on analysis gives a formula differing from that of morphine by only half an element of water. This Dr. Wright has termed *diapomorphine* and at his request I have tried its effects upon cats. The substance is a brown uncrystalline scaly powder which is freely soluble in water and alcohol.¹ The symptoms obtained were as follows:

December 17th.—9.48 p.m. I injected half a grain under the skin of the abdomen of a cat.

9.52.—Pupils dilated; conjunctiva drawn from the inner canthus over one third of the eyeball; looks round wonderingly.

9.57.—Passed water freely.

10.0.—Mews continuously; slight salivation.

10.15.—Injected another half grain.

10.20.—Licks lips vigorously; salivation continues.

10.30.—Pupils very strangely dilated. Retinal vessels as seen with the ophthalmoscope are very much enlarged.

10.45.—Injected three quarters of a grain.

10.48.—Salivation very profuse, running out of animal's mouth in a continuous stream, and making a pool on the spot. Makes convulsive movements as if about to vomit. No vomiting. No narcosis.

11.0.—Salivation still profuse and viscid.

11.20.—Slight soft evacuation. The next morning the animal appeared in its usual health. A second experiment gave the same results. This substance has not yet been tried clinically, but it would fully repay proving.

The production of the above intermediate compound between morphine and apomorphine added to several other somewhat anomalous facts observed during the course of his experiments has led Dr. Wright to the conclusion that the present formula of morphine should be doubled—

Apomorphine being morphine — $2 \text{ H}_2\text{O}$, and
 Diapomorphine being morphine — $4 \text{ H}_2\text{O}$.

For a variety of reasons, however, on further investigation Dr. Wright was led to suspect the existence of several isomeric bodies identical in percentage composition with morphine. These he has succeeded in isolating; one which he calls trimorphine, having three times the atomic weight of morphine, and a second four times called tetramorphine. The dimorphine he has not yet succeeded in isolating; but he looks upon this as the source of the apomorphine which in more strict chemical terminology may be called *tetrapodimorphine* = $\text{M}_4 - 4 \text{ H}_2\text{O}$.

Trimorphine.—This body has been recently examined by Dr. Stocker.* Doses of 0.025 to 0.1 grain in cats produced great excitement accompanied with salivation (slight with small doses, but marked with larger ones). Hypnotism, more or less marked, followed the excitement. In two experiments, where $1\frac{1}{2}$ grains were given, the cat gradually sank and died in a few hours, death being preceded by tetanic convulsions; in another case, with the same dose, the cat recovered.

Tetramorphine.—Hydrochlorate $\frac{1}{8}$ to $1\frac{1}{4}$ grains produced profuse salivation and vomiting in every case in course of a few minutes. Dilatation of the pupils and cerebral congestion were noticed in some cases. This alkaloid also gives derivatives in the same way as morphine. By abstracting $2 \text{ H}_2\text{O}$ a body (diapotetramorphine) is produced which also is a very powerful emetic, both in cats and dogs (Stocker).

I have examined the bodies produced by the abstraction of four atoms of water and $8 \text{ H}_2\text{O}$. The first, *tetrapotetramorphine*, produced effects very like the diapo-dimorphine salivation, but no emetic.

Octapotetramorphine produced following effects :

December 17th, 8.50.—Injected half a grain.

8.52. — Pupils dilated; conjunctiva drawn over eyes; slight salivation and gulping.

8.55.—Slight action of bowels; tremors on any sudden noise being made.

* *Proceedings of the Royal Society*, cxxxiii, 1872, p. 210.

9.5.—Pupils dilated, conjunctiva injected, narcosis very marked. Lies on its side apparently asleep; roused by any loud noise; respirations very slow.

9.25.—Respiration still very slow.

9.30.—On spitting in the animal's face epileptiform convulsions were caused.

9.40.—Begins to be more lively and walk about; drags hind legs slightly.

9.45.—Runs about and gets into a corner. The next morning the animal appeared perfectly well.

This is as far as my experiments have proceeded at present. I have not yet ventured upon any hypothesis as to the connection between the chemical constitution and physiological action of these bodies. Comparing the hypothetical dimorphine and its derivatives with tetramorphine and the series of bodies derived from it, we see that the successive abstraction of the elements of water causes production of bodies whose physiological action alters apparently in opposite directions, the emetic action of the dimorphine derivatives increasing whilst that of tetramorphine series decreases as the elements of water are successively extracted.*

Our knowledge of these bodies is, as you see still, very fragmentary; indeed, I should not have ventured to bring

* Name of base.	Relation to morphine.	Physiological action.	Observer.
Dimorphine	$= \bar{M}_2$?	?
Diapodimorphine	$= \bar{M}_2 - 2H_2O$	Profuse salivation, but destitute of emetic properties	Blackley.
Tetrapodimorphine (apomorphia)	$= \bar{M}_2 - 4H_2O$	Most powerful emetic in cats and man	Stocker and Gee.
Tetramorphine	$= \bar{M}_4$	Very powerful emetic	Stocker.
Diapotetramorphine	$= \bar{M}_4 - 2H_2O$	do.	do.
Tetrapotetramorphine	$= \bar{M}_4 - 4H_2O$	Profuse salivation; no emetic properties	Blackley.
Octapotetramorphine	$= \bar{M}_4 - 8H_2O$	No emetic or salivant action; slight narcotism	do.

them under the notice of this Society at all had I not promised a paper of some kind this session. I trust, however, that I have said sufficient to show that we have the promise of a series of bodies likely to be more or less useful in medicine and worthy of more minute study. It is my intention to proceed to more systematic provings of them, and to communicate to you any results I may obtain at an early date. In the meantime I shall be glad to have the names of volunteers willing to undertake provings. I shall be happy to supply them with material.

Before I conclude I must acknowledge my obligations to Dr. Wright for a liberal supply of the substances to be examined, and to my friend Dr. Hill for his kind assistance in many of the experiments. The apomorphine is now to be obtained in quantity from Messrs. Macfarlane and Co., of Edinburgh, the well-known morphia makers, and the triturations from 1st to 3 may be obtained from Messrs. Gould and Son, Moorgate Street. The tincture does not keep well, as it rapidly absorbs oxygen from the air and loses its activity.

Discussion on Dr. J. Galley Blackley's paper.

Mr. POPE hoped that they might regard Dr. Blackley's paper as an indication that the proving of powerful drugs, the experimental investigation of their properties, would once more excite an interest among homœopathic practitioners, and that Dr. Blackley would be able to induce others to join him in the very useful work he had so well begun. The experiments which had been detailed were very interesting. The action of this derivative of *Opium* upon the cerebro-spinal system was well marked. One experiment upon a cat detailed by Dr. Blackley was almost exactly like a very fatal form of distemper occasionally met with among dogs. Mr. Pope had only seen one case recover, and in that the medicinal agent was *Acetate of Lead*; but he thought that the *Apomorphia* was even a more exact similimum. He thought that a more prolonged course of experiments, with varying doses, would be productive of still further information, by giving us, not only the absolute symptoms, but those which are contingent. He thanked Dr. Blackley for an exceedingly interesting series of experiments.

Dr. COOPER felt that the thanks of all present were due to Dr.

Blackley for the care and trouble he had taken in preparing his very interesting paper; the facts brought to light in regard to the *Salts of Morphia* were most important, but for himself he should have preferred that the same pains were taken in investigating the action of the crude *Opium*. *Opium* is a drug that Hahnemann seems to have been more in error about than any other of which he has left us provings; he was mistaken in supposing that it never removed pain, and also, most probably, in saying that *Camphor* destroyed the effects of *Opium*. We have never satisfactorily determined whether *Camphor* really does counteract the action of *Opium*; facts are at present against any such supposition, and a tithe of the trouble Dr. Blackley has taken with its alkaloids might for ever settle this very important particular. Dr. Walter Smith, of Dublin, recommends the use of the active principles of herbs in preference to using the original plants, but this we can easily see could not be done with *Opium* any more than it could with *Belladonna*, whose alkaloid—atropin—can dilate the pupil when in contact with the conjunctiva, but has no power to do so when painted over the eyelids, while the *Belladonna* juice can dilate the pupil when administered in either way. Dr. Cooper has seen *Apomorphia* cause immediate cessation of vomiting in a distressing case where a tumour pressed upon the brain.

Dr. Druvy felt Dr. Blackley had shown much zeal in his researches, but he hoped for the sake of science he would not let his zeal outrun his discretion. He was reminded of Ibrahim Pasha's reply to the four French doctors, who, on giving in their report on the plague, said that one of their number had worn the shirt of a plague patient. Ibrahim, while expressing his interest in their proceedings, said he thought the doctor alluded to was the greatest fool of the four. He did not mention this to throw cold water on Dr. Blackley's efforts, but rather to urge him to be cautious in what he did.

Dr. BLACKLEY, in reply, begged to thank the meeting for the kind manner in which his paper had been received. He quite agreed with Dr. Cooper that there was still a rich harvest to be reaped from a fuller investigation of *Opium*, and suggested that Dr. Cooper should take up the subject himself, and let the Society have the benefit of his investigations. The case mentioned by Dr. Cooper was interesting, as it tended to confirm the theory that the action of *Apomorphine* is cerebral, and would, indeed, follow from Quehl's experiment of cutting the vagus. The names at present in use, though in strict accordance with modern chemical nomenclature, were doubtless somewhat complicated, but there was every reason to hope that as the substances came more and more into general use newer and simpler names would be given to them. In reply to a question as to the effects of *Apomorphine* when given by the mouth, Dr. Blackley stated that the effects were the same; the quantity required

being, however, much larger. Gee had found that a dose of one grain and a half was required to produce emesis in an adult.

ON THE FEBRILE STATE AND ITS HOMŒOPATHIC TREATMENT.

By Dr. BAYES.

IN taking *the febrile state* as my theme this evening I do so because the inflammatory or febrile state is more or less the cause of by far the greater danger with which we have to contend in a very large number of the diseases we meet with.

Not only is this *state* the most frequent cause of the danger to life which environs all the exanthemata and all the inflammations of great organs and glands, but recent pathological researches show us that it is the cause of the greater proportion of the cases of phthisis which we meet with, and also of a very large proportion of those diseases of the womb and its appendages which sap the health of the present and future mothers of our civilised races, injuring the physique of the race which is to come.

Hence it is impossible to overrate the importance of the subject before us, and every practical physician has ever acknowledged that a true appreciation of the physiology, pathology, and therapeutics of fever is the basis of clinical medicine.

Let us then examine the phenomena of the febrile state (including inflammation, which is in itself a local fever).

After a chill or rigor more or less severe, increased heat of skin, quickened pulse, languor and lassitude, more or less prostration, and lastly, a critical discharge through some function takes place and then recovery.

To understand the pathological changes here indicated we must first consider very shortly the physiology of health.

Healthy functional activity depends on equable circulation.

Equable circulation is sustained by the mutual action of three sets of nerve-fibres, each of which takes its part in adjusting the balance, the motor, the sensory, and the sympathetic.

The special function of the sympathetic nerve-fibres appears to be to induce contraction of the blood-vessels and capillaries over which it is distributed, thus controlling the supply of blood to the ultimate tissues.

If the sympathetic nerves supplying any given part are divided or paralysed, we have at once increased vascularity and all the phenomena of inflammation induced, and if this arrest of sympathetic nerve function be general we have then all the phenomena of fever induced. This increased vascularity, with the attendant inflammatory or febrile state, has been clearly proved by recent physiological experiments to arise from the action of the motor and sensory fibres, forcing the blood into and over-distending the capillaries whose elasticity is uncontrolled when the opposing action of the sympathetic nerve-fibres is withdrawn or suspended.

In his essay on "Rational Therapeutics"* Dr. Edward Meryon states a number of most interesting facts bearing no these phenomena; he says that in every instance in which the sympathetic fibres have been divided, "an increased vascularity, an elevated temperature, and an increased secretion, have resulted.

"Another curious and instructive phenomenon occurs when the blood is thus transmitted in a preternatural quantity through the capillaries. The venous blood immediately becomes brighter in colour. M. Claude Bernard observed this fact in the coronary veins of the left side of the lip of a horse after he had divided the left cervical sympathetic.

"Now, the application of a weak electric current to the peripheric end of the divided sympathetic reverses all this. The calibre of the distended capillaries is quickly reduced; the temperature is lowered, and may be depressed below

* *Rational Therapeutics.* London: J. & A. Churchill.

the existing degree in other parts and secretion is diminished. If the power of the current be increased, the circulation may be entirely arrested, so that if examined under a microscope the capillary will be seen to be completely empty."

The researches of Lionel Beale carry us a stage further in our knowledge of the pathological changes which are found in the blood during the febrile state. He says that during the febrile state the blood is found to contain a far larger amount of bioplasm or germinal matter than it contains during the normal condition of health. In his interesting work on *Disease Germs, their Nature and Origin*, p. 215, he thus speaks of fevers and inflammations: "In the simple feverish state, and in the febrile conditions induced by the introduction of contagious bioplasm from without, we find the essential phenomena identical. These are to be noticed: altered chemical changes, impeded capillary circulation, and elevation of temperature, which is maintained as long as the fever lasts. These phenomena cease when free action of the skin, kidneys, and bowels occurs. By this free action is effected the removal of a large quantity of imperfectly oxidized compounds which had been accumulating during the continuance of the febrile condition. The escape of these substances is soon followed by the complete disappearance of febrile symptoms and return to the healthy state. The most virulent and fatal fevers excited by the introduction of poisonous disease-germs into the organism differ from the simple feverish condition only in degree, and in the immediate exciting cause of the early changes."

"Fever and inflammation are always characterised by an elevation of temperature varying from one or two to twelve or even fifteen degrees above the normal standard. If this is not, as I believe it to be, a consequence of the increase of bioplasm or living matter in the organism, the two phenomena are invariably associated. Principally and primarily there is increase of the bioplasm or germinal matter of the blood and of that in the capillary vessels, but afterwards that of the tissues undergoes the same change.

This increase of germinal matter is itself due to the presence in the blood of pabulum, and its accumulation in undue proportion. The constituents of this pabulum ought to have been *eliminated* by various glands as fast as they were formed, *or other compounds should have been produced instead*, which being more highly oxidized would have been readily got rid of in the form of uric acid, carbonic acid, and other substances easily excreted."

The author proceeds to say that in common cold or any slight feverish attack there is evidence of this increase of germinal matter in the blood, and "impairment of free circulation through the capillaries" with increased temperature.

"The rise in temperature, be it restricted to a part of the body, as in *inflammation*, or distributed over the entire organism, as in fever, is *invariably associated with the increase of the bioplasm*," p. 218.

Dr. Lionel Beale hence attributes the increase of temperature to the increase of bioplasm, and combats the idea that the evolution of heat in fever is due to oxidation, saying, "It has been affirmed over and over again that the elevation of temperature is invariably due to increased oxidation; but the state of things above referred to can hardly be favorable to this process. The oxidation theory is quite negated by the fact that the temperature sometimes rises most rapidly for some hours *after* death has occurred, and when it need hardly be said the organs concerned in effecting oxidation have completely ceased to act," p. 219.

If, bearing in mind the sequence of the phenomena of fever, we briefly review the above results of the researches of M. Claude Bernard, Dr. Meryon, and Lionel Beale, we arrive at these results:

1st. That the chills or rigors which precede the febrile state are produced by some over-stimulation of the peripheral branches of the sympathetic nervous system, or by some prostration or arrest of the function of the branches of the motor or sensory nervous system, by which the capillaries are inordinately contracted and emptied.

2ndly. That the febrile state (or hot stage) which follows the chills, results from prostration or arrest of the function of the branches of the sympathetic nerves, or by some hyper-excitation of the motor and sensory nerves, by which the balance of circulation is disturbed in the opposite direction to that above named, and the capillaries become distended.

3rdly. That the distended capillaries in the febrile state not only contain a larger proportion of blood than they do in health, but that blood-corpuscles are found in those vessels which in health contain none, and that the blood contains a far larger proportion of bioplasm or germinal matter than is found in the blood in health.

Before proceeding to the consideration of the third and last stage of the febrile state, *i. e.*, that of its termination by critical discharges, it may be as well to discuss some points of practical importance contained in the above three propositions.

With respect to the first series of ascertained facts there are some practical deductions which should strike the observer. If by the over-stimulation or irritation of a chill or sudden shock to the nerves controlling the peripheral circulation the arteries and the capillaries become emptied of blood, there must necessarily be a sudden arrest to that nourishment of tissue upon the regular performance of which health depends, and there must also be an arrest of that elimination and excretion to which allopathic attention seems so exclusively drawn when contemplating these facts. Hence we may assume that cell-life is checked and weakened by the sudden withdrawal of its accustomed pabulum (the bioplasm), which is conveyed to it in health by every pulsation of the heart.

Then comes the second act in the vital drama, the reaction of the motor nerves and the paralysis, more or less complete, of the sympathetic fibres: not only the usual supply of bioplasm is flooded on the ultimate cells, but a quantity of this pabulum is forced upon them which would be quite beyond their healthy powers of absorption, and which, in their weakened state, they wholly reject; the capillaries,

therefore, remain gorged, or their coats give way, and extravasations take place by which bioplasm or germinal matter becomes deposited in large quantity in certain organs or tissues.

We have, therefore, before us two conditions of grave significance: we have an arrest of the constructive processes of the body, *i. e.*, of the growth of healthy tissue: we have an arrest of the destructive processes of the body, *i. e.*, of the activity of the eliminative functions, and from these two conditions we have an accumulation of bioplasm (germinal matter) within the system, with a loss of balance between the three sets of nerves which control circulation, nutrition, and elimination; the sympathetic nervous system has lost its controlling power; the sensory and the motor nerves are in a state of hyper-excitation, and the life-blood runs riot, destroying that which in health it is its function to nourish, to sustain, and to strengthen.

Rational therapeutics, following these two indications, should lead us, therefore, to seek for such medicines as should primarily restrain the engorgement of the capillaries and secondarily promote the constructive processes once more by specifically stimulating the paralysed peripheral nerves, thus, so to speak, reducing the pressure of the blood in the capillaries, and opening the portals of the tissues to receive the masses of bioplasm lying in morbid accumulation at their doors, and in doing this the whole dead-lock in the circulation through arterioles and capillaries would yield, and secretion or excretion would once more be freely set up and convey away effete matter.

This is the aim of homœopathic medication in such a case, and it is strictly conservative; hence, after recovery under such treatment, we avoid the long convalescence which follows the destructive treatment of artificial elimination.

We see in the febrile state that, after some over-stimulation or severe irritation of the sympathetic nerve-fibres, causing contraction and emptying of the arterioles and capillaries, that an equivalent amount of paralysis of the same set of nerve-fibres ensues, leaving the arterioles and capillaries in a relaxed condition, during which they become gorged with

blood and overwhelmed with masses of unappropriated bioplasm.

The homœopathic physician thus has to seek for a remedy which has the power to induce similar states in the same sequence when given in the large dose, and he has to administer his remedy in a dose so small as gently to stimulate the partially paralysed sympathetic to such a point as shall enable it to reinduce contraction of the arterioles and capillaries, and to oppose and balance again the hyper-excitation of the motor fibres.

When the febrile state is general and simple, the chill stage is of very evanescent duration, and is easily met by a warm bath or by placing the patient in bed, but as soon as the quickened pulse and heightened temperature show the incipient paralysis of the sympathetic, then *Aconite* becomes our appropriate remedy, and in simple cases this single remedy will suffice to the end.

In his *Manual of Pharmacodynamics** our esteemed colleague Dr. Richard Hughes says, in speaking of the physiological effects of *Aconite*, p. 36 :—"Some very striking phenomena are observed in the sphere of the circulation. In acute poisoning, the dilated pupils, the pale face, the quick and contracted pulse and the general coldness within and without, speak of an excitation of the vaso-motor nerves throughout the body." "In other words, we have a condition answering to the chill of fever." "When reaction takes place the condition of febrile heat succeeds to that of chill." "In the 'Austrian Provings' one prover was so distressed by the febrile heat induced, that, not knowing what drug he had been trying, he commenced taking *Aconite* to obtain relief." "Further evidence," says Dr. Hughes, "if such were needed, of the action of *Aconite* upon the vascular nerves is afforded by the effects of its local application. Drop (as Prevost and myself have done) some of the diluted mixture on the web of a frog's foot and you will see under the microscope the primary contraction and secondary dilatation of the arteries, which are just the febrile chill and heat upon a small scale."

* *Manual of Pharmacodynamics*, 2nd edition. London: H. Turner & Co.

In these experiments we see that the effect of a large dose of *Aconite* and that of a chill are similar, viz. over-excitation of the sympathetic nerve-fibres acted upon, during which the arterioles and capillaries become contracted and emptied, followed by a consequent and proportionate enfeebling or paralysing reaction, during which the arterioles and capillaries become relaxed and gorged.

Now, if we see a patient suffering from the febrile state consequent upon a chill, and give small doses of *Aconite*, we excite or stimulate the enfeebled sympathetic, and our art should teach us to select just such a dose as shall stimulate the vaso-motor nerves up to their healthy standard, neither more nor less. A large dose would increase the evil by inducing medicinal over-excitation of the nerves and consequent increase and prolongation of the subsequent febrile state. The small dose, and, in some cases, the infinitesimal dose, becomes, therefore, a necessity when we look upon the *rationale* of medicinal action used for the purpose of direct stimulation of an enfeebled and partially paralysed nervous tract; and the reasonableness of Hahnemann's warnings against over-dosing as leading to possible medicinal aggravations becomes forcibly apparent.

If we pass from the contemplation of simple fever to the consideration of cases of more complication, where disease-germs or poisonous influences have entered the system, and have induced their specific forms of inflammation in certain tracts or organs, again our homœopathic rule guides us to a definite remedy, for, that medicine, which can produce the simillimum of a specific febrile state, must do so by its power to paralyse the same nerve tracts by which the arterioles or capillaries of a given tract or organ have become the seat of the chief disease. For example, the sore throat and scarlet rash of true scarlatina have their counterpart in the sore throat and scarlet rash induced by *Belladonna*, and when the tonsils and skin have become the seat of an idiopathic febrile state, the small doses of *Belladonna* exert their specifically stimulating power over the partially paralysed sympathetic nerve-fibres supplying the

capillaries of the skin and tonsils. Even when we are powerless to quell the whole disturbance, we are usually able to so far direct its course as to rob the febrile state of its destructive power, and to restore such power to the system as promotes a fair degree of functional activity.

Take another example: pure gastritis, the reddened clean tongue smooth as if polished, the extreme irritation of stomach, with pain and anguish, have their analogues in the poisonous effect of *Arsenicum*. When we see the arterioles and capillaries of the mucous surface, idiopathically, thus acutely congested, and their secretions arrested, we give the small dose of *Arsenicum*, knowing that it will stimulate the partially paralysed sympathetic nerve-fibres up to their healthy power of control.

It is not from any desire to draw an invidious comparison between the two schools of therapeutics that I proceed now, very briefly, to review the treatment which is recommended by the foremost prophets of the older school; and, firstly, let us examine the means by which Dr. Lionel Beale proposes to treat the febrile state.

On p. 353 of the work above referred to, he thus speaks "of the treatment of slight fever," or rather of a feverish cold. He advises warmth either of bed, with plenty of blankets, or the neighbourhood of the fire and a warm bath, with the intention of determining the blood to the surface, exciting the glands to act, and by free perspiration, of relieving the blood of certain constituents which were accumulating in it to the detriment of the organism. Free diaphoresis is the indication to be aimed at. These means belong rather to nursing and management than to medicine, and there is no doubt but that rest, warmth, and the warm bath, are invaluable auxiliaries in the treatment of the febrile state. So far both schools will agree, but Dr. Lionel Beale, proceeding on the assumption that the accumulated bioplasm in the blood is the cause of the febrile state, goes on to recommend such medicinal means as tend to destroy this bioplasm, to convert it into excrementitious substances, and to stimulate the eliminative functions to cast it out of the body by free action of the skin, kidneys, and bowels.

Especially this author praises *Calomel* and other mercurial preparations. "These," he says, "promote free action of all the glands which pour their secretions into every part of the alimentary canal, from the mouth to the anus. By this free excretion quantities of peccant substances are removed from the blood which otherwise would have remained there." On the same grounds the author highly praises "the beneficial action of diuretics, sudorifics, of a course of German waters, and the frequent use of the warm bath and of the Turkish bath." He not only advises these means for the febrile state, but recommends to those who live in cities, who take little exercise, and who frequent heated rooms, the recourse from time to time to such drugs and means as "artificially excite the free action of the skin, kidneys, and bowels from time to time," since he alleges that by habitually using these means, and by care in eating and drinking, the liability to "troublesome febrile attacks, to contagious fevers, and to inflammatory disorders," will be greatly diminished.

Summed up in a few words, therefore, Dr. Lionel Beale's theory of the febrile state is, that, in this state, the blood is found loaded with bioplasm to a degree incompatible with health, hence the indication is to destroy the superabundant bioplasm and to cast it out.

The error in this system of treatment is, that such treatment is destructive, and therefore wasteful of healthy structure, even where it is not dangerous to the patient, as it must often prove. The treatment of the febrile state by active artificial elimination is essentially opposed to that conservation of force which should be the aim of the physician in the treatment of his patient.

It may be true that in the febrile state more bioplasm exists free in the blood than is found there in health, but it is not from any excessive formation of this bioplasm, but from the arrest throughout the body of the power to assimilate this pabulum.

What takes place in the body under such circumstances has, not inaptly, been compared to what would occur in our metropolis, if every house, hotel, warehouse, and wharf were

suddenly closed, while road and river and rail still uninterruptedly continued to pour into our city the usual daily supply of passengers and goods. A vast amount of irritation and of blockage would ensue, and this is just what occurs in the lesser world of the human body when in the febrile state.

The cure for such a state of things would not be found in slaughtering the living mass and carting it to the cemeteries, or in throwing part of the goods into the river and in burning the rest, but in reopening the houses, warehouses, and wharves, and in stopping further influx of goods and passengers till the streets and thoroughfares were unencumbered.

In place of burning, destroying, and casting away as the allopath counsels, the homœopath would seek to check further influx, and to find the keys to open as wide as possible the doors and gates of wharf, warehouse, hotel, and house, and thus to save the city from dire catastrophe.

“Oxidation, conversion of bioplasm into urea, uric acid, carbonic acid, and other substances easily excreted,” is equivalent to burning, slaying, and burying, and is to be deprecated so long as preservative measures are possible by all wise rulers and by all careful physicians.

Nor even do these heroic measures compass the end for which such tremendous sacrifices are asked. For instance, in rheumatic fever the patient is sweating profusely and passing uric acid, possibly too he may have diarrhœa, but all this eliminative and destructive energy gives him no relief whatever.

Or, taking another example, typhoid fever, does the presence of diarrhœa cure or even reduce the febrile state? We all know that it does not; on the contrary, it diminishes the patient’s chance of recovery. Dr. Lionel Beale is perhaps well aware of this, since he says, on p. 363, “to purge freely just as an attack of enteric fever is coming on would unquestionably be very wrong;” but if it be wrong, as we all know it would be, then the whole of this prettily constructed theory of purging and sweating and urinating away the febrile state falls to the ground, for no better

example of the febrile state with its superabundance of bioplasm and its heightened temperature and quickened pulse is to be found than is to be met with in typhoid fever.*

* In the first volume of the *Annals and Transactions* of the British Homœopathic Society is published a paper "On the Treatment of Intermittent Fevers," which I had the honour of reading before this Society. In it I attempted to show from an analysis of seventy-five cases of ague that the surest way to cure the disease was to individualise each case carefully and to treat it in strict accordance with the homœopathic rule of similars. I did not attempt to give any explanation of the reason why *Quinine* or *Arsenic* should be unable to cure certain cases of the disease, but contented myself with showing that, although these two drugs will cure by far the majority of intermittent fevers, yet that a material number remain uncured, no matter what doses of *Quinine* or *Arsenic* may have been given, and that these cases yield to other drugs given in small doses and in accordance with a strict adherence to the rule of "similars."

I do not propose to reopen the question of the treatment of intermittent fever, and I allude to it here because, in its paroxysm, it gives us an example of all the phases of fever in its microcosm, viz. rigors, followed by increase of heat of skin, quick pulse, languor and lassitude, ending in diaphoresis; and because, by its recurrence within a certain time, it shows that the diaphoresis is not to be looked upon as a critical discharge, curative of fever.

In continued and some other forms of fever, therefore, when medical writers speak of the diaphoresis, diuresis, or diarrhœa (which follow the febrile state, just as the sweating stage follows the hot stage of an intermittent), as if these discharges cured the fever. They fall into error in thus accepting the *post hoc* as the *propter hoc*, an error which, when applied as an indication for treatment, has been and is productive of much mischief by leading them to employ diaphoretics, diuretics, and purgatives in the treatment of the febrile state. The true explanation of the sequence of the three stages of fever, as shown by recent physiological and pathological research, proves the fallacy of this method of reasoning. The artificial production of the symptoms which accompany the last stage of a febrile paroxysm will not necessarily cure a fever. Nay, by the forcible over stimulation of the secretion of certain organs, at too early a period of the fever, we may weaken their eliminating power at that later period when their activity becomes essential to a cure, and thus such interference may greatly prolong the period of convalescence.

This truth has been appreciated by more than one of the foremost allopathic practitioners. The school which confines itself to such sustentation of life as is afforded by careful nursing and dieting during the febrile state is far more successful in its treatment of fevers than the more heroic school who, arguing that an artificially induced crisis is as good as a natural one, apply medicinal drugs to the great hurt of their patients and sometimes to the tragical sacrifice of disease and life together on the altar of their false science.

At the same time the art and science of medicine ought not to rest satisfied

It is strange to turn over the pages of this most modern of books, written by the foremost physiologists of the day, and to find it singing the praises, not only of purgatives and sudorifics and diuretics in disease, as if no practical progress had been made in medicine during the past century, but to find, as we do on p. 364, "I doubt if the old woman's detestable dose of warm salts and senna, administered with never failing regularity once a month to each unfortunate little schoolboy of former days, was by any means an unwise or unscientific proceeding. I am not at all sure that many an organism which becomes the victim of disease-germs would not have been able to resist the contagion had the excreting organs been judiciously excited to moderate action at the proper intervals of time." And so the praise of salts, senna, jalap, scammony, and cream of tartar continues to be sung by this modern medical prophet, and the exploded practice of the routinist comes back to us under the ægis of modern allopathic science.

Two other great engines, however, are brought to bear against the febrile state by modern allopaths—*cold* and *alcohol*.

The thermometer bears no little part both in diagnosis and in the regulation of treatment. The temperature of the body in the febrile state may range from the normal 98°, to 107° or even 110°, but when a temperature of 107° is reached (and sometimes even at a lower temperature) a fatal result generally ensues. Dr. Lionel Beale asserts that the rise in temperature in the febrile state is due to the rapid growth of bioplasm within the blood and tissues, and that whatever will tend to check this growth of bioplasm will tend to lower the temperature and to reduce the intensity of the febrile state. The two agents which most readily meet this indication he states to be alcohol and tonics, but in addition to these he also mentions the effects of continued cold.* with the mere direction of nursing and dieting, with the sympathetic smoothing of the patient's pillows and the exhibition of kindness and love. All these things, needful as they are, and happy as they are in their effects upon both the patients and their friends, yet fall far short of what the physician should do as high priest in the Æsculapian temple.

* *Disease Germs*, p. 327.

The excess of bioplasm being, according to Dr. Lionel Beale's view, the cause of the febrile state, its removal, its change of constitution, or a check to its formation, will tend to abort the febrile state or to remove it. In considering the effects of external cold in fulfilling this indication, Dr. Beale reviews Dr. Wilson Fox's cases, published in an essay entitled "The Treatment of Hyperpyrexia" (Macmillan and Co.), and while giving full credit to the skill by which two patients, suffering from acute rheumatism, were rescued from imminent death by the application of ice and ice-cold baths (the temperature of the body being 110° and 107° respectively), he yet attributes part at least of the good result to the administration of brandy which was given at the same time. Six ounces of brandy was given while the patient was in the bath (in one case), and eighteen ounces a day for several days subsequently, and from twenty-four to twenty-eight ounces in the twenty-four hours in the other case.

In the first of these two cases the temperature of the patient fell from 110° to 103° in half an hour, and to 99.50° in less than another half hour. Dr. Beale attributes this fall of temperature more to the brandy than to the cold, and says that he has seen many cases of a like rapid fall of temperature where brandy had been given without the cold. The case of septicæmia, read at our last meeting by Dr. Hale, corroborates this view. The administration of $\mathfrak{z}\text{ii}$ of brandy every hour was followed by a steady decrease of temperature from 105° to the normal standard at the rate of $\frac{1}{2}$ a degree per hour with a corresponding diminution in the pulse beat. On the other hand, Dr. Fox quotes a case treated by Dr. Meding where the temperature fell from 108.6° to 99.5° in five hours during the application of ice-cold cloths to the body and enemata of iced water every half hour. The pulse fell from 140 to 72, perspiration ensued, and the patient rapidly recovered. In this case no brandy was administered.

The question becomes very interesting as to how does cold act in these cases. Taking into consideration all that has been said above as to the semi-paralysed condition of

the vaso-motor nerves and the consequent engorgement of the capillaries and arterioles in these cases, is it not probable that the rapid recovery following ice-cold cloths, iced-water injections, and cold effusions, results from the stimulating effect of cold upon the vaso-motor nerves rather than from the mere abstraction of heat?

“In very severe cases of fever,” says Dr. Beale, “what we have to apprehend, and that which our greatest efforts should be directed to avert, is *stagnation of the blood in the small vessels, and cessation of the capillary circulation over a considerable part of the body.*” Perhaps no single means is so likely to prevent this *stagnation* as cold affusion, or in severe cases the application, of ice cold. It is probable also that by this local stimulation over the whole surface, not only are the vaso-motor nerves enabled to contract the capillaries and thus to avert stagnation, but also that the nutrition of tissues is stimulated, and thus that the bioplasm becomes absorbed and utilised, by which the temperature is lowered and healthy functional life once again is awakened into action. There is much which would lead us to conclude that the action of cold, *if not too long continued*, is in fact a more direct stimulant or excitant to the peripheral nerves than brandy. Dr. Beale, indeed, does not claim the good results which follow the administration of brandy in the febrile state as due to its stimulating power, but attributes its efficacy to its “*diminishing the rate at which vital changes are proceeding*, in fact, by causing particles of bioplasm which were living *too fast* to live *more slowly* and by causing *the death* of many.” It is doubtful if this view be correct; at least, there is much to be said on the other side, and still more to be said as to the homœopathicity of the action of brandy which, when administered to the healthy man, will induce an artificial febrile state very perfectly, even to its stage of delirium. This is conceded by our author, who says (p. 424), “that alcohol will produce delirium in health and remove or prevent the occurrence of delirium in an exhausted state of the system are facts, but they cannot be fully explained in the present imperfect state of our knowledge of nerve-centres

and nerves, especially of the nerve centres which control vascular phenomena.”

Before leaving the consideration of the therapeutic effects of cold, I must say a few words on Dr. Chapman's views on this important subject. He founds his principles on the following propositions:—“That every gland and glandular follicle in the body is under the control of one *motor nerve* emerging from the *cerebro-spinal* system and distributed to its secreting cells in order to regulate its functional activity; and of another *motor nerve* emerging from the *sympathetic* system, and distributed to its artery or arterial twig in order to regulate its blood supply,” and further, that “every tissue of the body is thus supplied with two similar sets of nerves,” and is “thus placed and sustained in a state of elective affinity for the elements of the blood requisite for its nourishment and functions.”

He assumes that when the sympathetic ganglia are in a state of *hyperæmia* the energy of the sympathetic nerves is increased so excessively as to induce tonic spasm in the coats of the arteries and vessels they supply, this spasm may be so intense as to shut off the blood altogether from a large proportion of the peripheral arteries.

In like manner, when the spinal cord is in a state of hyperæmia, muscular cramps are likely to ensue.

Dr. Chapman asserts that the spinal cord and the sympathetic ganglia can be rendered hyperæmic artificially by means of heat, or anæmic by means of cold applied along the spine. He finds that cold applied by means of an *ice-bag*, about four inches wide, down the spine increases the general circulation and bodily heat, and he explains this fact on the hypothesis that ice exerts a direct sedative influence over the organic nervous centres. The result of many experiments, he says, confirms the view that “the peripheral circulation, and consequently bodily heat, are increased by ice applied along the spine.

On the other hand, Dr. Chapman says that heat applied along the spine will lessen the general circulation and bodily heat, and will increase secretion.

In the application of heat, however, Dr. Chapman does

not place the hot-water bag over the spine but on either side of the spine. He uses hot water of a temperature of 120° Fahrenheit.

The discrepancy which at first sight appears between these results of Dr. Chapman's experience and that of Dr. Wilson Fox is more apparent than real. In the cases treated by cold, by Dr. Fox, the whole surface was exposed to the effects of the ice-cold water, and the impression was made directly on the whole peripheral nerves. Cold to the spine, affecting the nervous centres alone would probably induce analogous symptoms to those which would follow the application of heat to the whole surface of the body, and heat applied to the spinal region alone would induce similar symptoms to cold applied over the whole surface of the body. I have myself frequently verified the truth of Dr. Chapman's assertion that the application of ice to the spine increases the peripheral circulation, and, therefore, the bodily heat; but whether his theory be correct that this effect is induced by an artificially anæmic condition of the organic centres, induced by the continued cold, demands further experimental inquiry.

If Dr. Chapman's principle be founded in truth, then during hyper-pyrexia heat (not cold) should be applied over the spine.

Although, in the treatment of certain functional diseases, I have seen great good result from the use of the spinal ice-bag and hot-water bag when respectively indicated, I doubt whether this treatment would be found applicable in the treatment of the hyper-pyrexia of the febrile state. And if Dr. Chapman's explanation of the phenomena be true, that heat or cold applied to the spine induce an artificially hyperæmic or anæmic condition of the spinal cord and organic nervous centres, I should conceive that such treatment might, in some cases, prove a source of danger from the artificial paralysis or over-excitation induced.

Before concluding I must allude very briefly to Dr. Meryon's views as expressed in his *Rational Therapeutics*. Acting on the knowledge that "every sympathetic ganglion is connected with both motor and sensory nerves as well as

with its own special nerve-fibres ;” and acknowledging the controlling function of the sympathetic nerve-fibres over the circulation, he advises that drugs should be given with one of two objects, either to “ increase the inhibitory influence of the nerves of Remak,” or to stimulate the vaso-motor nerves through the sensory nerves, thus acting upon them through a reflex action. He instances *Ergota* (*Secale*) as a drug possessing the power of directly stimulating the sympathetic nerve-fibres, and refers to counter-irritants as inducing the reflex action through their influence on the sensory nerves.

It is a matter of great regret, on looking through the pages of this most interesting little work, to find how weak are its practical therapeutics. Its principle is good and true ; but its suggestions for the practice of medicine upon the neuro-therapeutic basis are vague and puerile.

It is true that he admits the local action of certain medicines, and classifies certain medicines as exerting antagonistic powers over the same tracts. Thus, he instances *Opium* and *Chloral* as having antagonistic action over the nerves, controlling the circulation through the brain, *Opium* stimulating the motor nerves, while *Chloral* suspends the activity of the motor and sensitive nerves (p. 45). In like antagonism, he places “ *Aconite* and *Digitalis* in their action on the heart ; *Mercury* and *Opium* on the liver ; *Turpentine* and *Uva ursi* on the kidneys ; *Phosphorus* and *Bromide of Potassium* on the organs of generation,” &c.

But his application of his principles is far too vague and indefinite to enable those who read them for the first time to carry them into practice, unless it lead them to inquire into the therapeutic advances made by our school. I cannot conceive that neuro-pathology can find any other mate than homœopathy, and those who ignore this inevitable procession of its principles must do so either in ignorance of our therapeutic method or in wilful blindness, prejudice, and hardness of heart.

Lest I be thought to be criticising the so-called rational therapeutics too harshly, I will read but one short extract. On page 53 the author says, “ I have described how the

peculiar innervation of the heart renders that organ capable of regulating its own action, by exerting a reflex action on the wide-spread vaso-motor nerves of the general circulation."

"Fever presents us with a pathological instance of the independent condition of the organs of circulation. With a contracted pupil there is a rise of temperature, the walls of the heart are preternaturally excited; the balance of function is suspended, the motor fibres of the vaso-motor nerves obtain the supremacy, and it is precisely those medicines which depress their function, or which stimulate the nerves of Remak, which are found to be most effectual as remedial agents. The alkaloid of *Veratrum*, extolled as a remedy in fever by Trousseau and Aran in France, and by Vocher in Germany, has been carefully studied by Dr. Horatio Wood, of Philadelphia, who has determined that it exerts no direct influence on the brain; but that it *depresses the functions of the spinal cord and heart*, diminishes sensibility, restrains the action of the vaso-motor nerves, renders the respiration lower and reduces the temperature of the body."

"But whilst its effect in lowering the temperature is conspicuous, the gastric and cardiac symptoms which it evokes are sometimes so serious that we should give it with much circumspection until we have data for predicating the class of cases in which these untoward effects are apt to be induced."

What I particularly wish to bring under your notice in the above extract is this. The author admits that there are two methods of curing fever by neurotherapeutics, the one by depressing the function of the motor and sensory, the other by stimulating the sympathetic nerve-fibres. He admits that fever is caused by the depression of the sympathetic, and that the excitation of the motor nerve-fibres is only relative and dependent on the depression of the sympathetic.

Nevertheless, with two methods before him, the one that of stimulating the depressed nerve up to the health standard, and the other that of depressing the nerve which is healthy,

he deliberately recommends the destructive policy of depression, although he allows that it is apt to induce *serious gastric and cardiac symptoms*, and suppresses all mention of the conservative and genial means of cure contained in the alternative method, for no purpose that I can conceive, save that it is adopted by the homœopathic school, and therefore, however health-giving, conservative, and safe, it must be tabooed in deference to the allopathic Mrs. Grundy.

The action of *Belladonna* on the sympathetic nerves is, however, acknowledged, on the authority of Dr. J. Harley, who claims it as inducing a "tonic and slightly contracted condition of the whole circulatory tubes." "Hence it suggests itself as a remedy in fever, and the more so as, *being eliminated by the kidneys, it increases the secretion of urine.*" How fondly, in these last few lines, do we see the allopath clinging to his pet theory of elimination—*Belladonna* given in the minute dose, equally and, indeed, far better cures the fever; *the elimination*, through the kidneys not being a curative reaction, but the effort of the system to throw out the over-dose of the drug.

Allopathy also prescribes *Chloral* in fever on the hypothesis that it deadens the influence of the motor fibres of the vaso-motor nerves, and thus "virtually puts the fibres of Remak in a condition to occlude the minute vessels." It is this indirect and mischievous method of attempting to restore the lost balance—the laming of both legs to make a lame man go evenly, which we as homœopaths are bound to oppose.

In place of deadening down the healthy set of nerves, we ought to stimulate and elevate the depressed set of nerve-fibres. This is an impracticable feat to him who deals only in gross and large doses, but becomes easy to that practitioner who uses small or minute quantities of medicinal agents.

Fineness and accuracy of balance thus become the part of homœopathic therapeutics, and I look confidently forward to the time when the whole profession, acknowledging the principle that elevation of the depressed set of nerves to their healthy functional standard is the true indication for

medicinal treatment, will be led by their common sense to the conclusion that in treating disease through channels so sensitive, means of great delicacy should be sought, and in this search they will be led to the full, though late, appreciation of the true value and scientific precision of our homœopathic system of posology and therapeutics.

I regret that space is not left me for fuller discussion as to the value and position of *Alcohol*. This question has been most ably discussed by our colleague Mr. Pope in an essay read before the Society some years back, which has been published in the third volume of our homœopathic *Annals and Transactions*, in which he very ably shows that this agent is to be looked upon in the light of a homœopathic remedy when given in disease, and to be administered in small doses in those cases which most closely resemble the alcoholism induced by the poisonous or large dose.

Lionel Beale's admission quoted in an earlier part of this paper gives a very valuable confirmation of these remarks, as also do the investigations conducted by Dr. Anstie, and reported by him in his article on "Alcoholism," in Russell Reynolds' *System of Medicine* (page 65).

Discussion on Dr. Bayes' paper.

Dr. DUDGEON said it was curious to find that, with all the assistance of the most recent discoveries in physiology and pathology, Dr. Bayes had arrived at an explanation of the mode of action of medicines in fever which differed little, if at all, from that proposed many years ago by Fletcher, of Edinburgh, viz. that fever was essentially a deficient action of the vaso-motor nerves, and that the effects of the appropriate medicines was to stimulate these nerves up to the normal healthy action.

Dr. DRURY, while of opinion that it was very necessary that scientific inquiries of this kind should be made, and that homœopaths should be familiar with what was going on around them, felt that the value in practice of such researches might evidently be over-estimated, and their adoption even lead to results different from what might be expected. He remembered, a few years ago, reading a scientific explanation of the treatment of a case of uterine hæmorrhage by Dr. Tyler Smith; the paper was in-

teresting, explaining how this proceeding acted on such and such nerves, how reflex action was produced, how the stimulants did their part; all was no doubt correctly explained, but he felt at the time that a doctor might get bewildered in attempting to work on such strictly scientific principles, while an equally good result might be obtained by very much the same mode of proceeding—pressure, clearing out clots from the uterus, application of cold, administration of brandy and beef tea, the employment of *Secale* or some other remedy that acted directly on the uterus. There were many points worthy of commendation in Dr. Bayes' paper, his summing up and explanation of different modes of action; and if it were thought that such inquiries were of less value in practice than they deserved from the trouble they cost, the fault was that of those who set them on foot, not of Dr. Bayes, who gave us the summary of them; but he did not feel disposed to use the word fault, for a time might come that such inquiries might lead to practical discoveries of great value. Everything depended on the way in which such inquiries were conducted, and their results utilised.

Dr. BAYES said that he fully agreed with the remarks which fell from Dr. Nehrer, that a careful individualisation of symptoms was needed in order to select the right remedy in fever; but it nevertheless appeared to him that the recent views on the pathology of fever were of the greatest interest to the homœopathic school, as affording them a scientific explanation of the reason how and why medicines act. It was of no slight moment to show that we are following a scientific principle, and not blindly adhering to a dogma. Dr. Burwood's experience as to the failure of *Aconite* to lower the temperature in typhoid, while *Baptisia* did lower it, was most instructive, whether this medicine acts by controlling vaso-motor action, or in consequence of its antiseptic power, it is difficult to determine until far more experience has been recorded, but when given in small doses, the former appears to be the more likely hypothesis. In answer to Mr. Wyburn, he (Dr. Bayes) would remark that to act chemically and destructively on bioplasm is an allopathic rather than a homœopathic proceeding, and could only be accomplished by large doses of the agents employed.

Annals of the Hospital.

THE twenty-third annual general meeting of the governors and subscribers was held at the hospital, Great Ormond Street, on Wednesday, the 30th May, 1873.

The Right Hon. Lord EBURY, Chairman of the Board of Management, took the chair at three o'clock, when the Rev. T. Nolan, the chaplain, opened the proceedings with prayer.

Mr. JOHN W. WARREN, the clerk, then read the notice convening the meeting and the minutes of the last court, which were confirmed and signed, after which

Mr. CHARLES TRUEMAN, the official manager, read the following report of the Board of Management :

“The Board of Management in making their Annual Report to the Governors and Subscribers to the London Homœopathic Hospital, solicit their special attention to its position as now set forth.

“The total numbers of Patients treated in 1872 was 7410, of whom 485 were In-Patients, and 6925 Out-Patients, showing, as compared with the returns of 1871, a decrease of 39 In- and 183 Out-Patients. The decrease in the number of In-Patients occurred during the first months of the year; and the causes which led to it have been removed. In fact the Board have the great satisfaction of stating that ever since the month of September, the Wards of the Hospital have been absolutely full, and the Medical Staff have constantly to keep cases waiting for admission. For the first time since the establishment of the Hospital, the whole of the sixty beds are continually filled. The number of the Out-Patients depends simply upon the requisite attendance of the members of the external staff; and the long and continued illness of one of its members has operated somewhat prejudicially.

“The total number of Patients treated from the opening of the Hospital to 31st December, 1872, was 104,086.

“It may be remembered that the Balance due to the Bankers at the close of 1871 was £46 10s. 5d., the Hospital being in debt to that amount; and the Board regret that this debt was increased at the close of 1872, when the Balance due to the Bankers was £113 4s. 9d. The year's income from all sources,

including £808 13s. 8d. (the nett proceeds of the dinner at Willis's Rooms on 23rd April) reached £2926 9s. 9d., an increase as compared with the preceding year of £33 1s. 7d.

"On analysing the income it appears that the dividends gave us £22 in excess of 1871. The amount received for nurses sent out to nurse privately was £165 6s. 6d., showing an increase of £19 19s. 0d.; and reckoning the amount realised by the Dinner £808 13s. 8d., against £200 16s. 0d., raised the previous year by special appeal, it would show an increase on this head of £607 19s. 8d. Proceeding further in the analysis, the registration fees yielded less by £3 19s. 0d., naturally caused by the less number of Out-Patients; the Subscriptions were also less than those of the previous year by £27 14s. 0d., being £1062 7s. 0d. in 1871, and £1034 13s. 0d. in 1872. The Donations were £577 4s. 11d. less than in the previous year, having amounted to £927 15s. 6d. in 1871, and to £350 10s. 7d. in 1872. The amount is considerable, but it is well known that this source of income has and will always vary from time to time. We cannot judge of the prosperity of the Hospital financially by the donations received, but must look to the amount of Subscriptions as the true index. The Board trust, therefore, that each and all of the Governors and Subscribers will exert themselves to obtain fresh adherents as Subscribers. As exemplifying how uncertain a source of income are donations, it will gratify the Governors and Subscribers to learn that during the past month the Treasurer received £500, to be expended in making improvements to the Hospital, improvements long needed. This generous gift will appear in next year's accounts.

"The Board of Management regret to state that the Expenditure is in excess of that of 1871 by £291 17s. 3d.; of this considerable amount, £170, being by far the larger portion, has been caused by the increased price of provisions and fuel. The cost of printing is always also greater on the occasion of any festival as of the Dinner last year, and this item, together with a somewhat increased amount for advertisements, caused an additional expenditure of nearly £50; a slight increase of house repairs, the salary for three months of the Visiting Medical Officer (to which appointment reference will be made subsequently) and sundry other items, raise the increased expenditure to £291; but regarding the principal expense as caused by the enhanced price of provisions and fuel, the Board do not think this heavy increase could have been avoided, nor can they hold out the hope that expenditure will be diminished during the current year. It is far more likely to be increased.

"The donations, as has been stated, together reached the sum of £350 10s. 7d., and of this £231 10s. 0d. has been invested in Consols and new 3 per Cent. Annuities, thus making the total amount of the Reserve Fund on 31st December, £8568 3s. 8d.,

at a cost of £7882 1s. 11d. This is irrespective of the value of the house and furniture.

“The principal donors to the Hospital in 1872 were the Misses Smith, £50; J. S. Fletcher, Esq., £31 10s.; the Governors of the Society for the Relief of Persons Imprisoned for Small Debts, £50; and an additional legacy under Lord Henry Seymour’s will of £100. The usual letters of grateful acknowledgement to these donors have been sent by the Board of Management, on the part of the Governors and Subscribers.

“The Governors and Subscribers will remember the efforts which the Board of Management made during past years to improve the nursing of the Hospital, and that to some extent considerable improvement did take place. The Board, however, in the course of this improvement felt that, to carry out the nursing as they would wish, it would be necessary to have the services of a lady, trained regularly as a nurse, who had devoted herself to the cause of nursing, like Miss Nightingale, and others, with the object of alleviating the ills of suffering humanity. For more than two years such a lady had been sought for in vain. In the summer of last year, however, the Board were more fortunate, and a lady (Miss Bendall) presented herself with a trained nurse’s certificate from St. George’s Hospital, and with testimonials of the highest order. The Board were, therefore, induced to appoint her as Lady Superintendent of Nursing. Although only six months have elapsed since she came into office, the Board feel gratified in being able to state that very great improvements have taken place in the nursing; and that the well-being of the Patients is most efficiently cared for: It will be satisfactory to the Governors and Subscribers to know that Miss Bendall is a thorough homœopath.

“The appointment of a Lady Superintendent of Nursing liberates the Matron from any charge of the nursing arrangements; and the Board, on the part of the Governors and Subscribers, have thanked the Matron for the supervision she endeavoured to give them for so long a period, in addition to her more immediate duties.

“These changes will ultimately require alterations in the laws; but the Board, feeling it premature to propose definite arrangements to this General Meeting, will request permission to continue their temporary regulations, which they can change from time to time, until the next Annual Meeting.

“The system of sending out Nurses to private Patients is found to be beneficial, and has been continued successfully during the past year. The Nurses of the Hospital are much sought for.

At the Annual Meeting last year the Board of Management announced that at the Dinner given that week in aid of the

Funds of the Hospital, only £800 had been received as against £1350 at the previous Dinner; and they expressed an opinion that they would probably be compelled to appeal in some form or other for further support to the Governors and Subscribers. The fear they then expressed has been realised; and all those interested in the Hospital have already received cards for a special appeal on its behalf. This appeal has, as yet, realised no more than five hundred pounds, a sum far short of that for which even the appeal prayed; and since that appeal was published, the notable advance in the price of fuel has occurred; and should that advanced price continue, the cost of this heavy item of expenditure will probably be doubled. The Board feel that the plain statement of their needs should induce all who are able amongst the many interested in the Hospital to aid freely. It would be indeed a grievous discouragement to the Board, when the Wards are and seem likely to remain full, to be compelled to order any portion of them to be closed.

“The Board have also felt that although every other Hospital has its Annual Dinner, it would be of great advantage, as causing less strain on the kindly exertion of the Medical Officers, if our Hospital Dinner could be only biennial. To assist in this, they have determined to make a strong effort to hold a Bazaar in 1874, under the hopes that its proceeds might be so considerable as to enable the Hospital to pass over one Biennial Dinner, and thus relieve its medical friends, since the Bazaar naturally entails more work and labour upon the Ladies. The project of this Bazaar is already in your hands; and the Board make a strong appeal to the Ladies to exert themselves and induce their friends to join in the good work, so as to make it the greatest success in the way of Festival which the Hospital has seen.

“The following members of the Board, Mr. Crampert, Mr. Crassweller, Mr. Humphries, Mr. Slater, and Mr. Williams, retire by rotation, but being eligible for re-election, offer themselves again to serve.

“It will be remembered that at the last Annual Meeting the Governors and Subscribers passed the following resolution, viz. “that for the reason assigned in the report, power be given to the Board to abstain from the election of a Medical Officer in the charge of In-patients, in lieu of Dr. Madden resigned, until the next Annual Meeting.” The working of the Hospital with the diminished internal staff has been so far successful as to induce the Board to request further permission from the Governors and Subscribers to have the power to abstain from filling up the vacancy until the next Annual Meeting, by which time it is thought a definite determination as to the number of the Staff can be arrived at.

“The Board have for some years had under their consideration the appointment of a paid Visiting Medical Officer, whose duties shall be to visit such Out-patients at their own homes as were

unable to attend at the Hospital Dispensary. Many medical friends had thought well of the scheme, and on its being brought before the Medical Council of the Hospital, they strongly recommended its adoption. Dr. Blackley, formerly Resident Medical Officer, was installed in the post, having been chosen in consequence not only of his general knowledge of the working of the Out-Patients of this Hospital, but also from his having worked the proposed plan at the Homœopathic Dispensary in Liverpool. A further object was sought by the Board, viz. that the Visiting Medical Officer would have the opportunity of sending cases into the Hospital Wards, thus contributing to keeping them well filled. Dr. Blackley came into office in the month of October last; and it is yet too early to judge whether the plan will answer. Under these circumstances the Board would desire only the power of continuing the experiment under such regulations as may from time to time appear necessary, when, if their efforts are successful, the necessary alteration in the laws relating to the appointment will be proposed for formal adoption.

“The Visiting Medical Officer undertakes the duties of seeing Out-Patients on two days of each week, thus facilitating the working of the exterior staff.

“The Board regret that Dr. Vaughan Hughes, after many years' attendance on Out-Patients, as well as fulfilling his regular duties within the Wards, requested to resign his post as an external Medical Officer. The Board in accepting this resignation, conveyed their warm thanks to him for the punctual and unvaried attention which for so long a period he has paid.

“Fortunately, the Board were not placed in any difficulty by the resignation, since Dr. MacKechnie requested leave to supply the place of Dr. Hughes, and has now been performing the duties steadily for some months, in addition to those on his In-Patients.

“The posts of Drs. Bayes and Dudgeon, whose resignations were named in the last report, have been filled by Dr. Ryan and by Dr. Wheeler; the latter taking the duty of Dr. Dudgeon on the Thursday afternoon, in lieu of his previous Out-Patients' work on the Friday evening; while that evening is attended to by Dr. Blackley. The Board will request the Governors and Subscribers to confirm the appointment of Dr. Ryan made by the Board after the Medical Council's approval, in virtue of their power so to do when there is only one candidate.

“The Board cannot conclude this somewhat lengthy report without recording their grateful appreciation of the invaluable services of the Officers of the Medical Staff, whose skilful and constant attention has earned for them the gratitude of the In- and Out-Patients placed under their care.

“The Board desire also to thank the Lady Visitors for their

kind attention to the Patients, and for the time so ungrudgingly devoted to visiting the Wards of the Hospital.

“The Board trust that with the blessing of God brighter days are yet in store for the Hospital; so that more good may be done, and that the Hospital may become more effective as a means of spreading the tenets and practice of Homœopathy.”

The noble CHAIRMAN, in an impressive and appropriate address, moved the adoption of the Report, remarking with satisfaction upon its clearness and honesty, upon the general state and management of the Hospital, upon the advantages that might be anticipated from the appointment of a medical officer to visit poor patients at their own homes, upon the reorganisation of the nursing department under the control of a highly qualified Lady Superintendent, and upon the full occupation of the beds by a better class of cases than formerly, concluding with the hope “that it might please God so to guide and assist them, that the Hospital might be able to do all that was necessary for the cure of disorders, and thereby administer to the comfort and happiness of those who had need of it.”

The resolution was seconded by General CLARKE and carried unanimously.

Mr. POPE proposed, and Dr. DUNN, of Doncaster, seconded, a vote of thanks to the Board of Management, the House Committee, the Official Manager, the Treasurer, and the Sub-Treasurer, which, having been carried with applause, was duly acknowledged by ALEXANDER J. ELLIS, Esq., F.R.S.

Dr. HALE moved, and Mr. DUDGEON seconded, the re-election of the retiring members of the Board of Management, viz. Messrs. Crampern, Crassweller, Humphries, Williams, and Slater.

The noble Chairman, in putting the resolution to the meeting, paid a well-deserved compliment to Mr. Crampern for his untiring devotion to the interests of the Hospital, not only as a member of the Board of Management, but as one of the House Committee, whose duties were almost incessant, and upon whom the chief burden of the management rested.

The noble lord being at this stage of the proceedings compelled to leave the meeting, the Chair was occupied by Mr. Boodle, the Deputy-Chairman.

The Rev. Dr. NOLAN proposed, and Dr. DRURY, in a humorous speech, seconded, a vote of thanks to the lady visitors.

The CHAIRMAN next moved the confirmation of the appointment of Dr. Ryan to the medical staff, as recommended in the Report, which was seconded by Mr. CRAMPERN and carried.

Mr. A. R. PITE then moved another recommendation of the Board, suspending the filling up of the vacancy in the internal medical staff for another year. Mr. C. TRUEMAN, the official manager, seconded the resolution, which, having been carried,

The Rev. Dr. NOLAN proposed a vote of thanks to the noble Chairman who had left the chair, and to his successor, Mr. Boodle, the Deputy-Chairman, for their kindness in presiding over the meeting.

The motion having been carried by acclamation, and briefly acknowledged by the chairman,

The meeting was made special, and resolutions were adopted giving permission to the Board to continue the temporary regulations as to the Lady Superintendent of nursing until next year, and also that the Board should be empowered to continue the experiment with regard to the new post of Visiting Medical Officer.

The meeting then separated.

Annals of the Society.

CASE OF SEPTICÆMIA, WITH REMARKS.

By Dr. R. D. HALE.

I HAD hoped to give to the Society several cases illustrating one class of disease, as I did on a former occasion, but not having the same opportunities on this occasion I am obliged to present to you a single case. There are some interesting points in connection with this case which appear to me to be well worth discussing, but of that you will be the best judge.

As a sort of introduction to the case I have thought a few observations, touching what I might call medical evidence and dwelling a little upon some problems which force themselves nowadays upon any thoughtful physician, would not be out of place. We live in a sceptical age, where every statement of what are called facts is criticised, and I think it is well that we homœopaths should be prepared for this criticism both of friends and foes. I have endeavoured fairly to give you the cases just as they are found in the rough notes taken at each time of going round the wards, adding by way of explanation, that owing to the really arduous duties Dr. Wardale, as house-surgeon, has to fulfil, it is quite impossible to take notes of each case with that precision and completeness which one would desire. Had we clinical clerks to take careful notes it would be different, and a much more satisfactory record of cases could be offered to you than these can possibly pretend to be, and this is the more to be regretted when we consider how much depends upon a clear and accurate description when investigating disease, which we know is

accompanied by phenomena intricate, complicated, and often mysterious. In many cases how shadowy is the boundary line between normal and abnormal action, how difficult to determine when and how functional disorder passes into structural disease, and probably the most difficult of all problems to solve is the ultimate nature, the cause, or the origin of the disease. We often, alas! see the result of the destructive process, how seldom are we enabled to detect or determine its first beginnings. For example, take the case of any acute disease in what we call its earliest stage or manifestation; we say there are such and such symptoms and here are such and such physical signs, but if we are asked to describe or even imagine what occurred in any tissue or cell at the first dawn of departure from healthy action, we cannot say. The histologist will, perhaps, reply, "Observe these epithelial cells, they have lost their normal appearance, they are being detached from the basement membrane, their protoplasm has become altered in shape, colour, or consistence; what you see is the very beginning of such or such a disease." Most interesting is all this, but what was the condition of things antecedent to the changed protoplasm, &c. ? He cannot tell; then we humbly say you do not know the first initiatory change. The histologist is feeling for it if haply he may find it; but it still lies amongst the unsolved mysteries which art has not yet revealed to our seven senses; they will, however, be revealed as time goes on and as the student of nature goes on working and waiting for more light and deeper knowledge. It may here be questioned, What has this to do with cases from hospital practice? Much every way; for the more closely disease is studied the more subtle influences which are at work are recognised; the more the results of treatment are fairly and honestly watched, the less inclined will any physician be to confess how little is really yet known of the marvellous organisation it is his mission to study and to minister to, the less disposed will he be to dogmatise about the little he does know, or to indulge in wild and unprofitable theories about what he does not know, the less often will he talk

of cure, the more will he modestly use the word recovery. I do not say he may not sometimes honestly speak of cure; he can cure scabies by killing the *acarus*, but a fever or a pneumonia recovers because under favorable conditions and the administration of medicines, which, speaking homœopathically, are the *similia* of the diseased conditions present, the equilibrium which we call health being restored either by the *vis medicatrix* according to one theory or according to another by the organic forces moving in the direction of health.

The question then arises, and is one of supreme importance to us as homœopathsists—What influence, if any, has medicinal treatment upon disease? Is not the tendency of disease towards cure if left to nature? Can we, as homœopathsists, prove that our remedies have any influence whatever in altering the character, lessening the severity, or shortening the duration of any disease under the sun? Is it not now well known and acknowledged by so many of advanced thinking that to cure by the administration of drugs is a mischievous fallacy, that patients will get well more quickly if let alone, and that any treatment, except what is simply hygienic, is useless?

Now, gentlemen, if we granted these premises the conclusion would be unanswerable and the achievements of Hahnemann and his disciples would prove to be a monstrous delusion. But do we grant the premises? Certainly not.

Is the natural tendency of croup, or peritonitis, or iritis, or cholera, or acute laryngitis, or meningitis, to spontaneous cure or recovery? will any medical man of any experience confirm it? he cannot honestly do so; yet these are the very diseases in the treatment of which homœopathy can boast its most signal triumphs. In the controversy with our opponents much has been made by them of the remarkable success that, under Dietl, Skoda, and others, followed the purely expectant treatment of pneumonia; and from this fact and others of somewhat similar kind the present very shaky superstructure of medical scepticism has been built. But even allowing that *pneumonia* left to itself will

get well, what I contend for is this—that as homœopathy has over and over again arrested the progress of diseases which would, *à priori*, have proved fatal, it is fair to assume *à fortiori* that it can and does bring about the speedy recovery of the less fatal diseases. If, as we know, it can arrest the exudation of lymph in membranous croup, it is fair and logical to infer that it can prevent the pneumatic lung from passing into red hepatitis, the red hepatitis can stay its progress into grey hepatitis. Examples like these might be adduced *ad infinitum* were it necessary to strengthen my argument.

But, gentlemen, allow me to say that it would not be wise in us as homœopaths, nor would it be advancing the cause of truth while contending for the faith that is in us, to ignore or shirk the acknowledgment of certain facts which the history of medicine and our own individual experience has taught us, for if we do we shall be in danger of over-estimating the power of drugs and undervaluing the *adjuvantia* and the other circumstances which aid in the cure of disease. Speaking for myself I would remark, and many of those I address who have had some years' experience will agree with what I say, that the results of homœopathic treatment in chronic cases have not of late years appeared so brilliant as in the early days of our conversion. The explanation of this is patent to most of us, and I need scarcely say it is because we do not now meet with nearly so many cases as we did then of drug disease, and it is but right, that knowing this, we ought not to claim too much for homœopathic success either in the past or in the present, where we can trace improvement to be simply the result of leaving off a pernicious system of drugging.

Another explanation of the apparently more brilliant cures which we could boast of some thirty years ago rests upon the fact that homœopathy has had such a widespread influence on the practice of the old school that not only is there less drugging, but there cannot be a doubt that homœopathy is, consciously or unconsciously, practised by a much larger number of medical men who are not declared homœopaths than the public have any idea of.

Again, there is much less domestic drugging, and the allopathic treatment of the present is among enlightened medical men, on the whole, much more rational and less destructive than it used to be, and I may add that the rising generation have escaped much of the injurious medication prevalent in the time of their fathers and grandfathers. As a set off against this improved state of things we now meet with increasing numbers of the mischievous effects of the frequent nips and "pick-me-ups" indulged in, I am sorry to say, by both sexes, and the increasing consumption of tobacco by young men and even boys. Allowing, however, for all the causes I have enumerated to account for the less striking cures of the present day, we can still boast that homœopathy in the length and breadth of these islands, and over a considerable portion of the civilised world, is doing good solid work in curing disease and relieving suffering, and if it should not advance and spread in the future as it has in the past, I am convinced the fault will not lie with the *principles* of homœopathy, but will be owing to a departure from those principles by those who profess to be guided and governed by them.

Sophia G—, æt. 38, admitted into the London Homœopathic Hospital, November 27th, 1872. Has for the last few weeks been a nurse in erysipelas wards of the London Hospital; had been attending to some severe gangrenous cases.

A week before admission had a rigor which was followed by swelling and inflammation of right hand. She felt very ill, and kept her bed for two days, after which she returned to her duties in the wards, while still suffering from loss of appetite, prostration, pain in back, and nausea.

Gradually became worse, and on the 27th was admitted into this Hospital, suffering from extreme prostration, pain in back, &c., with a temperature of 104°. There was great pain in the left mamma, which was red and swollen and tender to the touch.

After admission the left breast continued to enlarge, became of a rosy-red colour and very tender, and was accompanied by swelling of the axillary glands.

November 27th (day of admission).—Temperature 104°. Ordered *Acon.* 1^x gtt. j every two hours. Second diet—beef tea and milk.

28th.—Temp. at 10 a.m. = 102·4°
 „ „ 5 p.m. = 102·4 Pulse 112.
 „ „ 12 p.m. = 100·4

Was ordered *Bell.* 3^x gtt. j two hours. A teaspoonful of brandy to be given every two hours.

29th.—Temp. at 10 a.m. = 100·4° Pulse 92.
 „ „ 2 p.m. = 102
 „ „ 6 p.m. = 102·6 Pulse 120.
 „ „ 10 p.m. = 102

The brandy was increased to ʒij every two hours. Pain in breast and axilla very bad.

30th.—Temp. at 7 a.m. = 100° Pulse 100.
 „ „ 10 a.m. = 101·6
 „ „ 2 p.m. = 102

Was ordered an egg beaten up in milk in addition to the beef tea. Milk, &c., brandy continued as before.

December 1st.—Temp. at 10 a.m. = 100·6°
 „ „ 2 p.m. = 101·6
 „ „ 10 p.m. = 101·2
 2nd.—Temp. at 7 a.m. = 100°
 „ „ 10 a.m. = 100 Pulse 92.

Patient decidedly better. Bowels constipated. Pain much less.

3rd.—Temp. at 10 a.m. = 99·9°.

The improvement continued. The breast, which had presented the usual appearances of simple erysipelas, had been kept well covered with cotton wool and powdered with starch, and was now less red, and not so tender to touch.

The temperature had fallen gradually since admission, having a daily maximum about 6 p.m. and a daily minimum in the early morning. There was considerable constitutional disturbance, tongue being dry and brown; bowels constipated, appetite gone, and great prostration. *Bell.* 3^x had been continued the whole of the week; ʒj of brandy occasionally.

4th.—This morning had a rigor which, although not very severe, lasted nearly two hours.

Temp. at 10 a.m. = 104°

„ „ 12 a.m. = 103·6 ;

after which it continued to fall, being 101·5° at 2 o'clock the next morning.

The breast was now found more swollen and painful, and fluctuation could be plainly detected. *Acon.* 1^x, gtt. j, every half hour, was given for several doses, the brandy being at the same time increased in quantity (ʒj doses).

5th.—Patient better. Temperature—

<i>Lachesis</i> 6 gtt. j, }	101·8° at 2 a.m.
four hours. }	102·6 „ 10 a.m.

Patient continued to improve until on the morning of the 7th the temperature had fallen to 99·6. The breast was treated with poultices, and extra beef tea was ordered.

7th.—Had a severe rigor at 6 p.m.

Temp. at 6.30 p.m. = 104° Pulse 124.

„ „ 8 „ = 104·8

„ „ 9 „ = 105

„ „ 10·15 „ = 104·6

„ „ 12 „ = 103

8th.—Temp. at 3 a.m. = 102°

„ „ 10 „ = 100·2

During this paroxysm drop doses of *Acon.* 1^x were given every half hour, and ʒij doses of brandy at the same intervals. When the temperature was at its highest there was delirium and unconsciousness.

This paroxysm was followed by great exhaustion, and two distinct abscesses were discovered in the outer wall of the axilla. These were poulticed. *Arsenicum* 3^x, gtt. j, 2dis horis was prescribed.

Patient continued to improve, and fluctuation becoming more distinct, *Hepar s.* 3 gr. j, was given 4tis horis on the 12th.

On the 15th the abscesses broke and continued to discharge until the end of the month, the *Hepar s.* being continued, and patient daily gaining strength. The diet was fish, custard, egg, milk, beef tea, and port wine.

On January 6th there was another rigor, which was followed by a rise of temperature to 105°. Patient was given *S. L.* as a placebo, and was treated with brandy only, ʒij every hour. The temperature fell at the rate of half a degree every hour, and having reached the normal remained there without further rise.

The exhaustion after this paroxysm was much less than on previous occasions, and no fresh collection of pus could be discovered.

Crotalus 3 was then prescribed, and patient steadily improved, being discharged *cured* on February 7th; *China* 2 having been given during the last few days of her stay.

Remarks.—The interest that attaches to this case is chiefly derived from the oscillations in the temperature through the greater part of the attack. This with some other symptoms caused the case to resemble pyæmia. Rigors severe in character were very marked symptoms, depending no doubt, in a great degree, on the formation of pus, but considering that a severe rigor followed by very great prostration of strength ushered in the attack, another cause was in operation producing the rigors, and that cause was, I believe, septic matter absorbed into the system, poisoning the blood and producing a shock to the nervous system, as shown by the great prostration. It was curious to observe the remarkable readings of the thermometer in this case and the effect of the administration of brandy alone upon the temperature. Upon one occasion when there was a sudden rise of temperature from 99·6° to 104 Dr. Wardale gave *Aconite* 1ʒ every half hour and ʒij doses of brandy at the same intervals. A steady decrease of temperature followed, but inasmuch as *Aconite* and brandy had been given simultaneously I could not arrive at any conclusion relative to either. I therefore determined that should another rigor followed by rise of temperature occur I would give brandy alone, being cautious to observe what would happen, and you have just heard the result, which you will probably have remarked was similar to what took place when *Aconite* and brandy were given, but with this

important difference, that the subsequent exhaustion following the paroxysm was much less.

Did time permit, it might be interesting to speculate upon the cause of rise of temperature in this and similar cases; indeed, such is always the case whenever there is either idiopathic or symptomatic fever present. Suffice it to say, that there are theories which attempt to explain the phenomena. One is that rapid oxidation and waste of tissue take place with evolution of heat and subsequent exhaustion of nervous energy, as shown by the prostration. This explanation seems simple at first sight, and from its very simplicity satisfies many, but I think we must go rather deeper into the matter in order to understand the phenomena. Dr. Lionel Beale, I think, with some force objects to the oxidation theory, and says that it is negatived by the fact that the temperature sometimes rises most rapidly for some hours *after* death has occurred, and when the organs concerned in effecting oxidation have ceased to act. Dr. Beale thinks that the rise of temperature occurs at the moment when non-living matter becomes living. This appears to me to be inconsistent with his former statement, that rise of temperature takes place when the organs concerned in effecting oxidation are dead. I have not been able to refer to any modern views on this interesting subject except those I have quoted from Dr. Beale. I have an idea that Dr. Drysdale has gone into the question in several papers he has contributed to the *British Homœopathic Journal*, but I am ashamed to say I have not yet read those articles. This is a question having a very practical bearing, or I should not think it right to occupy the time of the Society with any further observations of this nature, but I would venture to submit some considerations to you, more with the view of eliciting some useful discussion than pretending to possess any special knowledge or originality of thought. I would therefore submit one or two such questions as the following:—Knowing as we do, that septic matter introduced into the organism seems primarily to cause changes in the condition of the blood, is it not probable that the first change takes effect upon the white

corpuscles, which we know are the active agents in the formative processes going on in the tissues, and the change produced is a destructive one, and that the heat which potentially would have energised the protoplasm of the white corpuscles, instead of being used according to the theory of the conservation of force, is set free, and thus while the temperature of the body is raised above the normal standard, new protoplasm is not found sufficient for the needs of the organism, but the molecular and chemical changes continuing abnormal disintegration goes on, the body wastes, and owing to a combination of these factors prostration is added to the wasting.

Now, can we derive any practical good in the application of our law from such a theory as I have endeavoured very briefly, and I fear very imperfectly, to have broached? I think we can, and for this reason, that my conviction is that the more we learn what is going on deep down in the human organism, the more we recognise the importance of understanding the existence and operations of the molecular forces by which the ultimate structures of the organism are moulded and energised in health or paralysed or disintegrated in disease, the nearer we shall be not only to a scientific and true comprehension of the *modus operandi* of our remedies, but, what is still more important, we shall possess a more satisfactory principle of therapeutics than the mere enunciation of the law *similia similibus*. That law I believe in as firmly as ever, but I believe more and more, that in every discovery made in the direction indicated by these remarks touching molecular motion, the reasonableness of that law and the reasonableness also of the fractional and infinitesimal forces which we employ, will become more and more evident.

It would be hasty and presumptuous from the little we do know about protoplasm or bioplasm, or periplastic matter or the molecular forces acting in and upon these, to apply with precision as yet any definite principles to practice, and yet I think, as in the case before us, we may venture this much, putting the matter in a form of a problem. Given poisoned blood-corpuscles, dead and dying formative proto-

plasm which has ceased to be constructive, and liberated heat which has ceased to be potential, what remedial measure will meet and arrest this abnormal condition of things?

Homœopathists may, I think, reasonably answer, let it be granted, as it is granted, that septic matter is competent to produce certain phenomena which we call fever. We affirm that other matters called drugs, or, again, still different matter called stimulants, do in large or poisonous doses, as in the case of septic matter, give rise to a morbid condition called fever; and, as a matter of every day experience, we know that these same drugs and stimulants introduced into the system in small doses do arrest or modify destructive symptoms, and if we are asked *how* they so act we had best say at once we do not know; but we offer this hypothesis, the small dose of *Aconite* or brandy we suppose arrests in the case before us, for example, the breaking up of the blood-corpuscle, and its protoplasm, instead of dying, uses up the potential heat which otherwise would become sensible to your thermometer, a fresh supply of pabulum in the shape of suitable nourishment is given, and the patient is saved. We homœopathists tell our opponents that we honour our long-cherished law, which perhaps we may not care to formulate when both they and we, as time goes on, and the hidden mysteries of nature are more fully revealed, will recognise a higher law which will then be common to us both, and we shall be again united in a common brotherhood with a common faith.

Discussion on Dr. R. D. Hale's paper.

Dr. YELDHAM remarked upon the indefiniteness of the title of the paper just read,* and upon the advantage it would be to members if authors would be more precise and full in the titles of their papers, so that members might have some definite idea beforehand of the subject they were going to discuss. At present authors seemed to shroud their papers in studied mystery until the moment of reading them, as if their object was to puzzle and

* "Cases, by Dr. R. D. Hale," was the original title.—Eds.

not to instruct their hearers. He trusted their excellent and energetic secretary would find a remedy for this. Referring to the paper just read he said, as to the fall of temperature after the administration of brandy it appeared to him to admit of ready explanation. Waste of tissue, whether from want of nourishment or febrile action, induced irritability and heightened temperature; food in any form, whether of alcohol or even cold water, was sedative, and tended to quiet the nervous system, calm the pulse, and lower the temperature towards the natural standard. Then, again, after rigors such as Sophia G— had, there was always febrile reaction and elevated temperature, which after a while naturally subsided towards the normal level. It was difficult to say what part the brandy played in the case in question in lowering the temperature; but, for himself, he should attribute its effects mainly to its nutritive and sustaining properties. As to the rigors he would ask whether they might not have been caused by the extension of the original abscess, and also why the abscess was not punctured?

Dr. BAYES said that Dr. Hale's case, and also his most interesting introductory remarks, gave much food for thought and discussion; but while agreeing in the main with what Dr. Hale had urged he must take some exception to his assumption that our success is either absolutely or relatively less than it was in the early days of our practice. Without wishing to be egotistical or self laudatory he (Dr. Bayes) claimed that his success now was greater than it was in former years, and, indeed, it would be strange and inexplicable were it to be otherwise. The workman becomes more expert by long practice with his tools, and with the physician the same rule should hold good. Passing on to a consideration of the case of septicæmia, the question which arose was, how far was the brandy the true cause of cure? In the fourth access of the disease, where brandy alone was given, the temperature (which was higher than it had been before) became more speedily lowered and the pulse became more rapidly tranquil than in any of the three previous accessions. The brandy appeared to him (Dr. Bayes) to have been given most judiciously, and the effect was marked and brilliant; two teaspoonsful of brandy given every hour, until three ounces were taken in twelve hours, lowered temperature and pulse to the natural standard. It occurred to him (Dr. Bayes) that probably the good result was owing to the gentle nerve stimulation of the alcohol and to its also having entered the blood and having there destroyed the morbid organic poison.

Mr. KINGDON merely wished to make a remark on Dr. Hale's statement that we did not now meet with the same number of brilliant cures of chronic disease as was the case some years ago. We must remember that when we first emerged from allopathy we used our new remedies doubtfully; we hoped for success but hardly dared to expect it; and when marked and striking effects

followed their employment, we were as much surprised as gratified, and regarded all our successful cases as brilliant cures. But now as years pass by we get so accustomed to the effects we expect to follow the use of the medicines that we are no longer startled by brilliant cures, but take them as matters of course.

Dr. DUDGEON observed that all the speakers had carefully avoided that portion of Dr. Hale's paper which showed the greatest labour on the author's part; he alluded to his well-reasoned views on the causes of febrile heat. But it was impossible that they could on such an occasion discuss these views, as it would require more attention than could be given to a mere *viva voce* reading to thoroughly comprehend, far less to criticise such an elaborate theory. The difference betwixt Dr. Hale and Dr. Bayes, with reference to the greater or less success of homœopathic practice nowadays, might, he thought, be reconciled by supposing that Dr. Hale referred to the practice of the average homœopathic practitioner, which seemed to be decidedly less careful and more routine, and therefore less successful than that of the earlier homœopaths; whilst Dr. Bayes referred to the later practice of the individual practitioner, and none of them, he believed, would admit that their practice now was less successful than it had been when they first commenced homœopathy. The fact of alcohol causing a lowering of the temperature in the febrile states was noticed in the treatment of cases of phthisis in the St. James's Homœopathic Hospital, at Paris, where the administration of brandy to the verge of intoxication was always attended by a fall in the patient's temperature.

Dr. HALE (in reply) did not in the least mean to say, as Dr. Bayes supposed, that our practice at the present day was not in the main as successful as it was twenty or thirty years ago. What he meant to convey was that our cures were not apparently so brilliant as in those days, and for the reasons so well expressed by Mr. Kyngdon. Besides, the simpler and less destructive allopathic practice of the present day caused a diminution in the number of those cases which under the homœopathic treatment formed such a marked contrast in the striking results obtained. Dr. Hale regretted that, owing to the nature of the subject and he feared probably from not having more clearly explained the views he had ventured to submit on a subject only just commencing to engage the attention of the profession, he had failed to elicit a more full discussion upon the question which formed the chief subject of the paper he had the pleasure of reading to the Society.

SOME OF THE NON-MEDICAL DUTIES OF THE PHYSICIAN.

By JOHN W. HAYWARD, M.D., M.R.C.S., L.S.A.,
Vice-President of the Liverpool Architectural and Archæological Society.

MR. PRESIDENT AND GENTLEMEN,—Of papers on diseases and on medicines you have had many, of papers on surgery you have had a few, but of papers on purely sanitary science I fear you have had scarcely any; I beg, therefore, to present one for your consideration this evening, because I believe sanitary science is scarcely of less importance to the medical man, that is, to the general practitioner, than is the surgical, the medical, or the therapeutical science.

The medical man's duty does not consist solely in the diagnosing of disease, medical or surgical, or in the prescribing of remedies, therapeutical or mechanical; it does not begin only after the invasion of disease, nor does it consist solely in the curing of disease or in helping the public to recover from it; it embraces many other points. It is as truly a medical man's duty to prevent disease as it is to cure it; and in order to do this he ought to be the embodiment of sanitary knowledge and *par excellence* the advocate of sanitary measures and promoter of sanitary science. A medical man would certainly fail in his duty if, when attending a patient in smallpox, cholera, or typhoid fever, he were to neglect or were unable to instruct the attendants how to prevent the spread of the disease. But of what use, it may be said, is such instruction when it is impossible to carry it out? And this is unfortunately the case in most houses. One of the most effective and important preventive measures, as you are aware, is free ventilation of the patient's bedroom. But how can this possibly be obtained in the present badly constructed bedrooms? It is simply impossible to get it without risk of producing worse evils than those of want of ventilation.

A medical man would also fail in his duty if, when consulted as to the management of a young lady threatened with phthisis, he were to neglect or were unable to advise as to the avoidance of cold draughts and cold lobbies. But how is it possible to avoid exposure to these in the present badly constructed houses? *It becomes, then, a part of every medical man's duty to advocate and promote a better construction of houses.* It is thought by some persons, and I fear by some medical men, that house-building belongs exclusively to the architect; this is, however, a mistake, for inasmuch as houses are for the residence of human beings, and badly constructed houses injure health and induce disease, and often render mild diseases severe and curable diseases incurable, house-building becomes a matter of interest and importance to the medical profession, not less so indeed than to the architectural. House-building is in fact a point where the duties of the architect and the physician meet and combine; and it is therefore necessary that architects and medical men should occasionally discuss together the various requirements of this art. In December last the medical profession was forcibly reminded of its duty in this respect by an architect writing to the *Lancet* and to the *Builder*, and by Mr. Rawlinson writing to *Fraser's Magazine* and to the *Times*. Mr. Rawlinson, in his letter to the *Times*, writes: "If medical men will pardon my impertinence, I venture to say that they do not in all cases act boldly. They know that a warm and stuffy atmosphere is liable to be injurious, but they do not always insist with all possible energy to have the evil removed, that is, to have full and free ventilation." And Mr. Aitchison, in his letters to the *Builder* and *Lancet*, says, "No greater benefit could be conferred on mankind than the teaching them the necessity of ventilation, but that lesson is more likely to be learnt if it comes from the doctor than from the architect. Until the faculty can convince the people that their life is shortened and serious diseases are brought on by want of ventilation, architects have no chance." The eyes of the community at large are then turned towards the medical profession for protection, provision, and instruc-

tion in this matter ; and it will be well for us, in our own interest as well as in the interest of the public, to qualify ourselves to meet this public demand.

Now, there are many points of importance in house-building ; such as the position, the aspect and prospect, the foundation and drainage, the number, size and position of the windows, doors and fireplaces, &c. ; but there is certainly none of equal importance to that of VENTILATION ; ventilation is, in fact, the prime and main necessity of house-building ; whatever else may be left undone this should be attended to ; whatever else may be left imperfect this should be made perfect and complete ; and it should include the whole house, and should be self-acting and inexpensive. It should, I repeat, be perfect and complete, include the whole house, and be self-acting and inexpensive.

It is the architect's province to provide dwellings for the people and to see that they are made protective and safe, but it is part of the medical man's duty to see that they are made healthy and comfortable. In planning a house architects cannot be expected to provide specially for the health of the occupants ; their province is to build a residence and to display the resources of their own art, and they cannot be expected voluntarily to undertake the extra and, to them, the superfluous trouble and risk of providing for flues and tubes for ventilation, which also involve extra expense, except under the pressure of medical and public opinion—except under the certainty that they are absolutely necessary arrangements involved in the plan of every house ; and they cannot be expected to be so convinced or the pressure of public opinion be brought so to bear except by the efforts of the medical profession. It becomes, therefore, a part of the duty of the medical profession to take every opportunity of influencing the architectural profession in this direction. But there is also a third party—a party besides the medical man and the architect—interested in this subject, namely, *the public* : the public have, after all, the yea and nay in this matter ; it is indeed for them that these arrangements are to be made, and they are the paymasters ; whatever extra cost is involved it is the public that

will have to pay it, and it is of little use the doctor proving the necessity, or the architect designing the arrangements, unless the public be persuaded to adopt them and pay the cost involved. That the public can be thus persuaded I have no doubt, but that this will take some time I am quite ready to admit. It will take some time thoroughly to educate the public into the absolute necessity for special provisions for ventilation, because they have hitherto been left under the impression that special arrangements for ventilation were unnecessary and superfluous, or that they were impracticable, or at least were incompatible with warmth and comfort; and, I am sorry to have to add, that they have been encouraged in this impression by many architects and engineers; and that medical men have not protested with sufficient force and intelligence. Medical men have gone on from generation to generation silently mourning the resulting evils of the want of efficient and practicable means of ventilation; and architects have continued to design houses with very little regard to these absolutely necessary provisions, whilst the public have submitted, and if they have not thought it was all right, they have at least thought that the evil was quite beyond their remedying, for that every non-professional (if not also every professional) attempt hitherto made had only ended in failure, disappointment and loss of money.

The first duty of the medical and architectural professions now is to make amends for this, to admit their past culpability, and promising better for the future, proceed at once and vigorously to instruct and educate the public into the absolute necessity there is for ample ventilation in every house and every room, and to show them that such is not only possible and practicable, but it is also compatible with warmth and comfort, indeed conducive to these. Let medical men take every opportunity of pointing out the evils of the want of ventilation and of illustrating them by the conditions of the houses and rooms into which they have to go every day, and the foulness and stench to which they have to submit; and let them make themselves acquainted with the merits and demerits of the various

plans that have been proposed and adopted, and settle in their own minds on some successful and uncostly method of ventilation and warming. And let architects make up their minds never in future to design any house, large or small, without introducing special arrangements for efficient ventilations, and let them do this as a matter of course as they would flues for smoke and passages for drainage; and if their clients object to the cost, let the architects explain the absolute necessity just as they would the necessity of stairs, doorways, and chimneys. Unless some such plan as this be adopted the public will continue to object to the expense. As things are at present what can physicians do? We cannot insist on a patient's bedroom being ventilated when that cannot be done except with air that would itself kill the patient. In ninety-nine out of every hundred houses in this country bedrooms open directly out of the stairs' lobby, and this opens directly to out of doors, without even the protection of a vestibule door, so that every time the outer door is opened there is a rush in of the outer air and the whole air of the lobby is reduced to nearly the temperature of the outer air, which in winter will perhaps be below 28° Fah., and there is no provision in the lobby for raising it any higher; stairs' lobbies probably range in frosty weather about 35° , and at this time there is necessarily a fire in the patient's bedroom, and in all probability the bed has to stand between the fireplace and the doorway. Now, the fire requires at least 600 cubic feet of air each minute, and this it must obtain either from the stairs' lobby through the doorway, or from the outer air through the window opening, and the outer air will at this time be not higher than 28° . Now, the temperature of the patient's body will be 98° or 99° ; imagine, then, the evil effect of exposing him to a current of air at 28° or 35° ! Of course chill must be produced, and then there will most probably follow neuralgia, rheumatism, inflammation, &c. But patients are of necessity so exposed, to a certain extent, in about ninety-nine out of every hundred houses in this country, either by the fire drawing air in or by the rushing in that takes place when the door is opened, and imagine



the danger of having the door or window permanently open at such a time! The result might be fatal to the patient, and would be sure to be injurious to the attendants. A medical man cannot, indeed he dare not, order the door or window be kept open under such circumstances, however much he may feel the necessity of fresh air; of the two evils he must choose the lesser, for it is better that the patient's recovery should be retarded by foul air than that he shall be killed outright by cold draughts, and it is better that the attendants shall have to leave the room occasionally for fresh air than that they shall be shortly laid up with rheumatism, neuralgia, or inflammation. According to the last published annual report of the Registrar-General asthma and consumption alone caused in England itself 18,125 deaths; and I have not the slightest hesitation in saying that a very large proportion of the cases of these diseases have their origin, and still more certainly their obstinacy and incurability, in this vicious construction of bedrooms. Most persons occasionally take cold, and in the majority of cases the cold falls on the respiratory organs, in one case as influenza, in another as sore throat, and in another as bronchitis, or pneumonia. Now, in each of these instances the temperature of the air respired affects very materially the progress of the case, and even determines whether it shall be mild or severe, or indeed whether it shall be curable or fatal. In acute bronchitis the temperature of the air respired should never be lower than 65° ; but how is it possible to obtain this temperature in ordinary bedrooms in winter, which is the time when bronchitis is most prevalent? And even when it is obtained in bedrooms by well-fitting doors and windows and large fires, matters are not much better, for the very effort to obtain warmth excludes fresh air and subjects the patient and his attendants to the evil of foul air.

As before stated it is to these unpropitious bedrooms that may be attributed very many of the cases of consumption, bronchitis, and asthma, and indeed of heart disease, for heart disease, as you know, is one of the results of chronic bronchitis and asthma. In fever cases much fresh

air is required, and sometimes every endeavour is made to obtain it, even by opening the doors and windows; this is, I fear, frequently the reason why typhoid patients sometimes suffer from bronchitis, and why typhus patients sometimes suffer from pneumonia, and why some cases of rheumatic fever are prolonged and complicated; and which, notwithstanding all our care, we cannot prevent, because of this defective construction of bedrooms and even of hospital wards. But it is not in bedrooms only that cold draughts are pernicious, they are almost equally so in sitting-rooms, in which, as Mr. Rawlinson puts it, "persons may be roasted on the one side and frozen on the other," which subjects them to neuralgia, rheumatism, colds, coughs, asthma, consumption, &c.; and the cold lobbies assist materially in bringing about these evil results; in fact, the evils resulting from the defective construction of ordinary houses are a crying appeal to the medical profession to take up the subject vigorously and in earnest.

Now, bad as are the evils that result from cold draughts through doorways and window openings, in both health and disease, the evil results of preventing these by having tightly fitting doors and windows are infinitely worse. Of course we are all familiar with the results of a fish being out of water, or in impure water; well, exactly the same results follow to human beings when out of air or in impure air. Death by drowning is nothing more than an effect of man being out of air; and death by charcoal fumes is only an instance of the results of excessively impure air. Now, human beings themselves burn charcoal, or, what is the same thing, carbonaceous compounds, in their food; and pollute the air with the very same poisons as burning charcoal does, and they also produce other impurities besides, such as sulphuretted hydrogen, and other poisonous gases; also particles of organic matter, warm, moist, and in a state of decomposition, being given off from the lungs, stomach, bowels and skin. The quantity of deleterious gas and watery vapour thrown into the air of a room by one adult person amounts to something like four gallons and a half per hour, and contains suspended in it something like three



quarters of an ounce of solid matter, and this from each healthy person into all rooms; but from patients in bedrooms there are also other impurities, such as evaporated urine and stool, &c., which are exceedingly injurious in some cases, for instance, in typhoid fever and cholera, and the secretions and excretions of patients in infectious diseases are all extremely injurious; one whiff of the breath of a diphtheria patient has been known to be fatal to persons up to that time in health, and merely passing by a smallpox patient has been known to communicate that disease so virulently as to produce death. What, then, are likely to be the qualities of a warm bedroom where these poisons are kept pent up and in concentration for want of ventilation? It is indeed frightful to contemplate the evil results to the attendants and to the patients themselves shut up for hours together and sleeping in warm bedrooms the air of which is loaded with these poisons.

Now, bad as are the evil results of the want of ventilation in bedrooms in winter, they are infinitely worse in summer, when the temperature of the outside air is equal to that of the inside, and the whole air of the town is still, and there is not even the help of a fire to make a change of air in the room; for when the temperature is the same indoors and out and there is no wind, there is no spontaneous change even when the windows and doors are open; this is remedied in hot climates by the use of the punkah and other immense fans; but in this country all the change that can be obtained is from a miserable little hand-fan that just vibrates the air in front of the face, but scarcely moves it away at all. Under these circumstances is it at all surprising that putrefaction and germination should go on at a rapid rate and produce fever, diarrhœa, cholera and gangrene, sometimes to a frightful extent? Truly there ought to be provided in every house a power of absolute *suction* of the vitiated air from every room, independent of the chimneys and windows, with provision for the inlet of fresh air, and this at an agreeable temperature.

Thus far my remarks have applied to the ventilation of rooms—to “single-room ventilation;” but rooms are not

the only parts of a house that require ventilation. No plan of single-room ventilation can possibly supersede the necessity of a general plan for the whole house. The lobbies require special means of ventilation and warming quite as much as do the rooms; indeed the latter cannot possibly be obtained without the former. When referring to bedrooms of patients in winter with the fire drawing in 600 cubic feet of air each minute I laid stress on the fact of this air being cold; but coldness is perhaps the lesser of its two evil qualities; it is also *foul*, indeed perhaps loaded with dangerous effluvia. This latter is one of the evils that our improved workmanship and building have increased, if not absolutely provided for us. The watercloset opens into the lobby; the front door is made to fit as tightly as possible, to prevent cold draughts; and this prevents fresh air from coming in from the front; whilst with well-fitting intermediate doors to shut off kitchen smells, the admission of fresh air from the back of the house is prevented; these arrangements make the lobby into a chamber with the termination of the main drain opening into it through the watercloset. The rooms of the house—at least one or two living rooms and the patient's bedroom—have fires in them, and these fires must and will have from 600 to 900 cubic feet of air per minute each, and this they obtain most easily from the lobbies, round the door when this is shut and through the doorway when it is open, which of necessity it frequently is.* The supply of air for the rooms is thus obtained principally through the watercloset, especially if, as is usually the case, this is against an outer wall with a ventilating window through this wall, for the cold air then absolutely *blows* into the house through the watercloset window. The watercloset is placed against an outer wall and a window placed there under the mistaken notion the foul air will force its way out through it in spite of the force of the wind and in opposition to the power of gravitation and of that of fire suction! It is, however, perhaps, worse if there is no watercloset window when all other inlet is shut off,

* Also directly from the drain when there is a fixed wash-basin communicating with the drain.

for then the fires of the house will suck in air through the watercloset pan out of the drains, as they did in Londesborough Lodge during the stay of H.R.H. the Prince of Wales. So also will opening and shutting the watercloset and lobby doors. This may be demonstrated by the simple experiment of holding a lighted taper or a bit of smoking tape within the closet pan; by this it will be seen that every time the doors are opened or shut air is drawn up through the water in the pan. We all are familiar with the circular stain made on the under surface of the lid by the foul gases. The foul air of the house drains and of the main drain of the street is then being continually drawn into the lobbies of the house; so that the freshest air to be had in such houses is that loaded with watercloset effluvia! One partial remedy for this state of matters is to keep the watercloset lid and door shut; and another is to cut off the house drains from the main drains of the street by an open trap or grating just outside the house; these are, however, only very partial and imperfect protection; the only complete and effectual remedy is a direct opening from the outer air into the lobby, only protected by shutters to regulate the supply according to the requirements of the house and by hot-water pipes to regulate the temperature according to the season of the year; and this should be sufficiently large to supply the whole house during its maximum of use, and so as to make it more easy for the rooms to draw air through this opening than any other way; indeed, instead of the lobby drawing in air from the watercloset, the watercloset should draw air from the lobby; there should always be an inward current from the lobby to the watercloset produced by absolute suction through its ceiling, and this should be strong and continual. A window in the watercloset opening to the outer air is quite a mistake, as it is sure to drive the watercloset odours into the house; the watercloset window should be always shut.

From what I have advanced it will be rightly concluded that what I hold to be a prime and absolutely fundamental condition of a healthy and comfortable house is an ample

supply of fresh and agreeably warm air in the lobbies, corridors, or other central spaces out of which the rooms of the house open or draw their supply. This is, in truth, absolutely necessary, and no house can be ventilated without it, no effectual removal of the vitiated air from the rooms or admission of fresh air into them can be accomplished without this; in fact, no house can be made healthy and comfortable without it. The supply of air must not only be ample for the maximum requirements of the whole house, but it must be fresh, that is, as fresh as can be procured, and if possible passed through canvas or other filter, and it must not only be ample and fresh, but it must also be warm; if it is to be admitted freely and copiously into sitting-rooms and bedrooms air must not be below 60° temperature; indeed it should be about 65°: without ventilation, that is, still air is comfortable at 60°; but air in motion, that is, when there is ventilation, is not comfortable to sit or remain still in lower than 65°. There must, therefore, be a coil of hot-water pipe at the entrance opening, or somewhere in the lobby. Even Mr. Rawlinson admits this, and provides it in his own house and recommends it for all other houses.

The next thing is the admission of this air into the rooms; of course some will gain admission when the doors are opened, and even round the doors when they are shut. But this is not enough, for when a room is fully occupied, a quantity of fresh air equal to the cubic contents of the whole room should gain admission every twenty minutes, that is, three times an hour; special inlets must therefore be provided directly from the lobby into the room; and these should, if possible, be controllable by valves to accommodate the supply to one or two persons, that is, to a partial occupation of the room.

The next consideration is the abstraction of the vitiated air from the rooms. An opening or openings must be provided in or near the ceiling; to this must be adapted a pipe or flue, and this must run up an inner wall to the top of the house. Each room, each watercloset, and each gaselier of the house should have a separate flue; all these flues

should terminate in one common chamber in the top of the house; this chamber should terminate in one common flue or shaft; and this should be kept permanently heated. It is absolutely necessary that this latter flue be kept permanently heated, for in no other way can a constant suction from the rooms, &c., of the house be procured and maintained, and in no other way can the rooms be emptied every twenty minutes, which they ought to be, and in no other way can back draught be prevented. This common abstraction flue may be kept permanently heated for a very little permanent cost by a jet of gas constantly burning in it, or by a few coils of the hot-water pipe; or for no permanent cost, by bringing it down to below the kitchen floor and then carrying it up behind the fire and round the smoke flue and terminating it outside near the top of the chimney; in this latter case the kitchen chimney smoke flue should be made of iron. This permanently heated abstraction flue being properly proportioned to the size of the house will empty the whole house three times every hour, and of course three times every hour will the whole house be replenished with fresh warm air. An intermediate drum or chamber into which all the flues of the house may terminate separately, and which is emptied by one common abstraction flue, is absolutely necessary, for in no other way can the suction act equally on every room.

The plan I have thus sketched meets, I think, all the requirements of house ventilation with which I set out, namely, that it must be perfect and complete, must include the whole house, and be self-acting and uncostly. For the benefits of an efficient and complete system of ventilation and warming, I maintain that the outlay is very small indeed; the exact amount will depend on the size of the house. For the *ventilation* the *primary* cost is very little; of course the shutters of the primary inlet will cost something, so will the zinc tubes and the special kitchen chimney flue; the *permanent* cost is almost nothing: and for the *warming* the *primary* cost is only that of the apparatus itself, and the *permanent* cost only a few tons of coke per annum, so the plan is "inexpensive." It is also,

as far as such an arrangement can be, self-acting, because the *ventilation* once set according to the number of occupants wants nothing more, and because it acts day and night and winter and summer alike, and the *warming* wants only the stove fire attending to night and morning, and perhaps once in the day. It "includes the whole house," because the abstraction flue sucks equally from every room, and the fresh warm air, entering at the basement, passes upwards through all the lobbies and rooms of the house in one continuous stream never to return.

To those who are familiar with the subject of house ventilation and warming such assertions as these may appear unwarrantable; but I make them advisedly and as confirmed by practical experience and scientific experiment. I have now lived four years and a half in a house provided with these arrangements, and have thereby satisfied myself and all my friends who have observed along with me that the system is complete and perfect, and answers every expectation originally formed. There are perfect ventilation and complete warmth throughout the house, so that persons may sit in any part of the room, and do not require to crouch over the fire; the odour of dinner is gone directly, and so is that of smoking in any room. The bedrooms in the morning do not smell like bedrooms; there is no offensive odour from the waterclosets; and both the ventilation and warmth are easily regulatable according to the requirements of the occupants and the season of the year. Each room receives an ample supply of fresh air so distributed that there is no perceptible current, and which in summer is cooled from 5° to 10° ; and in winter is warmed from 10° to 30° ; so that all the year round the atmosphere of the whole house can be kept from varying more than 8° to 10° ; in the coldest winter it can be kept up to or above 65° and in the hottest summer it can be prevented from rising above 72° . Of the comfort and advantage of these conditions I have had practical experience, not only in health but also in disease. For some weeks in the winter of '69 and '70 I had staying with me a young lady in the early stage of consumption, and my wife was laid up with bron-

chitis; both patients felt the advantage of being able to range through the lobbies and the whole house at any time with a full supply of fresh air, and without the fear of the irritating effect of cold air. Also in the spring of 1871 I had two of my children down with putrid scarlet fever; and I then felt the immense advantage of plenty of fresh warmed air going from the lobbies into the bedroom and thence out of doors without returning into the lobbies, and with the ability to load the incoming air with disinfectants. By using disinfectants in the first floor lobby the air entering the house became impregnated, and then passing through the lobbies into the rooms to out of doors without returning into the house, left my professional part on the ground floor free from any risk of infection, much to my own and my patients' satisfaction. Such an arrangement you, as medical men, would be able to appreciate, not only in your own houses but in those of your patients. But this is not the only practical testimony; during the four years and a half thermometers placed in the different lobbies, rooms, and passages have recorded the temperatures throughout the house; and during 1871-2 very careful observations of the currents of the air through the house were made, with Casella's anemometers; one fixed in the primary inlet, one in the secondary inlet, in the outlets from the different rooms, in the downcast shaft, in the transverse, and in the upcast in two places; and readings were taken in the morning before the fires were lighted or the sun had risen; in the day at different times and under varying circumstances of the house, also in the night when all the fires had gone out; with many persons in the house, and with few. A canvas filter has been stretched across the primary inlet, and readings taken with the canvas and without, and with the doors shut and with them open; during strong wind and in calm weather. The results arrived at are:—that with a good kitchen fire burning and the water in the boiler boiling, we gain an average increase of temperature in the upcast shaft in winter of about 20° between the outside air and the air in the upcast, for the suction of the vitiated air out of the house; and that this produces a

velocity of about 220 feet per minute. The temperature of the smoke at the beginning of the kitchen smoke flue is about 230°, and of that escaping at the chimney top 195°. Even with earthenware smoke flue, open kitchen range, and wide chimney top, therefore, we utilise about 35° of the waste heat of the kitchen fire. With an iron smoke flue, close kitchen range, and contracted chimney top we would in all probability utilise from 50 to 70°, which would possibly increase the velocity to about 300 or 350 feet per minute. The area of the upcast is four square feet; 880 cubic feet of air, therefore, passed through the house every minute, besides what went up the chimneys—enough to supply the standard quantity of fifteen cubic feet per minute to fifty-eight persons in the house at one time; and supposing the ordinarily used fires to be lighted, about 4500 cubic feet of fresh air would pass through the house every minute, enough to supply 300 persons; for of course the occupants would have the use of that which passed to the fires as well as that which passed to the ventilators. The quantity passing up the upcast is not diminished when the fires are burning.

Finally, gentlemen, I am sure that, with the exception of Dr. Drysdale's, it is the warmest house in winter, and the coolest in summer; the most airy and fresh, and at the same time the house that is the freest from cold draughts in this country, if not in the world; and from personal experience of the comfort and advantage of such a house I say to you, as medical men, in reference to our building our own houses—Go you and do likewise.

Discussion on Dr. John W. Hayward's paper.

A. R. PITE, Esq., F.R.I.B.A., said, in offering a few remarks on the admirable paper presented, so full of practical suggestions for the improvement of our domiciles, the industry and perseverance of the author entitle him to our warmest commendation and hearty desire that successful application of his principle of ventilation may reward his labours in so unpopular but so useful a sphere. As an architect your visitor is put upon his defence for the sweeping terms in which the paper condemns the practice of

building houses badly planned, the credit of which is given to a most innocent class; the truth being that ninety-nine houses out of a hundred are built and planned by builders and the exceptional number by architects, so that some qualification of the censure must be made in their favour. As a matter of fact, when an architect has done his best to plan a house on sound principles with every facility for successful heating and ventilation, hoping for an opportunity when a better class of structures may be acceptable to the public, all his intentions are frustrated by the utter indifference of his employers to the subject of ventilation, the results being that the arrangements proposed are struck out both from the plans and specifications. Now, who is to blame here? In the absence of any one else the architect is made the scapegoat, and, until the medical and architectural professions are allied together for the common weal of their clients and patients, first principles in sanitary matters will often be openly defied by those who are the first to suffer and complain. It is also to be remarked that in the medical profession the greatest liberty of action is conceded; the patient never interferes with or suggests the order of a prescription; but the obstinate manner in which an architect's wishes are opposed, who desires to make the interior comfort the first consideration, is so embarrassing to express or explain that we are bound to conclude that a certain amount of responsibility rests upon the medical profession to educate the public in matters so closely affecting their daily existence. The author came to a sound conclusion in the summary of all his recommendations when he stated "the public must pay;" and no doubt a false economy combined with great indifference has contributed to the present unsatisfactory state of things. A small fee to an experienced sanitary adviser and a comparative small outlay in arranging ventilating flues for inlets and outlets would insure an improved hygienic condition for our tenements, be they large or small; but for this the public must pay. Referring to the general principle of plan laid down by Dr. Hayward and carried out successfully in his own house, it is to be feared that great difficulties must arise in carrying out the theory; for instance, in our London houses we may have three or four very large reception rooms on ground floor spread over an area of twelve to fifteen rooms in the basement and covered by a range of six or eight chambers on first floor, and possibly ten on second and third floors. Now, the houses being wedged up between party walls, how is it practicable to carry these ventilating flues and shafts from every room in the house to a chamber in the roof? In a regular form of house, where the rooms are compact and square and vertically arranged, the thing is easy enough, but in a straggling or zig-zag plan great difficulties must be overcome to attain success. It is also to be remembered that our old English gentlemen have a fixed belief in large open windows for the free currents of air to their bed-

rooms and sitting-rooms, and despise what they call a bit of a flue stuck into the outer or inner wall ; but the mighty force of principles must be known and recognised before the desired improvements in house construction can be hoped for. As to the ventilation of waterclosets, to which Dr. Hayward has directed particular attention, it is somewhat startling to hear outside windows condemned as a means of ventilation, inasmuch as it would seem to be a part of our home construction from childhood always to have the watercloset window open by night, as well as by day, to ensure a pure atmosphere. All this is put on one side as worse than useless, being a hindrance instead of a help to hygienic development. A large field is, therefore, open for discussion on these important details, while, as a matter of fact, the arrangement we have pursued to provide always a ventilating tube from the watercloset trap and soil pipe direct to the apex of roof has always proved satisfactory, and, therefore, the outside window has been appreciated. The best form of closets to prevent back draughts from trap or drain is considered to be Underhay's patent apparatus. In concluding these fragmentary remarks suggested by the valuable paper now before the meeting for discussion, and which must be highly appreciated by all present, there is another alternative plan for dealing with the watercloset difficulty not referred to by the author, and that is the "Earth-Closet System," which in its science and application has proved a simple and complete success. When the elementary principles are more fully recognised and urged upon the public by medical men as a sound and economical course to pursue, then, and not till then, will the prejudices now existing against the system be overcome. Thanking them very much for the forbearance they had shown to an unscientific criticism by an architect in practice, who is anxious to obtain simple, definite, and practical ideas to work out and improve our dwellings, he would second the advice of Dr. Hayward in perfecting the ventilation of his house and say with him go and do likewise.

Dr. WYLD begged to remind the Society that in 1831, in a building in Glasgow called the barracks, where 500 workmen resided, there occurred in November and December fifty cases of typhoid fever. Dr. Flemming ventilated this building by carrying a pipe from the ceiling of each room and converging these pipes into a main pipe, and be carried into the flue of a neighbouring factory. The result was that during the two following years only *eight* cases of typhus occurred in the building. In 1856 Dr. Wyld, adopting the above plan, suggested its application to ordinary dwellings, by carrying the terminal pipe into one ascending the kitchen chimney ; this chimney being from its temperature a ventilating shaft day and night, summer and winter. Dr. Wyld's views are given in the first volume of the *Transactions of the Social Science Association*, 1857. They were submitted to the consideration of the building committee of this

hospital, but were by that committee considered, owing to the complex structure of the hospital, impracticable. Dr. Hayward had triumphantly demonstrated the success of the plan in his own house, and thus disproved the universal truth of the proverb that "*fools* build houses and wise men live in them." With regard to hygiene generally, it seemed a disgrace that chairs of hygiene did not exist at all our schools of medicine. Were hygiene universally taught and applied one half of existing disease would at once disappear. The State insists that our alvine excrements shall be removed from our houses by the best constructed drains, and it seems only consistent that sufficient compulsion should, by the State, be put on builders so that by efficient ventilation the equally deleterious excrements proceeding from the lungs and skin should also be drained away.

Dr. GALLEY BLACKLEY, after thanking Dr. Hayward for his very interesting paper, said that, having had many opportunities of seeing Dr. Hayward's house, he could fully endorse all that the author had stated of it. He had been present on several occasions when the rooms were very crowded, but he had never felt the atmosphere in them to be the least close or uncomfortable. Dr. Blackley fully concurred in what Mr. Pite had said as to the advisability of placing closets on the outside of houses if possible. Dr. Blackley briefly described the plan adopted in a house recently built by his father. This was to have the closet placed on the outside, and to have between the house and the closet a clear space of two feet in width open at the sides so as to allow of a free circulation of air between the two. The plan had now been in operation between four and five years and answered perfectly.

Dr. DUDGEON said, that, judging from what had fallen from doctors and architects that night, the science of house building was still in a very backward state. Why should the dwellers in towns in the matter of heat and air not adopt the principle that was illustrated by the gas and water supply? What a waste it was that each house should have to manufacture its own heat; and, indeed, it was worse than this, for every room manufactured its own heat at an enormous cost and infinite trouble. An American gentleman from Chicago had told him that in his house there was but one fire, in the kitchen; but that this fire by a proper arrangement of tubes heated the whole house even in the severest winter. In each room there were two taps, one for cold and the other for heat, and according as cold or heat was required in the room the one or the other tap was turned on. Why should not the same principle be carried out with respect to towns, or at least with respect to streets and squares? There might be a central furnace that generated the hot air which would be supplied to each house in a block or division of the town. He was sorry to notice that in Dr. Hayward's plan those

wasteful abominations, open fireplaces, were retained. Surely a house could be better heated without than with open fireplaces, by which, as every one knew, you were roasted on one side and frozen on the other. If doctors were to be consulted in the construction of houses they would agree that it was fully as important that they should preserve the lives as the health of their actual or possible patients; indeed, many would say that it was much more important for them to keep their clients from being killed than to prevent them becoming ill. Houses as at present constructed, besides being, as Dr. Hayward had shown, favourable to the spread of disease, were real traps to prevent the dwellers in them escaping in the event of fire. The staircase was the only means of escape, and that was never made fire-proof. The first flight was usually stone, and the upper flights wood, narrowing as they ascended, so that the top flight was usually more like a ladder than steps. Now, stone chipped and broke to pieces when subjected to heat, and wood, they knew, was the most combustible thing that could be found, and yet to these two broken reeds the inhabitants of a house had to trust in the event of a fire. In his opinion every house should have a fine wide staircase from the bottom to the top, not constructed of either wood or stone, but of fire-clay. Again, he noticed in Dr. Hayward's plan that he still retained the barbarous sloping roof, which was the most unscientific part of the house. Its shape was such that it acted as a funnel to concentrate the heat of a fire at the top, and its slate covering was a constant vexation, letting in the wet whenever a fall of snow occurred, and so making it necessary to go to the expense of shovelling away the snow as soon as it fell. Now, space was the one thing wanting in a town, but here was a large space entirely left unutilised. The roof might be made flat and laid out as a flower garden, and in that state it would be the pleasantest part of the house in summer, and at all times of easy access in case of fire. Houses as at present constructed and ventilated were scarcely an improvement on the primitive wigwams and huts of our remote ancestors.

Dr. DRURY was very glad that Dr. Hayward had been able to come to town to read his own paper; such a course required some little sacrifice, and our thanks were always due to those gentlemen who kindly did so. It had been his wish since he had the honour of filling the post of secretary to the society to get the provincial members to take an active part in the affairs of the society, and his efforts he trusted had not been unsuccessful; he hoped to get a good supply of papers from provincial members next session. Dr. Hayward's paper was one of far more general interest than that which it excited in our own body; and as he had practically tested the value of his mode of ventilation, he could speak with more real authority than he could were it otherwise. There was one objection that he (Dr. Drury) saw to the manner in which the supply of air was obtained. The air

entered along the basement. This would be less pure than that obtained at a higher level, and was also liable to acquire greater impurities from earth evacuations on entering the house. Apart from this and the difficulty of application to existing houses, the plan seemed to be excellent, for not only was there a constant change of air going on, but the temperature was so regulated that the cold currents so damaging in certain complaints were guarded against. Of the danger from this source he was forcibly reminded by a case of bronchitis that he attended some time ago; the patient, an elderly lady, had a very severe attack of bronchitis, was in great jeopardy, but was improving. On making his visit one morning, when going up the staircase he experienced a cold blast from an open window facing the north, from which point the wind had begun to blow. A servant had unfortunately opened this window on a cold winter day; on reaching his patient's room the effect was at once apparent; she had relapsed, and all efforts failed to undo the evil that had been done. From his own observation he dreaded the north wind far more than east. The east wind made people uncomfortable and retarded recovery, and no doubt often caused a case to terminate fatally, but he believed that it was the cold north wind that so often turned the course of disease against the patient, and swelled our bills of mortality. In regard to watercloset ventilation, he thought that there should always be a pipe opening well up almost to the roof of the house, leading from the soil pipe; this prevented the rush of foul air that was apt to take place when the handle of the closet was raised, and was the best preventive of the foul air forcing its way into our cisterns. He had used Underhay's closets, and while he thought them good, could not give them all the praise that had been ascribed to them. He had endeavoured to make this arrangement in two closets in his own house, but the difficulty he had experienced from plumbers and builders was astonishing. It was very difficult to make these people understand, and perhaps more difficult to make them carry out, anything in opposition to their notions. The flat roof proposed by Dr. Dudgeon would, he thought, have many advantages if properly constructed, but while workmen could pass from one roof to another to help themselves to lead, the temptation to them for this petty mode of pilfering would he feared be too strong.

Mr. ENGALL said he regretted that he had not been present when the paper was read. Yet, as the subject embraced some general principles, upon these he should like to make a few remarks. Every medical man was not in the position of being the architect of his own house; for, being the architects of their own fortunes, most of them had not the wherewithal to do it, or possessing this wanted the necessary ability. As respected their patients they were not consulted as to the construction of houses, and it was generally only in cases of sickness that they were

called upon to act ; and the point which they then had to consider was how to render old houses healthy. One of the principles involved in accomplishing this end was that of dealing with the equilibrium of the air in such a way as to prevent draughts, and yet so as to neutralise or remove vitiated air as soon as it was engendered. The architect of a number of country courts ventilated them by a simple procedure. In one corner of the room he had an upright shaft, one end of it communicating with the room and the other end with the external air ; in this shaft was placed a gas jet, the heat of which caused the air in it to ascend and this to be replaced by other air ; no complaint was made of this plan not answering. In a house which was entirely closed at the back, and in which three closets were placed one above another, a similar plan was tried. A pipe communicating with the open air at the top of the house passed from each, and at that end opening into the closet a jet of gas was kept constantly lighted. This plan would answer so long as the air in the lower end of the pipe was relatively lighter than that in the upper, and if the force of the ascending column of air was sufficient to displace that above it ; but if the air in the closet or in its neighbourhood, as from fires in the kitchen or other rooms, became hotter than the column above, then the action would be reversed and a current of air would come down the pipe instead of going up ; thus the fœtor would be spread over the house, which the sense of smell and the existence of a case of diphtheria in this house appeared to indicate here. The same takes place with some of Arnott's ventilators ; even when placed in the chimney from the kitchen, the air in the room being hotter, smoke from the chimney passes into the room. The same thing took place when a friend of his tried the effect of a sun burner, the shaft from which went into the kitchen chimney ; the heat (from the number of jets) being greater than that in the kitchen chimney brought a cloud of smoke into the parlour, and this mode of lighting had to be abandoned. He thought that when any air shaft had to be used the jet of gas should be placed near the outlet so as to secure the rarefaction of the upper strata of air. There were besides some simple modes of ventilating which might be made available. Such was that of not quite closing the sash ; a nail driven into the top bar of the upper sash and projecting about half an inch or less would leave a gap between the upper and lower sash sufficient to ventilate the room. Another plan was to cut the edge of the upper rail of the outer surface of the door at an angle of 45° ; this angle not only allows the air to enter but directs it to the ceiling of the room, and thus avoids draughts. There are other sources of disease upon which it is necessary to keep a watchful eye besides ventilation and smells. The Rev. J. B. Owen, in his *Old Friends and what became of them*, relates the case of the daughter of his schoolmaster who became gradually paralysed. The skill of the most eminent or

the country faculty was unable to divine the cause, and in a state of extreme prostration she was brought to London. A physician of eminence entered minutely into her case, asked her especially as to the state of the drainage and the water of her home, and found himself completely baffled. The young lady was carried from his consulting room, and placed in her carriage, which had not left the street when the doctor's footman ran after them, desiring them to come back; they found the doctor at the door awaiting their arrival; approaching, he said, "I forgot to ask how is your room papered?" "Not at all," was the reply, "it is painted." "When was it painted last?" "Twenty years ago." The doctor looked disappointed, but mentioned that if there had been green paper in it the arsenic might have affected her. The patient exclaimed, "they stuff birds with arsenic in India," and added that she had in her room about 500 birds from that country which her brother had sent her; "these," said the doctor, "are the assassins;" he sent her to Bath, where under medical supervision she entirely recovered. A patient of his own (said Mr. E.) had within a short interval two attacks of gastric fever; in the first attack she was for sanitary reasons removed to another bedroom; she recovered, and then resumed her former bedroom; here she was when he visited her for the second attack. Looking around for some cause he observed a case of stuffed birds, the glass front of which was broken; he ordered the case to be removed; the patient also was removed to the former room, got well, and has again returned to the room which the birds and she conjointly formerly occupied; but no case of illness has occurred there. Not only is arsenic employed in the curing of the skins of stuffed animals, but corrosive sublimate also. As regarded the effluvia from waterclosets, he thought it was the wisest plan to disinfect the fæces before passing them. (Dr. Wyld, "By charcoal?") No, by oatmeal, the silica of which would be found, as it was in the ox and horse which never had typhoid fever, a highly effective disinfectant.

Dr. YELDHAM said the subject before them had been so thoroughly "ventilated" by previous speakers, that he would not enter into the architectural aspect of the question, but merely offer a few remarks on its general bearing. It was notorious that reformers were apt to be ungrateful to the past, and forgetful of the present, in their ardour for the future. The paper was, he thought, to some extent, an instance of this kind. The author, it appeared to him, was too hard upon his medical brethren; and the accomplished architect who had so ably addressed them very naturally echoed those sentiments, in his anxiety to shift the blame from the shoulders of his own profession. He (Dr. Yeldham) could not subscribe to this. He thought the question was altogether an architectural one. The architect was the person who had to draw plans, to devise improvements, and to advise as to the structure of a house, whereas the medical man

had no voice whatever in the matter. Ninety-nine times in a hundred he never saw the inside of a house until sickness called him there. It was then clearly his duty to make all proper arrangements for the comfort and advantage of his patient, and there he considered his duty ceased. And further, even if he had opportunities of advising on the sanitary condition of his patients' houses, such advice would be pretty sure to be ungraciously received. People were generally proud of and satisfied with their homes, and were naturally very sensitive to any unsolicited adverse criticism on that point. Then, again, he thought the author had rather over-coloured the evils and horrors of houses, as at present constructed. His picture reminded him of the effect produced on the mind of a lady whom he accompanied many years ago to an exhibition of the oxy-hydrogen microscope. She declared that the fearful life in a drop of water there displayed would deter her from ever again indulging in a drink of that liquid; similarly, if they did not make large deductions from the author's picture of the dangers of ordinary habitations, they would all be afraid to return to their homes! He thought that most modern houses were, on the whole, light, airy, and wholesome, and that with doors, windows, fireplaces, and some simple and inexpensive ventilator, they might be ventilated sufficiently for all ordinary purposes. The great source of danger and disease he thought was below and not above ground,—in the drainage and not in the ventilation. With these reservations he most heartily joined in thanking the author for his very interesting and instructive paper, and should he ever be led into building a house he would certainly bear Dr. Hayward's plan in mind.

Dr. HAYWARD, in reply, thanked the members for the indulgent manner in which they had dealt with his paper, and was pleased with the interest manifested in the subject. He must first dispose of any idea of claiming originality: what was original was due to Dr. Drysdale, with whom he had talked the matter over for several years before the erection of Dr. Drysdale's house in 1861; and the reason for his asserting his own house was the best was that, having followed Dr. Drysdale, some improvements in detail have been introduced. A similar plan was in operation in the House of Commons, but there the abstracting power was an extra and special expense, and required special attendance; and a similar plan was, as Dr. Wyld said, proposed and carried out by Dr. Flemming and himself in 1857; but in their case, besides the abstraction flue being a constant extra cost and attention, the exit flues enter the common flue on different levels, and therefore the suction cannot act equally on all the flues; but in the scheme here advocated the abstracting power costs nothing and does not require special attendance, and the suction acts equally on every flue. There would not be any difficulty in carrying the exit flues to a common drum (as suggested by Mr. Pite, architect) in the case of straggling houses, because the flues

could be carried anywhere, as shown in Dr. Drysdale's house. The difficulty with several waterclosets one above another, as referred to by Mr. Engall, is easily remedied by continuing the soil pipe straight up to the roof, or having a pipe run up from every bend; this would do away with any upward pressure of the gas from the drains and for the necessity of tightly fitting lids. As to the poor always shutting up ventilators, it is only because they let in *cold* air. He quite agreed with Dr. Wyld that government should interfere as well in the case of neglected ventilation as in neglected drainage; and with Dr. Dudgeon, that warming and ventilation should be applied to the houses of the poor by having them built in blocks with a warming and ventilation common to the block: but he disagreed with the idea of warming houses entirely with heated air, which, for this purpose, would have to be heated to a disagreeable temperature, because of the loss in rooms by radiation by the windows and external walls. He highly approved of the plan adopted by Mr. Blackley, of Manchester, of having a small open space between the water-closet and the house, as protection from the water-closet effluvia. In reply to Dr. Drury, he said the air entering the house through the basement would be effectually prevented from becoming damp or earthy by having asphalted or cemented passages; and in reply to Drs. Yeldham and Hughes he said that the plan could be easily and very inexpensively adapted to existing houses by having an opening *into* the staircase and *out* of it into the rooms, with an opening in the ceiling and a zinc tube running up against the wall of the lobby or room above; and in reply to Mr. Engall, he remarked that it is impossible to make any form of inlet that will cause the inlet *cold* air to rush up to the ceiling and float across the room on the top of the *hot* air, and thus become warmed by the heat of the room, because cold air is specially heavier than hot air and will fall down immediately on entering a warm room, whatever the form of the inlet. In reply to Dr. Yeldham, he said that medical men could not confine their recommendation of ventilation to bedrooms only, because bedrooms could not be successfully ventilated without ventilating the whole house.

CASES ILLUSTRATING THE ACTION OF *BARYTA CARBONICA* IN TONSILLITIS.

By Dr. RANSFORD.

So long ago as 1851, when I was secretly testing remedies according to the law of similars, I was disappointed at the results obtained from treating cases of acute cynanche tonsillaris with *Belladonna* and *Mercurius solubilis*, the recorded pathogeneses of which drugs led me to expect a more speedy cure. Meeting with the second volume of the *North American Journal*, I found at page 487 an abstract of a report of the proceedings of the Homœopathic Association of Western Germany, which met at Dortmund on the 29th of July, 1852, under the presidency of Dr. von Bönninghausen. The only part of this report to which I intend to refer is that relating to the treatment of angina tonsillaris. Dr. Hendrich spoke of cases of angina tonsillaris in which the cure had been very slow under the use of *Belladonna* and *Mercurius solubilis*. He now had better results from *Mercurius dulcis* 2, of which he administered a grain every two hours.

Dr. Stens thought *Baryta* an excellent remedy. My purpose on the present occasion is not to allude to the chronic disease, hypertrophy of the tonsils, nor to any affection of the throat of a syphilitic kind; but to the disorder popularly called quinsy, which, although not usually fatal, is attended with great suffering, and under the ordinary allopathic treatment as recommended by the most eminent of that school is tedious and unsatisfactory. Many years after I had discontinued the use of leeches I had better results from the application of solid *Nitrate of Silver*. Every one knows that this is a painful, disagreeable, and in many cases a very difficult operation, and is generally associated with a few delicacies in the shape of diaphoretics and aperients of various kinds. At this time I was not a homœopathist. There is no medicine which in

this malady has yielded me such satisfactory results as *Baryta carbonica*. It is because of its being mentioned in so brief and cursory a manner in the afore-mentioned report, and also because it has been rarely used by homœopathic practitioners nor very pointedly alluded to in the repertories most in repute that I am induced to lay before you the following cases. They scarcely differ from one another; but a remedy is more to be depended upon when the results are uniform under like conditions. The first time I administered *Baryta* was in January, 1852, to a servant of my own, æt. 20, of a strumous constitution. She was subject to quinsy, and its duration was usually a week at least. The symptoms were well marked: inflammation of the cellular membrane of the fauces and tonsils, accompanied by fever, difficulty of swallowing and speaking. A few doses of *Baryta carb.* 12 in globules relieved her in twelve hours. Suppuration did not take place. This young woman stated that she had been similarly affected some years before, was, after being leeched, poulticed, and blistered, rescued from impending suffocation by the puncture of the swellings and evacuation of purulent matter. On one or two subsequent occasions a threatening of the same disease was averted by the timely administration of *Baryta*.

In August of the same year I was called to a young lady at a boarding school near York (where I then practised). She was suffering in the ordinary way. On account of the profuse secretion of saliva and the lining membrane of the throat and mouth being more extensively affected, I tried *Belladonna* and *Mercurius solubilis* 6 every hour alternately. The following morning a messenger came early for me, requesting my immediate attendance, as her friends feared suffocation. I found her unable to swallow. Liquids taken into the mouth were ejected through the nostrils. I could not depress the jaw sufficiently to examine the throat. There was full accelerated pulse, heat of skin, pain in the head, redness of the face, and urgent thirst. I gave *Baryta carb.* 12 alone; relief was afforded within eighteen hours without suppuration. Had not the patient suffered

from constipation, she would scarcely have required more than one or two additional visits. Her medical attendants had been allopaths until on this occasion. The constipation yielded to *Nux vomica* 3 and *Opium* 3.

In January, 1853, a young female servant in a family who were my patients complained of sore throat and fever, at the same time comforting her mistress with the information that she was subject to this kind of sore throat, and that once she was ill for six weeks. I was asked to prescribe for her, and gave three globules of *Baryta carb.* 12 every four hours. She was at her work the next day.

I could relate additional cases, but it would be mere repetition; I should weary you, the cases being similar, and the results equally satisfactory. I shall, therefore, trouble you with but one more case, strikingly confirmatory of the efficacy of *Baryta*; but the more impressive upon the patient and his friends, because he was under the care of an experienced allopath when I was summoned to his bedside. This allopath was in extensive practice in York, bitterly opposed to homœopathy, who never lost an opportunity of speaking against it and its practitioners; but the father of my patient, living at a distance, was an earnest intelligent homœopathist, who insisted upon my being sent for without delay so soon as he was informed of his son's illness. The patient's case was a severe one; his age was twenty: his distress was great, being unable to swallow even liquids without difficulty. He had supped upon *Hydrargyrum c. Cretâ*, and would have breakfasted upon senna tea had I not been called early to see him. Circumstances led me to give his guardian a playful exhibition of the tube of globules, from the administration of which I was bold enough to predict a speedy favorable result. The next day my patient, who was not a believer in our system, thanked me warmly for the change in his condition, expressing his astonishment at the relief afforded by means apparently so insignificant; I requested him to give the name of the medicine to the surgeon. This I afterwards learned had been given, but the only response was "that they had medicines enough already, and did not want any new ones."

To this sapient observation I rejoined, "that the worthy Æsculapian ought henceforth to travel by the old-fashioned carrier's cart and not by rail." The successful result of this case, together with the young man's recovery afterwards under homœopathic treatment from double pneumonia, made my patient an enthusiastic missionary in our cause; and when some years afterwards he was appointed head master of his school he insisted that every pupil whose friends wished for it should have homœopathic treatment. He made this one of the conditions of accepting the post, for which he was more than usually well qualified.

Previously no one but the before-mentioned allopathic surgeon was allowed to cross the sacred threshold; it was a strict preserve. The worthy surgeon had more than once threatened to resign his post of medical attendant to the school were homœopathy allowed within its walls. *Baryta carbonica* was the principal cause of breaking down the barrier of perhaps the most exclusive educational establishment (so far as the admission of any but their own sectarian doctors were concerned) in the north of England. The barriers have not been replaced.

Such cases as these, being visible to all observers, make a powerful impression on the patients and bystanders who sometimes do not care to repress their indignation when they contrast the two systems. Why I administered *Baryta carbonica* in globules, and these of the 12th dilution, was simply the result of accident. In a case of globules supplied to me by the late Henry Turner, of Manchester, I found them, and not having at that time access either to tincture or trituration, nor to a choice of dilutions, I administered the globules, not without distrust of their efficacy. Afterwards Turner sent me a supply of the third trituration of *Baryta*, which I gave under similar circumstances, but without any good results. Upon returning to the 12th dilution the same favourable consequences ensued.

I submitted my experience of this drug to my *confrères*—their testimony in many instances is similar to mine.

Dr. James Gibbs Blake, Birmingham, wrote to me as follows, under date May 18th, 1873 :

"In early stages of tonsillitis I have found *Baryta carb.* 5^x of great service, and I believe that it has the power of arresting the inflammation and preventing suppuration." Dr. Harvey, of Southport, writes to me, June 13th, 1873: "I have seen *Baryta carbonica* of great use in chronic glandular swelling, and also in acute tonsillitis of the left side, using always the 6th dilution."

My conviction upon the subject is so strong, and this conviction is based upon an experience ranging over a period of upwards of twenty years, that I shall never prescribe *Baryta* in lower dilutions than the 5th or 6th, and if procurable shall prefer the 12th, to which I now adhere.

We have had frequent discussions upon dose and dilution. In my humble opinion these questions can best be settled by clinical reports, in which the dose and dilutions of the remedies employed are mentioned together with the temperament, disorders, and other circumstances affecting the question.

Another reason why I have brought these cases before the Society this evening was because of the remarks made by former speakers in the discussion which followed Dr. Black's able paper, my reply to which remarks I thought better to postpone, not being able to remain till the end.

Dr. Bayes so well expressed my own sentiments upon the subject that I shall quote his own words. He (Dr. Bayes) says, "Excepting up to a certain point with insoluble substances, he does not believe in dynamisation; the more soluble a substance becomes the greater its physiological power. It is from its greater solubility that *Mercurius corrosivus* is in the lower dilutions more potent than the same dilution of *Mercurius vivus*; but though trituration and dilution do not *increase* the physiological power of medicines, he was not prepared to say that the *curative* power did not become greater by dilution." Dr. Yeldham on a subsequent evening, when remarking upon *Baryta carbonica*, "could not say that in his experience he had realised the superior virtues attributed to the 12th dilution over other medicines. In treating cyananche tonsillaris he

had heard no valid reason why it should be preferred to the 11th or 13th dilution ; these assertions of the superiority of one particular dilution over all others in *every* case for a particular disease were, he said, mere assertions unsupported by any careful comparison with the effects of other dilutions."

I have already mentioned how it came to pass that I used the 12th dilution. I have likewise stated that *I had* employed other dilutions and other medicines in the treatment of cynanche tonsillaris, but that I had not met with such favorable results from the other medicines nor from *Baryta* in dilutions lower than 6th, having totally failed with the 3rd. Besides, who would raise such an objection to the use of the 30th dilution that perhaps the 29th or 31st would be of equal, if not of greater efficacy. There are a certain number of dilutions with defined numbers familiar to us, but we are not accustomed to talk of 11th, 13th, 29th, or 31st dilutions. Under these circumstances I do not think that Dr. Yeldham was justified in saying "these assertions of the superiority of some particular dilutions of a medicine over all others in every case for a particular disease were MERE assertion *unsupported* by any careful comparison with the effects of other dilutions."

Dr. Dudgeon remarked that diseases such as tonsillitis, which naturally tended to quick recovery, would throw no light upon the subject. I differ from my friend Dr. Dudgeon ; my second case was treated with two medicines without perceptible benefit. *Baryta carb.* was substituted and the superior effect was immediately evident. Many able accurate observers maintain that the tendency of all disease is towards recovery and not to death. This is an interesting subject for inquiry, but I refrain from entering into it tonight.

Dr. Black stated in the discussion following his second paper on the dose (*British Journal of Homœopathy*, No. cxviii, p. 792), "I shall afterwards allude to the alleged insufficiency of *Baryta* lower than the 6th." He did not allude to it, however, merely observing that it is not a remedy which he employed in acute tonsillitis. Experience

alone must be the test for this as well as for all other remedies.

In one other disease I found *Baryta* very useful. In 1868 I was consulted by a widow lady æt. 73. She was of a slightly strumous habit and suffered from irritation of the bladder, which was greatest at night when in bed. After prescribing *Cantharis* 3, and afterwards *Petroselinum* 1 with little satisfaction, I tried *Baryta carbonica* 12, one drop three times daily. Within fourteen days the annoying symptoms ceased; a reference to the recorded pathogenesis of this preparation will show the reason why.

Although it is not my intention to-night to discuss the question of dynamisation, still less is it my wish to ignore certain mysteries the explanation of which it is difficult to give. We all know the beneficial action of *Natrum muriaticum* in appropriate cases, yet patients who have been accustomed to take salt with their food have not derived the benefit from that salt, although in fit cases they have been perceptibly benefited by the administration of a few drops of *Natrum muriaticum* 6. *Natrum carbonicum* is a medicine which some of my patients use with advantage. One lady for whom it was prescribed by a homœopathic physician in Switzerland is never without it in her case. How is it, then, that it should be of such benefit to her (she is not a fanciful, nor a whimsical person) when she is in the daily habit of inhaling and breathing the *Sodium* with which the atmosphere is charged? Few will dispute that these substances must exist in the atmosphere in a sufficiently diluted condition.

I present the Society with this trifling contribution to therapeutics, asking you to forgive its faults and deficiencies and begging for your unreserved opinions.

Discussion on Dr. Ransford's paper.

DR. CHEPMELL elicited from Dr. Ransford that the *Baryta carbonica* was administered at intervals varying from one to several hours, according to the urgency of the case, in doses of 3 globules to a dessert-spoonful of cold water. Dr. Chepmell had

some favorable experiences of this remedy in the treatment of lingering sore throat after scarlatina, but had not used it in the ordinary treatment of angina tonsillarum.

Dr. YELDHAM thanked the author for his nice practical paper, but, in spite of the evidence and arguments therein contained, he must still adhere to his opinions. The dose question was too wide a one to be entered upon at that late hour, otherwise he would be happy to re-enforce the grounds of his dissent from the author's views.

Dr. R. HUGHES said that it was to Dr. Ransford he was first indebted, now eleven years ago, for the suggestion of *Baryta carbonica* in quinsy. He had always used it since, and with the utmost satisfaction, as also had Dr. Madden, to his certain knowledge. He (Dr. Hughes) had spoken emphatically of the value of the remedy in his Manuals of Pharmacodynamics and Therapeutics. It was important to distinguish the precise form of angina which called for *Baryta*. It was not the inflammation of the mucous membrane, where *Belladonna* was so potent, or *Apis* when there was much œdema. But it was when the parenchyma of the tonsils was the seat of the mischief that he had found these far exceeded by *Baryta*. The tonsils were *glands*; and neither *Belladonna* nor *Apis* had much influence over glandular structure, while *Baryta* was already of much repute in chronic engorgements of these organs. Occasionally—say once in ten times—he had found *Baryta* fail in checking the progress of quinsy; but he could not define the class of cases in which this occurred. He had always used the 6th centesimal dilution.

Dr. HALE considered the indications for the administration of *Baryta c.* based on the pathological conditions of the tonsils, one of the most valuable contributions to the practice of homœopathy. Dr. Hale had not been led to prescribe *Baryta carb.* for tonsillitis, having found *Belladonna*, *Mercurius*, *Hepar s.* generally succeed in the cases he has met with; but from the convincing proofs of the efficacy of *Bar. carb.* when the substance of the tonsil is involved in the inflammation, he should certainly be induced to employ that medicine the next case that occurred in his practice. In cases of *chronic* enlargement of the tonsils he had found *Baryta c.* of the greatest value.

Mr. A. C. CLIFTON, of Northampton, said his experience with *Baryta carbonica* up to two years ago had been contrary to that of Dr. Hughes in the results obtained by its use in acute tonsillitis, but since that time he has been using *Baryta* supplied to him by the chemist who supplied Dr. Hughes, and he had seen very good results from that; he has also had some from H. Turner and Co., which had been as efficacious; the dilution he had used had been the 6th centesimal. Mr. Clifton made these remarks respecting the source from which he obtained the medicine, because he had noticed before that *Natrum muriaticum* and *Causticum*, as well as other medicines obtained from one source, had failed to satisfy

him, whilst when obtained from other sources they had subsequently answered, and that perhaps from no fault of the chemist, who in the preparation of the medicine might have been as careful as the other one; and therefore he advised the members occasionally to try medicines from different sources where they failed to get the results they anticipated from a medicine.

Annals of the Hospital.

CASES TREATED AT THE LONDON HOMEO-PATHIC HOSPITAL.

By R. D. HALE, M.D.

Acute Pleurisy.—Ellen P—, has been subject to a winter cough for some years, but enjoyed very good health until three weeks before Christmas. She then had to sit up occasionally at night to nurse a child that was ill, and thinks she got cold.

The attack came on with rigors, after which patient does not know what occurred ; has been told that she wandered a good deal. There was no pain. Patient can give no further account of her illness until admission.

On admission patient was very weak and exhausted, intensely pallid and anæmic ; had a cough with no expectoration. Complained of nothing.

Jan. 6th.—Patient has remained in a very weak state. There was a slight amount of sibilant and moist râles, but otherwise chest seemed healthy ; no diarrhœa ; patient continually moaning in her sleep.

This morning complains of intense shooting pain over hepatic region ; worse on coughing and taking a deep breath. Temp. 101·6 ; dulness at base of right lung.

7th.—Much better.

9th.—Pulse 112 ; Temp. 101·2°. Pain worse to-day.

13th.—Dulness disappeared ; all pain gone ; cough still troublesome.

23rd.—Very much better ; patient has been able to get up

of an evening; cough still continues with some expectoration.

27th.—Yesterday had a severe paroxysm which was accompanied by profuse purulent expectoration. Is much better this morning, the expectoration having resumed its previous character.

Feb. 3rd.—Much better in every way; cough still troublesome.

13th.—Still improving; no pain in chest, cough not much better. Expectoration still continues; appetite good; is gaining strength.

Remarks.—On the morning of Jan. 6th, three days after admission, during which time there was no complaint of pain anywhere, acute pain is felt, and in addition to the physical signs just mentioned, there were well-marked friction sounds over the seat of the pain. Upon the administration of *Aconite* 3^x, every two hours until the afternoon of Jan. 7th, the pain ceasing even on deep inspiration, and taking into consideration the weak and anæmic condition of the girl, I thought it advisable not to push the *Aconite* further, but to give *Bryonia* 3^x, which seemed to be indicated by the evidence of pleuritic effusion to a considerable extent into the right pleural sac.

I think now, upon a review of the case, that better practice would have been to have allowed the *Aconite* to exhaust its action before giving *Bryonia*; and I would here remark that I think we are, as a rule, too fond of giving one medicine too quickly after another, without giving the previous medicine time to exhaust its action undisturbed by its successor. I am sure now I made this mistake in the present instance, and what was the result? This,—the stitching pain returned on the 9th of January, the temp. being 101.2, and the pulse 112. I was, therefore, obliged to fall back upon *Aconite* 3^x, given every four hours for sixteen hours; and taking into consideration the pleuritic effusion I prescribed *Sulphur* 5 every four hours for the sixteen hours following the last dose of *Aconite*. This is the plan my experience has led me to follow instead of alternating medicines in the

usual way, and I can confidently affirm with the best possible result. I have for some time ceased to give medicines in alternation, dose after dose, because such a plan not only vitiates results, but is in fact a kind of polypharmacy, and does not give either of the attenuated medicines time to produce their curative effect. I know that on this point many excellent and successful practitioners differ from me, and I merely wish to state my own individual opinion without presuming to dogmatise upon this point, or to censure the practice of those who do alternate medicine in this way, which whether rightly or wrongly I consider objectionable.

To return after this digression to the case before us. From the 9th to the 13th January there was progressive improvement, all pain had ceased and dulness had disappeared over the base of the right lung; there remained a troublesome cough, and as there was a suspicion of a slight amount of inflammation of the substance of the lung, I prescribed *Phosph.* 3 every four hours, and for the cough which was troublesome at night *Hyoscyamus* 1 was given through the night.

Jan. 27th.—I cannot account for the occurrence of this purulent expectoration; there were no signs of a cavity detected, nor anything leading one to suspect the presence of a collection of pus anywhere, yet such there must have been, and the only conjecture I can hazard is, that there was an undiscovered pneumonic abscess which suddenly opened into the bronchial tubes, the purulent sputa as suddenly ceasing, and nothing but simply mucous expectoration taking its place. Another supposition is that a pneumonic abscess which had existed for some time deep in the parenchyma of the lung had opened into the pleura, and produced the acute shooting pain in the membrane covering the diaphragm immediately over the liver. I think this latter was the more probable.

It only remains now to say that under *Bryonia* 3, three times a day, from the 30th of January to the 6th of February, when a placebo was given for four days, she was discharged cured on the 21st of February, taking *Ferrum aceticum* of

the 3rd trit. in grain doses given somewhat empirically in the hope of lessening the anæmia.

Chorea.—Elizabeth E—, æt. 11, admitted August 7th, 1873.

No history can be made out as to the origin of the complaint, but it had existed several years. Parents are both given to drink and there has probably been ill-usage.

On admission Aug. 7th, suffering from constant jerking of the limbs, more especially the arms. The face and mouth are painfully contorted, especially when she is looked at or spoken to. Is quite unable to speak, having no control over the movements of mouth and tongue. Movements of arms are so violent that she is unable to feed herself; systolic apex bruit at times. Ordered *Causticum* 6 gtt. j t. d. s.

Aug. 10th.—Continues much the same. Was seen by Dr. Hale, who ordered *Stram.* 1, gtt. j 4. h.

Aug. 18th.—Has continued in much the same state. After a great effort can sometimes say "Yes" or "No."

During the next few days from some unknown cause became much worse; the jerking movements of the whole body grew so very violent that the patient had to be tied down in bed with sheets. There was great difficulty in swallowing, and total inability to sit at stool. Legs and arms became covered with bruises.

Was seen on the 24th by Dr. Mackechnie, who prescribed *Cicuta* 1c., gtt. j 4. h.

On the 26th continued in the same condition; if anything, slightly worse. Bowels constipated. *Cicuta* continued. Rapid improvement now set in, so that by the 1st of September she could swallow her food and sit up in bed.

Was seen on September 2nd by Dr. Hale, who ordered *Cuprum* 5 gtt. j 4. h.

Sept. 4th.—Improvement continues. Patient is now able to get up and take her food herself. Can speak a little at times.

Sept. 9th.—Very much better. Can speak quite plainly

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and answer any question easily. Takes her food well. Jerking of limbs continues. *Cuprum* continued.

From this time she steadily improved, and was discharged on Oct. 10th, cured.

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CASE OF COLIC SIMULATING PAINTER'S COLIC WITH OPISTHOTONOS, AND OTHER CASES.

By Dr. E. C. HOLLAND.

ON the 26th of February, 1862, I received a very urgent telegram from Mr. Reed, requesting me to come, by first train, to King's Lynn to see a patient in consultation with him. On arriving at Lynn, Mr. Reed met me at the station and detailed to me the particulars of the patient's case, which were dreadful enough; but very far short of the actual condition in which I found the patient. He had been ill two days, suffering from the most frightful abdominal spasms. The abdomen was as hard as a stone, not very tympanitic, but the recti muscles drawn up into knots, nearly as large as my fist. There had been no alvine evacuation for two days, and no urine had been passed for eighteen hours. The countenance was expressive of the greatest anxiety, and the face and forehead bedewed with a cold clammy perspiration; pulse very feeble, but not particularly quick. When the spasms came on, which was about every three minutes, vomiting of a blackish, grumous fluid took place, attended with deadly faintness.

Sometimes the body would become so arched backwards as to form a semicircle, and so sudden and violent was the action as almost to throw him from his bed. The patient was lying flat on his back with extended legs; and pressure with the hand *flat* imparted some amount of relief, but this was very transient. Mr. Reed has been most unremitting in his attention to the case, and had adopted every means that would present themselves to the most experienced and judicious physician. Copious enemata had been used, with the effect of only bringing away one or two small lumps, which were very hard and of a greyish colour, but no relief to the pain followed. Fomentations had been applied, but were unavailing in imparting any degree of relief. *Aconite*, *Belladonna*, *Nux*, *Cocculus*, *Colocynth*, and *Mercurius corrosivus* and *Opium*, which had been given in succession, were equally useless so far as diminishing the acuteness of the patient's sufferings were concerned. Never did I witness such extreme agony in any case, and such was the horror and distress of the father of the patient, that he begged us "for God's sake" to relieve his son by any means, even "*if it put him out of the world.*" After a most scrutinising inquiry as to whether he might have drunk cider made on a lead press, whether there had been any painting going on on the premises, or whether any of the water pipes were corroded, and he might have been drinking water impregnated with lead, we could not arrive at a satisfactory solution of the cause of this exaggerated state of symptoms so closely allied to lead poisoning, though many symptoms were wanting to complete the picture. In Devonshire I had met with three such cases, clearly traceable to cider impregnated with lead, all of which terminated fatally.

It was exceedingly difficult to form a correct pathological diagnosis; but whatever might have been the cause, Mr. Reed and I considered it very desirable in the first place to introduce a catheter and evacuate the bladder. The catheter was used, but there was no urine.

Then as to the treatment. It was of no use to go over the same ground which Mr. Reed had so fully carried out,

and the only medicine whose symptoms produced an analogue of our patient's case appeared to me to be *Lead*. I happened to have some *Acetate of Lead 3^r* in my case, and we administered a dose at once and mixed some more to be taken in teaspoon doses every ten minutes if the symptoms were urgent. At the same time I explained to the young man's father that it would be advisable for Mr. Reed to leave the house and not see the patient for three or four hours, as, in his intense anxiety to relieve his suffering, he might be induced to fly from one medicine to another, and that, consequently, none would have a fair trial. It was with difficulty that I could get Mr. Reed to assent to this plan, as the patient's father was one of the most influential men in Lynn; and the allopathic doctors, with their usual generosity, were bruiting all over the town that the patient was allowed to die without anything being done for him. However, I prevailed at last, and just as I was leaving the house a message came to us that the patient was suffering much more severely than he had done at all. We determined, notwithstanding, to continue the medicine, and I took my leave and returned home, dreading what report might reach me in the morning as to the condition of my patient. To my surprise and intense delight, on reaching my house, I found a telegram in these words: "Thank God! my son has had no pain since you left; particulars by post."

It appears that, after the exacerbation of suffering soon after taking the first dose of the medicine, he fell asleep and slept for many hours. On waking, the bowels were copiously relieved of immense quantities of the same scybulous formations; the bladder acted well and on the following day he left his bed feeling quite well, and his recovery of strength was rapid. I have never been able to satisfy my mind as to the real pathological condition that this case exhibited; and after a perusal of the details which I have given (too lengthy I fear) I must leave it to some wiser heads than mine, many of which are to be found amongst the members of the British Homœopathic Society, to determine.

That it was not peritonitis or enteritis appears to me to be clearly proved by the toleration of pressure and the pain being lessened by it, independent of the paroxysmal character of the pain and the total absence of fever. That it was not painter's colic may be inferred from the extinction of all the symptoms soon after the first spasm following the administration of *Lead*. Nor am I aware that scybala in the colon would give rise to the opisthotonos and suspension of the secretion of urine. But whatever the nature of the disease I think the cure may be undeniably attributed to the *Acetate of Lead*, confirmatory of the axiom, *post hoc, ergo propter hoc*.

I have met with some very interesting cases of disease of the bladder which have been entirely cured by homœopathic treatment, though, from their long antecedent duration, they proved somewhat intractable and a long course of treatment was necessary. I will trouble the Society with two only, the features of which appeared most unpromising and one of which had been under allopathic treatment for six years, and was considered to be in a hopeless state.

The patient had been a book-keeper in a factory, but was obliged to relinquish his position about nine months before I saw him. He had been a remarkably robust man, but presented a most pitiable appearance when I visited him on November 29th, 1863.

He had lost all power of retaining his urine, which was continually dribbling from him, attended with the most terrible burning of the urethra and an incessant expulsive effort on the part of the bladder. About every quarter of an hour he voided about a tablespoonful of urine and a muco-purulent matter generally mixed with blood. He had constant pain in the region of the bladder, and occasionally the right testis would be forcibly drawn up to the pubes, causing agonising pain which extended throughout the penis. His pulse was very quick, but feeble. He had a parched, dry tongue and constant thirst. Occasionally he was delirious. I think I never saw such extreme emaciation, and altogether his condition was such that I entertained no

hope of his recovery. I directed warm fomentations to be applied to the abdomen, and his diet to consist of good beef tea thickened with pearl barley, occasionally to take milk and potash water, but no stimulants, and the penis was to rest on a large soft sponge, which was frequently to be washed in warm water. With some difficulty, on account of the pain it produced, I introduced a medium catheter and thoroughly washed out the bladder with warm water, repeating the operation night and morning. After the first impression of pain from the use of the catheter, this proceeding afforded the greatest possible relief. I prescribed *Arsen.* 3^x, and *Cantharides* 2^x, a teaspoonful of each mixture, about half a drop for a dose, to be taken alternately every quarter of an hour. The next day I found him somewhat easier and he had passed a better night, and looked less anxious. This plan was adhered to till the morning of December 4th with gradual amelioration of the symptoms; the strangury was considerably relieved and more urine, and of a more healthy character, was discharged. From this date the bladder was injected only once a day and the same medicine continued at intervals of two hours. The appetite being somewhat better, a little chicken was allowed at dinner, and the beef tea every three hours. Matters progressed favorably till the 11th, when a copious blenorrhœal discharge from the urethra set in and the ardor urinæ greatly increased. Still the calls to urinate were much less frequent and the quality of the secretion better and more copious. *Cannabis* 2^x was substituted for *Cantharides* with manifest relief, and the *Arsenicum* was discontinued. The general condition of the patient was much improved. On the 23rd the aspect of affairs was much more promising, the discharge had considerably abated and the patient expressed himself as feeling much better in all respects. He was now able to take a mutton chop, and I allowed him a little sherry and water, which was to be discontinued if the urinary difficulties increased.

On January 2nd, 1864, the patient was so much better in all respects that I allowed him to take half a pint of

porter at dinner, which in a few days materially improved his strength. He had now an excellent pulse, the countenance had lost all its hippocratic expression, and he had occasion to pass water only once in three hours, and every trace of mucus had disappeared under the use of *Thuja* and *Sulphur* for the next two months. He became convalescent and was removed to the seaside the latter part of March, where he rapidly gained flesh and strength.

On the 14th of May I received a letter from him in which he says, "*I can now make water as well as any man* and think I must have gained more than a stone and a half in weight. If you have no objection, I shall return to my office next month." I have seen the patient frequently since, and should not have recognised him as the same person.

The next case that I describe was one of chronic inflammation of the mucous membrane of the bladder, occurring in an Independent minister. The patient was at a hydropathic establishment, and I was telegraphed for to see him on November 3rd, 1871. I found him suffering most acutely from retention of urine, and was told that, on the previous day, a medical man in the neighbourhood had been sent for, but could not succeed in passing a catheter. Soon afterwards a hospital surgeon was telegraphed for, and he succeeded, though not without great difficulty, in introducing one.

The patient was 67 years of age, and had suffered, more or less, for years from difficulty in passing water. His present symptoms were constant but ineffectual efforts to urinate, only a few drops passing at a time, and followed by a quantity of acrid bloody mucus, which caused him to scream from the intensity of the pain it occasioned. He was sadly reduced in flesh and strength; tongue dry; pulse feeble, but not much accelerated; sallow complexion; great pain on pressure over the pubes, and violent pain in the glans penis. Evacuations from the bowels quite flattened, and a vast amount of pain in the anus and perineum on passing fæces. On examination per rectum I found the prostate gland enormously enlarged, and ex-

quisitely tender, presenting to the finger the feeling of a large accumulation of matter being there. I ordered fomentation, which had been freely used previously, and injected the bladder with warm water. Gave *Cannabis* every two hours.

On the 7th the symptoms were unchanged, excepting that more blood was passed, and the desire to pass water every half hour. *Terebinthina* 1^x was ordered every hour, to drink freely of barley water, or potass water and milk.

14th.—Pain very severe; micturition more frequent; more mucus and less blood. *Copaiba* 1^x every hour.

22nd.—No improvement, and thinking it desirable to see him every day, I desired that he should be removed to Bath, which was accordingly done. He bore the railway journey better than I could have expected, but his sufferings were very great. In succession I gave him *Cantharis*, *Pulsatilla*, *Berberis*, and *Thuja*, but with very little relief to his symptoms, which continued of the same severe character till February 6th, 1872, when I prescribed *Chimaphila* 1^x, to be taken in drop doses every hour.

On the 13th there was no improvement, and I then gave *five drops* of the *pure tincture* every two hours. The effect was marvellous; his bladder began to act well; the urine quite healthy; no trace of mucus, and he rapidly regained his usual health. He writes to me from Hertfordshire to say that he is quite well, and able to preach every Sunday; sometimes twice in the day.

I will now describe two cases of chronic dyspepsia occurring in clergymen, which illustrate the great value of *Argentum nitricum*, where the brain and nervous centres are sympathetically affected.

The first is that of an old and venerable clergyman residing in Norfolk, and whom I have lately seen in the enjoyment of excellent health. For several years he had been in declining health, and at his age (78) despaired of getting better, particularly as many medical men, whom he had consulted in London and the provinces, assured him that his heart was so seriously affected that it was only a question of time how long he might live. He had

always been very much opposed to homœopathy, but by the advice of his friends, who were desirous that nothing should be left untried, he was induced to consult me on August 8th, 1868. I found him exceedingly depressed in spirits, having had a consultation of three medical men on his case that morning, all of whom had given the same adverse prognosis. His general aspect would indicate serious organic mischief. His pulse was very fluttering and extremely intermittent, averaging about 140 beats in the minute. The tongue was loaded with a brown fur, and very dry. He had constant eructations of a fœtid character; great dryness of the throat, and a feeling of suffocation, chiefly at night, when reclining; total loss of appetite and extreme nausea, with feeling of anxiety, and trembling in the epigastrium, sometimes acute pain in that region. The bowels very variable, though generally relaxed, and a great amount of mucus in the evacuations. Some difficulty in urinating, sometimes with a sharp pain; extending to the anus; occasional cough, particularly after a meal, and most violent palpitation of the heart, with dyspnoea. I could not detect that there was any disease of the heart, but imagined it to be affected sympathetically with a very disturbed state of the digestive organs. He had taken *Nux*, prescribed by one of the doctors he had consulted. I ordered *Argent. nit.* 3^x, in drop doses, three times a day for a week.

On the 15th of August he came to me again, and was wonderfully better; and on the 29th all his bad symptoms were gone, together with the cardiac irritation, and he considered himself quite well. From that time to this he has enjoyed excellent health.

The other case to which I have referred was a Dorsetshire clergyman, who consulted me in March, 1872. He had been ill nearly three years, and had given up all clerical duty for upwards of two years. Being a cousin of a former president of the London College of Physicians, under whose care he had been from the commencement of his illness, and who had given a most unfavorable prognosis of his case, he was not very sanguine that any system of

treatment would be attended with more than temporary relief. He was 40 years of age, and had for many years been the subject of biliary derangement. I found him exceedingly depressed in spirits; his complexion very sallow; tongue greatly loaded; constant eructation; great sensitiveness on pressure over the liver and stomach; bowels very constipated; violent palpitation, and extreme irregularity of the heart's action; constant desire to sigh, to relieve the feeling of oppression of the right side; appetite entirely gone. I prescribed six doses of *Bryonia* 2^x, a drop night and morning, and then *Argent. nit.* 3^x, one drop three times a day, and requested him to come again in three weeks.

On the 8th of April I received a most satisfactory letter in which he says, "It gives me great pleasure to inform you that since I began your treatment a most marked improvement has taken place in my general condition, and I have not felt so well for many years."

My patient attended the May meetings in London the following month, and every one who knew him congratulated him on his energy, and the visible improvement in his health. His cousin—the ex-president of the College of Physicians—was amazed at his improvement, and, patting him on the back, said, "You did quite right to try homœopathy, as our system had failed; those gentlemen have opened our eyes to many important matters in the treatment of disease."

Discussion on Dr. E. C. Holland's paper.

Dr. EDWARD BLAKE, whilst thanking Dr. Holland for a capital paper, could not quite comprehend the *recti abdominales* being spasmodically contracted in opisthotonos; was it not a case of emprosthotonos? Dr. Blake had seen opisthotonos result from the passage of renal calculus. The bladder case, No. 1, seemed to him an instance of gonorrhœa repressed by the treatment, or by mistimed, active, astringent injections. In support of this view he drew the attention of the meeting to the significant fact

of improvement setting in after the reproduction of the discharge. Such remedies as *Atropine*, *Colocynth*, *Hamamelis* and *Thuja*, aided by the use of the hot hip bath, would have occurred to his mind. In connection with the prostate case, Dr. Blake would mention that in the instance of a certain aged dignitary in the Church, who suffered sadly from an enlarged and irritable prostate, he had afforded great relief by *Nux 3^r* internally combined with the use of cacao-butter suppositories containing $\frac{1}{2}$ gr. of *Strychnia*. When the symptoms of irritation had passed away a long course of *Baryta carbonica* was prescribed. This drug exerts a specific influence on the hypertrophied prostate with the advantage of toning the degenerated cardiac wall so commonly complicating these cases. Dr. Blake thought *Argentum* an admirable remedy most undeservedly neglected. Remedies are useful in proportion to the sharpness of the lines which bound their action. The peculiar value of silver and its salts lies in the fact that their sphere of operation is so well defined. Dr. Clotar Müller has said that the heart and stomach are the chief *points d'attaque* of *Argentum*. If to these be added the spinal cord his generalisation may be freely endorsed. Dr. Blake had to thank his friend Mr. Clifton, of Northampton, for drawing his attention to the value of this drug in certain forms of headache. Mr. Clifton employed it with success in the frontal headache of business men. Dr. Blake had found it of good service in the headaches and dyspepsiæ which are induced by mental agitation, nursing the sick, &c. He had found it of value, too, in the after effects of sunstroke. Graves, of Dublin, who struck empirically on so many pieces of pure homœopathy, was in the habit of administering $\frac{1}{4}$ gr. of the *Nitrate* every two or three hours for congestive hysterical headache. He adds, "I have found it invaluable not only in the headaches of hysterical young women but in those of men, particularly the habitual stomach headache, to which delicate and literary men are so subject." Dr. Blake did not think that these were true "stomach headaches," but instances of cerebral dyspepsia. The headache of *Argentum* is dull, pressive, persistent, and it encircles the calvarium like a wreath. The tongue has a silvery coating more dense than the transparent white of *Arsenic*, not as cream-like as that of *Tartar emetic*.

Dr. ARTHUR CLIFTON, in the case of abscess of prostate, has seen *Baryta* given by Dr. Sharp with great success.

Dr. WYLD said the first of Dr. Holland's cases seems to him to have been one of spasm from hard scybala and from incarcerated flatus, or possibly of intussusception. *Acetate of Lead* under any of these circumstances was an excellent medicine to select.

Mr. ENGALL said that amongst the medicines which he had found most useful was one which was not mentioned in the remedies employed in the cases of inflammation of the bladder narrated, and this was *Liquor potassæ*. The first case in which

he tried it was that of a lady, and was a most intense one; pus as indicated by the microscope was secreted in great abundance, and such was the irritable state of the bladder that the patient was constantly trying to urinate. In this case, finding his own efforts unavailing, he consulted Dr. Kidd, who passed a catheter, as stone was feared to exist. This was not found to be the case, and, therefore, he advised an increase of the *Cantharis*. This resulted in blood being mixed with the pus, so this was discontinued and other medicines and means used, but these failing he tried the *Liquor potassæ* in five-drop doses. In a short time improvement took place, and she made an excellent recovery, and has continued well ever since. In another case, when our usual remedies had failed, the *Liquor potassæ* was of the greatest use, although in this case it was not until the dose had been considerably increased to ten or fifteen drops that the beneficial action of the medicine took place. At the present time a patient who had been under various treatments for an irritation at the orifice of the urethra (for which he had been sounded, fearing stone in the bladder) reports himself as much better. Another case he might mention of practical importance. This was one of tenesmus of the bladder in which the ordinary means failed, but the patient at last took a dose of *Castor oil*, and after the passage of a large quantity of fæces the tenesmus ceased.

Dr. BAYES said that it was always a great disadvantage to be obliged to discuss a paper in the absence of the writer, since there are many points which the writer alone can elucidate. He, however, knew some of the particulars of two of the cases related, having heard them related by Dr. Holland more than once, and having also heard Dr. Reed, of Lynn, mention the first case. The case was one of either colic or of intussusception, and it is very possible, from the sudden relief experienced after a terrible accession of pain, that Dr. Hamilton may be right in suggesting that the relief experienced was from the sudden yielding of the obstruction, but that relief followed so shortly after the administration of the *Plumbum* that we may fairly infer that the *Plumbum* had a decided influence in obviating the spasm. The patient was a young man who had certainly suffered for many hours before Dr. Holland was summoned, and many more hours must have elapsed before he could reach the patient; many medicines and all the usual adjunctive means had been used by a skilful practitioner before Dr. Holland's arrival, but no good result appeared until the administration of the *Plumbum*. Dr. Holland's remarks as to the desirability of avoiding too active anxiety for the instantaneous action of remedies and the consequent too frequent change of medicines in the face of acute disease are well worth attention. Time is an element in the cure of all disease, and the rapid changing from one medicine to another often frustrates all curative intention. Dr. Bayes had also seen the old clergyman whose case was detailed by Dr. Holland. His heart had been sympath-

tically disturbed in its action by stomach difficulties. Allopathic diagnosis had been at fault, and Dr. Holland's more accurate diagnosis had enabled him to cure a disease readily which had been wrongly pronounced incurable.

NOTES ON RE-VACCINATION.

By CHARLES H. BLACKLEY, M.R.C.S. Eng.

IN the years 1864 and 1865, in consequence of the presence of smallpox in the neighbourhood of Manchester, I had occasion to re-vaccinate a number of children and adults; and again in the epidemic of 1871 a much larger number were re-vaccinated by me. In the first period from 60 to 80 patients passed through my hands, and in the latter period from 250 to 300. These varied in age from six years up to eighty, and were, as a matter of course, in different conditions of health and of very varied constitutions.

In ordinary vaccinations I had often noticed a marked difference in the action of lymph of the same kind and quantity, and it occurred to me that it might be useful to ascertain the cause of the different amount of irritation produced in different cases. It seemed to me quite possible for this to be due either to an extra degree of susceptibility, to the extent of surface laid bare, to the quantity of lymph applied, or to all of these combined.

In private practice the number operated upon at one time is rarely large enough to enable us to make experimental observations from which we can draw trustworthy conclusions; and indeed in the present state of opinion upon the subject of vaccination anything which has the appearance of pure experiment on children would in most instances be strenuously objected to, however harmless it might be. A good opportunity, however, for making observations upon re-vaccinated patients did occur in 1864

and 1865, and although at the time these were commenced I had no expectation of being able to make other observations by way of comparison, if such an opportunity did occur, it seemed to me quite possible to determine whether the degree of susceptibility varied in different years in the subjects re-vaccinated. It also seemed possible to ascertain the relative number of those operated upon, in whom the susceptibility to the action of lymph was perfectly exhausted by a previous vaccination.

Although the two periods named have furnished as favorable an opportunity as may perhaps ever occur for making such inquiries as those I have indicated, I do not know that I can answer any of the questions suggested in as complete and satisfactory a manner as I should wish.

I have, however, thought it worth while to record my experience on these and other points connected with re-vaccination, so as to be able to compare notes with some of my colleagues.

At different times several methods of preserving lymph were tried, namely, by keeping it in capillary tubes, on slips of glass, on ivory points, and lastly on slips of paper. The capillary tubes, in which the lymph was kept moist, proved with me wasteful and uncertain; and from the experience obtained on these occasions I do not think moist lymph keeps as well as dry lymph. From the circumstance also that in using this there is always a small portion left in the tube which no ordinary force can drive out, it is a wasteful method of using lymph. For ordinary use I prefer the ivory points, and have found that when these are quickly and carefully dried, if they are tightly corked up in a small glass tube and excluded from the light, the lymph will often be found to be active at the end of four months.

The paper alluded to above was used to enable me to determine, with some slight approach to accuracy, the relative quantity of lymph applied in those cases I wished to have under observation. A strip of highly glazed thick cream-wove note-paper, two lines wide, was charged with lymph on one surface by being drawn across a vaccine vesicle after the lymph had been made to flow by puncturing

it on the eighth day. By allowing this to dry and then drawing it across the vesicle again a layer of lymph of double the thickness a single charge would give was placed on one surface. Some of the strips of paper had a single and some a double charge given to them. In using these a piece two lines long was cut off and laid on the abraded spot after being moistened. Where I wished to apply a single charge of lymph to the arms of different individuals whilst this was quite moist a piece of the paper two lines square was charged with the fresh lymph as it flowed and was applied to the abraded surface, which latter was made as nearly as possible to correspond to the size of the paper.

When a double charge was applied the first square of paper, after being allowed to remain on the abraded spot for a given length of time, was removed and another piece, freshly charged, was applied. Small squares of thin ivory were used in a similar manner, but on the whole I prefer the paper.

The object of this mode of proceeding was to ascertain what difference there was in the amount of susceptibility in different individuals and also to determine whether the degree of irritation varied according to the quantity of lymph applied to an abraded surface of a given area. It was for the time being assumed that the power of vaccine lymph did not vary when used whilst fresh. No attempt was made to determine the difference which *small* variations in the quantity of lymph used would make in the effect produced.

The abrasion of a portion of the skin so as to lay bare, in each case, an area of exactly the same dimensions—or, in other words, an area supplied with a similar number of capillary vessels—proved to be an exceedingly difficult task. So difficult indeed was it that only a very moderate approach to uniformity could be attained. The lancet was the instrument which in most cases had to be used. In some of the cases, however, where I wished to be as exact as possible in the size of the area operated upon, and where the patients were liberal enough to permit the use of a novel apparatus, the cuticle was punctured by a small instru-

ment formed by having a number of needles laid together so that the points spread over an area the size of the squares of paper mentioned above, but this method I found was very uncertain. The application of *Cantharides* to a small portion of the skin might have given uniform results, but I believe that the use of this substance would have been attended with the risk of inducing a greater amount of inflammatory action than could be easily controlled.

As I shall have to show further on, it is not so much the quantity of lymph applied as the more or less perfect manner in which the capillaries are laid bare that determines the degree of inflammatory action.

In both the periods named I was myself a patient, so that I had the opportunity of studying some of the phenomena alluded to a little more closely than I otherwise could have done. The average quantity of lymph used for one vesicle was about $\frac{1}{100}$ th of a grain (estimated as dry lymph), but I have found that so small a quantity as $\frac{1}{500}$ th of a grain would, if used whilst fresh, produce a full-sized vesicle; but if the lymph is diluted I believe it is possible to make a much smaller quantity than this to suffice.

In operating with the lancet a slip of thin wood, in the centre of which an opening two lines square had been made, was pressed upon the arm, and the lancet was drawn across the skin shown in this opening a given number of times so as to penetrate the cuticle with lines crossing each other at right angles. With a little care, and by using a sharp lancet, tolerably even results could be obtained. Slips of paper perforated in a similar manner answered equally as well as the wood, but were of course not permanent. The squares of paper charged as previously described were applied to these abraded spots.

In the first period the number of persons on whom a normal vesicle was formed was very small. I believe not more than four out of the whole number, and in not one instance do I remember the vaccine fever being set up.

The irritation generally commenced in a very few hours after the lymph had been applied, but in some cases it would not be felt for two or three days. In the latter case the irrita-

tion was generally more severe and more widely spread, and indeed made a nearer approach to the ordinary course of a primary vaccination than is usually seen in re-vaccination. In most instances the vesicles, if such they might be called, arrived at maturity on the fourth or fifth day, and in some few cases as early as the third day.

A curious circumstance occurred in my own case in this first period. I re-vaccinated myself with fresh lymph at the same time that three or four others were operated upon, but whilst in these cases vesicles of a more or less perfect character were formed, no effect was produced upon me. I concluded from this that in all probability I was not susceptible, and that I had to thank the vaccination of my childhood for this immunity. In about four weeks, however, I tried the operation again with lymph obtained from another child, and found that, although the vesicles were very imperfect, I was still susceptible to the action of lymph. In two other instances I have known the same thing to occur. In one of these the patient was suffering from a slight feverish attack of an indefinite character, but of which I was not aware at the time I vaccinated.

From these cases I conclude that there may be a condition of the organism which at times renders the patient unsusceptible to the action of lymph for the time being, whilst there are other patients who are susceptible to the action of one lymph and not to another. Of the exact nature of the condition which gives these results I can offer no explanation, and it is important to mention here that it is only in re-vaccinated cases that this condition has been seen.

In this first period fully one fourth of those operated upon seemed to be quite insusceptible to the action of vaccine lymph; whilst about an equal number were very slightly susceptible. In all these cases it was the rule to make two abrasions, and curiously enough whilst one vesicle would, in some cases, be more or less perfect, the other would be quite abortive although both abrasions had been treated in exactly the same manner. In some few cases a single charge of lymph was applied to one abrasion, whilst a double one was applied to the other, but not in any case

could I say that the degree of inflammatory action bore an exact relation to the quantity of lymph applied. In one instance no difference was perceptible.

In 1871 the number of successful cases was much greater than in 1864 and 1865. Whilst in the latter period not less than one in four proved to be entirely insusceptible, in the former period not more than one in ten seemed to be so. In some cases the susceptibility seemed to be very small indeed, but in others the vesicles were as well-formed as in any primary vaccination. In these cases it would have been interesting to have tried whether the lymph would have afforded as complete protection, if used for other patients, as that obtained from a primary vaccination. The feeling that it was my duty to do that which I knew would give the most complete protection prevented me trying any experiments of this kind; but I do not doubt that lymph obtained in this way would be quite efficacious.

In primary vaccinations there is, as every one knows, a period of quiescence, so far as external signs are concerned, between the insertion of the lymph and the formation of the vesicle. In first vaccinations this period may extend to the seventh or eighth day; in re-vaccination it is generally much shorter, rarely going beyond the second or third day, and sometimes not lasting more than twenty-four hours. This stage of incubation was longest in those cases which were most severe, and in which the vesicle approached most nearly to the character of the vesicle of a primary vaccination; but I could not say that this period of quiescence was as long in any case as it usually is in the latter.

In some cases sores were formed which kept up a constant discharge of thin puriform lymph for ten days or a fortnight after the usual period of healing was past. In two of these cases there had been a previous attack of syphilis, and in these the wound enlarged to quite double the size of the vesicle first formed; rendering it necessary to have them dressed with a stimulating lotion before the healing process would commence. Had it not been that twenty-five to thirty other patients were re-vaccinated along with the two mentioned above, and in whom no untoward appearances

were seen, I should have been inclined to suspect that the lymph used was unhealthy, and this leads me to observe that in some cases of primary vaccination, where I have known that a specific taint has existed in one or other parent, I have had similar trouble with the vaccination in the child.

As a rule those who were full fleshed or inclined to obesity suffered more severely than those of spare habit, but some even of the latter had a smart febrile attack. In one case this was attended with a slight tendency to delirium. In my own case the vesicles began to appear in about forty-eight hours after the lymph had been applied, and at the end of the fourth day I began to have a sense of chilliness, with aching pains in the spine and weariness over the whole body. The sleep was fitful and disturbed for a couple of nights. The vesicles were small and not very perfectly developed and arrived at maturity on the sixth day. For about two days the arm was very painful and tender to the touch. During the night the pain and burning sensation around the abrasions were quite severe enough to keep one awake if the arm was not kept elevated a little above the body and in an easy position. After the seventh day the symptoms gradually abated, but there was one symptom which in my case was the first to appear and the last to depart. I allude to the peculiar stinging sensation felt in or around the abraded spots. This was so sharp and sudden at times that one forgot all about the vaccination and grasped the arm suddenly in order to get rid of it. I believe that this sensation is very common amongst those who have been re-vaccinated, for I found on inquiry that a very large number of my patients complained of the same thing. My reason for drawing attention to it, however, is to mention that as it lessened in intensity in the area affected by the vaccination it seemed to spread itself over the whole of the upper and lower limb of the same side. The sensation was at times felt in the foot or the hand so distinctly that it seemed almost as if it might be the prelude to partial anæsthesia.

It was often very troublesome long after the vaccinated

spots had healed and it was not until about four months had elapsed that it ceased to be felt.

In two cases where the vesicles were moderately large and well formed the patients were said to have had smallpox; one of these was in his seventy-eighth year, the other in her thirtieth year. In neither case, however, could I discover marks of the disease. In another case I think there could be no doubt about the patient having had an attack of smallpox, although no marks were to be found. This patient was fifty-eight years of age and had taken the disorder, when very young, from a sister who was passing through an attack at the time and who is still very distinctly pitted. In this instance the vesicles were large and well formed; the limb was very painful and much swollen in the upper part, and altogether this case, like my own, presented a remarkable example of the different degree of susceptibility there is at different periods, for, without knowing that the patient had had smallpox, I vaccinated him in 1865 and again in 1871. The first vaccination scarcely took any effect; the second one, as I have shown above, was very successful.

In 1871 I had a patient under my care who was phthical. At the time smallpox was said to be very prevalent in the village in which he lived, which was about eight miles from Manchester.

I strongly urged upon him as well as upon all the members of his family the necessity of being re-vaccinated, but as they had imbibed the extreme notions of the anti-vaccinationists, they objected to have the operation performed. Early in 1872 I received a message informing me that they had smallpox in the house, and requesting me to go over to see the phthical patient. Engagements which I could not set aside prevented me going over until the following day. When I arrived I found that one daughter had been attacked and had recovered, but a second and younger one whose illness had commenced only eight days before had died a few hours before I arrived. The medical man who had been in attendance, probably knowing the strong antipathy the family had to vaccination, had

not urged it upon them, and consequently nothing had been done. The question they wished me now to decide was, whether I would still re-vaccinate the phthysical patient who was then in the last stage of the disease and could, at most, live only a few weeks probably. I decided to re-vaccinate at once, and I did so for the following reasons:—In the first place the patient had been exposed to almost direct contact with two cases of smallpox, one of which was of the confluent kind, and if unfortunately an attack had come on in his case it would have added immensely to his sufferings without in any sensible degree retarding the progress of the malady from which he was suffering. In the second place if the patient had taken the disorder he would have furnished a fresh centre of infection as well as a means of concentrating the poison.

The change of opinion which the death of one member of the family had wrought made the surviving members just as anxious about re-vaccination as they were indifferent to it before, and having sufficient lymph with me I re-vaccinated four of the family before I left the house; namely, the father, mother, and two sons, one of whom was my phthysical patient. Another son, who lived some distance away, came over and was re-vaccinated before he went to the house two days after. On the fifth day four out of the number sickened, and I was requested to see them again. I found the pulse in each case much quickened; there was pain in the head and back, with nausea and a thickly coated tongue. It appeared as if the vaccination was too late, although in each of the first four cases a tolerably distinct vesicle had formed, which, though small and imperfect, showed that the lymph had in some degree taken effect. Notwithstanding this I made up my mind I was going to have a troublesome time of it.

At the end of about thirty-six hours, however, three out of the number took a sudden turn for the better, and along with this it was noticed that in these cases one or two vesicles had begun to form on the wrists, on the *alæ nasi*, and on the forearms. These, though not more than

two lines in diameter, became quite normal in character and passed through the usual changes, but this they did in a much shorter time than is usual in ordinary attacks of smallpox; and the most noticeable feature in the cases was that after the eruption had come fairly out the patients seemed to have gone at one bound from a state of serious illness to comparative health. My phthisical patient was one of the three and seemed to suffer less than the other two, but as he was suffering from hectic fever at the time, this probably masked some of the symptoms which appeared more prominently on the other two cases.

The fourth patient, a youth of about twenty-one, did not go on so favorably. In his case the symptoms became much more severe; the eruption came out more tardily, but ultimately he passed safely through a somewhat severe attack of semi-confluent smallpox. I learned on inquiry that this patient had been very much attached to the sister who had died, and that he had spent a good deal of his time at her bedside during her illness. I was curious to know what would be the effect of the development of the natural pock on the very imperfect vaccine vesicles which had already formed. A cluster of pocks that came out close to the latter encroached so much upon these that they were soon completely buried, as it were, beneath the cluster. The son who lived away from home escaped entirely, although he was constantly going in and out of the house for three days after being re-vaccinated.

All these patients were said to have been vaccinated in infancy. In three of them cicatrices were very perceptible—the one who had the severe attack of smallpox was amongst the number. In one the cicatrices were very small, and in the remaining one they are not to be seen.

Sir Thomas Watson, when quoting Mr. Marson, says, that if a vaccinated patient inhale the germ of variola on any given day re-vaccination will not be effectual in preventing an attack of smallpox if delayed beyond four days. In reference to the cases cited above, the question naturally occurs to which of the two vaccinations was the modification

seen in three of the cases due? The experience derived from these is too limited to allow us to draw final conclusions from it, but I think it is highly probable that the modification was, in each case, due to the presence of the lymph recently introduced, and that the severe attack of smallpox which did occur in the one patient was caused by a larger dose of the poison being inhaled. Whatever view be taken of the matter I should, by the experience gained in these instances, if placed in the like circumstances again, be encouraged to adopt the same course.

In some of the cases which came under my care in 1871 I noticed a peculiarity which we do not always see in first vaccinations, namely, that beyond the areola there was an effusion into the subcutaneous cellular tissue which was evidently not inflammatory. It was in fact simple œdema, and pitted on pressure just as œdematous swellings do. In two or three instances this gave rise to a curious appearance of the limb. The swelling was greatest at the spot where the abrasions had been made and gradually diminished towards the elbow, causing the upper part of the limb to have somewhat of an inverted pyriform appearance. At the part nearest the elbow the limb was scarcely, if at all, above the normal size, but curiously enough the part of the forearm just below the elbow was considerably swollen by this non-inflammatory effusion into the subcutaneous tissue. My chief reason for drawing attention to this matter is to notice that along with true inflammatory action we may have, beyond the inflamed area, effusion such as that named by what appears to me to be simple reflex action.

The swelling in the upper part of the limb might have been produced by the continuity of the action set up by the introduction of lymph. The swelling in the forearm, however, could only have been produced in one of two ways, namely, either by the gravitation of the fluid effused in the upper arm, or by reflex action. If the swelling had been caused by the gravitation of the fluid, this would have been greatest at the most dependent part. It was not so, however, and we must therefore conclude that it must have

been due in greater part, if not entirely, to reflex action. It is true it might have been caused by a temporary want of power in the absorbents, but even in this case it must have been due to reflex action. How far this kind of action may be seen to occur in idiopathic inflammations of the integument I am not prepared to say, and it would be beyond the scope of this paper to attempt to discuss the matter, but I am inclined to think that in some cases of erysipelas of the head and face, and also in cases where strongly acting counter-irritants are used it may become a source of great danger even where the inflammation is not very extensive or severe.

As previously shown the symptoms produced in 1864 and 1865 were mild. In 1871 these were more severe; the number of persons susceptible to the action of lymph was larger than in the first period, whilst at the same time the vesicles produced in many cases were to all appearance normal. And it should be noted that this was not the case only with those who were advanced in years, and in whom the protective influence of a first vaccination might have been supposed to be exhausted. Neither were these results seen only in those instances where the effect of the primary vaccination had been doubtful. In one case where the cicatrices from the first vaccination were large, and where the patient was not more than seven years of age, the vesicles produced by re-vaccination were large and well formed. In another, who was twelve years of age, the same thing occurred. Then, again, some of those who were revaccinated in 1864 or 1865 were again operated upon in 1871, and, although the operation was performed with the same amount of care on each occasion, the symptoms were more severe in the latter than in the former period.

Along with the facts stated above we find smallpox more prevalent and more virulent in 1871 than in 1864; and if we were to draw our conclusions from this last-named circumstance only, we might say that the smallpox virus had increased in quantity or in power and thus had given rise to the epidemic we had in 1871. The facts I have

brought forward above, however, seem to point to a different conclusion. We have seen that lymph produced in 1871 an effect which corresponded closely with the increased prevalence and virulence of smallpox; and seeing that vaccine lymph and the virus of smallpox are probably distinct bodies and derived from different sources, unless we believe that both have undergone the same change, we must suppose that the cause of the different effects produced lies in the different conditions of the human organism at the two periods.

I do not know if nosologists would call this a change of type in disease, but if it is not, I think it is closely allied to it. The change, however, is not in the exciting cause of the disease, but, if the facts given have been correctly observed, it is in the condition of the organism affected. Formerly I was very sceptical with regard to the possibility of change of type in disease, but now I must confess that it does not seem at all impossible for such a change to occur. And again, if it is a fact that the body may, by the acquirement of some peculiar condition or quality, become more susceptible to the action of certain causes of disease, may it not be that a change in an opposite direction is possible, and that by the continued operation of this change a disease, which has at one time been common, may entirely disappear for a time?

It is generally supposed that large cicatrices are the sign of a high degree of insusceptibility to the action of vaccine lymph, and therefore to the contagion of smallpox. I have shown that in some cases where the cicatrices were large the second vaccination took vigorously. From these cases I infer that a large cicatrix is a sign of great susceptibility having existed at some time, but that this high susceptibility has been always exhausted by the primary vaccination is at least doubtful.

Another notable circumstance to which I have previously alluded was that whilst an increase in the quantity of lymph did not in a proportionate degree increase the irritation, the extension of the surface to which the lymph was applied increased the inflammatory action quite out of proportion to

the surface abraded. Whether this increase of action would give a greater amount of protective influence I cannot say, but I do not think it would be at all difficult to produce very dangerous symptoms by applying lymph to a comparatively small surface of skin from which the cuticle had been *completely* removed.

One other matter I must allude to before I close my remarks—one of the most potent arguments against compulsory vaccination—is, that this may be the means of transmitting disease. It cannot now be doubted that disease may be transmitted in this way, and whilst some of the more ultra of the opponents of vaccination offer no effectual substitute and would return to the old *régime* under which smallpox was left to follow its destructive course unchecked, it never seems to have occurred to them that whilst doing so they would not lessen the evil they deprecate so much, but on the contrary would rather increase it.

As it has never been shown that smallpox can be generated *de novo*, the virus of this disease must come through and from the same source as vaccine lymph, and if disease may be conveyed by the latter it is equally possible for it to be conveyed by the former. If the protoplasm of vaccine lymph may be impressed with the stamp of disease so may the protoplasm of smallpox; but there is a very important difference in the circumstances under which the two bodies do their work when they do operate. In the one case we have a choice in the quality and can control the quantity used; whilst in the other we have no control whatever, and at the same time we are entirely ignorant of the source from which the virus comes. Smallpox has well earned the title of being one of the greatest scourges that has ever afflicted the human race, and if the statements of the opponents of vaccination were more strictly true than they sometimes are I should still, for the reasons I have given above, prefer to use the protective influence of both primary and secondary vaccination.

Discussion on Mr. Blackley's paper.

Dr. YELDHAM said he was thoroughly in accord with the author of the excellent paper they had just heard, in his preference of ivory points in vaccinating. In the certainty of their effects he considered them superior to all other modes of introducing the lymph. They should be used tolerably fresh, and a horizontal incision should be made with a lancet of sufficient depth to admit the ivory up to the shoulder of the point, and it should be retained there for about five minutes. So used it had, in his hands, almost never failed, and had repeatedly succeeded where other modes had been unsuccessful. He must confess to some scepticism as to the necessity for the wholesale re-vaccination sometimes advocated. Reasoning from the analogy of other diseases, such as smallpox, measles, whooping-cough, &c., which, as a rule, occurred only once in life, one vaccination should be sufficient, and practically it was so. No other proof of this was needed than the immunity from smallpox which the population of a country, where vaccination was enforced, enjoyed. They could not argue from epidemics, which were altogether exceptional. They must look at the question in its broad aspect, under ordinary circumstances, and then it was undeniable that one vaccination protected the individual permanently against smallpox. He himself was vaccinated in childhood, and had never been re-vaccinated, and yet, though a good deal exposed, in a professional way, to contagion, he had never had smallpox. Smallpox, even in epidemics, was rare in the middle and higher ranks of society, but frequent amongst the poor, and this difference was due to the care observed in vaccinating in the former case, and to the careless mode in which it was done, or the entire neglect of it, in the latter. It was the custom formerly, if not now, for public vaccinators to be paid so much per child, and it was thus to their interest to secure their fee by vaccinating early, and he had known many cases where infants were vaccinated within a few days of birth. This was a very pernicious custom, as the system was then incapable of receiving a permanent impression. He used always to select the period between three months old and the teething time. During the late epidemic his rule was to advise patients with good cicatrices on their arms not to be re-vaccinated; but if the cicatrix was faint and imperfect, or quite absent, then to have it done. He thought this a logical and safe rule, and he had never seen any reason to alter it. He did not regard the mongrel boil, pustule, or scab which commonly resulted from re-vaccination as any sign of the inefficacy of primary vaccination, nor of the patient's susceptibility to smallpox, since it was but feasible that the introduction into the system of such a virus as the

vaccine should produce some visible effect ; but, on the contrary, the very imperfection of the vesicle was to his mind a proof that the operation was not required. He had seen painful results of this useless re-vaccination. A relative of his own, a remarkably healthy and clear-skinned man up to the time of his re-vaccination, was for more than a year afterwards tormented and invalidated by successive crops of virulent and very painful boils, chiefly on the arm that was punctured ; and he also saw with a colleague a terrible case of erysipelas and abscesses in the arm of a patient about fifty years old, who had been re-vaccinated, in the face of excellent cicatrices from previous vaccination. Too little account, he thought, was taken of these and other risks forced upon patients who, in all probability, were proof against smallpox, or who, if they had it at all, would probably have it in an exceedingly mild and harmless form. The question of the variable force of different epidemics, to which the author had alluded, was a very obscure and difficult one. They knew nothing of the influences at work to cause these differences : whether they depended on different degrees of virulence in the exciting cause, or on meteorological or other causes operating on the system, and rendering it more susceptible to a fixed and unvarying cause. He thought it was most probably the latter.

Mr. BOUGHTON KINGDON (Croydon) remarked, he had rather extensive experience of re-vaccination during the smallpox panic of 1871, having re-vaccinated about 150 cases. He found in the spring of that year a remarkable susceptibility to the influence of the vaccine virus ; for out of the 150 cases there were not above five or six failures. Whether this resulted from a peculiar susceptibility of the system to the influence of the virus during a smallpox epidemic or to the effectual manner in which the lymph was applied, he could not say. The method he adopted was this : he used either the ivory points or a piece of thread or cotton saturated with the lymph ; instead of puncturing or scari-fying with a lancet he applied a small piece of adhesive plaster, having in the centre a bit of blister plaster about the size of a pin's head, to the arm ; this was warmed and put on at bedtime, and the next day on removal a small vesicle was found ; this was opened and emptied, and the ivory point or a small bit of thread introduced. In infants this mode never fails ; in secondary vaccination, rarely. On one afternoon at a ladies' school he vaccinated twenty-five girls from 12 to 16 years of age, and all, except one, successfully. When the spot became inflamed on the second day, the subsequent progress was incomplete and the vaccine vesicle very imperfectly developed, but when a little white elevated rim arose round the edge of the blister vesicle the course of the vaccine vesicle was natural and regular, though many of the cases were attended with severe erysipelatoid inflammation of the arm, with painful swelling of the axillary glands ; but this was common at the time, whatever mode of

vaccination was adopted. The size of the vaccine pustule depends upon the size of the blister, and in young infants care must be taken to apply a very small portion of the *Emplast. canth.* He once vaccinated three infants with lymph which was a day or two too old, having become opaque and semi-purulent; the subsequent vesicles went through their stages, but afterwards formed troublesome sloughing sores. He mentioned that in 1871 he vaccinated a couple of his cows in their ears, and was disappointed at finding no symptom there of the vaccination having taken effect; but on the eighth day his man came and asked him to look at the cows, as their teats were so bad he could hardly milk them. He was surprised to find numerous, fully-developed, cow-pock pustules over the udders and teats, whilst the spot where the lymph had been introduced was an almost invisible scratch. He remembered the case of a surgeon who had a very troublesome form of eczema of the face, which had resisted all treatment. He was once vaccinating an infant, the child struggled, and throwing up its hand knocked the ivory point into the operator's nose. He was re-vaccinated! a fine pustule formed, and with its disappearance the eczema also disappeared.

Dr. WYLD said re-vaccination statistics proved that only a very small proportion of the population who had been vaccinated in infancy were attacked by smallpox, and of those so attacked only four or five per cent. died. This being the case, and seeing that secondary vaccination was often followed by eruptions over the body and frequently by erysipelas, we should pause before rashly re-vaccinating in all directions; at the same time re-vaccination was undoubtedly an additional protection against smallpox. With regard to primary vaccination the statistics of the Smallpox Hospital demonstrated in February, 1871, that of those attacked by smallpox only five per cent. perished if vaccinated, while forty-one per cent. perished if not vaccinated. In the face of such statistics it was shameful to find a few educated medical men denouncing the practice of vaccination in the coarsest and most claptrap language. Syphilis, no doubt, had occasionally been communicated by vaccination; but the skin eruptions, which not unfrequently followed vaccination among the enfeebled children of the lower orders, and so alarmed them, were rarely syphilitic; they were generally only such skin eruptions as were frequently developed during teething, and often, no doubt, caused by the irritation of teething which was contemporaneous with the vaccination. Even granting that the eruptions were excited by the vaccination, this was not necessarily an evil, as skin eruptions were frequently safety valves against fits or other internal diseases. The fact that 45,000,000 died of smallpox during the 18th century should arrest the clamour made by the ignorant or the demagogue against the practice of vaccination. Dr. Wyld was in the habit of scraping the cuticle and then

applying the vaccine to the denuded surface. By this process no blood was drawn, and the operation was so gentle that few infants cried under it. The drops and even streams of blood frequently exhibited at the public vaccinations not only interfered with the success of the operation, but painfully impressed the spectators, and in their minds was an argument against vaccination. The extravagant cry against vaccination has done this good: it has stirred up the profession to look more carefully to the *quality* of the vaccine matter, and as Government compels all to be vaccinated, Dr. Wyld thought that Government should guarantee a supply of pure vaccine either from the heifer or otherwise.

Dr. COOPER.—If we are to have a paper upon vaccination at a homœopathic society there is no one we could select for investigating the subject better qualified for the task than Mr. Blackley; his painstaking and observant papers upon hay asthma in recent numbers of the *British Journal of Homœopathy* sufficiently show this. Mr. Blackley possesses that patience and keen discrimination that eminently fit him for the inquiry. I could wish, however, that we approached the subject more as homœopaths; as such we possess certain theories of the actions of substances upon the economy that we ought to put in force when we come to investigate such a matter as that of vaccination. Hence the primary question for us is to consider what the properties are of the vaccine lymph upon the economy; viewed in a homœopathic point of view it is unscientific to suppose that the lymph has but one property and that the protecting against smallpox; and that our principles do not belie us, but, on the contrary, that there is every reason to suppose that the lymph possesses strong medicinal properties, besides its counteracting power over smallpox, is evident from the cases of obstinate eczema reported some time since in the *British Medical Journal*, and which, after resisting all ordinary means of cure, succumbed to the action of vaccine lymph introduced after the usual fashion. And thus, as we find very often the introduction of vaccine lymph into the system to be followed by very intractable forms of eczema, so we also find that for equally intractable forms of the disease it furnishes us with the best means of cure we can exhibit. Nor need we listen to those who assert that they have been vaccinators for years and yet have never seen any untoward results to ensue. At a recent meeting of the Clinical Society, Jonathan Hutchinson administered a very proper rebuke to a gentleman who made a boast of this kind—"Yes," said he, "and had you vaccinated these children who are now suffering from vaccino-syphilis you would be making the same assertion, for the person who vaccinated them had no idea of its occurrence until I pointed it out to him." Dr. Wyld's assertion, though in compliance with received opinion, is by no means proved, namely, that it is the globule of blood intermingled with the

lymph and not the lymph itself that is the carrier of infection ; this as well as many other matters connected with vaccination requires further investigation ; and it certainly follows from our principles that however protective against smallpox the vaccine lymph may be, it yet is too powerful a substance to trifle with and ought not to be introduced indiscriminately into human bodies, but rather that some selection ought to be made. As showing the specific action of the lymph, a case occurred under my care in Southampton, where a young lady had been suffering from year to year with debility attended with constantly recurring pricking pains in the left side of the chest. When the smallpox epidemic came she was vaccinated three or four times without its taking, and the last time a slight redness appeared on the arm, nothing more ; but ever since, whether from vaccination or not, her health has become completely restored and the pains have left altogether. This would seem to show that the introduction of the lymph without any subsequent vesicular formation may affect the system. And why should it not ? It is one thing to obtain its prophylactic properties, for which the vesicle seems necessary, and quite another to secure its other medicinal properties.

Dr. HALE described his method of vaccinating, which was simply by gently removing the cuticle with the edge of the lancet, taking care to avoid drawing blood, and then rubbing the point over the denuded surface. In this way he had often vaccinated infants even while asleep. In confirmation of Mr. Kyngdon's experience on the experiment upon a cow, when Dr. Hale vaccinated one of his children, not only was there the usual normal vesicle on the arm, but a perfect vesicle appeared on the loins simultaneously with those on the arm, showing that the system generally was thoroughly under the influence of the vaccine virus. The question of immunity from infection is a difficult one upon which to lay down any positive law ; some people are sure to contract infection whenever exposed to it, others resist it and escape ; we can only account for such a difference by the differing idiosyncrasies of individuals. Dr. Hale dissents from Dr. Yeldham's opinion, and considers that during an epidemic of smallpox we ought to give people the chance of increased immunity by re-vaccination ; now, although there were sufficient evidence of previous successful vaccination, and knowing as we do that in the human subject there is a complete metamorphosis of all the tissues every seven years, it is reasonable to suppose that the preservative effect of vaccination may be dissipated in that time. Referring to the theory of the change of type in disease, if it meant that which is observed in specific fevers, he was quite ready to admit it, but if applied to acute inflammations he entirely rejected such a theory, which was now wellnigh exploded in the profession. During the late epidemic of smallpox a correspondent of the *Lancet* had

communicated some very remarkable results of the treatment of smallpox by re-vaccination in the early stage. Dr. Hale some years ago had given *Vaccinia* in smallpox, but with apparently negative results, but were he now called upon to treat smallpox he should feel very much inclined to try the effect of vaccination as a remedial measure, hoping thereby to at least modify the disease. Dr. Hale regretted that no anti-vaccination speaker had appeared amongst them on this occasion, not only to be discomfited, but that it might be seen what unanimity there existed in the Society in favour of vaccination, and he looked upon the present opposition to vaccination, if not positively criminal at least most mischievous, in causing and spreading an ignorant prejudice in the minds of the poor.

Dr. DUDGEON said, Dr. Hale regretted there was no anti-vaccinator present, but he should not have talked so confidently, for he (Dr. Dudgeon) acknowledged himself to be an anti-vaccinator if—and there is much virtue in an “if”—if the experiments of Dr. von Kaczkowski recorded in a late number of the *British Journal of Homœopathy* should be corroborated and proved correct. Should Dr. Kaczkowski's observations prove true then vaccination, as ordinarily performed, must fall to the ground, and we should protect our patients effectually from smallpox and cure them, should they accidentally get the disease, by doses of the 6th dilution of *Variolinum*. The paper they had heard read that night testified to the thorough, conscientious, and intelligent manner in which the author had gone about his investigations, and was marked by those eminent qualities of patient research and unwearied diligence that were so conspicuous in Mr. Blackley's admirable work on hay fever that had wrung from our opponents of the allopathic school the most hearty expressions of commendation. But though Mr. Blackley's experiments and observations were excellent, as far as they went, they were of course insufficient to settle the various questions he had raised; much greater experience is still required. He found that Mr. Blackley's argument for the superior safety of vaccination over natural smallpox with regard to the reception by the inoculated poison of syphilis might not be altogether satisfactory to the anti-vaccinator, because, though there could be no doubt that protoplasm was conveyed into the system by the operation of vaccination, there was no evidence that a person who caught smallpox by infection took any of the smallpox patient's protoplasm (in which the syphilitic taint was said to be contained) into his system. He thought that some cases that were thought to be syphilitic infection might not in reality be such, and that the phenomena developed, though resembling syphilis, might often be of a much more innocent character. Two years ago two patients came to him from widely different parts of the country, one a girl of ten, the other a lady of forty, both of whom had been re-vaccinated some months previously, and on whom the

vaccinated spots presented the exact appearance of true Hunterian chancre. He treated them with wet lint and small doses of *Mercurius vivus*, and in a week or two the sores were healed, and up to this time no perceptible morbid effects had followed, except that the lady had a sort of serpiginous eruption on the forearm of the vaccinated arm, which soon went off. He concluded that these sores, though they looked syphilitic, could not have been truly syphilitic, though, of course, he might be mistaken in this. His experience of vaccination and smallpox in his own person differed from Dr. Yeldham's. He was originally vaccinated successfully in 1820, re-vaccinated unsuccessfully in 1831, had a smart attack of smallpox in 1838, tried to vaccinate himself in 1864 without effect, and was successfully vaccinated in 1871, the vaccination running a regular course and leaving two well-marked cicatrices. He thought the method of vaccinating by the pin-head-sized blister was generally followed by bad inflammation of the arm. He preferred scratching with a lancet and inserting the matter from ivory points. Ignorant people were often much alarmed by observing the occurrence of eruptions of various kinds on their children after vaccination. But such eruptions occurred frequently after any exanthematous fever and were not brought into the system by the vaccination, but brought to the surface by the peculiar febrile disease.

Mr. ENGALL said, One of the most important things was the purity of the lymph employed in vaccination; and, for this reason, he thought the use of either the thread or the paper referred to was objectionable, as there was a risk of taking up some of the blood; that this was obviated by the use of the capillary tubes, for in these if anything but pure lymph existed, it was made evident to the sight. Unlike some of the speakers, the points had uniformly failed with him, but the use of lymph taken from the arm in the tubes (with one exception) had always succeeded. This one failure he attributed to the quantity being too small, as a repetition of the process produced good vesicles. His mode of vaccinating differed somewhat from those already mentioned. He broke off the ends of the tube and blew the lymph upon the arm, which formed a globule of lymph, into the centre of which he placed the lancet and made the scratch, taking care not to cause any blood to flow. By this means he caused no pain to the child, excluded the air from the wound, and secured the immediate absorption of the lymph. The superfluous lymph—if any—could then be taken up by the tube and be blown upon the other part where the second scratch would have to be made. He generally used two tubes, each of which he had previously supplied with the quantity necessary for one puncture. By this procedure he got a healthy vesicle, which he thought was not obtained when blistering of the cuticle was first employed, since in the latter case there would be two actions set up,—that of the blistering vesicle, and that of the vaccine virus.

Now, that of the blistering, it had been shown (if too much were used), would produce swelling of the whole arm, which pure vaccine virus alone does not produce; and, therefore, the action of the blistering is stronger than that of the vaccine virus, and must modify it accordingly. Even when this swelling is not produced there are still the two actions going on, which must modify in some degree the result; hence, he thought that the lymph from such vesicle could not represent normal vaccine lymph, and from such causes might arise those failures which were so rife. Again, the object aimed at should be the introduction of the lymph into the absorbent system in such manner that the result might be due solely to *its* influence. Therefore, he thought that an incision made deeper than just to indicate by the presence of a red line that the absorbents were reached was objectionable, because, as each tissue has its specific inflammation the deeper the cut the more likelihood for these several structures to be involved, and (as in the case before cited) other modifying inflammations to be set up. This might also be the case with the irritation produced by the points acting as *local* irritants. If these deeper structures were involved, and another action set up, this would manifest itself in a deeper cicatrix; and therefore he was of opinion that a deep-seated cicatrix did not indicate protection so well as one which indicated that the absorbents alone had been reached.

Dr. DRURY called attention to some coloured drawings of arms, showing the effects of re-vaccination; one, that of a butler, that had the appearance of rupia. In this case the vaccination apparently called into action disease that was lurking in the system. Another drawing was that of a bad arm following vaccination, the remarkable feature of which was that the lady was attacked with smallpox several weeks after, but before the arm was quite well. The arm of a young woman, said to have had smallpox when two years old, went through the stages of vaccination perfectly; this was done with vaccine four removes from the cow. Dr. Drury said that in vaccinating he always adopted the nick mode of scratching the arm with a lancet, and, if possible, rubbing in the fresh lymph off his lancet, either direct from a child or from a tube. Failing such a supply he rubbed in the dry points, and when vaccine was scarce had more than once used one point to do two places. He was aware that at the Smallpox Hospital Mr. Marson always liked to vaccinate in five places. He very much questioned if one small place took if the system was not as effectually protected, and that the real advantage of a number of places was to secure a good supply of lymph and to ensure a successful operation if possible. As regarded the size of the cicatrix he thought far too much importance was attached to it; the operation might have been perfectly successful when only a small one was to be found, while a large cicatrix might result from the arm being allowed to get rubbed

and ulcerated. As regarded the risks of re-vaccination there was no doubt that in a certain number of cases bad arms were to be expected, but the fact that the same lymph was used in several cases without any such result following showed that the vaccination merely called out mischief ready to show itself on provocation. Of course it was possible that disease might be conveyed by the lymph, but the facts that he had mentioned showed that it was not the cause in the majority of cases. Bad arms were not often seen after first vaccination, and in the cases where eruptions appeared, on careful inquiry, it could often be ascertained that some eruption had appeared before vaccination, or that any connection with vaccination was very remote. As a large number of children came under his observation, he took some trouble to inquire about these matters when cases came before him where vaccination was blamed. A gentleman, who had suffered from eczema, applied to him to be vaccinated; he told him that he could not guarantee that the operation might not be followed by a return of his attack, his patient preferred this risk to the risk of taking smallpox; the result was one of the most severe attacks of eczema he had ever seen. His practice was to advocate vaccination, while he strongly objected to its being made compulsory; he did not think that the controversy for and against vaccination had been carried on with fairness by either its friends or its opponents. He wished to point out one peculiarity of the recent epidemic of smallpox, which was this, that formerly children who had been vaccinated were almost absolutely safe from an attack of smallpox till the age of fourteen, as strongly insisted on by the late Dr. George Gregory and Dr. Copland, whereas in the last epidemic vaccinated children had not this same universal protection.

Dr. J. GALLEY BLACKLEY begged to add his testimony to the value of vaccination, both primary and secondary. During the epidemic of smallpox in Liverpool in 1871 out of 150 cases which had passed through his hands the speaker only remembered one fatal case, where there was distinct evidence of vaccination having been previously properly performed, whilst in those who had been re-vaccinated not a single case of smallpox occurred. He thought that the protective influence certainly diminished with lapse of time, and instanced three cases of smallpox occurring in one family. The first, a child of three months old who had not yet been vaccinated, had a most severe attack of confluent smallpox and died; the second was a boy of seven who had been successfully vaccinated in infancy; in this case the attack was a remarkably mild one, whilst in the third case, which was that of a girl of fourteen, who also had been vaccinated in infancy, the attack was much more severe, but terminated favorably. Referring to the question of the transmission of disease by means of vaccination, Dr. Blackley thought this had been very much exaggerated, as well-authenticated cases were really very rare. As to the

mode of transmission, we had as yet no proof that the blood-corpuscles alone were the agents, there being just as great a probability in favour of the lymph itself being the vehicle. In conclusion, the speaker expressed his preference for the ivory points, which when used to a scarified surface seldom failed.

Dr. BAYES (Vice-President) said that he had wished to add a few remarks to those already expressed, but that owing to the lateness of the hour he would only express the satisfaction which he felt at the turn the discussion had taken, as, although many different opinions had been expressed as to the best mode of preserving lymph and of vaccinating, yet there was perfect unanimity, on the part of all the members present, as to the value of vaccination as a prophylactic against smallpox.



Annals of the Society.

ON CERTAIN PATHOLOGICAL POINTS OF INTEREST.

By EDWARD T. BLAKE, M.D., of Reigate.

- I. *Sublingual Ulceration in Hooping-cough.*
- II. *Frequency of Follicular Pharyngitis.*
- III. *Ætiology of Sunstroke and Hay-fever.*

MR. PRESIDENT AND GENTLEMEN,—It is my purpose first to consider a peculiar pathological condition coexistent with a very ordinary disease always endemic in some part of this country, which has, strange to say, escaped the observation of physicians till within a comparatively recent period. I allude to ulceration beneath the tongue occurring in the course of hooping-cough.

You are aware that MacCall has pointed out the existence of the sublingual sore of pertussis. The observation was made during the winter of 1869-70, when MacCall found ulceration present in 111 out of 252 children attacked with hooping-cough, *i.e.*, in more than 44 per cent. The affection varied in degree from a mere abrasion to a deep fissure with a grey or yellowish surface, and often bleeding during or after a paroxysm. In 105 of the 111 it was situated in front of the frænum; in 4 out of the other 6 its varying position was accompanied by some abnormal disposition of certain teeth.

He considered it to be due to the rubbing of the tongue against the latter in the act of coughing. He looks upon it as a valuable diagnostic sign in cases where the cough is not heard by the physician.*

Unfortunately for the probability of the explanation afforded by Dr. MacCall, children rarely cough with their tongues extruded, and it is quite an anatomical impossibility

* *Glasgow Medical Journal*, 1871, iii, 172.

to bring the frænum into contact with the teeth. Dr. MacCall was mistaken when he hailed his observation as a discovery, for as early as the year 1844 the association of these phenomena was observed and discussed by Amelung, Bruch, Braun, Leirsch, Schmidt, Zitterland, and others. Then come Gamborini's observations, and many other writers on this subject followed in his wake; chief amongst them may be named Messrs, Charles and Bouchut.* I have said that MacCall thinks the ulceration useful in differentiating this disease; in my own experience the sublingual ulcer is of too uncertain occurrence to be a diagnostic sign of much value. In the two towns Reigate and Redhill I had last year 6 cases of this tedious disorder, 1 only had the ulcer; it was as large as a pea; it had a yellow base and was seated in the centre of the frænum.

During the present winter 18 cases have up to this date fallen to my share; of these again 3 only have exhibited ulceration of the frænum, 2 others had ulceration of lips and tongue. I should much like to hear the results of your own observations on this point. Apart from its pathological interest, to the physician who employs the symptomatic clue to thread the intricate labyrinth of THERAPEIA, when present, this sign will lead him to a greater accuracy in the selection of his remedy. He will think of such medicaments as *Agaricus*, *Bovista*, *Carb. veg.* *Causticum*, *Graphites*, *Kali carb.*, *Lycopodium*, *Natrum Carbonicum*, *Nitric acid*, *Nux moschata*, *Phosphorus*, *Bichromate of Potash*, and *Iodine*, including its potassic and mercurial compounds.† These have been observed to produce sub-

* Bouchut, *Bull. de l'Acad. de Paris*, 1858-9, et *Jour. für Kinder Krankheiten*, 1865-6, et *Traité Prat. de Malad. des Nouveau-nés*. Charles, *Des Ulcerations de la Langue dans la Coqueluche*; also in art. "Coqueluche," *Nouv. Dict. de Méd. et de Chirurg.* I am indebted to my friend Dr. Cooper for the early literature of this disease.—E. T. B.

† As to the ordinary remedies of the disorder under consideration, it must have struck all my hearers forcibly how lamentably all come short in certain cases. I have seen decidedly better results in the spasmodic stage from *Mephitis putorius*, the fluid of the pole-cat (for which we are indebted to Neidhard), than from the time-honoured but uncertain *Drosera*. When spasmodic symptoms predominate, Trousseau's favourite remedy, *Sulphate of Copper*, is followed by good results.

lingual symptoms in addition to a cough more or less spasmodic and continued in character.

Agaricus, which gives under tongue symptoms "small painful ulcer, by the side of the frænum of the tongue on the ninth day. After 18 coryza symptoms we have as regards resemblance to the cough of pertussis: "frequently returning sensation of tickling in the larynx, which induces short and frequently repeated coughing."

Bovista. We find, under this rarely-used medicine, "red, little spot on the *frænum linguae*, which is painful to the touch." There are cough symptoms; but they belong essentially to the pharynx and occur accordingly in the morning.

Carbo vegetabilis has been employed as a remedy in the course of pertussis; we find "crampy pain in the left side of the root of tongue."

There are 28 coryza symptoms.

Of the 68 symptoms under "throat and respiratory organs," one is "with retching" and one with "vomiting and retching, aggravated in the evening."

Under *Cauticum* we have "soreness upon and under tongue and in palate." After 16 "coryza symptoms" we find under larynx:—"Cough and retching with difficulty of breathing; frequent, dry, short, and hacking cough, rarely accompanied by a discharge of mucus; dry, hollow cough, five or six fits at a time, with a feeling of soreness in the interior of the larynx in a space like a band, every fit of cough causing a pain and almost arresting the breathing."

Graphites gives "burning vesicles on the lower surface of the tongue," and "whitish, painful ulcer on the lower surface of the tongue."

Plumbago was credited by Hahnemann with the power of producing no less than 30 symptoms of "catarrh" and "coryza," besides 5 different "coughs;" none of which, however, resembles the classic cough of pertussis.

Kali carbonicum,* we have a much more promising remedy,

* Becker, of Mühlhausen, gives a rather singular but, I fear, not very practical, indication for the employment of this remedy in pertussis, viz., pityriasis over upper extremities and scalp, with dry hair. C. Hering holds

one indeed that already holds a post in our programme of treatment of pertussis. Its proving gives "soreness of the *frænum lingue*" [the soreness is produced apparently by a vesicle, for the characteristic buccal symptom is] "vesicle with burning pain."

There are 18 "coryza" symptoms, and when I tell you that there are over half a hundred "cough" symptoms, you will pardon my not quoting them. Suffice it to say that one of those symptoms is "accompanied by nausea" and two are with "vomiting;" resembling so far the especial explosion of hooping-cough.

Lycopodium presents, in its proving, a slight resemblance to the phenomena of pertussis: "ulcer under the tongue, being very troublesome when talking or eating." There are 24 "coryza symptoms" [rather above the average!]; one only of all the "cough" symptoms presents reflex, gastric contractions, "titillation with cough with retching." (I do not know, I must frankly confess, what to make of a symptom like this:) "nightly cough affecting the stomach and the diaphragm (? how), mostly previous to the rising of the sun."

Natrum carbonicum has "pustule near the frænum." Hahnemann records no less than 33 catarrhal symptoms under this remedy. They coincide with the earlier stages of hooping-cough.

Nitric acid, it is well known, causes ulceration of the oral cavity generally. There is quite the usual modicum of "coryza" symptoms, 25 in fact, and they are well pronounced. This drug undoubtedly enjoys, like most of its compounds with the mineral bases, a specific action on the larynx.

Of the 35 "cough" symptoms, one is connected with "vomiting" and one must be given in detail, "concussive cough, in the night, the breathing being frequently arrested,

this drug in high esteem for certain forms of hooping-cough, especially when agg. from 3 to 5 a.m. is present. Bœnninghausen affirms that he administered it with complete success in an epidemic where an early symptom was "puffing of upper eyelid."

as in *hooping-cough*, accompanied by stitches in the chest, sore throat and fever."

Nux moschata. In Hull's large *Jahr* (1848), we see "bright-red shining elevations resembling mucous glands below the *frænum linguæ*, somewhat larger than millet-seeds." Three symptoms of "coryza."

The seven cough symptoms do not resemble hooping-cough; they point more to the dry, brassy, ringing, reflex cough of the hysterical subject.

Phosphorus gives "pain and prickling in the *frænum*," apparently subjective sensations. This drug has "vomiting" connected with "cough," but it is "sourish vomiting during the cough," whereas the vomitition of *pertussis* occurs at the close of the *paroxysm*.

Our old friend, *Drosera*, gives "whitish ulcer on the tip of the tongue."

Follicular Pharyngitis.

A disease of an adjacent organ, to the consideration of which I will next ask your attention. The literature of the new faith teems with examples of the cure of chronic disease, but of follicular inflammation of the pharynx we see little, and, excepting in the more recent serials, nothing; indeed, I am not aware that any of our body, besides Hughes and Meyhoffer, has honoured this prevalent and persistent pathological condition with distinct notice.

Kleinert, in vol. xx of the *British Journal of Homœopathy*, in a paper distinguished by originality of thought and disfigured by a perfectly paradisiacal innocence of pathology, relates some interesting cases of follicular disease under the comprehensive title "Laryngeal Catarrh." His remedies are *Acid. nitric.*, *Ambra*, *Argentum*, *Carbo veg.*, *Causticum*, *Eupion*, *Hepar*, *Mangan. acet.*, *Merc.*, *Phos.*, *Selenium*, *Stram.*, *Verb.** Hartmann does not condescend to recognise the existence even of this disorder.

* Oddly enough Dr. Kleinert did not appear to employ *Kali bich.*, though

The reason of this remarkable neglect is twofold : On the one hand physicians are rarely consulted for this symptom when it stands alone, and if graver signs coexist, the pharyngeal complication is lost sight of in the *mélange* of phenomena, more urgent or at the least more interesting. On the other hand, the disorders of the pharynx received little attention before the researches of Garcia, Turck and Czermak, initiated in the year 1855,* shed upon an adjacent region such a flood of new light, light both literal and figurative.

As far as my own experience goes, I have encountered this affection most frequently in two classes of the community, viz., in clergymen and in nursing mothers. The association is apparent—debility.

In Meyhoffer's admirable work on *The Chronic Diseases of the Organs of Respiration*, treating of follicular laryngitis (which I have never myself seen without accompanying and probably antecedent pharyngitis), he gives as causal agents : "over-exertion of voice, oral respiration, local irritants as tobacco-smoke, alcoholic drinks, spices and the inspiration of chemical vapours." To these I will add such predisponents as dyspepsia, starvation and depressing mental emotions, in fact every debilitating circumstance ; but above all these we must place those constant catarrhs which ever afflict the resident in a humid and fickle climate.†

As evidence of the prevalence of pharyngeal lesions even in a sheltered valley noted for the dryness of its air, I will give you the result of some careful observations recorded by myself in the March of the year that has just passed (1873).

I had the curiosity, during one week, to scrutinise the pharynges of all the patients who came to my consulting-room.

that drug had been even then figuring in English clinical literature for fourteen years.

* I do not here speak of Liston's earlier use of the laryngeal mirror in 1840, because that is a matter of historic rather than of clinical interest.

† Conversation in a carriage has a peculiarly irritating effect on the voice of follicular subjects, and it is not easy to append any satisfactory explanation to this.

From the 23rd to the 29th of March, both days inclusive, I examined forty-nine throats; of these thirteen were males.

Now, I think, gentlemen, you will be surprised when I tell you that in so enormous a proportion as forty-two to seven there was some distinct deviation from the standard of health! In nearly every instance that deviation took the form of engorged follicles. It is interesting to note that though this disorder formerly enjoyed a masculine designation, *Angina Clericorum*, as a matter of fact it is divided with remarkable impartiality between the two sexes; for whilst $\frac{11}{13}$, or 85 per cent., of men suffered, $\frac{31}{36}$, or 86 per cent., of the women were victims; showing even a slight preponderance on the *female* side.*

One sixth only of all patients enjoyed the possession of a typically sound pharynx.

It is difficult to follow numerical values mentally, so I will briefly tabulate thus:

	<i>Men.</i>	...	<i>Women.</i>
Pharyngeal affection	11	...	31
Healthy throats	2	...	5
	—		—
Respective totals	13	...	36
	⏟		
Total	49		

The remedy from the use of which I have seen the greatest amount of success is the *Yellow Iodide of Mercury*; the salt containing two equivalents of *Iodine* has not appeared to me to be followed by results so favorable. The next medicinal agent in order of clinical value is *Kali bichromicum*.

I have seen good effects from *Hamamelis* 1^x in the sub-acute, from *Capsicum* 3^x in the chronic venous congestion so frequently seen in conjunction with follicular lesion. *Nux* is useful when the mucous membrane is brick-red, and

* Follicular pharyngitis is nearly always present in the subjects of pulmonary, vesicular emphysema. Dr. Henry Bennett has pointed out how frequently pelvic congestion in women is associated with a relaxed state of the pharyngeal mucous membrane.

the mouth is sore, or when pelvic congestion complicates the case.

Insolatio and Hay-fever.

We will now, gentlemen, pass to the consideration of two diseased conditions which, widely separated as they may be in their manifestations, are yet at times allied as to their ætiology—I speak of sunstroke and hay-fever.

It would be no novelty to assert that both these morbid states may be induced by the impinging, under certain circumstances, of the rays of the sun on the surface of the body. They have been said to owe, in some instances, a common origin to the HEAT of the sun; but I ask you, have we not rather ignored the share that another factor concerned may claim in the production of these phenomena?

We must not forget that the solar beams contain pencils of yellow or light rays as well as pencils of blue or chemical rays.

Why may not over-stimulation by light be accredited as the cause, knowing as we do that no amount of heat* without light will so disturb the economy?

In an exhaustive monograph, composed in a truly scientific spirit, and displaying peculiar powers of patient investigation, one of our body has recently given to us the valuable results of years of thought and observation on the subject of hay-asthma. When I had the pleasure of perusing this classic contribution to the scant literature of hay-fever, with a feeling of extreme admiration for the minute care, the patient research, betrayed by its style, came a sensation of surprise that its author should have dropped into the beaten track of attri-

* There is a disease induced by over-stimulation with chemical or blue rays, viz. the moon-stroke of India. It is characterised by hepatic congestion and an impaired state of the memory. I have under my care a lady who, after a moonlight walk, experiences diminished heart-action and marked muscular prostration—nicotism minus the nausea.

buting this disease to the *heat* rather than to the *light* of the sun.

At p. 677 of vol. xxx of the *British Journal of Homœopathy* Mr. Blackley says:—"Many patients have thought that exposure to the heat of the sun has made their attacks more severe." Again, "Dr. Bostock had the symptoms more severely developed whenever he ventured into the open air whilst residing at Ramsgate" (whose atmosphere is likely to be as free from pollen as any in great Britain); and again, "Dr. Phœbus notices that exercise, especially that of a fatiguing nature (in other words, outdoor exercise), causes exacerbations." Dr. Smith, p. 258, loc. cit., thinks that great heat *and strong light* induce or aggravate the symptoms.

Mr. Blackley explains all these by the fact that when patients are in the open air they inhale more pollen. This MAY be so; but another explanation perhaps lurks behind. They are certainly more exposed to the direct rays of light emanating from the sun. Mr. Blackley does, indeed, at p. 253, take up the question of light as a causative agent, but he dismisses it so summarily as nearly to amount to a putting out of court.

Whilst Bostock, George Moore, Pirrie, and Smith have supported the heat theory, Phœbus alone definitely advocated the view that light might be the chief disturbing cause.

May not the whole question of hay-asthma be condensed and formularised thus?—*Given a hyperæsthetic condition of the nerves distributed to the skin or to the ophthalmo-respiratory tract, then any irritant, local or reflex, its nature determined by the special idiosyncrasy of each particular individual, shall induce an attack.*

We shall never discover which is the precise sinner, because ALL in turn *are* sinners, because every patient has his own peculiar *bête noire* always ready to pounce on him in seasons when his resisting power stands at a minimum.

For convenience we class all under the comprehensive, but incorrect, terms "hay-fever," and "hay-asthma;" there is no doubt that even in the same individual

different exciting causes will induce the same result, whether we style that result musk-asthma, pollen-asthma, solar asthma, or ipecacuanha-asthma.*

It is well known that some persons are prone to have a sneezing fit on passing from the shade suddenly into the full blaze of sun. May not this be a kind of incipient or rudimentary hay-asthma?

I always direct my patients who are predisposed to sun-stroke or hay-fever to wear on the head during summer a white covering, lined with some black material, that any light rays which escape reflection from the white surface may be absorbed by the dark lining.

The remedies that I have found most useful in the treatment of insolatio are *Glonoïn*, *Lachesis*, *Nux vomica*, and *Argentum*.

It might seem, gentlemen, to demand some apology that this New Year's dish offered for your discussion should be such a medical mixture—such a veritable pathological *Olla podrida*!

However this may be, it has given me much pleasure to prepare it for you, and now I heartily invite you, one and all, to begin the attack. Use your knives with a will, but spare—spare me your teeth!

This night I crave, my brethren, from you no happier fate than befalls the oyster—to be swallowed without being bitten!

Discussion on Dr. Edward T. Blake's paper.

MR. KINGDON had never observed the sublingual ulcers spoken of by Dr. Blake, and would ask him at what period of the disease he saw them. Speaking of the treatment of buccal ulcers, he once had an obstinate case of ulcer in the fauces which ultimately healed rapidly under *Ac. fluor. 5*. He could not agree with Dr. Blake that hay-asthma could be induced by the heat and bright light of the solar rays acting on the cutaneous nerves; for this theory is completely upset by the fact that sufferers from the

* One fact has latterly been pressed upon my notice, that this disorder is of much more frequent occurrence than is usually supposed by us.

affection usually lose all the distressing symptoms on going out to sea, where we know that the sun's rays are more powerful and more "burning" than on land. He knew the case of a gentleman who invariably had a sharp attack of hay-asthma on touching or coming near a dead deer. As regards treatment, many years ago he made a tincture of the flowers of *Anthoxanthum odoratum*, and used it empirically for this affection, sometimes with marked success, so much so that Mr. Kendall, the homœopathic chemist at Exeter, had such numerous applications for "Mr. Kyngdon's remedy for hay-fever" that he used to sell it to allopathic chemists and others by the pint and quart; but latterly he had almost given up its use and employed very successfully *Sulph. iod.* 3. This remedy is very homœopathic to hay-asthma, and the trituration of it by the chemist usually brings on a sharp attack of its prominent symptoms.

Dr. VERNON BELL said he had never noticed ulceration under the tongue in any case of whooping-cough that had been in his care. In one very severe instance a species of complete chemosis came on during the convulsive stage, which he attributed to strain. He fancied the ulcers of the soft tissues under the tongue mentioned by Dr. Blake and other observers might be due to the same cause; at all events, he (Dr. Vernon Bell) scarcely considered such exceptional occurrences any clue to treatment. As to follicular pharyngitis he thought it very probable that such an affection existed far more frequently than was suspected, but it was seldom brought under the observation of medical men until it had become moderately bad. In his (Dr. Vernon Bell's) experience the disorder was certainly not confined to clergymen or to those who greatly exercised the voice, for it was even more frequent among the classes exposed to sudden atmospheric changes and to noxious particles floating in the air. He had met one very obstinate example of the latter in the case of a photographer. But whatever the *proximate* causes might be he had no doubt about two *remote* predisposing causes—disorders of the stomach and a peculiar proclivity of the pharyngeal membrane to morbid action, which had not yet been satisfactorily explained. The medicine in which he most confided was *Nux vomica* in the earlier degrees of the inflammation. The green *Iodide of*, and other combinations of, *Mercury* and *Ferrocyanide of Potassium*, with an exclusive dietary, he believed to be necessary in almost every severe case. The inhalation of *Iodine* he almost always used, but this and other local applications were of subsidiary service, and could not be relied upon for a permanent cure in the absence of systematic and radical measures. So much might be urged for and against Dr. Edward Blake's supposed causes of "sun-stroke hay-fever" that he (Dr. Vernon Bell) could not offer any opinion which would be of value to the Society.

Dr. HALE could not agree with Dr. Blake's statement that

follicular pharyngitis had not been sufficiently observed by practitioners; for his own part, Dr. Hale had recognised and treated such a condition of the pharyngeal mucous membrane for years, and had met with a large percentage of cases so affected. He had found *Biniodide of Mercury* one of the best remedies. Follicular deposits are generally met with in strumous cases, and their presence always led him to examine carefully for the existence of tubercular deposits in other organs, especially in the lungs. The case of a clergyman who had been a patient of Dr. Hale's for many years illustrated the importance of this connection. This patient had not only the follicular deposit in the pharynx as a chronic condition, but from exposure to a chill after preaching suffered from an attack of subacute laryngitis of the follicular kind, involving the vocal cords, necessitating complete rest of the vocal organs. Dulness on percussion over the apex of the right lung, where congestion with hæmoptysis had occurred under Dr. Hale's care twenty years before, caused grave suspicions of tubercle, but happily under a course of medicine consisting of *Biniodide of Mercury* 5ʳ, *Iodide of Potassium* 3, and *Iodium* 3, with *Cod-liver Oil* and sea air, complete restoration of voice and removal of the physical signs of lung disease followed the treatment. Mr. Kyngdon had quite demolished Dr. Blake's theory of light as the factor in producing hay-asthma. There were, nevertheless, some remarkable physiological effects produced by the non-luminous rays in the solar spectrum which Dr. Hale suggested would form an interesting subject for inquiry. Referring to the effects of sunstroke Dr. Hale mentioned a case of painful interest to him where chronic inflammation of the membranes of the brain and spinal cord had its origin in sunstroke. Dr. Hale described a remarkable case in which, owing to the idiosyncrasy of the patient, the smell of horses or of a stable produced most violent attacks of asthma resembling the symptoms of hay-asthma. Dr. Hale had tried with some effect the *Tincture of Anthoxanthum odoratum* in hay-asthma, but it is probable any stimulating vapour would act as a palliative.

Mr. ENGALL said that amongst other remedies there was one which he thought would be of use in follicular pharyngitis on account of its action on the mucous membrane: This was the local use of *Glycerine*. He had tried it in the form of gargle with great benefit in cases of deafness from the closure of the Eustachian tube. He had been led to use it for this purpose from observing the effect of it upon the mucous membrane of the nose in a case of congenital closure of the lachrymal canal. In this case from the time of the child's birth the canal was so obstructed that a large tumour formed in the sac which he feared would have ended in fistula. After several medicinal means had failed he ordered the internal nostril to be moistened with diluted *Glycerine* by means of a hair-pencil; after persisting in this for a few days the distension of the sac suddenly disappeared; and

although many months had now passed it had remained perfectly cured. As to the hay-fever, he did not think that light could be the cause of it. The body was not exposed to its influence, being clothed; the face was the only part exposed, as the head was protected by a natural or by an artificial covering. As regards "clergyman's throat," he found that one efficient means of cure was to teach the natural use of the voice, as the cause of it in most cases is undue tension and too prolonged use of the organs forming the voice through lack of sufficient rest by way of pauses. Let the patient be made to read and this fault is easily discovered. By directing him how to read and speak so as to ensure a momentary rest, between the words if the case is very bad, or between the sentences in less severe cases, the cure could be effected. It is a common error with speakers and readers to suppose that in order to be heard the voice should be loud. The best way to ensure this is the distinct articulation of every word; and the greater the distance to be reached the slower should the utterance be, and the more marked the necessary emphasis.

Dr. KIDD said follicular pharyngitis is often a very chronic disease. He had found much help in its treatment from the use of *Antimonium tartaricum* according to a suggestion of our dear and much valued friend Dr. H. R. Madden some years ago. The usual dose he (Dr. Kidd) gave was five grains of the second decimal trituration on the tongue at bedtime every night for a few weeks. He had in other cases found *Ferri sulph.*, five drops of the first decimal dilution three times a day, very helpful. Of all local remedies he had found table salt (*Chloride of Sodium*) in *Glycerine* and water, used by the spray-producer, most effectual, two drachms of table salt dissolved in two ounces of *Glycerine* and four ounces of water used twice or three times a day. The *Chloride of Sodium* he considered to have a specific effect on the follicles, improving their secretion. As to the pathology of hay-fever and hay-asthma Dr. Kidd quite agreed with Mr. Blackley as to the pollen theory. In simple hay coryza with sneezing he had found *Nux v.*, four to six drops three or four times a day, most effectual. In hay-asthma for twelve or fifteen years he had used *Arsenic* with singularly good result; the first centesimal dilution about three to four drops three or four times a day, or Fowler's solution the same dose. In the treatment of hay-coryza and hay-asthma a most important aid he considered to be to endeavour to blunt the sensibility of the mucous membrane. For this purpose for many years he had prescribed half an ounce liquid *Extract of Opium* blended into a cream with an ounce of beef marrow used three or four times a day. The effect of this was most beneficial.

Mr. POPE (Vice-President, in the Chair) said that they had all much reason to feel obliged to Dr. Blake for the suggestive paper he had read, as well as for the interesting discussion to which it had led. The ulcer under the tongue to which Dr.

Blake had referred had, he thought, been alleged to be a premonitory symptom of measles, as well as of whooping cough. He had looked for it on several occasions in both forms of disease, but had never observed it, and believed that where it had been noticed it was a mere coincidence and not of any importance as a diagnostic indication. With regard to the etiology of hay-fever, Mr. Pope thought that the evidence as to its dependence upon floating pollen had been so fully and clearly set forth by Mr. Blackley in his recent work on the subject, that at present it was incontestable. It had been shown that whenever other circumstances, such as heat and light, for example, to the influence of which hay-fever had been ascribed by some, had been supposed to excite an attack of the disease pollen had also been present; and further, it had also been shown that in the absence of pollen these other circumstances did not give rise to the symptoms of this painful illness. If pollen was the cause of the disease, it seemed hopeless to attempt to *cure* it, in the correct sense of that term. As long as the poison was being inhaled, so long would the patient suffer. All that was left to us to do was to palliate. Of the various means of palliation suggested that named by Dr. Kidd of a mixture of fat and opium seemed to him the most promising. In reference to a remark about the *Iodide of Sulphur* he would state that a very fair proving of it by Dr. Kelsall would be found in an early volume of the *Monthly Homœopathic Review* (vol. ii, p. 164). The medicines known as "American Remedies" had been spoken of somewhat disparagingly. He was afraid that there was only too much reason for doubting their value. He believed that the cause of the disappointment which had been met with in using them was due to the indications for prescribing them having been, in too many instances, purely empirical. Their information regarding them was only partly derived from physiological experiments. On this source they could rely, and if they, in studying the works of Dr. Hale, restricted themselves to the provings he had recorded, and ignored, as at least doubtful, all the empirical notions of the so-called Eclectics and others of the same class he had unfortunately mixed up with them, the remedies he had introduced to their notice would prove of great service. It was when they were non-homœopathic that these medicines had led them astray, not in cases where they were homœopathic. Mr. Pope concluded by expressing the pleasure with which he had heard that Dr. Cooper had a proving of the *Chlorate of Soda* in his desk.

Dr. BLAKE, in reply, observed that epithelioma of the tongue had been spoken of by Dr. Cooper. Dr. Blake had tried the much vaunted chromic acid in a case where the submaxillary glands were involved, and it had failed as all remedies do fail when that is the case. Dr. Blake considered carcinoma linguæ to be *primarily, i. e.* before gland invasion, essentially a local disease

quite amenable to local treatment. He had seen many cases disappear under *Hydrastis*, but always used locally as well as internally. He thought that *syphilis linguæ* was often called carcinoma. In connection with the allusion to the use of lunar caustic by one of the speakers, it is interesting to note that *Argentum* is administered internally by homœopaths for one form of follicular throat. In reply to Mr. Kyngdon, Dr. Blake said that it was during the spasmodic stage that sublingual ulceration had been observed. It was quite a mistake to suppose, as observed by Drs. Hale and Kyngdon, that hay-asthma did not occur on board ship; it was a problem to the exclusive pollen school to explain it, they had been compelled to such ingenious explanations as that pollen might be carried over the sea in "dust clouds," or that hay might be on board to feed the cows! Dr. Blake would remind Dr. Hale that it was at the sea-side, in the Island of Thanet, that Dr. Bostock fell a victim to this besetting calamity, where he was *not* in the way of pollen from grass. When insolation produces profound disturbance of the nutritive function, as in the sad case of his own child detailed by Dr. Hale, more was to be hoped from *Argentum* and its salt than any other known remedy. *Anthoxanthum* might be a remedy in some cases, but to the homœopathic it should be employed in just those cases which simulate asthma from hay, but are *not* caused by pollen irritation. In Mr. Kyngdon's interesting instance it is quite possible that the disturbing cause was an emanation from the scrotal follicles of the deer. You know that musk will induce asthma in certain persons, and it was unnecessary to remind the members how nearly allied are the *Moschidæ* and the *Cervidæ*.

CASES ILLUSTRATIVE OF DISEASE OF THE URINARY ORGANS.

By HENRY HARRIS Esq., M.R.C.S.

THE first case I have to bring before the Society to night I have called tubercular disease of prostate. It is not my intention to preface it with any remarks upon the nature of the disease it professes to illustrate, but to let it

tell its own tale, and at the close point out the grounds upon which I found my diagnosis.

W. C—, æt. 32, a strongly built man, five feet eleven inches in height, and weighing fourteen stone, in early life a bookbinder, latterly a gas inspector. Comes of a consumptive family, but has always had good health with the exception of occasional attacks of gout in the feet.

At the end of the year 1870 he consulted me, complaining of an increased frequency of micturition, with some little pain after passing water, which was occasionally tinged with blood, or perhaps it would be more correct to say contained streaks of blood. The urine on examination appeared to be normal, with the exception that it contained a rather larger quantity of mucus than is usual. He received *Terebinthina* and *Belladonna*, and in a fortnight all the symptoms were removed. He remained free from any trouble till January, 1873, on the 27th of which month he again came under treatment for the same symptoms but in an aggravated form. The water at this time contained a considerable quantity of muco-pus, very little albumen, no casts, and varied much in character on different days. The pain was mainly at the commencement and after micturition. Thinking it possible he might be suffering from calculus I carefully sounded him, but failed to find a stone. This examination did not appear to cause much pain. On the 24th of February he had an attack of gout, which yielded in a day or two to *Bryonia* and *Colchicum*. At the beginning of March, as no satisfactory progress had been made, he by my advice took another opinion; an examination by catheter was made, which gave excessive pain and was followed by rigors. No stone was discovered, but a roughened sensation at the neck of the bladder was felt; examination per rectum revealed no enlargement, and but slight tenderness of prostate. The case was pronounced one of cystitis. The treatment recommended was steadily pursued till the end of the month without any benefit accruing. At this period I noticed that the patient was losing flesh and had him weighed on the 2nd of April; he weighed 12 stone, he was weighed each week up to the

9th August, when his weight was 9 stone 10 lbs.; the decrease was steady and uniform and appeared quite uninfluenced by any of the circumstances of his illness. On the 5th of May he saw a physician in consultation with me; by this time his countenance had acquired a haggard worn look, and he complained of a dull aching pain immediately above the pubes. The urine now contained more pus, but still no casts, and there had not for some time been any blood passed. The opinion given was that it was a case of cystitis depending probably on some malignant disease of bladder. No chest mischief could at this time be detected. On the 25th of August the bowels which up to that time had been confined became much relaxed, and continued so in spite of medicines for ten days; this greatly prostrated him, he also now began to suffer from nausea, vomiting and pain at stomach after food, and for the first time complained of distress in the lumbar region.

At the end of November another attack of diarrhœa occurred and was accompanied by such excessive prostration that the patient and his friends were counting the hours of his life, and it seemed impossible that he could last from day to day. After taking two doses of *Apis* the diarrhœa stopped, the appetite, which had completely failed, returned, and the patient recovered sufficient strength to move about the house and even to go out for a short walk. When the diarrhœa ceased the bowels again became much confined, the motions now assuming quite a new character, being hard round lumps coated with blood and slime, causing great pain in passing. An examination by rectum which gave excessive pain revealed no enlargement, but intense tenderness in the region of the prostate. The improvement lasted for a fortnight, when the appetite again failed, and he lost his newly acquired strength. At the beginning of last month cough came on and I found some dulness over the upper part of the right lung, by the middle of the month this had increased, and the cough was now accompanied by a greenish expectoration streaked with blood. Up to the present time the emaciation has con-

tinued to progress, so that now he lies a perfect skeleton. Takes but little food, which is more often vomited than retained, bowels much confined, and when relieved the motions are hard balls with much blood and pus, water scanty, depositing about one third of muco-pus, sp. gr. 1012, acid, the deposit insoluble in acetic acid. The state of the lung is much the same, the cough not very troublesome, profuse night perspirations, and hectic fever night and morning.

I believe this to be a case of tubercular disease commencing in the upper part of the prostate, extending from there to the bladder and kidney, and now invading the lower half of the prostate and causing ulceration into the rectum. I had fully expected before the time for reading this paper arrived that I should have been able to verify my diagnosis by a post-mortem examination; failing that I will state briefly the reasons which have led me to this conclusion. That it is tubercular disease I think the family history, the excessive wasting, the comparative absence of pain, and the occurrence at the close of symptoms of pulmonary phthisis, prove or at least make it exceedingly probable. That its primary seat was the prostate and its course that I have described is evidenced to my mind by the following facts: that the pain at the commencement of the disease was always referred to the position of the prostate, and was accompanied by the passing of streaks of blood, which as the disease progressed ceased, the gradual increase of the purulent deposit with the supra-pubic pain showed its extension to the bladder, and the lumbar pain and gastric disturbance its further progress to the kidney, while the ulceration into rectum proves the last step of the process.

Sir Henry Thompson in his work on prostatic disease, speaks of tubercular affection of that gland as very rare, and instances but eighteen recorded cases. He also says that it probably never is limited to the prostate and that the kidney is generally its primary seat, next to that the testicle; in my case for the reasons I have given, I believe it commenced in the prostate, and there has been no sign of any affection of the testicle.

Dr. Roberts, speaking of tubercle of the kidney, says, that in males it not unfrequently affects also the genital organs, and most frequently the prostate, but that in the female, tubercular diseases of the urinary do not spread to the genital organs, and *vice versa*.

Hitherto I have not mentioned the treatment pursued, for no medicine seemed to have any influence in stopping the progress of the disease. The list is a long one, and includes most, I had nearly said all the remedies which are credited with an action on the bladder and prostate or on the tubercular diathesis. The temporary rally after the use of *Apis* almost made me hope that I had found the specific medicine, though, having at that time fully made up my mind as to the nature of the disease, I could not endorse the sanguine expectations of the patient's friends; its failure to continue forced me to conclude that it was a *post* and not a *propter hoc* fact, and in this idea I am confirmed, for I find Dr. Roberts recording an almost similar instance of sudden improvement in a woman apparently dying of tubercle in the kidney, for the occurrence of which improvement he confesses himself quite unable to account. The medicine which always appeared to me to cover most of the symptoms and to be most indicated by the location of the disease was *Thuja*. I tried it in various dilutions, but without result; had I, however, another case to treat, I should give that medicine a more extended trial at an earlier stage of the disease, should I be so fortunate as to recognise the malady with which I had to cope sooner than I did in this instance.

My next case is one of hæmorrhage from the urethra with expulsion of fibrinous cast. In the evening of the 7th of March last I was summoned to visit a man, who the messenger, his brother, stated had come home about an hour previously bleeding profusely from the urethra, and had passed just before he started to fetch me a mass looking at first sight like a globular lump of flesh about an inch or an inch and a half in diameter. Directing the man to be placed on his back and ice to be applied to the genitals, I promised to follow as quickly as possible. On washing the

lump from grit I found after the clotted blood had separated from it that it consisted of a fibrinous cast, resembling in shape more closely than anything else a segment of a ball enema with the tube attached ; the circular part was, as before stated, about an inch and a half in diameter, whilst the pipe was about an inch in length and of the diameter of a wheat straw ; its structure was evidently fibrinous. I much regret that I have not now the specimen by me, but at the time I did not think of bringing the case before this society, and I gave it to a professional friend to exhibit at the Pathological Society.

On my arrival at the house I found the patient, a man about thirty, lying on his back, perfectly blanched, pulse very slow and thready, countenance expressive of great terror and anxiety ; the bleeding had been in a measure checked by the application of the ice, but blood was still dripping from the urethra. I at once passed a No. 12 silver catheter into the bladder, and noticed that the water which came through the instrument was unstained with blood. The pressure of the instrument almost immediately stopped the hæmorrhage. I fastened the catheter in, cautioning the patient to lie perfectly still on his back and to have the ice applied if the bleeding recurred. I left him *Arnica* and *China* to take alternately. The next morning I found that there had been no more hæmorrhage, and on removing the instrument the urine passed per urethram was only slightly tinged with blood. He was kept quiet in bed for two or three days and made a good recovery. The history given by him was as follows : that a week before the evening I saw him " he was larking," to use his own words, with a woman previous to having connection with her, when a sudden gush of blood from the urethra took place ; this lasted some ten minutes and then ceased. Four days after, under similar circumstances, there was a recurrence of the hæmorrhage, but in a slighter degree. On that evening on which I saw him he was walking to his home at Brixton, and whilst crossing St. James's Park had an erection, and at once there was again a rush of blood from the penis ; this continued till he reached home and, increasing in quantity, they sent

for me. Of the amount of blood lost it is difficult to form an estimate, but it must have been very considerable, as it continued for more than two hours, and the bed and bedding were quite saturated. Neither on passing the catheter nor by subsequent examination along the whole course of the urethra could I find any tender spot, and I confess that I have not been able to decide to my own satisfaction the source nor the real cause of the hæmorrhage. The man at the time was suffering from a slight gleet for which he subsequently came under treatment and soon recovered. I ordered him to abstain at least for a time from all sexual excitement, and I think for a little while he obeyed the injunction, but being of a very erotic temperament he soon lapsed into his former habits, but had not when I last heard of him, a month or two since, had any return of the hæmorrhage.

The last case with which I shall trouble you to-night will be stated in a very few words. A young man who had been under treatment for gonorrhœa returned in about a month with a profuse crop of warts on the glans penis and prepuce, the largest being of the size of a pea; he was ordered a lotion of *Thuja* θ and *Thuja* 1st centesimal internally; at the end of the week he reported himself much the same. Medicine and lotion repeated; at the end of the second week there was still the same report. I now swept the surface of the warts with strong *Nitric acid* and gave him *Nitric acid* 1st centesimal, internally; on his next visit the largest of the warts were reduced in size, but the number was not diminished. The treatment was repeated for another week, but still very slight progress was made. I then gave him the *Thuja* lotion again and *Thuja* 12 internally. At the end of the first week of this treatment many of the small warts had disappeared and the larger ones were reduced in size. *Thuja* 12 was repeated but without the lotion; next time a very marked improvement was manifest; the whole of the warts save the largest were quite gone; he received another week's medicine and ceased to attend. He has since been under treatment for another attack of gonorrhœa, and tells me that all the warts had entirely disappeared

before he finished his last medicine. This case is so slight in itself that I should not have brought it before you but that it appeared to me to have some bearing on the much-vexed question of the curative dose.

Discussion on Mr. Henry Harris's paper.

Dr. RANSFORD had a case very like Mr. Harris's first case with this important difference, that there were no tubercles in the prostate. The subject was an aged clergyman. The bladder was very irritable; the urine drawn off by catheter night and morning. *Cannabis sativa* 1 materially relieved him and prolonged his life, although the vesical paralysis was not cured. He has found *Cannabis indica* ϕ in one-drop doses more efficacious in curing acute gonorrhœa than *Cannabis sativa* ϕ , but in gleet he has still more confidence in *Bals. copaiba*, of which he orders two or three drops of a saturated alcoholic solution three or four times daily.

Dr. VAUGHAN-HUGHES said that cases of tubercular hypertrophy of the prostate must be very rare; he had never met with such pure and simple. He was of opinion that Mr. Harris's patient had tubercular deposits in the submucous tissue, and that these spots ulcerated through to the surface and discharged a matter, more or less purulent, bloody, and sanious, which gave rise to excessive irritation in the bladder, prostate, and urethra. Dr. Vaughan-Hughes considered that the hæmorrhage from the urethra during violent and long-continued erection arose from an ulcer in some part of the urethral mucous membrane becoming suddenly torn up by the rapid expansion of the erectile tissues.

Dr. DUDGEON was not quite satisfied from Mr. Harris's description of his first case that the disease was really tubercle of the prostate. In that case would there not have been enlargement of the gland? It seemed to him that the disease might, in the absence of confirmatory evidence on the dissecting table, be assumed to be chronic cystitis with ulceration. As the patient had not yet died he might yet derive some advantage from *Argentum nitricum*, which had not apparently been yet given by Mr. Harris.

Dr. BAYES thanked Mr. Harris for the very interesting cases so clearly and well related. Urinary hæmorrhage was often a very obscure affection. Latterly he (Dr. Bayes) had treated two such cases, both of great severity; one progressed favorably, but the other proved fatal. The first of these two cases came under his treatment about twelve months ago; he had been up till then under allopathic treatment. There were frequently recurring

hæmorrhages of very considerable extent, and in addition to clots passed on such occasions masses of villous growth, some of considerable size, were occasionally to be detected in the urine. The microscope showed their structure, and a very good specimen is to be seen among the preparations at St. George's Hospital. The urine was always loaded with albumen and a very considerable quantity of blood-corpuscles, pus-corpuscles, epithelial scales, &c., were always present. He (Dr. Bayes) immediately withdrew all alcoholic stimulants, and slow improvement set in under a course of homœopathic remedies. Fresh hæmorrhages occasionally recurred (but less frequently than before), and a very severe attack came on in May, the patient being at that time in Bournemouth under Dr. Nankivell's immediate care. The bladder became distended with clots, and Dr. Nankivell washed it out very skilfully. After this the patient returned to London. The urine still albuminous and loaded with pus, still containing at times villous growth. He (Dr. Bayes) now gave him small doses of *Sulpho-carbolate of Lime*, a grain three times a day, and under this and the careful meeting of symptoms by other remedies the pus speedily disappeared, the urine lost its albumen and became more natural in composition, the patient gradually assumed a healthful aspect, and appears well. No fresh hæmorrhage (worthy of the name) has appeared during eight months, and were it not for the occasional appearance of a small clot in the urine the patient might be pronounced well. The second case alluded to was that of an officer. When he (Dr. Bayes) first saw him he was completely exsanguined, suffering much also from dysuria and irritable bladder to so great a degree as to force urination every twenty minutes, day and night. There was no considerable hæmorrhage, but the urine was loaded with pus and albumen. The pain was so urgent that the patient took large and repeated doses of *Morphia*, but still no longer interval of sleep than twenty minutes to half an hour was yielded. A course of homœopathic medication relieved the urgent symptoms, and the patient was enabled to sleep two or three hours at a time; so marked was the improvement for a time that the patient and his friends became very sanguine of ultimate recovery. The pus and albumen nearly disappeared under *Sulpho-carbolate of Lime*, but suddenly paralysis of the bladder set in. A surgeon was called in who very skilfully used the catheter, but this brought on passive hæmorrhage. Constitutional symptoms set in, apthous ulceration of mouth and throat followed, and diarrhœa and lienteria ended the patient's sufferings. There had been at one time great pain and discomfort in the prostate gland, but this was permanently relieved by a few doses of *Aconite* 1. In both these cases the effect of many of our medicines was well marked; and he (Dr. Bayes) may, at some future time, give the details, but the point he wished to bring forward at this time was the beneficial action of small doses of

Sulpho-carbolate of Lime in arresting disorganization, and, perhaps (in the first case), in destroying or controlling the development of growths of loose organisation within the urinary cavities.

Mr. HARRIS, in reply, said that he was by no means prejudiced in favour of his diagnosis of the first case, and should be pleased if its favorable issue showed that he was mistaken. He would gladly avail himself of Dr. Dudgeon's suggestion as to the use of *Argenti nitras*, though he feared the case was now too far advanced for any treatment to be of much benefit. Dr. Vaughan-Hughes had suggested that the tubercular deposit might be in the submucous tissue; that no doubt was possible, but Mr. Harris was of opinion that it was really in the gland structure itself. Tubercular disease may exist without any hypertrophy at the beginning; it is said there is sometimes a slight enlargement, but as the disease progresses the gland really diminishes in size. In this case there is certainly no hypertrophy, nor has there been at any time any difficulty in getting rid of the urine. That the hæmorrhage in the second case was not due to stricture nor to ulcer in urethra is shown by the fact that a No. 12 catheter was passed without difficulty and without pain. The last case was not brought forward as a striking cure of warts, but simply to show that a cure appeared to be effected by *Thuja 12*, a similar result not having followed the use of that drug in the first dilution.

SPECIFIC MEDICATION IN RELATION TO SURGERY.

By Dr. W. S. CRAIG, of Scarborough.

HOMŒOPATHY being a system of therapeutics is more intimately related to the practice of physic than to surgery, and consequently homœopathic practitioners have a tendency to cultivate medicine to the neglect of surgery. The teaching of Hahnemann exerted an influence in the same direction since he inculcated the desirability of curing the external manifestation of diseases from within by medicine rather than attacking them from without. While acknow-

ledging the value of this teaching, it is a question whether we do not often trammel ourselves unnecessarily by endeavouring to avoid surgical interference when it would very much expedite the cure and even increase the efficacy of the medicinal treatment. I think I have seen prolonged attempts to remove paronychia, nævi, wens, ganglia, and various external tumours with medicine, which, I am sure, would have been materially expedited without detriment by judicious surgical assistance. It is also desirable that homœopaths should maintain their status as competent surgeons, the more so that their command of the homœopathic therapeutics gives an immense advantage in carrying surgical and obstetrical cases to a successful issue. The rapidity and precision with which inflammatory reactions and other complications in operative surgery are controlled by the homœopathic medicines, are very striking when contrasted with the indirect, disturbing, and exhausting remedies in ordinary use. Of this I had a gratifying experience some time ago, in the case of a rather severe accident which came under my care. A farmer, while superintending a thrashing machine, had his clothes caught by the horizontal revolving shaft; he was whirled round the shaft, and struck violently on the ground with each revolution. He was bruised all over and sustained a comminuted compound fracture of the right forearm, and a fracture of the right tibia and fibula. I amputated the arm a few inches below the elbow, and adjusted the leg in sand-bag splints. The action of *Arnica* in removing the ecchymosis was very striking, and the immediate effect of *Aconite* and *Belladonna* in checking the reactionary fever, with a tendency to erysipelas of the face, was most satisfactory. Within eight days the patient was able to sit up in a chair and write a letter with his left hand. It is my object to direct your attention to the satisfactory results of a combination of homœopathy with surgery, confining myself to such operations as should be within the scope of every general practitioner.

For example, diseases of the rectum are the source of many alarming and obscure derangements of the health,

and we frequently meet with patients suffering from these diseases who have run the gauntlet of medical treatment of all sorts without relief. Direct surgical interference is absolutely necessary, and this, again, must be supplemented by specific medication, directed towards the removal of the hepatic congestion which underlies the morbid condition of the bowel.

The following cases will illustrate my meaning.

Many years ago I was called to see a widow lady, æt. 38, reported to be dying from disease of the heart. I found her propped up in bed, excessively pale and œdematous. The heart was visibly agitated, but auscultation disclosed no sign of organic disease. The urine was free from albumen, and there was no history of menorrhagia, or any other hæmorrhage, to account for the evident anemia. Inquiry as to the existence of piles or loss of blood at stool was met with a decided negative, nevertheless I determined to examine the bowel, when I found two vascular tumours bleeding on being touched, which I could not hesitate to regard as the immediate source of the whole serious train of symptoms. After an unsuccessful attempt to remove them by medicine, the piles were destroyed by ligatures passed through their base and tied each half separately. On the separation of ligatures a course of *China*, *Nux vom.*, *Carb. veg.*, and *Lycopodium* removed the œdema and completely restored the chylo-poietic functions. Her restoration to health was rapid and permanent. This is a very simple case and was appreciated much beyond its deserts, but the credit of the cure would have been lost to homœopathy if I had exhausted the patience of the sufferer in my attempt to cure her with medicine alone.

Last summer a gentleman, æt. 32, was brought into my consulting room in a state of syncope from hæmorrhage from the bowel. He had been under the care of a homœopathic medical man for several months, reputedly for disease of the heart. The heart exhibited no evidence of disease beyond functional irritation. Examination of the bowel revealed two large bleeding hæmorrhoids. These were removed by ligature, after which all other symptoms rapidly

yielded to homœopathic treatment, and in a few weeks he returned home restored to perfect health, a result which could not have been attained by medicine alone.

The Rev. J. H—, æt. 49, had perceived a steadily increasing failure of strength. He looked robust, but in spite of a florid complexion a certain pallor and waxiness about the lips became apparent. His breathing on rising even a gentle ascent was laboured and distressing, and he was alarmed by occasional sudden loss of memory and threatened fainting. Several medical friends who were interested in his health carefully examined him, and in succession undertook the treatment of the case. He was sent twice to a hydropathic establishment and took lengthened rest and withdrawal from duty, but without any lasting benefit. The diagnosis of his condition was never satisfactorily determined till in despair I examined the rectum, and found a very large internal hæmorrhoid which bled freely on being touched. The patient admitted that he had for years occasionally observed blood with the stools, but as he had been led by his allopathic physicians to regard it as salutary, he had never given much attention to the matter. After the removal of the tumour, and under the action of *Podophyllum* and *Sol. Sodæ Chlorat.*, a critical diarrhœa set in, with great relief to the portal congestion, followed by the disappearance of all the anxious symptoms.

A condition of congestion and erosion of the mucous lining of the rectum is frequently met with, not amounting to distinct hæmorrhoids, and yet causing many local and sympathetic discomforts. The medicines which I have found of most service are *Merc. corr.* and *Nitric acid*, but the cure is greatly expedited by the application of strong *Nitric acid* to the eroded surface. The distressing pain of spasm of the sphincter associated with fissure in ano is effectually cured by introducing the two index fingers within the tightened ring of muscular fibre, and steadily overcoming the contraction. *Ignatia* is useful in preventing the return of the spasm, but I have never been able to remove it with medicine alone.

The treatment of scirrhus of the breast by medicines

alone is not encouraging, and the mere surgical removal of the tumour is almost invariably followed by the reappearance of the disease in the cicatrix or in some other part. I have been much gratified by observing the power of a steady course of *Sanguinaria Canadensis* in preventing the return of the disease. I have notes of six cases, all of whom are at this time alive and well, in which I removed the breast, and followed up the operation with a course of *Sanguinaria*. Of course the cases were selected as suitable for operation, that is to say, the disease had not extended to the axillary glands nor involved the skin. In every case the entire breast was removed, and adhesion by first intention was almost uniformly secured by the sustained pressure of a large sponge wrung out of *Infusion of Marygolds* bound over the dressing of the wound.

Mrs. N. N—, æt. 54, had observed a tumour of the left breast slowly increasing for the last three years. There was much shooting pain in the swelling, which was hard and defined; the tumour was not adherent, the breast being moveable. No swelling in axilla and no nodules in the skin. The patient was very stout; nevertheless, under the influence of chloroform, the whole mamma was excised and the wound was mopped out with a solution of *Chloride of Zinc*, 10 grains to the oz. A dressing of *Infusion of Calendula* and a large new sponge wrung out of the same lotion was applied. The wound healed by first intention throughout, the slight local inflammation being checked at once by *Belladonna*. The patient took *Tinct. Sanguinariæ Can.* 3x for some months, and after three years there is no appearance of any return of the disease. I need not multiply the report of cases so simple and uniformly successful both as to the operation and the prevention of the return of the disease.

I may, however, state that in each case upon which I have operated, examination of the tumour after excision left no doubt as to its being true scirrhus.

I have found *Sanguinaria Can.* of the greatest service in removing a painful enlargement of the whole breast which frequently occurs at the climacteric period, which often occasions much anxiety and apprehension; but if there is no

defined nucleus in the mass it speedily disappears under the use of the drug. But if a defined tumour exists, neither *Sanguinaria* nor any other medicine that I know of will benefit the patient, unless the nidus of the disease is removed surgically.

The improved methods of performing ovariectomy and the strikingly improved results of the operation are among the triumphs of modern surgery. Still the operation is most formidable, and patients will not willingly submit to it until they are driven to extremes. Tapping is so readily performed, and is so free from pain or alarm, that we are frequently urged to resort to it when as yet the patient is not convinced of the necessity of excision. But tapping has fallen into disrepute since it is found to be not absolutely free from danger, and at best it affords but a temporary relief from the dropsical encumbrance. I am satisfied from observation that *Apis mel.*, taken internally *after* the operation, has considerable power in checking the reaccumulation of the fluid.

In 1856, M. N—, æt. 24, unmarried, had observed a tumour in the abdomen gradually increasing in size for eighteen months. It was a firm swelling lying towards the left side of the umbilicus, and from its situation and appearance was evidently an ovarian tumour. Various homœopathic remedies were used without any evident result. I then tapped and withdrew about eight quarts of straw-coloured fluid, the abdomen was carefully bound, and *Apis mel.* prescribed to be taken internally three times a day. There was no return of the swelling for two years, when I again tapped and withdrew six quarts of a similar fluid, after which she resumed the *Apis mel.* After some years she married, and though she has had no children, she is well and free from any signs of the disease.

Miss E. J—, æt. 72, had an ovarian tumour on her left side. Her physician, a skilful homœopath, had failed to make any impression upon the disease with medicine, and requested me to tap. About five quarts of fluid were withdrawn and the abdomen carefully supported with a bandage, and she took *Apis mel.* for a length of time. She died six

years afterwards of bronchitis. A post-mortem examination was permitted, when we found the cyst shrivelled to the size of a walnut and attached by a pedicle to the ovary.

In cases therefore where the patient cannot reasonably be expected to bear ovariectomy, or declines to run the risk, I would recommend tapping in conjunction with the use of *Apis mellifica*.

In conclusion, whilst I readily admit the power of the antipsorics to influence peripheral morbid lesions, yet I submit that it is safe and often desirable to supplement the curative action with surgical assistance.

Discussion on Dr. W. S. Craig's paper.

Dr. WYLD did not see how tapping could be of use in any ovarian tumour unless it were hydrous and unilocular. He had at present under treatment an abnormal tumour diagnosed by the first authority in London to be *multilocular ovarian tumour*, and a good case for the operation for removal. Under the use of *Silicea* 6 twice a day and other remedies, together with daily medical rubbing with *Olive oil*, the health of the patient has much improved, and the tumour, which was gradually increasing, has decidedly decreased under six weeks' treatment. Twenty years ago, while treating a woman for large ovarian tumour, it most fortunately burst and discharged itself by the vagina. The case made a perfect recovery and is well up to the present day, there being no recurrence of the tumour.

Dr. HALE doubted whether Dr. Craig had sufficiently discriminated between the cases of hæmorrhoids requiring operation and those which were curable by medicine alone. In the great majority of cases Dr. Hale had succeeded in curing hæmorrhoids by medicine alone, and in the few cases in which he had advised an operation there was either prolapsus of the hæmorrhoidal tumour during the exercise of walking, riding on horseback, or standing (prolapsus during defecation only he did not consider demanded operation), or there was hæmorrhage which medicines failed to control, and which was reducing the strength of the patient. Under those two conditions Dr. H. had seen the most happy results following operation either by ligature, the *écraseur*, or the clamp and the actual cautery, according to the nature, shape, or situation of the hæmorrhoid. Dr. Hale mentioned the case of a gentleman who had become anæmic to an

alarming extent from very slight but daily recurring hæmorrhage during defæcation, going on for many months, caused by a small vascular polypiform tumour, which was removed by the clamp and cautery with arrest of the hæmorrhage and complete restoration of health. In cases of fissure of the anus he thought operation with the knife the quickest and most effectual mode of treatment, but he had at present a case under his care of superficial fissure external to the sphincter, which he was treating by dilatation by means of a large bougie well smeared with *Catendula ointment*, and with every prospect of cure. Dr. Hale had been often consulted about non-malignant irritable tumours of the breast; in such cases he had invariably found they yielded to *Conium*. He related a case of fibrous tumours of the uterus at present under treatment, the characteristic feature of which is that, although there are frequently recurring attacks of a secretion, which is partly coagulated blood and partly serum deeply tinged with blood, the general health and strength of the patient are very slightly affected, the most distressing symptom being a fearful dread of fatal flooding. There are two tumours attached to the fundus, the left very mobile, and neither of them fortunately pressing to any extent upon the rectum or bladder. Has given several medicines, amongst the rest the *Vinca major*, suggested by Dr. Meadows, but without any very satisfactory result. A suspicion of polypi in utero was dispelled, for upon two examinations no polypus was found.

Dr. COOPER stated that it was very desirable that we should, as homœopathic physicians, cultivate the art of surgery as much as possible, but unfortunately the means at our disposal were far too limited to accomplish this satisfactorily. Dr. Cooper did not think Dr. Craig's inference as to the prophylactic properties of *Sanguinaria* over cancer of the breast after removal could be justified upon such insufficient data. Cancerous tumours of the breast frequently do not return after operation, and, except the evidence of a large number of cases be taken, the non-recurrence of these tumours could not be accepted as exemplifying the beneficial effects of the medical treatment. As to piles, save in very exceptional cases, we OUGHT to be able to cure them with medicines alone. Those who are worse educated than we find no difficulty in treating an ordinary case of piles—he referred to the herbalists, a class from whom we might derive many a wrinkle. If operation must be resorted to there is none he had seen comparable to that of the actual cautery applied by catching up the piles with Henry Smith's protected clamp, and applying a good, large, red-hot iron, which, when applied to the mucous surface only, never causes any pain. Dr. Cooper was surprised at no reference having been made to *Rhatania*, a remedy of established repute in homœopathy for fissure of the rectum. In reply to D. Hale, asking for a remedy to arrest the hæmorrhage from a fibrous tumour of the uterus, Dr. Cooper advised, on Dr. McClintock's

recommendation, a trial of *Chloride of Calcium*. Dr. Vaughan-Hughes, who spoke afterwards, referred to some points of treatment in regard to epithelioma of the breast, and Dr. Cooper wished to know if this was a very common affection, to which Dr. Hughes gave an affirmative reply.

Dr. WHEELER, after congratulating Dr. Craig upon the brevity and practical character of the paper, spoke of the unadvisability of delay in resorting to surgical interference, in many cases, where instant action was requisite, and illustrated his remarks by mentioning a case of abscess of the ischio-rectal fossa, which, from delay in operating, had resulted in a most severe fistula in ano, and consequent disgrace to homœopathy and suffering to the patient. He quite agreed with Dr. Hale in the importance of distinguishing between cases of hæmorrhoids suitable for medical treatment alone and those where surgical interference must be resorted to, and illustrated his remarks by two cases in point,—one of a sailor in Australia, in which the attack was acute, inflammatory, and bleeding, and where hot fomentation and *Nux vom.* and *Aconite* alone sufficed for the cure. In another case of more chronic character, the hæmorrhoid was about the size of a large walnut and could not be returned. In this case the clamp and actual cautery was used and the sore dressed with *Carbolic oil* and wet bandages, and the cure was perfect. In reference to tumours of the breast Dr. W. remarked that there always appears an element of doubt in those cases of reputed scirrhus which are operated on and do not return. There are so many benign tumours of the breast which can be removed by medical means alone. Several cases of apparent cancer of the breast have entirely disappeared under the external and internal use of *Hydrastis*.

Mr. HARMAR SMITH observed that he had attended two surgical cases lately in which medicine given according to the homœopathic law had been the instrument of cure. The first case was that of a lady, about forty years of age, married, and having had a family, who had consulted him about a tumour of the breast, which very much disquieted her, as she feared that it was of a malignant nature. It had increased rapidly from the size of a horsebean to that of a small orange. It was hard and lobulated, but scarcely hard enough for scirrhus. The pain was lancinating, severe at times, but bearable. It was increased after the least handling of the tumour, and also was exasperated at the menstrual periods. The rapid growth, the circumstance last mentioned, the limited hardness, the tenderness, and the bearable character of the pain, he thought justified him in assuring the patient that it was not scirrhus, a conclusion which the subsequent history of the case confirmed. It was treated with *Hydrastis lotion*, and *Hydrastis* and *Phytolacca* were given internally. Under this treatment it dwindled and nearly disappeared. After a time, however, it returned and was as hard as before. It

was then treated with *Phytolacca* alone (drop doses of the mother tincture), and with a very weak lotion of the same tincture (half a drop to each dressing). This time the tumour disappeared so much more rapidly than before that he was convinced that the cure was entirely due to the *Phytolacca*. The last time he examined the breast there was no hardness to be felt, and no tenderness on pressure, and the patient had passed her monthly period without any return of the pain. He had also found the therapeutic virtue of *Phytolacca* in threatened abscess and other affections of the mammary gland. In a second patient, who was still under treatment, a nasal polypus had been in a few weeks greatly reduced in size by *Thuja* taken internally and applied to the part affected. The polypus had nearly plugged up the nostril, but was now reduced to the size of a pea, and looked like a small wart. He had also visited a patient on his way to the meeting, the credit of whose cure he could scarcely claim for homœopathy unless the beneficial action of *Mercury* in inflammation of the joints could be so reckoned, which he supposed in strictness it might be. The patient was a youth who had fallen and hurt his knee, and got effusion under the patella with much tenderness on pressure and pain on movement. He (Mr. S.) had first ordered hot fomentations, then cold lotions with *Calendula*, but there was no improvement. He then applied the *Ceratum Hydrargyri Comp.* of the P. B. (Scott's ointment) spread on linen rag, an application which he had often used with advantage in the old practice, on the plan recommended by the late Mr. Scott, of the London Hospital. Over the rag he applied strips of plaster and a bandage, then kept the joint at rest by a pasteboard splint, and was pleased on calling to-day to find the pain and swelling gone, and the patient able to walk without difficulty.

Dr. VAUGHAN-HUGHES remarked that it was well known the fissured anus was kept from healing by the passage of fæces over the denuded and ulcerated surface, and he had resorted to the plan of washing out the rectum daily, and then injecting an ounce of *Carbolic oil* (1 to 10) and leaving it in the bowel, where it was retained with great comfort, so that at the next evacuation no fæculent matter came into contact with the fissure. As a supplement to this proceeding he would scrape the surface of the ulcer with his nail, and thus get a raw healthy basis, and this he would sometimes paint over with a solution of *Nitrate of Silver* (1 to 20). He had not resorted to the use of the knife for a long time. He once cured in three months a very bad case of fistula in ano (in which the lady said she would die rather than that a knife should touch her). The rectum was perseveringly washed out daily, and the fæces were thus cut off from entering the internal aperture of the abscess, and through the external skin opening a solution of *Chloride of Zinc* was injected by means of a stopcock syringe attached to a small elastic catheter. Thus

the cavity was cleansed daily, and it gradually healed up from the fundus. *Merc. cor.* and *Arsenic 3^x* are the remedies usually employed internally by him. Within the last twenty-five years Dr. V. H. had removed a goodly number of scirrhus growths, but he could not venture to say, even under the most favourable circumstances, that they did *not*, one and all, return sooner or later. Still it was of the utmost importance sometimes that life should be prolonged for a year or two, and he did not hesitate to use the knife. When a tumour did not return he felt sure that it was not really malignant, but of a fibroid or at the worst of an epitheliomic character.

Mr. POPE said, that while he believed it was true that he was the best surgeon who was the least indebted for his success to the use of the knife, he thought that it was equally true that in the early history of homœopathy evil had been done by too often relying on medicine when the knife had been really required. It was, no doubt, a fact that many cases, where surgical interference would otherwise have been demanded, were curable by medicine alone, when that medicine was homœopathically indicated. But still there were only too many where this was not the case. Of late years this fact had become more generally recognised, and their business now was to establish clearly the line of demarcation between those cases which could be treated medicinally and those which required the surgeon's knife. Cases of piles, of fissure in ano, and of cancer of the breast were among those which they required to consider carefully from such a point of view. With regard to piles there were many instances of this troublesome disorder of a purely functional character that yielded well to medicine. On the other hand, there were cases of chronic enlargement of the veins which gave an immense amount of discomfort to the patient that no medicine could do more than imperfectly palliate, while the pain and suffering could only be entirely removed by one or other of the methods Dr. Craig had alluded to. While, again, in those cases of bleeding piles where a great drain was going on and undermining the health of the patient, he could see no advantage to be derived from waiting for the specific action of a medicine when other means of remedying them at once were at hand. Tumours of the breast afforded another illustration. In one class where there was a hard and may be suspicious growth in the mamma, *Conium* was undoubtedly curative. These, however, were not cases of true cancer. Their nature had been described, and their remedy pointed out many years ago, by Sir Astley Cooper, who invariably gave the *Extract of Conium* in a pill with the, at that time, invariable *Blue pill* in combination. He (Mr. Pope) had frequently read in homœopathic journals of cases of cancer of the breast cured by *Conium*. In all such instances he believed the diagnosis had been at fault. Small as had been his confidence in the remedial power of medicine over scirrhus of the breast, he would never again advise the

removal of the disease by operation until a fair trial had been made of the *Hydrastis Canadensis*. In one such case, which bore all the marks of true scirrhus, he had seen recovery take place. He had felt so confident of the scirrhus nature of the tumour in this instance as to have recommended its removal by the knife. While the patient was endeavouring to reconcile herself to an operation he gave her the *Hydrastis*, and the result was that the pain left, the retracted nipple again appeared, and the hard swelling became imperceptible. He had been much impressed by the result of treatment in this instance, the more so, perhaps, as it was entirely unexpected. That the cases Dr. Craig had related were true specimens of scirrhus, had been verified by the microscope; and the non-reproduction of the disease, which usually occurred within eighteen months of operation, might, he thought, be fairly attributed to the *Sanguinaria* used by Dr. Craig. At all events, it was of great importance to know that they had medicinal measures worthy of some degree of confidence in these very anxious cases.

Dr. YELDHAM urged the absolute necessity of examining the anus and rectum in reputed cases of piles. He had seen many sad mistakes occur from the omission of this simple procedure: cancer of the rectum, attended with the protrusion of granular growth, treated as cases of piles. He had seen several cases of itching eczema and treated for piles, on the *ipse dixit* of the patient. He made it a rule never to treat a case of piles, if he could possibly avoid it, without ocular and, if necessary, manual examination. The advantage of this was immense. Some time since he saw a gentleman from the country who had been attended two years for bleeding piles. He had never been examined. On examination a bleeding point on an internal pile was instantly detected. Two applications of *Nitric acid* stopped the bleeding, and, with proper medicines, cured the pile. In recent piles, medicines, as a rule, were alone necessary, and in some chronic cases too. In all cases they did good. Those on which he relied were the mother tinctures of *Sulphur*, *Nuxvomica*, and *Hydrastis*, chiefly. Some cases demanded the addition of other measures. Of these he found the application of *Nitric acid* the most frequently available. He applied it with a glass rod. When confined to the mucous membrane it was nearly, in some cases quite, painless. It not only stopped bleeding, but under its action the pile shrunk and ultimately disappeared. He agreed with Dr. Hughes that it was rarely necessary to incise fissure in the anus. The object to be had in view in the treatment was to protect the ulcer from the contact of fæces, which irritated the nerves and caused the agonising spasm for hours after. He effected this by the introduction of the finger, immediately before and after evacuating, well charged with lard. As regarded affections of the breast, he knew that cases of fibrous tumour were sometimes removed as cancerous

disease. A lady friend of his once had undergone such an operation. He knew her to have several hard fibrous lumps, feeling like so many small eggs, moveable under the skin of the breast, for many years. A surgeon removed them; they had, of course, not recurred, but she had been in weak health ever since the operation, now some years. The chief diagnostic signs of true cancer were its irregular nodulated condition, and intense hardness. Fibrous tumours were smoother, more uniform in shape, and somewhat elastic. The constitutional condition of the two diseases was also generally different. As to the treatment of wounds, whilst he fully admitted the great value of *Calendula* as a topical application, and employed it where wet dressings were necessary, as in open ulcers and the like, he, on the other hand, greatly preferred dry dressings in all cases where they were admissible, such as cases of fresh and incised wounds, and the like. Warmth and moisture, conditions unavoidable when lotions were applied to a limb and enveloped in bandages, inevitably favoured decomposition of discharges from wounds, and prevented healthy granulation and union. Dry dressings of cotton-wool and lint had no such effect, but, on the contrary, by excluding the access of air, and water moisture, and infecting germs, they tended to prevent decomposition and to promote healthy action; under these dressings, pus even was benign and unirritating. In incised wounds, whether from accident, or from amputations of limbs, the breast, &c., the plan was to bring the cut edges together with silver sutures (never with thread), wash the blood away *around* the wound, wipe it thoroughly dry, apply a layer of cotton-wool or lint, and a roller, and let these remain undisturbed as long as possible. He would give an example. A few days ago a gentleman, occupying offices over his consulting rooms, in attempting to draw the cork of a bottle of wine in the old-fashioned way, burst the bottle between his knees and cut his hand and thigh fearfully. The end of the forefinger of the left hand was nearly severed; a large piece of flesh was scooped out between the forefinger and thumb, and hung by a piece of skin only; and a deep wound of three inches long was inflicted diagonally in the thigh, immediately across the femoral artery. Had there not been a considerable layer of fat this vessel would inevitably have been wounded. Keeping the arm in an elevated position for a few minutes till bleeding ceased, and having ascertained that there were not pieces of glass in the wounds, he (Dr. Y.), without washing the blood away, for blood was the best of all lotions, replaced the piece of detached flesh, applied pledgets of dry lint to it and the cut finger, and kept them in position by light rollers of lint. Three silver sutures were inserted in the lips of the femoral wound, and it was covered and bandaged in like manner. This was on Monday afternoon. The dressings were allowed to remain undisturbed till Saturday afternoon. On removing them the union was perfect in every place. The sutures

were removed, a little lint and *Spermaceti ointment* applied, and the case was ended. He did not think such satisfactory results would have followed the application of moist dressings. He might add that the perfect comfort of the parts was his guide in leaving the dressings undisturbed ; had there been pain he would have removed them earlier.

Dr. WATSON wished to call attention to the value of *Conium* in tumours of the breast. One case, that of a young girl who had sustained a severe contusion of the left breast, resulting in a swelling freely movable, but hard, the size of a small walnut, was completely cured in fourteen days by *Conium* in pilules, to his surprise and great gratification, as he feared it might lead to scirrhus. He had also seen scirrhus of the breast removed in an old lady of 71, arising from contusion, by enucleation with *Chloride of Zinc* and *Hydrastis*, with perfect success. This case was pronounced scirrhus by the most eminent allopathic surgeon of the day. Dr. Watson had effected a cure of fistula in ano with *Iodide of Calcium*, and had often proved the value of *Hamamelis* suppositories in hæmorrhoids.

Dr. DRURY was much pleased to see Dr. Craig at the meeting. It always added much to the value of a paper when the author could read it himself and so do full justice to his subject. Besides this it was always pleasant to see members from the country, a personal acquaintance being in every way an advantage, new friendships were formed, and instead of our knowledge being confined to knowing a man by his writings, a shake of the hand helped to strengthen the tie that bound our body together. He was glad to hear what Dr. Craig had said of *Sanguinaria*, that being a medicine that he, Dr. Drury, had much confidence in in properly selected cases, while *Conium*, *Hydrastis*, and other remedies might each in turn prove serviceable in alleviating the suffering or retarding the progress of cancer. Dr. Drury had heard with regret the manner in which caustics had been spoken of. It was a delusion to speak of them as cures for cancer ; he did not believe in the cure of a single case of cancer by such means, but what he particularly wished to protest against was the fact that gentlemen occasionally got up and deliberately recommended an allopathic course of treatment much in the same way as they would do if speaking in an allopathic society, doing so without necessity and quite as a matter of course. Circumstances might justify a departure from strict homœopathic practice, and if the good of the patient demanded it the physician should be as free and fearless in this as anything else, but to persistently select and recommend allopathic practice in a homœopathic society, as a rule, was open to very grave censure. It so happened that some time ago a student from one of the allopathic hospitals was regularly watching his practice in the diseases of children ; he invited him to be present at a meeting of the Society. It so happened that it was an evening when it was

desirable that the meeting should terminate early, so that there were not many speakers. One gentleman advocated a regular allopathic line of treatment, which he found most convenient in his own practice. Dr. Drury blamed himself very much for not rising at the time to protest against such teaching, as, unfortunately, the result was that his young friend had entirely ceased attending, feeling, no doubt, that if what he heard was common amongst the homœopaths, there was nothing to be gained by his forsaking University or King's College.

Dr. BAYES (Vice-President) said that it appeared to him that the expressed object of Dr. Craig's paper had been somewhat overlooked by the gentlemen who had spoken upon it and had been misinterpreted by most. Dr. Craig had brought four very interesting classes of disease under notice, viz. hæmorrhoids, fissured anus, cancer, and ovarian tumour, but he did not bring these diseases forward with the view of discussing their medical treatment, but to show how far specific, *i. e.* homœopathic, treatment, even after it had failed to cure the disease, could nevertheless complete the restoration of the patient after surgery had been brought in aid. It was to be assumed that the cases brought forward by Dr. Craig had resisted the curative power of medicine and that he had had recourse to the knife as a last resource, but then specific medicine came in usefully to prevent a recurrence of the ailment. This appeared to be the author's object, especially with regard to cancer, in which disease a return of the malignant tumour was the rule under simple surgery; whereas Dr. Craig had found that no such return of cancer was to be feared if the patient was placed under appropriate specific treatment after the operation. No homœopathic practitioner could doubt that by far the greater number of cases of hæmorrhoids can be cured by homœopathic medication; such cures are in our constant daily experience, but where no such tendency to cure follows appropriate medication nothing remains but to operate and the operation must not be delayed too long, but after the operation specific medicine may complete the cure by checking all tendency to their new formation. It was singular that none of the speakers had alluded to one of the most powerful means in the cure of hæmorrhoids, viz. the external and internal use of *Hamamelis*. But in piles the state of the health of the patient demands our first care, as this affection is very generally only an expression of functional disturbance, and is to be removed by restoring functional balance. He (Dr. Bayes) never found it needful to have a case of fissure of the anus operated on. Within the past fortnight it had been his good fortune to see two patients who had readily recovered from this painful affection and who remained well. He had for a long time adopted a method in some respects similar to those named by Dr. Vaughan-Hughes and Dr. Yeldham. He directed his patients to inject two or three ounces of *Olive oil* every morning

before the usual time of evacuating the bowels, and in addition he also ordered an ointment of *Hydrastis Canadensis*, ten grains to the ounce. This ointment is to be spread on a narrow strip of lint and introduced by means of a pen-stick within the anus every night, and to be allowed to remain there with the free end hanging out. As to the constitutional treatment of cancer, both *Sanguinaria* and *Hydrastis* are most useful. He (Dr. Bayes) had formerly expressed an opinion as to the action of the latter remedy (in a paper read before the Society), which his subsequent experience tended to confirm, viz. that *Hydrastis* does not exert any specific influence over cancer, but that it induces a healthy functional state in the glands and that this checks the development of cancer and so to say starves the morbid growth. As bearing somewhat on these subjects, Dr. Bayes would again take the opportunity of drawing attention to the power of *Sulpho-carbolate of Lime* in checking the formation of pus and in arresting the development of morbid growths when given in very small doses.

Dr. CRAIG, in replying, thanked the President for reminding the meeting that the object of the paper was not to supplant all attempts at cure by homœopathic means by immediate recourse to surgical interference, but rather to show the propriety of supplementing the former by the latter when there was need. He reiterated the advice of Dr. Yeldham to all, particularly young practitioners, to institute an examination of the parts in diseases of the rectum, and thus avoid grievous mistakes in diagnosis. He thanked the Society for their kindly acceptance of so simple a paper and for the very suggestive discussion arising thereon.

Annals of the Hospital.

CASES FROM THE LONDON HOMOEOPATHIC HOSPITAL.

By DR. MACKECHNIE.

THE interest of the following group of cases is greatly increased by their pathological relationship.

The first case, one of "land-scurvy," was manifestly influenced by the medicine employed, for hygienic and dietetic measures alone would not have ensured recovery in so short a space of time. At the same time that medicine would not have obtained a cure without the hygienic means employed is evident enough.

Scorbutus.

E. J—, æt. 20, housemaid, was admitted on October 3rd, 1871, suffering from an eruption all over the body, but especially on the extremities, and accompanied by great languor and debility. The eruption is of a purplish colour in small spots or patches.

On admission we find that her illness has been coming on for some months. She has been living in a house where the kitchen is very dark and close. Has not cared much for her food and has been troubled with frequent heartburn after food. Has eaten little or no vegetable food, chiefly because she found that heartburn was sure to follow the use of potatoes, and there was seldom any other vegetable to be had.

On inquiry I find she has noticed her skin to be very liable to bruise from the slightest causes for some weeks past, and also that the gums bleed readily. Upon examination they look spongy and dark coloured. The patient is thin and delicate-looking, with dark marks under the eyes. She complains of dyspnoea in going up stairs. The cata-

menia have been occurring about every three weeks, and have been decidedly more profuse than usual, painless, lasting seven days, and followed by much prostration. The pulse is 96, but there is no suspicion of feverishness; hands and feet chilly. She has been troubled much with severe pains in various parts of the body, especially the face (apparently neuralgic in character). The blotches and patches on the skin are purple in colour, and tend to run together. They are accompanied by a good deal of itching after they have been out for a day or two. Sleep is good; rather heavy, but she does not wake refreshed. Sight has been very weak of late, and she is troubled with dizziness and vertigo after she has been exerting herself for a time. Palpitation of heart with any exertion, and frequently without. On examination I find some bruit at the cervical veins, not constant, however, most heard when standing. Bowels are very constipated, acting only every third or fourth day with much difficulty. She was ordered first diet with the juice of half a lemon a day. For medicine she had *Sulphur* ϕ , a drop three times a day.

October 7th.—Reports the skin much the same, some fresh patches having come out, especially on the lower extremities. The bowels are acting once a day, but with difficulty; otherwise much the same.

11th.—Decidedly improving, the patches dying away, the itching ceased. Feels herself much more comfortable, though still rather weak. Bowels acting every day with moderate ease; spirits greatly improved.

14th.—The eruption almost entirely disappeared. There has not been any fresh appearance for a week. The bowels acting moderately well. She feels so much better that she was at her own request dismissed with strict directions as to her regimen and hygiene, and ordered a continuance of the *Sulphur*.

It seems to me that this case was sufficiently marked, and the recovery was sufficiently rapid, to say that the latter was due to something more than the hygienic and dietetic treatment, which are notoriously slow in their operation; and I am inclined to think that we may attribute it in a great

measure to the medicine, although this was selected in accordance only with the concomitant symptoms of the malady, viz., with the constipation and the itching of the skin.

Purpura hæmorrhagica.

J. O—, engineer's assistant, æt. 30, admitted September 28th, 1869, suffering with hæmorrhagic troubles. Has generally enjoyed good health, but seven years ago was laid up with acute rheumatism, from which he recovered without any ill consequences remaining perceptible to himself. Is on admission rather thin, and is very weak with an anxious, worn expression of countenance. Appetite generally very moderate, has been not so good of late. Has eaten a good deal of fish, especially fresh fish; does not ever eat much fresh vegetables, and has of late taken less than usual. Seven months ago had a severe attack of epistaxis, and at the same time coughed up a considerable quantity of dark-coloured clotted blood, followed in fourteen days by some red spots on the hands and wrists of the size of flea-bites; these gradually extended to the arms, and thence to the trunk, while he became very much out of health and very weak. Cannot give any account of the treatment which was then employed. He recovered, however, but has ever since been troubled with occasional attacks of epistaxis. Seven weeks ago had a severe attack of diarrhœa which lasted two days, and during which he passed a large quantity of (florid?) blood with the stools. Has remained very weak ever since, and the present eruption began to make its appearance almost immediately after. There are a great number of purpuric spots over the legs and arms and a few on the trunk; they vary from the size of a mere point to that of a split pea, and a few which are even larger appear to have arisen from the coalescence of some of the latter. He has also here and there some ecchymoses which seem to have occurred from very trivial causes. He complains of aching in the limbs and of being very easily fatigued. Sleep not good, being much broken, and not refreshing.

The gums show no signs of hæmorrhage at present. Tongue clean; appetite moderately good; complains of constant thirst; bowels regular, urine rather pale coloured. There is slight tenderness noticed on pressure over the lumbar regions. The hepatic dulness normal, splenic ditto. Respiratory sounds good; heart sounds normal. Complains of dyspnoea on ascending stairs or with a very moderate amount of exertion. Spirits are very much depressed.

On admission he was put under the influence of *Arsenicum* 3, a drop to be taken three times a day. He was put upon the first diet with two ounces of lemon juice and a pint of beer per diem.

On October 5th he complained of a good deal of heat and soreness about the principal seats of the purpuric spots, which latter, however, had been lessening slightly, and one of the legs looked much less intense in colour as a whole, but upon examining closely I found there was somewhat of a blush (erythematous) over the part where the eruption was thickest, and the patient was complaining of some headache, and had not slept so well the last night or two. *Belladonna* 3^x, two drops three times a day.

7th.—The erythematous condition has subsided. The purpura is lessening. Complains of feeling very weak; takes and enjoys his food, but is troubled with flatulence shortly after, with much abdominal rumbling. Under these circumstances he was put upon *China* 3^x, two drops three times a day.

From this time the case continued steadily to improve; there was no return of the erythematous condition, while the purpura gradually subsided, and he was dismissed on the 22nd October cured.

Erythema nodosum.

The next case, that of M. A. G—, a housemaid, æt. 25, is characteristic, though considerably different from either of the others. She is a fair, thin-skinned, rather delicate-looking girl. Has been getting out of health for some months, feeling easily fatigued, languid, and mentally

depressed. Has lately, for some weeks, though she seems very uncertain as to its duration, noticed an eruption which affects her principally on the extremities, but has lately affected the trunk also. It occurs at first in the shape of patches of about the size of a split pea or bean. They are slightly elevated, red in colour, and raised a little above the surrounding surface, and itch and burn like the sting or bite of an insect; do not disappear but become purplish in colour and are very slow in subsiding, the irritation ceasing long before the spot disappears; fresh ones making their appearance here and there to keep up the supply. She is unable to give any account of the reasons of her present illness. Has lived well, and appears to have kept up the balance between animal and vegetable food well. Has very little out-door exercise. The countenance is pale, sallow, with dark marks under the eyes, and an anxious expression. The temperature is good. Pulse 74. Complains of general aching pains, which trouble her most when at rest, and especially at night. Has occasional headache affecting her in the morning, generally passing off after breakfast. The catamenia have not occurred for several months. Has palpitation of the heart, which she feels under any exertion. On auscultation the heart sounds are found to be natural, and the cardiac dulness within its natural limits. No cough, but is liable to colds, which generally eventuate in cough.

Was admitted on December 2nd, 1870, and had *Arsenicum* 3rd, drop three times a day. She was ordered first diet, to which was added in a day or two four ounces of port wine a day.

Under this treatment a certain amount of improvement occurred, though it was so slight that on December 14th I thought it well to try another dilution of *Arsenicum*, and ordered the 12th to be given three times a day. Under this the patient remained much the same, but on the 21st she was suffering much with headache, the head having a sense of fulness with heat, aggravated by movement. The catamenia occurring with pelvic pains and scanty discharge, &c., the house surgeon ordered *Belladonna* 1^x to be taken

as frequently as required. On the 23rd the head was greatly relieved and the catamenial discharge had ceased, this having been its first appearance for several months. The eruption was much the same. She is complaining much of severe rheumatic pains which wander from limb to limb, and are most troublesome at night when warm in bed. These pains have been somewhat relieved by the limbs being bandaged tightly. The appetite continues very bad. The bowels are constipated. The urine normal. Tongue clean.

Rhus toxicodendron 6, a drop three times a day, was then ordered, and from that time a decided and speedy improvement set in. The eruption then apparent gradually faded away, while there was little or no fresh appearance of spots occurring. At the same time the general health rapidly improved. The appetite began to improve and the pains to subside, while the headache generally disappeared.

On January 1st I find reported "vertiginous on going out to-day." Some headache afterwards. "Appetite good." The eruption improving.

3rd.—"Still improving." "Vertigo ceased." "No headache." "Strength improving."

7th.—She has been improving, but when going out yesterday seems to have taken cold. Nasal, fluent catarrh with some sneezing, and soreness of the margins of the nostrils. *Mercurius* 3 was given every four hours.

On the 8th, at her own request, she was dismissed "greatly relieved," to continue as an out-patient, the eruption having nearly disappeared, and being manifestly in rapid progress towards cure.

E. P—, a servant, æt. 35, was admitted June 17th, 1871, giving the following history. Has generally had good health, but for the last two months, and more especially the last month, she has been feeling weak and poorly, while her appetite has been failing her. No special dyspeptic symptoms.

The first symptoms noticed were some unsteadiness in walking, staggering gait, vertigo, trembling of the legs, &c.

She gradually got worse until the 15th, when she found she could no longer stand on her feet on account of the pain and stiffness there and in all the joints of the legs. Upon examining the limbs she found the shins covered with an eruption of light red spots very sparsely scattered, aching and somewhat sore to touch. These were followed by others, and at present they are pretty thickly spread over the whole of the lower extremities where they appear to be still coming out. The spots vary somewhat in colour according to the length of time they have been out, fading under pressure, and the older ones being the darker. They are all slightly raised above the surrounding surface, and are sore to touch, especially those on the tibia. The bowels were sluggish, acting every or every other day; evacuations light coloured and scybalous. The urine natural, rather copious. She complains of frequent headache, frontal vertigo, and confusion of sight, especially in the open air, and on suddenly rising up to the standing position. Sleep has been disturbed and broken of late and full of unpleasant dreams, with difficulty in getting to sleep again. Pulse at wrist 96, rather full but soft.

Aconite 1 was prescribed, a drop every three hours. First diet and beer, one pint a day, was ordered.

19th.—Much the same, does not think many fresh spots have made their appearance since she came in. In other respects is very much the same.

She complains that beer does not agree with her. *Belladonna* 1^r, a drop every three hours, was ordered. Diet the same except that she was to have claret ℥iv in place of the beer.

21st.—Better decidedly. The pain in the joints much less; the spots not so red nor so tender. Head better, and slept better last night.

24th.—Continuing to improve. Feels sure no more spots have appeared, and the limbs are altogether easier as well as the head. Appetite better than it has been for a long time.

28th.—She was still further improved, and on July 3rd she was discharged quite cured.

Chlorosis.

The following differ considerably from the foregoing cases on account of the absence of any eruption or petechial mark, the only point of resemblance being that there is manifestly in all of them an unhealthy condition of the blood and consequently of the containing vessels. The patient J. B—, whose case I have to narrate to you now, is a rather tall, delicate-looking girl with very pale complexion, white lips, &c., suggesting at once the idea of chlorosis. The skin is white and clear looking, while the hair is dark. Has lived for some time in Bermuda, where she had a bad attack of yellow fever in 1856. Has never had jaundice. Has been resident in England for three years. Has been failing in health the last fourteen months, but has been really ill for about two months, during which time she has been rapidly losing strength, and her digestive powers have failed very much. She now suffers very frequently from pain in the stomach, with vomiting on moving suddenly or violently. The food only is ejected on these occasions.

She complains of very frequent, nearly constant pain in the chest and shoulders. The catamenia have been regular though very scanty, until the last six weeks, since when they have not recurred. Has never had jaundice. On admission she was markedly anæmic, with a yellowish tinge in the complexion; is very thin, has a worn and anxious expression. Suffers frequently from headache affecting the frontal and temporal regions. Frequently is troubled with vertigo, affecting her most when walking or standing for any length of time. Sleep is moderately good. The chest appears healthy. No cough. Heart's action rather irregular and decidedly excitable. On auscultation found slight murmur with the second sound, heard most at the base and along the large vessels, especially in right carotid, while there was a venous bruit to be heard in the neck on both sides. The abdomen I found moderately healthy, and more generally resonant than normal. The liver was within its

normal limits, nor could I find any evidence of enlargement of the spleen. These circumstances made me conclude that I had a simple case of chlorosis to deal with, and not of leucocythemia, as I was at first disposed to consider it, the patient having suffered formerly from yellow fever. The bowels had been constipated of late, but were generally quite regular.

Sulphur 6 was ordered to be taken three times a day. The first diet was ordered with four ounces of claret. She continued under this medicine for a week with little change except that the bowels acted rather more easily, but the stools were of very pale colour, as if wanting in bile, and the patient was complaining of pyrosis occurring very shortly after the principal meals. *China 3^x* was ordered, a drop every four hours.

13th.—Is feeling decidedly better, with less pain, and less dyspnœa in moving rapidly. The stools are more regular, but still pale coloured. Tastes her food for a long time after eating it.

17th.—Sore throat, but no evidence of inflammation in throat on inspection. The pain in the throat is relieved for a time by swallowing. Complains again of shooting pains through the shoulders. Pulse 92. *Belladonna 3^x* was given every four hours.

20th.—Reported better. Tongue and throat pale coloured and relaxed. Has some cough, which is, however, easy and rather loose. The appetite is very bad. The bowels are regular, and the stools of much better colour.

24th.—Reported still better. Appetite better. The bowels regular. Cough much less. Complains much of tired, aching pains in the limbs, when they are hanging down. A great deal of thirst with dryness and soreness of the throat. *Arsenicum 3* was ordered, a drop every four hours.

27th.—The report is very much the same except that the colour of the lips is improving; the patient feels stronger, and the appetite is mending.

February 3rd.—Constant aching in the legs, which, however, do not swell. Dryness of the nares and throat continues.

17th.—Still complaining of the aching of the lower extremities. Feet perspiring much at night, and the perspiration is of an unpleasant odour. There are no varicosities. *Graphites* 30 was ordered, a drop three times a day.

23rd.—The report is "improving decidedly." The aching of the limbs much better. The feet are perspiring much less. The dryness of the throat gone. The anæmic condition is greatly improved. The colour of the lips is much better, though the cheeks, &c., do not show much as yet. The catamenia appeared, though very scantily, on the 14th instant, being a mere show and lasting little over thirty-six hours, but it was a great relief to the patient, and she requested to be dismissed to be under treatment as an out-patient, but whether she has so continued I am not aware. She was manifestly in the way to improve, the symptoms breaking down one by one before the treatment adopted.

J. W.—, æt. 19, female servant, was admitted February 14th, 1871, giving the following history. Got wet and caught cold in the month of August last, since which time she has not menstruated. Catamenia had always occurred regularly before that time. Whether she has been subjected to treatment is not reported. The patient is moderately fat, but the complexion is very pale, the lips showing the pallor very much and the conjunctivæ being very blue. Complains of feeling the cold very much, and of a constant feeling of fatigue and general weakness. Continual headache and aching in the back. Palpitation of the heart and difficulty of breathing with the least exertion. The pulse was normal, except in being very compressible. The tongue was clean and the bowels regular. *Pulsatilla* 3^x, a drop three times a day.

22nd.—Complaining much of severe pain in right side of the chest in taking a deep breath. There was, however, no cough, and auscultation showed that there was no derangement in the internal organs. There was severe pain on the same side from some decayed teeth. Temporal headache,

with severe shooting pain. Tongue pale and flabby. *Ranunculus bulb.* 3^r, a drop to be taken every four hours.

25th.—Is much improved as to the pleuro-dynic pain, which is nearly gone. The head also better. Appetite good. The bowels constipated, not having acted for five days. *Nux vomica* 3^r, a drop to be taken every four hours.

March 1st.—Reported to have been improving in general condition until yesterday, when she was attacked with severe headache, with heat of the head, flushing, &c., aggravated by movement and light. Bowels still constipated. *Belladonna* 3^r, gtt. j every two hours.

5th.—Much better. Still suffers from headache in the morning, but it does not last, nor is it of the same character. The flushing and heat of the head are gone. There is still some vertigo. The bowels are acting spontaneously. Appetite good. No signs of the catamenia occurring. *Pulsatilla* 3^r, a drop every four hours.

8th.—The condition generally improving; takes her food better than she has done for months. Continue *Pulsatilla*. No other medicine was required, and on the 18th there was some appearance of the catamenia, very scanty, and lasting only a day or two, but the patient felt so much inspirited by the occurrence that she requested to be dismissed, and was allowed to depart, taking some *Pulsatilla* with her to continue under its influence.

M. L—, æt. 24, nursemaid. Admitted February 7th, stating that she has suffered from weakness, palpitation of the heart, and general failure of strength for the last year. Has suffered from pain in the right flank for the last six weeks. Is complaining now of tenderness in the right side. Pain at the back of the head. Shooting pain through the temples. Dyspnœa with the least exertion. Anæmic bruit audible over the cervical vessels. Catamenia very irregular, and very scanty when they do occur. Leucorrhœa remaining after their cessation. Countenance very pale, the lips, especially inside, are very anæmic looking. The tongue pale and flabby. Appetite

very bad, eructations after food, and tasting of it. *Pulsatilla* 3, a drop three times a day; first diet.

11th.—Feels rather better in all respects.

14th.—Not so well. Nausea after food. Severe headache, with shooting pains in occiput and temples.

17th.—Nausea gone. Appetite returning. Tongue clean. Pulse small and somewhat frequent. Complaining of pain and soreness in right flank, with tenderness to pressure.

22nd.—Improving. Pain in side less. Appetite continues to improve. Bowels acting. Complaining of shooting pain in the dorsal region of back.

25th.—Continuing to improve. Some pain in cardiac region. Continue *Pulsatilla*.

March 1st.—Feeling much better. Some sharp catching pain occasionally in left hypochondrium. Complexion greatly improved. She was dismissed at her own request, wishing to go back to her situation.

Bronchitis and chronic metritis.

L. R—, servant, æt. 39, admitted January 18th, stating that for several winters she has been subject to a cough, recurring as soon as the cold weather sets in. Always appears to arise in an attack of cold from exposure, but remains behind, after the other symptoms disappear, until moderately warm weather sets in. Sputa generally yellow, sometimes rather frothy and copious; they have been occasionally streaked with blood; cough very frequent, most at night and morning, and aggravated by any change of temperature. Sharp pains at the upper part of the chest, especially the left side. In this spot there is some tenderness to pressure. The percussion sounds are clear, but there are all sorts of moist râles to be heard over the whole upper part of the chest. The voice is at present very hoarse, and the larynx is tender to pressure. There is some pain in swallowing. Complaining of pains in head and in the

back. Appetite is moderately good. Tongue clean. Bowels regular. Catamenia regular. *Belladonna* 1, a drop every two hours. Cold water compress to the neck.

21st.—Hoarseness decidedly less, but the throat is still much inflamed and sore. The fauces, &c., are of a dark red colour. Feels as though there were a sore spot in one point in the throat, with occasionally a sharp pricking sensation. The cough continues much the same, but often wakes her at night; the sputa are greyish. *Lachesis* 12 to be taken three times a day. Continue the compress.

28th.—Improving greatly. The throat is much better, though the fauces are still dusky in colour and there is a feeling of dryness in one spot in the throat. Cough continues in the day, and especially night and morning. The expectoration is much less. *Bryonia* 3^r, a drop three times a day.

February 4th.—Still improving, but the cough is still dry, and violent in paroxysms. On examination found the uvula elongated and the velum relaxed. *Kali carb.* 12 three times a day.

On the 8th I find *Carbo veget.* was prescribed, but no notes of the patient's condition.

15th.—Patient has been progressing well till last night, when the pain in the chest returned. Pulse 98. Head-ache. *Aconite* 3, a drop every four hours.

17th.—Head and back both painful. Cough much the same. Expectoration copious, greyish, difficult to raise. Lumpy, acrid, mucous leucorrhœa. Repeat *Lachesis*.

21st.—The leucorrhœa continuing, and becoming still more acrid, causing a feeling of scalding. She was examined by Dr. Leadam, who reported a state of chronic metritis with ulceration of the os uteri. Other symptoms were improving. *Mercurius corros.* 3, three times a day.

March 4th.—The leucorrhœa much improved. Bowels constipated, acting every second or third day, with the stools of natural size. Thinks she has contraction of the rectum on account of severe pain and throbbing occurring at times. Has never had hæmorrhoids to her knowledge, but has had fissure of the anus twice (?). Has always very little control

over the actions of the bowels. *Aloes* 3^x three times a day.

15th.—Feels better in most respects. The constipation continues. There is desire for stool, but she dreads the pain following the action.

18th.—Better, except that the constipation continues. The leucorrhœa less and much more bland. The action of the bowels is extremely painful, the pain continuing for a long time after. *Aloes* 3^x was continued.

21st.—Better. The leucorrhœa gradually subsided, and with it the pain in the rectum lessened so that the bowels acted each day, although there was much pain after. Throat is at times irritable, causing paroxysms of barking choky cough.

28th.—The improvement was progressive, and the uterine and rectal trouble were so far improved that she was dismissed at her own request much relieved.

Annals of the Society.

ON SOME CASES OF HÆMOPTYSIS.

By Dr. HERBERT NANKIVELL.

MR. PRESIDENT AND GENTLEMEN,—I do not intend to-night, as you will already have gathered from the title of my paper, to deal with the medical and therapeutical aspects of hæmoptysis, including under that term all possible varieties of the disease, but rather from a practical point of view to give a classified *résumé* of certain cases thereof which have come under my notice during the last few years, and of the treatment which has been adopted in these cases.

I. In the first class I would place all those cases in which the hæmoptysis occurs *without cough*, excluding, of course, all cases of œsophageal, gastric, or nasal hæmorrhage from this category. The hæmorrhage in these cases occurs from the mucous membrane of the gums or mouth, or the pharynx, or of the pharyngeal district of the larynx, superior or exterior to the vocal cords. This hæmorrhage is usually chronic; it is periodical, occurring either during the night or in the early morning before rising. So far as my experience goes, it has been confined to the female sex, and is influenced considerably for the worse on the arrival or departure of the menses. Pure blood is seldom expectorated; generally speaking, the sanguineous discharge is a dirty blackish fluid like sloe or black currant juice mixed with saliva, or mucus from the pharynx. There is, as I have said, *no cough*, and the extrusion of the blood

from the fauces is caused by a reversed action of the pharyngeal constrictors, the mylo-hyoid and platysma also being thrown into movement.

The general health in these cases varies according to the length and severity of the malady; the pulse is weaker and quicker than usual, but there is not generally any hectic. There is emaciation to a variable amount; the respiratory power is often markedly less, both in the ability for exertion and in the actual breath-sounds, than in health.

CASE 1.—A married lady, æt. 30, the mother of three or four children, came to Bournemouth in January last. Has had morning hæmoptysis for several months—dirty bloody saliva, in fact. Decided gastric derangements; has given up fresh vegetables and milk for a long time. Pulse 72, weak; respiration natural in rapidity, but slightly deficient in the apices. Gums spongy; tongue furred; pharynx streaked with dilated vessels. Laryngoscope disclosed no ulceration.

The diet was altered; fresh vegetables and a lemon daily; two pints of milk, and meat twice daily. *Nitric acid 2ʳ*, *Hydrochloric acid 2ʳ*, and *Arsen. 3ʳ* were prescribed in succession with very good effect. The gums resumed their normal appearance, the pharynx improved, and the hæmoptysis was first reduced to a minimum, and at present very seldom reappears.

CASE 2.—An unmarried lady, æt. 25, consulted me first in 1873, had then suffered from hæmoptysis for three years, either a thick mucous or sanious discharge occurring from the fauces every night about 2 to 4 a.m. Had been treated allopathically. The diagnoses had differed, one alleging a cavity in the right lung, the other merely a throat irritation. Weight had been steadily lost from the commencement of the illness. The chest was fairly healthy, except weakened respiration at the right apex; pulse 80 and weak; digestion slow and accompanied with flatulence. The laryngoscope disclosed some reddening and thickening of the arytenoid cartilages; the

vocal cords were perfectly healthy, but in the fossæ on each side of the pharyngeal surfaces of the cricoid were superficial ulcerations.

The treatment at first was directed to the digestion, which had long been at fault. *Bry.*, *Puls.*, and *Ign.* were the medicines chiefly indicated; the power of assimilation was increased, and after a time the gradual loss of weight ceased. A spray of carbolic acid, occasional painting with *Glycerine* and *Iod.* (gr. xx to ʒj), and the internal use of *Brom. Ars. 3^r*, have been the chief remedies directed to the hæmoptysis and its cause. During this winter the hæmoptysis, though not cured, has been of rare occurrence; the ulcers, which are still visible, discharging a thick mucus every night, the quantity of which is slowly decreasing.

II. In the second division I should place those cases in which the hæmorrhage is tracheal in its origin. It is usually here, as in the first division, of a passive character, and is confined, except when severe exacerbation is present, to the morning hours, generally speaking, within the limits of 5 to 10 a.m. The subjects are usually of the erethistic strumous type; stout, florid, and incapable of sustained bodily exertion, but of considerable mental vivacity. In women, to whom my observations of this disease have been confined, the menstrual flow is often rather excessive than otherwise, and the hæmorrhage either lessens or is aggravated when the menses are at hand. Cough is a marked symptom of this class; it is usually laryngeal in character, and the mucous membrane of the larynx is generally highly injected, and there may be also superficial ulcerations or abrasions of the epithelium. The cough bears no proportion to the amount of hæmorrhage, and is often more severe in the later part of the day, when the bleeding has quite ceased. The lungs are, in the earlier stages at least, pretty free from implication, though occasional crepitations are detected if examinations are frequently made, the exciting cause of these being probably inspired blood. The treatment of this disease, whether local or general, is

full of disappointment—at least, this has been my general experience.

CASE 3.—A lady, æt. 40, married, but without family, came under my care in November, 1872. She was stout, easily flushed; pulse small and 80; slight crepitation in right apex; pretty frequent cough; expectoration of bright bloody sputa every morning to the amount of about an egg-cupful; occasionally this was dark and semi-putrid. After about a month's treatment the right apex recovered its respiratory power; the cough and expectoration got much less, but did not disappear; the cough became in the spring mostly laryngeal in character, and the larynx on examination showed a congested mucous membrane with enlarged but not ulcerated follicles; the veins at the root of the tongue and in the trachea were dilated. The sputa were sometimes only three or four small pink lumps, at other times ten or a dozen; and again, the colour might be quite dark and the smell putrid. The lungs kept generally free from complication, but occasional crepitations, probably caused by inspired blood, would be heard either in one or other apex. The termination of this case was as follows: the lady took cold in her journey home from Bournemouth, and effusion took place into the left pleura; on two occasions paracentesis thoracis was performed, but two weeks after the second operation death occurred.

In this case I tried every remedy in the pharmacopœia for the hæmorrhage. I gave the usual allopathic styptics as well, and used local styptic sprays; but nothing seemed to have any sustained influence on the bleeding, which, however, was much less when she left Bournemouth than it had been on her arrival there.

CASE 4.—A lady, æt. 23, stout, florid, but strumous looking, had suffered intensely from chilblains in the winter of 1872-73, and came under my care in the summer of 1872 for the effects of them, and also for hysterical aphonia. The aphonia soon disappeared under *Ign.*, and the swollen and stiffened legs and feet greatly improved

under sea-bathing. In August, 1873, she again visited Bournemouth, and consulted me for her voice, which had again disappeared. *Ign.*, *Strychnine*, *Iod.*, all failed, as did the local application of electricity and the continued use of Pulvermacher's chains. *Causticum* followed by *Ign.* was then given, and in October the whisper had given place to a faint squeak. Just as this rudimentary voice was developing, she was exposed early in November to the intense cold of two or three nights; sleeping at the time in an attic without fires. A severe and incessant laryngeal cough came on accompanied with hæmoptysis to the extent of one or two ounces every morning, about daylight, of dark liquid blood. It was curious that the cough, intensely violent as it was throughout the day and evening, was never at those times accompanied with hæmoptysis. The larynx was much irritated and congested, especially the epiglottis and arytenoids, which were superficially ulcerated. The hæmorrhage was evidently partly vicarious, as it succeeded to a checked menstrual discharge, and continued with slowly diminishing severity to the next, when it rather more rapidly disappeared. *Hamam.*, *Ferr. acet.*, *Gallic acid*, and *Secale* were given in this case, the latter alone with anything like decided effect; the laryngeal condition was treated with *Calc. iod.* and a paint of *Glyc.* and *Iod.*; the cough was intensely stubborn, and yielded only to the gradual amelioration of the other symptoms. She afterwards went to the Throat Hospital, and was for eight weeks under the care of Dr. Mackenzie; the voice was restored by the application of electricity to the vocal cords, and the bleeding and cough ceased, though the throat remained very sensitive and the general powers low.

III. In the third class of cases of hæmoptysis I would place those which occur either from the mucous membrane of the bronchial tubes, from the pyogenic lining of old cavities, or from the vessels ramifying through the air-cells themselves—no active destructive change going on at the time in the lung tissue.

As a rule we may lay it down that when hæmorrhages

are not extremely profuse, with the exception of that passive bronchial hæmorrhage that sometimes accompanies disease of the mitral valve, they generally occur in the night and early morning, and seldom follow *immediately* on exertion; their occurrence or recurrence can scarcely ever be foretold, though they hardly ever happen once only in the course of disease.

The inter-diagnosis is not as a rule satisfactory, and cannot be made directly. The stethoscopic signs admit of a pretty wide interpretation; inasmuch as either there may be no crepitation at all, or if there is crepitation, it may depend quite as much on inspired blood as on effused blood; the entire absence of crepitation might compel us to believe the origin to be bronchial or cavernous, but it is impossible of course to satisfy oneself as to the entire absence of crepitation in the central portions of the lung.

We may consider it as a rule in the prognosis of these cases that hæmorrhage from a bronchus, or from the lining membrane of a cavity, is of far less serious import than that from the air-cells themselves; and that in cases of hæmorrhage from the air-cells the danger varies directly with the frequency and persistency of recurrence, and very often if not always inversely with the magnitude of single hæmorrhages. I can call to mind several instances of this; two patients in middle life, fair strength and nutrition, and scanty expectoration, the lungs showing but extremely slight implication, and the amount of fever being either nil or only occasional and slight; both of them had for years at intervals of about six weeks or two months either very slight hæmorrhage or else merely blood-stained sputa. Both of these cases, however, the one in London and the other in Bournemouth, succumbed to a rapid development of tubercle in the lung after comparatively short illnesses.

As to the treatment of this class of cases, there is of course the general treatment of rest, ice, cool atmosphere, and light fluid nutritious diet. The therapeutic treatment points chiefly to *Ferr. acet.*, to *Ipec.*, and to *Hamamelis*; the former I have seen decidedly useful when the hæmorrhage proceeded from the pyogenic membrane lining an old

cavity. *Ipecacuanha* is useful when the hæmorrhage is of moderate quantity, and when its locale is recognised by comparative dulness and moist râles. *Hamamelis* I believe to be specially suited to hæmorrhages from the mucous membrane of the bronchi, and I believe that it is from its value in these cases that this remedy takes its high stand amongst us.

There are two points, however, which it is very necessary to remember in the treatment of hæmoptysis; first, that relapses after the first apparent check of the bleeding are very common, and very alarming to the patient and attendants; second, that the effusion of even a small quantity of blood into the bronchial tubes and air-cells may set up pulmonary irritation which may end in destructive tissue change. I believe, therefore, that it is good practice, and our duty to our patient and ourselves, after that we have selected and exhibited the remedy best indicated, to leave a reserve in the way of a thoroughgoing styptic to be used should occasion demand it. And this is all the more necessary and desirable, seeing that precise means of ready differential diagnosis are generally wanting.

IV. In the fourth section I would place those cases of hæmorrhage which arise from what is called "breaking a blood-vessel." They may be caused by the slow process of ulceration through the walls of an artery during the formation or increase of a cavity; or the blood may be poured out from several small vessels which have been ruptured by the movements of some calcareous fragment, or a weakened and exposed artery may be ruptured by some sudden exertion or emotion. In all such cases we get a profuse hæmorrhage, rapidly occurring often to the extent of half a pint or a pint in a few minutes, followed by a cessation thereof as soon as a clot forms round the vessel; often, however, to be renewed so soon as a fit of coughing removes the clot from its position. Generally speaking there will have been a previous knowledge of such a patient's condition, and therefore the diagnosis can be readily effected.

I do not consider the treatment of these cases to fall within the homœopathic law; we have to all intents a wounded vessel pouring out blood into the lung. We cannot cut down upon it or tie it, we can only influence it indirectly. This can be done either by a medicine like *Secale*, which contracts in full doses the calibre of the vessel through the vaso-motor system; or by *Gallic acid*, which in full doses has a similar effect by acting directly on it through the blood itself. It is very difficult to estimate the precise value of these two remedies; in the slighter cases they do appear to act successfully and well, while in the severer cases they either or both may fail decidedly, and the hæmorrhage at last cease without any special cause whatever. In one most anxious case that I attended four years ago the attacks were most alarming, occurring once or twice in the twenty-four hours, scarcely ever to a less amount than half a pint, and they continued for ten days, and then when all hope was apparently gone they ceased entirely and the patient rallied.

I believe the *Secale*, to be fairly tested, should be given in 20 or 40 drops of the mother tincture, and the *Gallic acid* in 10 or 20 grain doses, stirred up in water.

There are several remedies mentioned in our repertories and manuals as valuable in hæmoptysis which I have not yet touched upon. *Arnica* would be useful in the third class, when the exciting cause was muscular exertion. *Bryonia* is reputed to be valuable in vicarious hæmoptysis, but I should rather suggest its sphere of action to be that of a valuable controller of the circulation, at the same time that it prevents lung irritation from the inspired blood. *Millefolium* I cannot say that I have derived any marked value from, though I notice it is spoken very highly of by our colleague Dr. Richard Hughes. *Aconite* and *Ant. tart.* are medicines that I prefer not giving in hæmoptysis, even when the case is slight and other symptoms may seem to call for them; I have seen them apparently in several instances occasion a recurrence of the bleeding.

Styptic sprays I have at times used, but I have for some time given up their use; they doubtless do restrain

hæmorrhage, but they do it by coagulating a considerable amount of effused blood in the lung, and the consequences of this proceeding are decidedly mischievous. A kind of catarrhal pneumonia is set up; the alveoli and bronchioles are blocked with a cheesy effusion, and destruction of lung tissue may ensue with considerable rapidity.

Discussion on Dr. Herbert Nankivell's paper.

Dr. RANSFORD feels obliged to differ from Dr. Herbert Nankivell that large hæmorrhages do not come under the homœopathic law, because the so-called rupture of a blood-vessel is generally caused by pulmonary disease, which must therefore be treated by the appropriate remedies. He is sure that greater success can be obtained by these means than by styptics only. He speaks not from personal experience alone, but also remembers the treatment pursued by some of the most eminent practitioners with whom he was associated in early life, such as the late Drs. Abercrombie, Begbie, and Davidson, of Edinburgh. He and they were then allopaths, and he contrasted their results with his own and other homœopaths. About three years ago he attended a young unmarried lady, who with her sister had a highly respectable ladies' school, in which his patient taught singing. She had thrown up just before his first visit about a breakfast-cupful of bright red blood. Having for some weeks before suffered from cough attended with loss of flesh he prescribed *Arnica* 1, *Ipecacuanha* and *Phosphorus* 3. She had no return until eighteen months afterwards, when a second attack occurred. He then gave *Hamamelis virginica*, *Phosphorus* 3, and also applied cold compresses to the chest. He forbade any vocal exertion, enjoined absolute rest and nourishing diet. He gave also *Cod-liver oil*. The patient has continued free from attacks since. A small cavity existed under the left clavicle. He has found *Tinct. Ferrî acetatis* useful, and this is the only so-called styptic that he has used. He feels great confidence in the homœopathic treatment of these cases. A friend used *Terebinthina* with advantage in one severe case of hæmoptysis, but he also applied a blister to the chest. The ultimate result of this case he has never been able to ascertain. He would do anything to save a patient, but has never yet felt obliged to have recourse to *Gallic acid*. He thinks that by attending closely to the *juvantia* and avoiding the *lædentia* these hæmorrhages will often spontaneously cease.

Dr. COOPER.—There are two most important particulars in reference to hæmoptysis I would like to see worked out. One is, the connection between it and enlargement of the heart due to overexertion, and the other is the relationship that exists between it and cessation of the menstrual flow. My own observations

lead to the conclusion that enlargement of the heart is a lesion of very common occurrence, especially in housemaids and "general servants;" it has often surprised me how frequently one meets with symptoms due to cardiac hypertrophy in this class of patients. Their muscular systems are generally feeble and ill-adapted to the amount of strain their duties require, and hence the heart becomes hypertrophied from the undue tension brought to bear upon it. Such cases I have frequently prescribed for upon the supposition that the hæmoptysis was due to obstruction caused by the enlarged heart, and have given *Iodium* in the 3rd or 6th decimal dilution with singular benefit. In one case particularly, where a young girl doing housemaid's work was seized with most copious hæmoptysis after overexerting herself, the patient made a good recovery after *Iodium* was given. *Arnica* is certainly most useful in some of these cases, but it has not answered my expectations like *Iodium*. As to the connection between it and menstrual cessation my impression has always been that in suppressing the menses nature was adopting her own means of husbanding the resources of the economy in order to cope with the diseased process going on in the lungs. However, in reading Scanzoni's *Diseases of Women* the other day my attention was struck with a case given by Professor Gardner, the translator, that goes far to upset any such supposition; the case was one in which hæmoptysis and general phthisical condition ceased after re-establishment of the menstrual flow. ("In one case of scanty menstruation and pulmonary hæmorrhage supposed from tuberculosis, the attempt to dilate a stricture of the cervix, and its final complete division with the knife, resulted in re-establishing the accustomed quantity of the menses, the entire arrest of the pulmonary hæmorrhage, the subclavicular tenderness and dulness on percussion, and the general health of the patient, with no trace of phthisis remaining.—*Scanzoni, Diseases of Women*, p. 337, translator's note). As regards the general question of the treatment of hæmoptysis, I am quite sure that the simpler our treatment of this and other diseases the better. I do not see why we should not begin the treatment of an ordinary case of sudden and profuse hæmoptysis by administering a solution of common salt in water; it has long been a household remedy, and has especially been referred to by Graves. Surely it has never proved inferior to *Gallic acid*, *Muriated tincture of Iron*, *Secale cornutum*, and the many other styptics now so frequently in vogue. Again, I would be inclined to try, before resorting to the administration of more violent remedies, the inhalation of powdered *Gum Arabic*. The styptic properties of pulverized *Gum Arabic* are most marked. I remember one case of violent epistaxis in a syphilitic patient where, after failure of the local application of the *Muriated tincture of Iron* and a plugging of the anterior and posterior nares, the simple introduction into the nostril of powdered *Gum Arabic* upon cotton wool completely arrested the

flow, and, I have every reason to believe, was the means of saving the patient's life.

Dr. DUDGEON said the subject of hæmoptysis was too extensive to be discussed completely at one meeting. He would limit himself to speaking of dangerous hæmorrhage from the lungs, and how it could be stopped. Dr. Nankivell had enumerated many remedies, but had omitted to mention an important means of stopping hæmorrhage from the lungs, viz. a ligature tied round the arms so as to stop the venous incubation. Temperature too was important. The application of a heated spinal bag between the shoulders, according to Chapman's plan, had been frequently found of use. *Secale* was a remedy which he had employed with success in some cases of hæmoptysis, one or two drops of the tincture for a dose. A very severe case came under his notice lately, which was treated by Gull and others by the hypodermic injection of *Ergotin*.

Dr. BAYES wished to say a few words on the first, second, and fourth classes of Dr. Nankivell's interesting cases. With regard to the first class, where there is expectoration of dark changed blood occurring in women early in the morning, with deficient menstrual flow at the periods, he had generally found this accompanied with functional irregularities of the kidneys, either with a large flow of pale watery urine or with a deficient excretion altogether, and in either case there is a want of free excretion of urates from the system. In such cases *Cantharis*, 3rd, 6th, or 3x, will very rapidly cure. He (Dr. Bayes) had met with many such cases, and he would say they are readily and invariably (or nearly so) cured by this medicine. "Bloody expectoration after short cough" is one of the larynx symptoms of *Cantharis*. In the treatment of the second class, in which there is an excess of menstrual flow, his (Dr. Bayes') experience did not coincide with Dr. Nankivell's, for in his hands *Aconite* had proved very serviceable in such cases, but it must be given in from the 3rd to the 12th or even higher dilutions. In the treatment of that active hæmoptysis called "rupture of a blood-vessel," he (Dr. Bayes) had had no experience of large doses of *Secale*, but in his former allopathic practice he had much experience in the use of *Gallic acid* in such cases, although he never used quite such large doses as those named by Dr. Nankivell. His own method had been to make a saturated solution of the *Gallic acid* in boiling water; when this cools down the solution contains about 100 grains to the ounce. Of this solution he used to give a dessert-spoonful every quarter or half hour till the hæmoptysis ceased or until the blood became dark or blackish; when this occurs the hæmorrhage usually ceases. He never saw any evil results from this treatment, but an overdose of *Gallic acid* gives a sense of great tightness in the head and ringing in the ears.

Dr. DRURY said, that, while giving the author due credit for the care bestowed on his paper and for the interesting matter contained in it, he thought that for the purposes of treatment some

such division as into copious, congestive, and passive hæmorrhages would be sufficient. Under the first head bleeding from a ruptured vessel, as well as vicarious hæmorrhage, would be included. Under the second all these cases of turgid or streaked sputa or even of small quantities of pure blood would be included provided the source was pulmonary and that it arose from a congested state of lung. If this was of a phthical character the case would assume a much graver action than if it simply arose from an inflammatory state of lung that might pass away and leave no evil behind. In passive hæmorrhage there would be but small trace of active congestion, but the prognosis would depend on whether tubercular disease were present or not. In copious hæmorrhage *Ledum* and *Ipecacuanha* would be found most valuable remedies. *Ledum*, especially in rapidly repeated doses, he believed to be one of our best remedies. *China* would be given as the hæmorrhage abated. Other remedies would be called for, especially if it was vicarious. In congestive hæmorrhage such remedies as *Aconite*, *Bryonia*, *Phosphorus*, *Sepia*, *Arnica*, *Pulsatilla*, *Hamamelis*, and *China*, but there was a medicine not generally used that he derived much benefit from, that was *Nux moschata*. Where a feeling of weight or oppression was complained of, with or without hæmorrhage, he generally selected this medicine. It would be found suitable also for passive hæmorrhage, but in these cases he considered *Arnica*, *Pulsatilla*, and *Hamamelis*, especially the last, as the chief remedies. There was, however, much more than hæmorrhage to be considered; its character, the character of the sputa generally, and the time and character of the cough and other symptoms, should be considered in each case separately. The importance of studying the character of the sputa was shown if we noticed the plum-coloured sputa of congestion from aneurism and compare it with other forms. A correct diagnosis thus became of the greatest use in each case.

ON SOME POINTS IN THE THERAPEUTICS OF APOMORPHIA AND CHLORAL.

By D. DYCE BROWN, M.A., M.D.

(Read before the British Homœopathic Society.)

THE truth of any scientific law or system is generally demonstrated by an *experimentum crucis*, and when this is possible, it cannot fail greatly to strengthen the convictions of those who believe in the law or system, and to impress those who are inclined to be sceptical. In such a science

as therapeutics, where absolute proof is so difficult to be brought home to the minds of the sceptics of the old school, it adds immensely to our strength in argument when we can bring forward an *experimentum crucis*. Such has always seemed to me to be our power in accordance with the homœopathic law of predicating exactly the therapeutic sphere of a medicine before it is even tried in a single case. We have but to discover by experiment or by accidental cases of poisoning what are the physiological effects produced by any given substance, and we can at once say, and say with confidence in the result, in what cases of disease we shall find it useful. The subjects of my paper afford, I think, an excellent illustration of this point. They have nothing in common therapeutically, but I have grouped *Apomorphia* and *Chloral* together, as they are both recently discovered drugs, and I think that I am the first who has made use of these drugs homœopathically.

To begin with *Apomorphia*. When I first read the account of *Apomorphia* a long time ago it was simply stated that it was found to produce sickness and vomiting in exceedingly small doses, and that it was proposed to use it as an emetic in cases where such was required. It then struck me that, if such was the case, it ought to be a valuable medicine in sickness and vomiting. This was all the information I had. But we have now, thanks to the careful experiments of Dr. Galley Blackley, a much more full account of its physiological action. Dr. Blackley's interesting paper is published in the *British Journal of Homœopathy* for July, 1873. I shall take the liberty of giving a sketch of its action as given by Dr. Blackley, and perhaps the best way is to quote Dr. Blackley's experiment on himself. He says, "On May 25th, 1869, at 9 p.m., my general health being good and the pulse and temperature normal, in the presence of my friend Dr. Wright I injected ten minims of a 10 per cent. solution of *Apomorphine* under the skin of the left arm, the pulse and temperature at the moment of injection being 72° and 98° respectively. During the first two minutes no effects were produced. After about ten minutes the pulse began to rise slightly

and the respirations became slightly accelerated. At the end of four minutes I felt a sudden qualmishness, which was almost immediately followed by nausea and profuse vomiting. This continued for several minutes, and was followed, as soon as the contents of the stomach had been evacuated, by severe retching. On taking a draught of water with a little brandy in it this was immediately rejected, and on drinking cold water this too returned at once. No bile, however, came up in the vomited matters. At the end of seven or eight minutes from the commencement of the experiment I began to feel very faint and was compelled to lie down, and almost immediately on doing so I fainted entirely, and remained in a state of syncope for about five minutes. On awaking from this I felt giddy and chilly, and was obliged to take a little brandy and water. This was retained, and as I began to feel slightly drowsy I remained lying down for the space of about an hour, during which time I perspired profusely. On rising I still felt slight giddiness, but no inclination to vomit. I went to bed and slept soundly all night, awaking about 8 a.m. in my usual health, slightly pale, but very hungry."

Its action upon animals seems to be somewhat different from that in man, as in them a larger dose was required to produce the physiological effects. In summing up the effects produced by a physiological dose, Dr. Blackley gives those of digestion as follows:—"Qualmishness, nausea, vomiting, retching, convulsive movements of the stomach, præcordial pain, salivation, and diarrhœa (in cats)." I refrain from quoting the other symptoms produced, as, in man, the stomach symptoms are *the* prominent ones, and they are the only ones to which I wish to draw attention to-night. From the experiment above quoted, in which Dr. Blackley next morning, after a good night's sleep, awoke in his usual health and feeling hungry, and also from an experiment he made on a young carman, where after a dose sufficient to cause vomiting given at 8 p.m., the man walked home about 9, and ate a hearty supper on reaching his house, I infer that *Apomorphia*, though causing severe vomiting, does not cause, as other emetics do, any profound

or marked interference with *digestion*, or even pain in the stomach. This coincides with what I find to be the sphere of its action on the stomach. The cases where I have used it with success are chiefly those where sickness or vomiting constitute the disease under which the patient is labouring. We frequently come across such cases. The tongue is clean, the bowels are regular, there are no headaches, the patient has a desire more or less for food, and has no pain after eating, but a feeling of nausea comes on at intervals, especially after taking food, which may or may not be vomited. In other cases, where there is marked dyspepsia, and where *Nux* or *Pulsatilla* is indicated, I find *Apomorphia* very valuable given *at the time* of the onset of the sick feeling, and repeated every ten minutes or quarter of an hour till it is relieved. This is over and above the administration of the other medicine suited to the dyspepsia which is given at regular intervals through the day. In other cases still, when the vomiting is sympathetic, as in the case of a neuralgic headache, or a gall-stone, or a cerebral affection, or a uterine complaint, *Apomorphia* is equally useful. I observe that, in the discussion on Dr. Blackley's paper, Dr. Cooper is reported to have stated that he had seen immediate cessation of vomiting in a distressing case where a tumour pressed on the brain. The action of *Apomorphia* in sickness and vomiting seems to me very much to resemble that of *Ipecacuanha*, and it is indicated in similar cases. A very important point to be observed is that *Apomorphia* is a specific emetic and does not cause vomiting by any local irritant action. This is clearly shown by its producing emesis when injected hypodermically. As to the dose required to produce vomiting, when I first read the accounts of its effects as quoted from a German periodical, it was stated that a very much more minute quantity was sufficient than that stated by Drs. Blackley and Gee. Dr. Blackley in the experiment quoted injected subcutaneously ten minims of a ten per cent. solution, or in other words a whole grain, and in the case of the carman one twentieth of a grain was injected, while Dr. Blackley states that Dr. Gee found it necessary to give one and a half

grains by the mouth to cause vomiting in a man. I have unfortunately lost the reference to the periodical in which I read the account of the experiments, but there it was stated that one five hundredth of a grain was sufficient to produce emesis. In corroboration of this point I observe in the *British Medical Journal* of February 21st, 1874, a report of a paper by Dr. Walter G. Smith, read before the Medical Society of the College of Physicians of Ireland, on "Recent Therapeutical Remedies," in which he states that the dose hypodermically as an emetic is from $\cdot 046$ to $\cdot 196$ of a grain.

My first information regulated my choice of the therapeutic dose, which was the 3rd centesimal dilution. I have never used any other dilution, and the results I have obtained have been so gratifying that I do not see the necessity of using a lower potency. I got some of the pure drug from Macfarlan of Edinburgh, and had the 3rd cent. dilution prepared in Aberdeen in the form of tincture.

Dr. Blackley advises the trituration to be used, as he says the tincture does not keep. This is certainly a mistake, at least when diluted to the 3rd cent. ; as it has always in my hands answered admirably, which could not have been the case if the diluted tincture decomposed.

I now proceed to give some cases where *Apomorphia* has been used with success in the various forms of disease I have named. The cases are chiefly from my dispensary note-book as kept by the students.

CASE 1.—Mrs. E—, æt. 50, May 17th, 1872. Complains of sickness which she has had for last two days. Has a constant feeling of nausea, and disinclination to eat. No headache. Bowels regular. Tongue slightly whitish. R̄ *Apomorphia*. This patient afterwards returned with another complaint, having been quite cured of the sickness.

CASE 2.—J. M. J—, æt. fifteen months, June 14th, 1872. Has been vomiting for last three days. Tongue whitish; bowels slightly loose; stools whitish; R̄ *Apomorphia* $3\frac{1}{2}$, drop dose.

17th.—Vomiting much better, only vomited once

yesterday, and not at all to-day. Bowels open three times a day, and natural in appearance.

CASE 3.—Helen M—, æt. 60, November 17th, 1873. Has been ill for past twelve months, but worse last three months. Vomits her food about an hour after taking it, and has a constant feeling of nausea. No headache; bowels open every second day, costive; tongue clean; little or no pain in stomach. R *Apomorphia* 3.

December 1st.—Feels much better; vomiting entirely gone; bowels less costive, and open once each day. Has no appetite. Ordered *Quinine*.

CASE 4.—Mrs. G—, June 4th, 1872. Came complaining of frequent vomiting and almost constant nausea; tongue clean; catamenia regular; has leucorrhœa. R *Apomorphia* 3 and cold sitz bath.

6th.—Sickness quite gone.

CASE 5.—Margaret P—, æt. 50, May 18th, 1872. Has emphysema. When seen complained of pain and tenderness over the region of the liver, which was enlarged. Pulse rather quick; tongue whitish; bowels regular. Cannot retain anything on the stomach, and has constant feeling of nausea; severe headache. To have *Bryonia* 2^r every three hours, and *Apomorphia* to be repeated at intervals of an hour, till sickness subsides.

17th.—Pain over liver much better. Sickness quite removed after two doses of *Apomorphia*. To-day felt twice a slight feeling of nausea, but it passed off in a few minutes.

In this case the vomiting was evidently sympathetic with the liver affection. The following two cases were kindly given me by my friend and former pupil Dr. James Walker. They are excellent examples of the power of *Apomorphia* to check sympathetic vomiting, in the one case arising from uterine and in the other from ovarian disease.

CASE 6.—B. L—, a young lady about twenty-three, who about some eighteen months previous to coming under

homœopathic treatment, had sustained displacement of the uterus from a severe fall, and had ever since been afflicted with distressing sickness. Since the occurrence of the accident she had been growing gradually worse in spite of the allopathic treatment which had been resorted to, viz, the local application of pessaries, astringents, and caustics, and the internal administration of the drugs usually exhibited in such cases, and, being rather disheartened by such a result, had resolved to give homœopathy a trial.

The most prominent symptom at this time was an almost constant feeling of sickness, with frequent attacks of violent retching, which were followed by intense prostration. Every remedy that could be thought of as having any relation to the sickness was tried, but in vain; the only one which in the least mitigated it was *Kreosote* 3, but even that soon lost what little effect it ever had. Finally, *Apomorphia* 3 was exhibited, and at the same time a cold sitz bath (the only local treatment she would hear of) was employed every morning. From this time the sickness began to abate, and the retching fits soon wholly disappeared, and if at any time she felt a threatening of their return, a few drops of the *Apomorphia* tincture completely checked the attack.

CASE 7.—A lady æt. 42, in whom there was persistent vomiting depending on the presence of a large ovarian tumour. *Apomorphia* was successful after all other remedies had failed. She was subject to attacks of sickness whenever her general health was from any cause below par, but was usually speedily relieved by *Nux vom.* and *Petroleum*. In the present instance, however, those remedies were quite unavailing, as well as many others that were tried, and the sickness continued unabated for several days. *Apomorphia* 3 was then made trial of, and on calling next morning she stated that after the second dose of the new medicine the sickness had quite left her, and that she had not required to have further recourse to it.

CASE 8.—M—, sailor, æt. 28, June 7th, 1872. For three days has had sickness and incessant vomiting; can keep no food on his stomach; inclines to be costive; tongue whitish; pain on pressure over liver, no enlargement. Had ague five years ago. *Apomorpha* every hour.

10th.—After three doses the sickness stopped and has not returned.

CASE 9.—Wm. D—, æt. 5, December 11th, 1873. For last eight days has been vomiting his food just after taking it. No pain in stomach; no appetite; bowels regular; tongue clean; is slightly feverish at night. Ordered *Ipec*.

7th.—Vomiting not much better, but he keeps his food sometimes for two hours. Complains of pains all over his body, and headache. Has been taking entirely milk food. To have animal diet. *Apomorpha*.

22nd.—Vomiting much better, but not entirely gone. Continue *Apomorpha*. Did not return. From being so much improved, the probability is that, having got quite well, his mother did not think it necessary to bring him back.

CASE 10.—W. D—, æt. 2, has vomited everything for the last five days. The vomiting sometimes comes on immediately after food, at other times a little after. Food comes up undigested. *Apomorpha*. This child was not brought back.

I class this case as well as the two following as successful, although the patients were not brought back. Dispensary patients invariably return at least once if not improved. I always request patients to return in a few days if not better, and I frequently verify by after inquiry the fact that such patients were cured by the first prescription.

CASE 11.—Mrs. A—, æt. 32, complains of sickness in the morning, accompanied by headache and flushing of the face. This feeling comes on immediately after rising in

the morning, and generally wears off after breakfast. Tongue clean; bowels regular; sickness not made worse by eating; no pain in the stomach, but sometimes a feeling of fulness after food; is nursing a child nine months old. *Apomorphia* 3 ter die. Did not return.

CASE 12.—John M—, aged fourteen months, has been vomiting very frequently for fourteen days. Not only vomits after eating and drinking, but retches even with an empty stomach. Is not weaned, but will not take the breast often, and will take no food. Had formerly diarrhœa which is now stopped. Tongue clean at tip, whitish at the back; has five teeth. *Apomorphia* 3 every three hours.

Has not been brought back.

CASE 13.—Jessie W—, æt. 23, April 29th, 1872. Complains of pain in the back, headache and sickness, which is worse in the morning. Vomits after taking food. There has been no appearance of the catamenia for two months. Pregnancy doubtful. *Nux vom.*

May 8th.—Sickness no better. *Apomorphia.*

11th.—Sickness gone till to-day, when there is slight return.

16th.—Feels much better, sickness only occasionally recurs. Continue medicine. She did not return again.

I have found the *Apomorphia* also successful in removing the nausea, which frequently persisted between attacks of vomiting, produced by the passage of a series of gall-stones, and in a case of long-standing periodic supra-orbital neuralgia, in connection with the liver, in a lady who had lived a number of years in India, *Apomorphia* relieves the frequent nausea much more uniformly than *Ipec.* does.

In the case of a young man whom I have at present under treatment for chronic dyspepsia, with frequent nausea and vomiting, *Nux* is indicated as the chief medicine, and under this there has been marked improvement, but I

prescribed *Apomorphia* 3, to be taken when the sickness comes on, and to be repeated every quarter of an hour till it goes off. He tells me that he has found one drop taken in this way entirely remove the nausea for the time. +

I think the cases I have related give a clear proof of the value of *Apomorphia* in sickness whether dyspeptic or reflex, and I feel sure that the more it is used the more will it be found a most reliable and valuable medicine in such cases. ✓

To turn now to *Chloral*.

The only points in the therapeutics of *Chloral* to which I wish to allude to-night are its use in *urticaria* and *eye-diseases*, chiefly *conjunctivitis*. It is necessary to remind you in the first place of the physiological effects of *Chloral* as producing these affections. I collected in the *Monthly Hom. Review* for June, 1871, a series of cases in which these points are well demonstrated. As they may have fallen out of your recollection, perhaps I may be permitted to go over the chief points in the pathogenesis.

In one case "an eruption appeared upon the arms, legs, and face, and subsequently over the whole body, in large blotches of different shapes, raised above the surface, and of a deep red colour. The conjunctivæ were injected, and the face had a puffed, swelled appearance, especially below the eyes. Gradually these blotches coalesced till the whole skin was in this red blotchy state, more nearly resembling measles than anything else. There was high fever, thirst, coated tongue, and loss of appetite, with intense irritation and itching of the skin, preventing sleep at night."

In another case "an eruption appeared on the arms and legs, exactly like nettle-rash, in large raised wheals, with intense irritative itching."

In a third case the patient was noticed to "be much flushed, and to present over her whole body a diffuse inflammatory redness so closely resembling the smooth eruption of scarlatina that it was thought prudent to isolate her in the hospital for contagious diseases. Here

more characteristic symptoms were developed. A number of long pale elevations, or wheals, showed themselves on the legs, shoulders, and waist, while similar ones could be produced on other parts of the skin by scratching. At the same time burning stinging sensations, and a feeling of tightness and hardness over the whole surface, were complained of, along with wheezing respiration, sharp pains in the eye-balls, headache, and lassitude."

In another case "an evanescent rash, of the character of urticaria, appeared on several occasions in the morning when the draught had been taken on the night before, and there was also some flushing and burning of the head and face."

In another Dr. Crichton Browne says, "Soon after experiments with *Chloral* were commenced in this asylum, in February, 1870, I noticed a singular tendency to flushing of the head and face in many of those patients who were subjected to its influence. It was no uncommon thing to find a pale, anæmic patient, to whom *Chloral* had been given, presenting at certain hours of the day a floridness of countenance which would have done credit to the rudest health. Of forty cases in which *Chloral* was tried up to the month of June, and of which I possess notes, this blushing was remarked in nineteen, in greater or less degree; in a few suffusing only the cheeks, but in a much larger number involving the brow, neck, and ears, and assuming a depth of colour altogether unusual in the natural process. In one case, which is characteristic of many, I find it reported that half an hour after fifteen grains of *Chloral* had been taken the face, up to the roots of the hair and down to the ramus of the lower jaw, was of a dull scarlet colour, very persistent under pressure, most intense over the malar prominences and bridge of the nose, and thence shading off in every direction. The ears partook of the same colour, which was also scattered in blotches over the neck and chest, the lowest blotch being over the middle of the sternum, and the largest about the size of a florin. This singular flushed condition, which was associated with slight contraction of the pupils, injection of the conjunctiva, and excitement of -

the circulation, continued for about an hour, and then disappeared during a paroxysm of sneezing and emotional perturbation, to recur after the next dose of *Chloral*."

In some of these cases you will observe it stated that the conjunctivæ were injected, with varying amount of discomfort in the eyes.

The following case, reported by Dr. Fraser, shows the conjunctivitis well. Mrs. A— was subject to periodical headaches, and latterly to sleeplessness at night. When she consulted me in January, 1871, I ordered her for the sleeplessness *Chloral* in doses of thirty grains at bedtime. On seeing her a few days after she told me that the medicine had not given her sleep, but had caused excitement and greater restlessness, followed in the morning by redness and watering of the eyes, lasting for two days. She had again tried the *Chloral* before my seeing her the second time, and had found the same effect follow. I urged her to try it once more, which she did, and again the same result followed, viz., redness of the conjunctiva and watering of the eyes. She now discontinued the medicine, when the symptoms gradually disappeared. This patient afterwards found doses of gr. viiss produce the desired effect (sleep) without any of the above-mentioned symptoms."

Again, M. Demarquay states that, "on the attentive examination of animals so soporised (by *Chloral*), the ocular and palpebral mucous membranes are found injected." Dr. D. Gordon also observed "a peculiar papular eruption and a form of conjunctivitis as the result of *Chloral*." The exact references to all these cases are to be found in my papers in the *Monthly Homœopathic Review* for June and September, 1871.

Having thus reminded you of the pathogenetic action of *Chloral* upon the skin and eye, I proceed to append cases where I have used *Chloral* in small doses in the treatment of *urticaria* and several forms of *ophthalmia*. The dose I have always used has been a grain of the pure salt, dissolved in water three times a day, for adults, and fractions of a grain for children. I shall first take the *eye-diseases*.

CASE 1.—Martha W—, May 11th, 1872. Pain came on in left eye two days ago. To-day both ocular and palpebral conjunctiva much injected. There is a small ulcer on the cornea, and a good deal of pain. *Chloral* gr. j ter die. Eye to be bandaged up.

May 14th.—Redness completely gone, also the pain. Says she was quite well yesterday. The ulcer on the cornea is still visible, but only about the size of a pin-point.

CASE 2.—John S—, May 18th, 1872. For two days has had conjunctivitis of right eye. To-day it is very much injected, with a good deal of pain. Left eye is also slightly injected. *Chloral* gr. j every four hours. Bandage to the eye.

May 20th.—Left eye quite well. Right eye almost well. Continue medicine. When next seen in three days was quite cured.

CASE 3.—A baby, æt. 2 years. Has strumous conjunctivitis. General health not good. Sleeps badly and cries much, appetite bad, bowels regular. *Sulphur* 3 and ϕ both failed to make any improvement, as also did *Bell*. *Chloral* gr. $\frac{1}{4}$ ter die was then given, with *Calcareæ* 6 at bedtime. The child was brought back a week after, when there was very marked improvement. It could open its eyes much better to the light, showing a considerable diminution of the photophobia. Takes his food better, and sleeps well. Continue. Was not brought back again.

CASE 4.—Mrs. S—, æt. 38, October 5th, 1872. Has been suffering from catarrhal ophthalmia for the last three or four days. There are one or two *phlyctenæ* on the right eye, at the edge of the cornea. Severe circumorbital pain and photophobia. *Chloral* gr. j ter die.

Oct. 10th.—Eye almost quite well; only slight injection remains. *Phlyctenæ* quite gone, and the circumorbital pain has quite disappeared. No photophobia. Continue medicine.

Did not return, as the eye got quite well. This I ascer-

tained when she after a time returned with another complaint.

CASE 5.—Robert J—, æt. 9, October 25th, 1872. Has for a week had conjunctivitis of right eye; not much pain; is of a strumous family. *Chloral* gr. $\frac{1}{2}$ ter die, and bandage over eye.

Oct. 30th.—Less redness of eye and ulcer on cornea. Left eye also similarly affected. Continue.

Nov. 4th.—Redness of both eyes gone. The corneal ulcers just visible and no more. Continue.

Dec. 2nd.—(A month later.) This boy returned to-day. The eyes had got quite well after last visit. He then took measles a week ago. To-day right eye is very red, and in the centre of the cornea is a rather deep cut ulcer, with a good deal of pain. *Chloral* gr. $\frac{1}{3}$, as before. He did not return, which he certainly would have done, as before, if the eye had not got quite well.

CASE 6.—Jane B—, æt. 25, January 4th, 1873. Has had conjunctivitis for three weeks in both eyes. Pain and smarting in eyes, especially in the evening and at night. Eyelids adhere together in the morning. *Chloral* gr. j ter die, and simple ointment at night applied to the edges of the lids.

January 15th.—Eyes much better, but a slight redness is still visible, especially on the palpebral conjunctiva. Continue *Chloral*, and to have a collyrium of *Sulphate of Zinc*.

CASE 7.—Has been ill five months. There is conjunctivitis and corneitis on left eye. Cornea is dim. In right eye there is a cicatrix of an old ulcer on the cornea, and at one point considerable redness of the palpebral and ocular conjunctiva. A good deal of photophobia. *Chloral* gr. j ter die. Eyes to be bandaged.

This patient was particularly requested to return in a few days. She did not do so, and on inquiry I learned that she had got quickly well.

CASE 8.—Alexander J—, æt. 16. For a month has had conjunctivitis of both eyes, worse during past week. A small ulcer on left cornea. Feeling of sand in the eyes, but almost no photophobia. Is a very strumous patient. *Chloral* gr. j ter die.

This patient did not return till some time after, with another complaint. The eyes had got quite well.

The following cases did not return at all, but, as I before stated, I count them as successful, as they were all told to return in a few days if not better.

CASE 9.—E. S—, æt. 12. Conjunctiva of one eye very red; an ulcer on the cornea, and a pink circle round it. Pain round orbit. Has been ill five days. *Chloral* gr. j ter die and a bandage to the eye.

Did not return.

CASE 10.—Jane McI—, æt. 13. Inflammation of conjunctiva of both eyes, with a spot of injection in left eye, almost amounting to ecchymosis. A small quantity of muco-pus comes from the eyes. *Chloral* gr. j ter die.

Did not return.

CASE 11.—Helen S—, æt. 12, October 30th, 1872. Phlyctenular ophthalmia came on the day before. Palpebral and ocular conjunctiva of left eye very red. A phlycten at upper edge of cornea. A good deal of pain in the eye, but none round orbit. Right eye red and inflamed, but has no phlycten. *Chloral* gr. $\frac{1}{2}$, and *Aconite*, every alternate two hours.

November 3rd.—Much better. Redness very much gone. Continue.

Did not return again. (By mistake this case is classed among those that did not return at all.)

CASE 12.—John T—, æt. 23. Five days ago right eye, and three days ago left eye, became inflamed. In right eye there is much redness, with chemosis, and a phlycten at edge of cornea. In left eye a good deal of

redness, but no phlycten. Not much pain or photophobia.
Chloral gr. j ter die and bandage to the eye.

Did not return.

The following are cases illustrating the action of *Chloral* in *urticaria* and *pruritus* :

CASE 1.—Jane W—, æt. 13, September 11th, 1871. On the 7th was taken ill with headache, sickness, and vomiting, which continued until the 10th, when an eruption appeared on the skin, which is very itchy, and rises in “white blisters” on being scratched; affects chiefly the forearms and legs. No discoverable cause. *Chloral* gr. $\frac{1}{2}$ ter die.

September 14th.—Much better, only a few slight patches of the eruption being found.

16th.—To-day is quite well, not the least appearance of anything on the skin, and no itching.

CASES 2 and 3.—Mrs. S—, æt. 38, and her son George, æt. 8, February 5th, 1872. Complains of a rash coming out every night, and almost disappearing during the day, “like the sting of a nettle.” Has lasted for a week. It is very itchy, and after washing with soap and water becomes painful. Keeps them from sleep at night. General health good. No stomach disorder. The mother has her catamenia every two months, lasting ten days, and leaving her with a feeling of giddiness in the head. *Chloral* 1 gr. ter die, and gr. $\frac{1}{4}$ for her son.

February 10th.—On the first night after the above report had the rash as before, since which she has been quite free of it. The little boy is also quite well.

CASE 4. — Mrs. McG—, æt. 30, February 6th, 1872. Is eight months pregnant. Had erysipelas ten days ago. To-day complains of nettle-rash, which has come on since the erysipelas disappeared. Has had it before several times. The rash comes out when she is warm and in bed, and itches very much. Headache on left side, especially at the inside of the left eye. Tongue clean, bowels regular. *Chloral* gr. 1 ter die.

February 13th.—Is much better. The urticaria has not, however, entirely left her. Continue med.

Since this report up to the present time (March, 1874) she has had frequent attacks of it, and always asks for "the medicine for the nettle-rash," saying she never had anything that relieved her so much.

CASE 5.—Miss K—, æt. 50. For some days has had itchininess of the chin and front and back of the neck, coming on towards morning—sensation like minute insects or hairs. Otherwise quite well. *Chloral* gr. 1 ter die. This quickly cured the affection.

CASE 6.—A child, æt. 3. Had well-marked nettle-rash for a month. *Chloral* gr. 1 ter die. As I afterwards learned, this child got well, and the mother did not think it necessary to bring it back again.

CASE 7.—A. B—, æt. 25, November 9th, 1872. Complained of sickness and vomiting for two days with headache and sore throat. When seen had urticarious blotches over body, which are very itchy. Pulse 90; temp. normal. *Chloral* gr. 1 ter die (no discoverable cause).

November 11th.—Rash quite gone.

CASE 8.—Peter B—, æt. six months, November 9th, 1872. Had been ailing for several days. When seen had blotches of redness over legs and body in distinct wheals, not much fever. Bowels regular. Is weaned. Takes his food well. *Chloral* gr. $\frac{1}{4}$ ter die.

11th.—Rash much faded.

12th.—Is quite well.

CASE 9.—Alexander G—, æt. $2\frac{1}{2}$. Had for some time been much troubled with an urticarious eruption, which disappeared by day and came out at night, with such itching as to keep him from sleep. No discoverable cause. *Chloral* gr. $\frac{1}{4}$ ter die in two or three days so removed it as to give him quiet sleep, free from itchininess. The same has since recurred two or three times, and has always been removed by the *Chloral*.

CASE 10.—Agnes G—, æt. 28, September 26th, 1872. Has had hæmorrhoids for the last eleven years, which were at first external, but are now chiefly internal; bowels scarcely ever open without purgative medicine. Complains also of pruritus of the vulva, and down-bearing pains in the hypogastric region. Is at present six months advanced in pregnancy, *Nux vom.* and *Sulph.* at bedtime.

October 3rd.—Much better. Says she is no longer troubled with the hæmorrhoids, and that the bowels open naturally every day; the bearing-down pains in the hypogastric region are also quite gone. Says she feels quite well, except that the pruritus vulvæ is very troublesome. *Sulph.* ϕ bis die.

14th.—No better of the pruritus. *Collinsonia.*

21st.—No better. *Chloral* gr. 1 ter die.

31st.—Pruritus almost quite gone.

Sleeps comfortably at night now. The piles are again troubling her, for which she is again put on treatment for them. She did not return.

The following cases did not return at all, but being always requested to do so if not improved I class them as successful.

CASE 11.—Miss S—, æt. 15, October 12th, 1872. Cannot sleep at night for itchiness of skin of whole body. Has had it for three weeks. Skin of body gets quite red. Redness and itching gone by the morning. Is quite well otherwise. Nothing at present to be seen except remains of scratching. *Chloral* gr. 1 ter die. Did not return.

CASE 12.—Mrs. J—, æt. 21. Has had nettle-rash for a month, comes out chiefly in afternoon, and goes in again at bedtime. Sleeps well enough. The eruption is on the arms and face only. Tongue clean. No dyspepsia. Bowels rather costive. Catamenia regular till last time, when she is now a fortnight past time. Head aches. *Chloral* gr. 1 ter die. Did not return.

CASE 13.—George C—, æt. 16 months. For the last

two days has had a well-marked urticarious eruption, which makes its appearance on every part of the body, and is much worse at night. *Chloral* gr. $\frac{1}{2}$ ter die. Did not return.

CASE 14.—Ellen S—, æt. 23, a servant. Since coming to town ten weeks before has had an eruption, red, and in spots the size of a sixpence or shilling all over the body. It does not come out through the day, but at night keeps her awake from the itching, making her afraid to go to bed. Head aches every day across the forehead, coming on in the morning and going off in the evening. Tongue clean. Appetite not so good as in the country. No dyspepsia. Bowels and catamenia regular. *Chloral* gr. 1 ter die. This patient was particularly requested to return if not better, but did not do so.

CASE 15.—Joseph A—, æt. 2, September 21st, 1871. On getting warm a cutaneous eruption makes its appearance, chiefly on the breast and limbs; before coming out he gets sick and has headache; the eruption is of a diffuse mottled character, and of a bright red colour; is not itchy, and disappears on the surface of the body being cooled; pulse quiet, tongue clean, bowels quite regular. There has been no coryza nor cough. *Chloral* gr. $\frac{1}{2}$ ter die. Did not return.

CASE 16.—Mary J. D—, æt. 6. Has had nettle-rash all over body for four days; very itchy, worse at night, and when warm. Tongue clean. Bowels regular. Appetite good. No cause discoverable. *Chloral* gr. $\frac{1}{2}$ ter die. Did not return.

I have only stated in some of the cases that no cause was discoverable, but I should have stated in all. This is, of course, a point of some importance, as certain articles of diet are known to produce urticaria in many people. Of course, in such cases, the urticaria passes off without medicine, and would be worth nothing to prove the efficacy of any drug.

I have only now to apologise for the length of this paper

and the number of cases appended, but in giving proof of the value of two new medicines I thought it of importance to prevent, if possible, any doubts as to their efficacy, which the enumeration of only two or three cases might have provoked.

Discussion on Dr. D. Dyce Brown's paper.

Dr. WYLD congratulated homœopathists on the addition of two excellent remedies to their repertory. His only experience of *Chloral* was as an anodyne and hypnotic. With this view he had frequently administered twenty drops of the syrup, but had never met with any pathogenetic effects. He hoped extended experience would confirm that of Dr. Brown with reference to *Apomorphia* in vomiting, although it often happened in medicine that time did not fully confirm the anticipations or even the experience of those who introduced new remedies.

Dr. DUDGEON considered that Dr. Dyce Brown had done good service to homœopathy by the addition of two remedies to our treasury. He had done his work in the true Hahnemannian style; first ascertained the pathogenetic effects of the medicines, and then used the knowledge so acquired as the guide to their administration in disease. The cases were treated strictly homœopathically, and the results as far as these were ascertained were quite satisfactory. The only blemish in the paper was the introduction of cases the end of which was not traced. It would have been far better to have left out these cases completely. The cases where the results were ascertained were quite sufficient to prove Dr. Brown's points without the introduction of cases of such doubtful value. It would never do to assume that our dispensary cases were cured because they did not return. He was glad to find that in *Apomorphia* we seemed to have an excellent remedy for a very common form of sickness that did not depend on the derangement of the stomach, but proceeded from sympathy with some other organ. *Chloral* would no doubt prove a very useful remedy in nettle-rash. The power of producing an eruption like measles had been long known, and if we required other remedies for measles than those we already possess we might have recourse to *Chloral*.

ADDRESS AT CLOSE OF SESSION 1873-4.

By Dr. BAYES, Vice-President.

TO-NIGHT, in concluding the session of 1873-4, we celebrate the termination of the thirtieth year of the existence of the British Homœopathic Society.

During these thirty years how many changes may be marked, not only in the fortunes of our Society but in the world of medicine! It is worthy of remark that in the year of its foundation (1844) four members' names only were enrolled; of these original members two alone remain among us—Dr. QUIN, our venerated founder and our President, and Mr. CAMERON, who has more than once filled the office (which I vacate to-night) of VICE-PRESIDENT; but in our present list of members we see that, from the small beginning in 1844, our Society has increased until our fellows, members and inceptive members reach a total of considerably over 100.

In point of numbers, then, there is great cause for congratulation on the part of those who take interest in the progress of our method of therapeutics, and especially must it be a moment of proud satisfaction to our accomplished president and founder, and to our ever courteous and much respected friend Mr. Cameron, to see the fruition of the small seed which they planted in the year 1844 now grown into a strong and vigorous tree under whose shadows those who have been ostracised by the older and narrower medical societies can meet and discuss all the recent developments of clinical and therapeutical advancements, untrammelled by the fear of offending jealous rivalries and uncontrolled by narrow prejudices.

Gentlemen, it may seem a bold thing to state, but it is none the less true, that this and its kindred homœopathic societies in the provinces are the *only medical societies* in

Great Britain in which physicians and surgeons can openly meet and discuss medical and surgical science and art, on all their sides, in all their relations to therapeutics, and in all their bearings to adjunctive means and to clinical experience.

We are not, as our opponents would fain represent us, sectarians; we do not claim that there is but one single truth in medicine, and that homœopathy is that sole truth; but we claim that homœopathy is *a* great truth, that it enables us to cure a vast amount of human suffering, and to alleviate a vast amount of human misery which could never be cured or alleviated were it not for Hahnemann's great discovery; and we claim, therefore, that homœopathy shall hold its place in the realm of medicine, and that it shall not be banished and outcast from the profession by mere clamour and prejudice.

For the purpose of defending and spreading the knowledge of an unfairly proscribed medical and scientific truth this Society was formed, and nobly has it fulfilled its purpose. Strong as has been and as still is the combination against our system (and degrading to the scientific status of the medical profession as have been the arts used against those noble inquirers who, after careful examination, have dared to assert their freedom and liberty of action to follow out their honest convictions, by adopting the homœopathic method into their practice), this counter-combination has effectually withstood all the machinations of the members of the older medical societies, and has given us a place and a means of demonstrating to our fellow practitioners of liberal views, that we are not to be put down nor intimidated by threats nor by penalties.

That much good serviceable work has been done by our Society is shown by the record contained in our *Annals and Transactions*, in which have been published many valuable monographs and essays, as well as clinical reports and discussions. These *Annals and Transactions* have already completed their sixth volume, and let those who accuse us of medical sectarianism read in their pages a clear refutation of this slander, and let them judge whether

or no we are not striving to our uttermost to give practical meaning to the noble words of our master in the first proposition of the *Organon*—"The physician's high and only mission is to restore the sick to health, to cure, as it is termed."

Gentlemen, I feel sure that all around us to-night re-echo and cordially endorse these noble words. It is not our position nor our wish to support this system or that system of medicine; we do not seek to glorify one system nor to vilify or underestimate another; but we desire to "restore the sick to health," and in order that we may do so faithfully, and in as perfect a manner as it is possible to do, it is our duty to uphold and to defend our right to investigate any and every new means or old means which enables us to improve our power of healing. We assert our right to practise and to discuss the homœopathic treatment of disease, just as we also preserve to ourselves the right to use every other means which, in any individual case, appears to us to be best adapted for its cure. And this Society enables us to meet and compare our experiences with those of other labourers in the great field of cure-work. Let us ever remember, with honest pride, that this British Homœopathic Society is the only medical society in London where all modes of medical and surgical treatment can be practically discussed without let and hindrance. This consideration, gentlemen, should attach us all firmly to our Society and should warm our affection for and increase our loyalty to it. Our members should rally round its standard, there to fight against allopathic blindness and prejudice and hardness of heart, not in bitterness but in the pure light of love for science and in furtherance of our "high and only mission," so that we may not only "heal the sick" ourselves, but may become active missionaries in spreading among those, who at present oppose us, a knowledge of the improved healing means with which Hahnemann's method has supplied us.

A brief review of the labours of the session just passed will show that it has been by no means unfruitful in this direction. Cases illustrative of the homœopathic action of

medicinal drugs have been laid before us in papers read by several of our colleagues; nor have pathology, surgery, prophylaxis, or pure therapeutics been neglected in the past series of papers read within these walls.

The following is a list of the papers read and discussed during the past session :

1. "Cases from my Note Book," by Dr. HOLLAND.
Two cases of diseases of the bladder: one of colic (with opisthotonos), simulating lead poisoning, cured with *Plumb. acet.*
Two cases of chronic dyspepsia illustrating the curative power of *Nitrate of Silver.*
2. "Notes on Re-vaccination," by C. H. BLACKLEY, Esq.
3. "On Certain Pathological Points of Interest," by E. T. BLAKE, M.D.
 - I. Sublingual ulceration in whooping-cough.
 - II. Frequency of follicular pharyngitis.
 - III. Etiology of sun-stroke and hay-fever.
4. "Some Diseases of the Genito-Urinary Organs, with Cases," by HENRY HARRIS, Esq.
Cases.—Tubercular disease of prostate. Hæmorrhage from urethra and expulsion of fibrinous cast. Warts on penis, treatment by differing dilutions of *Thuja* and *Nitric acid.*
5. "Specific Medication in relation to Surgery," by Dr. W. SIMPSON CRAIG.
"On the extremely satisfactory results of Surgery supplemented by Homœopathic Treatment."
Diseases of the rectum, with cases.
Scirrhus of the breast, with cases.
Ovarian cyst, with cases.
6. "On some points in the Therapeutics of *Apomorphia* and *Chloral*," by Dr. DYCE BROWN.
7. "On some varieties of Hæmoptysis," by Dr. HERBERT NANKIVELL.
8. 1st, "On a Form for taking Cases," by Dr.

MACKECHNIE. 2nd, "On Lupus and its Treatment," illustrated by photographs, by Dr. EDWARD BLAKE.

These essays either have appeared or will appear in the *British Journal of Homœopathy*, and afterwards have been or will be published in a separate form in the volume of *Annals and Transactions*, and our Society thus places it within the power of any inquiring medical practitioner or student to examine into the testimony yearly accumulating as to the exact value of the homœopathic system of medicine. It is by these legitimate means that we slowly but surely are advancing the cause of true liberty and liberalism in medicine, and sooner or later by this policy of honest work and its careful recording we shall revolutionise medicine and place the healing art on a secure foundation and on a truly scientific basis.

It is only by association and by the checking of the possible errors of our own individual experience by that of our fellow practitioners that we can hope to progress ourselves, and to convince others of our medical right doing.

There still remains much to be done before we can perfect our art or can establish the claim of our system to rank among the true sciences. A wide field lies open to our practitioners for the more exact and practical classification of diseased states, such as shall indicate the group of symptoms to be treated.

In the early days of homœopathy the homœopath was a medical Iconoclast, often properly and righteously so, since he cast down and destroyed many false images of a fanciful pathology, but in actual practice images of diseased states must be set up and classifications must be used, otherwise the labour of active practice would be so immense that few minds could stand the wear and tear it would involve.

In his more advanced career Hahnemann himself felt this necessity, as is shown by his recognition of psora, syphilis, and sycosis as constitutional diseases, and of scarlatina, measles, hooping-cough, &c., as specific diseases.

We must therefore admit images as a necessary part of the furniture of our Æsculapian temple, but we must exercise due discretion in admitting those only which are practical embodiments indicating diseased states, such as require an exact treatment, and we must reject all those which are mere idle representations of pathological theories. Such a reconstruction of therapeutic indications is a worthy object of our researches, and will I trust commend itself to the notice of our members.

At present, from our knowledge that *the thing named* is seldom *the thing to be treated*, we are compelled, in a large majority of cases, to fall back on the symptom-treatment of disease, as insisted upon by Hahnemann. And, indeed, to some extent symptom-treatment is the practice of both schools. For example, whether the pathological state be scarlet fever, rheumatic fever, pleurisy, pneumonia, &c., if the inflammatory symptoms be severe, it is these and not the specific form of fever which guide us in the choice of a remedy; or, where during the course of a disease severe functional disturbances ensue, it is to the rectification of functional balance and not to the specifically meeting the disease that our chief efforts are directed. And, lastly, structural alterations, occurring during a disease (such as swellings, ulcerations, abscesses), may afford the chief indications for treatment.

The elaborate nomenclature of the College of Physicians enables us to clothe our diagnosis in fitting and scientific words, but it does not increase our power of "restoring the sick to health." Indeed, the physician who should seek to treat a disease in accordance with its name, prescribing a specific medicinal drug for each disease, would be looked down upon as a charlatan, unfit to herd with the men of science who constructed the nomenclature, founded (we are told) on an exact appreciation of pathological conditions. The modern physician not only does not seek a single remedy for each disease, but employs the same medicine in the cure of many different diseases, according to the state of the patient.

Would it not then tend very materially to a scientific simplicity in medicine if the "diseased states" demanding medicinal treatment were prominently recognised and clearly defined?

In following out this inquiry, the worker who has acquainted himself with the pathogenesis of drugs as recorded in Hahnemann's *Materia Medica Pura*, and our more recent symptomatologies, has already prepared a foundation on which to reconstruct a practical nomenclature of "diseased states." Hahnemann has given us a new and immensely enriched *Materia Medica*, but it remains to a later age to produce a pathologist who shall construct us a symptom-code of diseases.

Again, it is not sufficient for us to rest content with the therapeutic rule of "similia similibus curantur." It does not satisfy the scientific physician to say to him dogmatically, "no matter what is the disease, if certain symptoms are present, give certain remedies selected on the principle of 'similia similibus curantur,' and give the remedies in doses far smaller than those which would suffice to induce these symptoms in the healthy." We must cease to dogmatise, and must be able to give a rational explanation for our rule of practice, or we shall fail to gain the ear of scientific physicians. Now, if we can show that the *diseased states*, demanding drug treatment, are really the result of the paralysis of certain definite sets of nerves affecting definite parts, tracts, or organs of the body, we shall go a long way towards a rational explanation of the apparent paradox included in the application of our rule of "similia," &c. For if "diseased states" arise from partial paralysis of branches of the sympathetic or of the cerebro-spinal nerves respectively, our rational treatment of such diseased states will be to restore the balance of power by stimulating the nerves up to the standard of healthy function.

I have already attempted in my work on *Applied Homœopathy* to show that the probable action of infinitesimal doses of medicinal drugs is that of restorative stimulation. On page 4 of the above-named essay I illustrate this pro-

position by a quotation from Dr. Anstie's essay on the *Action of Alcohol*, and I have hazarded the opinion that probably the same rule which applies to the action of alcohol will be found to apply to all poisons. In fact, that each drug, when given in poisonously large doses, paralyses "a certain part, tract, or organ," and thus induces an artificial disease; while, on the other hand, the small dose of a drug, when given to a patient (having a corresponding diseased state), stimulates the same "part, tract, or organ" which its large dose would paralyse. For the words stimulant and paralyser do not point to two opposite sets of drugs, but are really the two extremes of the action of one drug, and represent only the effects of different doses. All stimulants given in excess paralyse. All paralyzers given in moderation stimulate.

The solution of the much vexed question of the dose is included in the proper appreciation of this great law. It is a part of the art of therapeutics so accurately to adjust the dose that the depressed and partially paralysed nerves shall be stimulated exactly up to the health point; any dose which goes beyond this retards cure by leaving a corresponding depression.

The working out of this inquiry, again, affords a most interesting field for careful experiment on the part of our members, and it can only be satisfactorily carried out by the conjoint efforts of many men and by the free comparison of many individual experiences.

It would tend greatly to the advance of the legitimate influence of homœopathy within the profession were we in a position to define its exact value in the realm of medicine. The experience of many active workers can alone enable us to prove the full extent of its healing powers, and the limitations by which homœopathy is bounded in the treatment of disease.

It may not, however, be premature to indicate that experience appears to point to the two following propositions:

Firstly. That homœopathy enables us to restore the balance of functional action both to the organs, to the cir-

ulation, to the nerve force, to cell-growth, and to metamorphosis of tissue. Hence the homœopathic method is applicable in all diseases where loss of balance between functional actions constitutes the disease, or is the prominent cause of suffering.

Secondly. By restoring functional balance the homœopathic method enables us to arrest and to destroy many morbid growths and many parasitic diseases in an indirect manner. For, if we are able to restore perfect health to the containing or surrounding tissues, we may, so to speak, starve the morbid growth or parasite.

The illustration of these two propositions affords much scope for experiment. It will probably be found that surgical interference or the adoption of the antiseptic method, in the treatment of morbid and parasitical growths, in toxæmic conditions, pyæmia, &c., will enable us to "restore the sick to health" with a still greater facility and in a direct manner, but, nevertheless, a combination of the homœopathic method with those others will even here enable us still further to expedite the cure.

The interesting paper read before the Society by Dr. W. S. Craig contributes much to our information on this head. It must I think be conceded that the "restoration to health" in a large number of acute and chronic diseases is most rapidly accomplished by a combination of certain adjunctive means, or supplementary means, with the careful application of the homœopathic method. The value of palliatives, of heat and cold, mineral waters, of hydropathy, of Turkish baths, of electricity, of movements and gymnastics, of rubbing and of certain external applications, in some cases, cannot be denied by any physician of experience. I allude to these subjects very briefly, and with the double intention of showing that the members of our body are fully alive to the importance of all these aids in their active combat with disease, and to show also that our Society does not impose any fetters or restrictions on the practice of its members, desiring at the same time that they should fully acquaint themselves with the practice of homœopathic therapeutics, and that they should have

perfect liberty to follow the teaching contained in the first proposition in the *Organon*, that "the physician's high and only mission is to restore the sick to health, to cure, as it is termed."

Gentlemen, it is our duty to increase, in every legitimate way, the usefulness of our system and the knowledge of that mode of healing which has been placed in our hands in trust for the good of the public, and one of the largest of the means of so doing is by our giving a cordial and loyal support to this Society, which ought to embrace not only 112 practitioners of homœopathy, but every legitimate and worthy practitioner of homœopathy in this kingdom. We ought to strive to enlarge our membership and our fellowship. This Society is not only the citadel of homœopathy, but it is the palladium of medical liberty, and as such we ought to strive to our uttermost to support and to enlarge its foundation and its superstructure.

When the time arrives that we may safely and consistently ask for a State recognition of homœopathy, as an integral part of medical education, it will be one of the duties of the Society to provide the necessary teachers and examiners. Speaking personally, I believe that we should do wisely to inaugurate such a movement by appointing a board of examiners and clinical professors, in order that our younger brethren might obtain such teaching, and that they might receive certificates of proficiency before embarking in the practice of the profession. Timid counsels and a severe reticence are not becoming to the promoters and movers in a great reformation. We must push forward more vigorously, bind ourselves together more firmly, and assume a more corporate existence, and place ourselves in a position to speak with more authority, or harm will come upon us. Already I see, with some apprehension, practices creeping in among some of those practitioners calling themselves homœopaths, which I cannot think they would fall into were they more frequently to meet their fellow practitioners in professional and free discussion.

Those who have been successful in the tournament of private practice, who have, so to speak, "won their

spurs," could by their frequent association with their younger or less fortunate brethren, feel all the more closely bound to them, and incline to give them paternal help, and the younger and less fortunate, by frequently meeting with the successful, might learn from them the secret of success.

While upon this subject I would venture to urge very strongly on the younger of our brethren the necessity for a very strict adherence to a high standard of medical morality. Opportunities are certain to offer themselves to the patient waiters upon practice, and if a man prove himself to be respectable in his social relations, and successful in healing the cases of disease which come to him, his success, in a pecuniary sense, is certain to follow. The old proverb that "good wine needs no bush" is as true as it ever was, and no really good practitioner will ever find it needful to stoop to lower and unprofessional arts. It is with much regret that I have recently seen in one of the allopathic journals a just animadversion on the questionable practice of sending out a printed circular, which had been adopted by a homœopathic practitioner. Such means of seeking practice are not legitimate, and as a Society we have ever discouraged them, and have a penalty which has been exercised, and will, if need be, be exercised again against those who adopt such methods of advertisement.

Therefore we should all endeavour to increase the powers and the usefulness of our British Homœopathic Society, 1st, by increasing its membership, for that purpose urging all good men and true among British homœopathic practitioners to join it; 2nd, by a more thorough support of its meetings, not allowing any light cause to come between us and our monthly attendances; 3rdly, by contributing good papers illustrative of the action of homœopathic remedies in disease. The cultivation of public spirit by no means compasses any loss of private advantages; but even were it so, it is our duty to make some sacrifices in so noble a cause as that which this Society supports. All credit is due to that little phalanx of writers and thinkers whose deeds are chronicled in our

Annals, as having read and discussed papers; and it is earnestly to be hoped that many whose names are unfortunately conspicuous by their absence during the past session will join us cordially and constantly in that which is to come.

Before concluding these remarks I trust I may not be considered as overstepping, in any way, my present position of Vice-President of the British Homœopathic Society if I venture to express from this chair a hope that the members of our Society, while using the liberty which I have claimed as one of our most coveted possessions, will yet very jealously guard themselves against the too easy admission of new and specious methods of treatment. It is with no little regret that we have seen some practitioners, professing to be homœopaths, abandoning the first and foremost rule of our therapeutics (that the curative value of a drug in disease can only be ascertained by a knowledge of its symptom-inducing power on the healthy), and embracing with fervour the empirical practice of an Italian count who professes to cure all the ills mankind is heir to with seven secret remedies and four bottled liquid electricities.

Gentlemen, I am not here arguing against the empirical use of medicines whose names are unknown in such cases as have refused to yield to known scientific means; nor do I condemn the practice of employing empirical means or secret remedies when they have been proved by clinical experiment to be truly the quickest means of restoring the sick to health; but I see no reason to believe that these seven secret remedies are in any sense superior, intrinsically, to seven of our own well-known remedies, and their curative power can never exceed that of seven such remedies. Now, is there any one member of our body who would be content to accept from one of our members seven bottles of globules, without name or dilution stated, and to receive them in firm faith as containing everything that is needful for the cure of all the diseases under the sun? I feel sure that there is no one of us who would so far defer to the dictum of the best, the most experienced, and the most learned physician among us, yet we see the spectacle

of certain educated physicians showing an amount of deference to an Italian nobleman (deficient in that medical knowledge which would alone make his testimony of value) which they would refuse to give to any educated physician. It is time, also, that we should protest against the pretension that this gentleman has put forward to the title of philanthropist. Were he truly a philanthropist, and were he in the possession of seven remedies which would cure the world of disease, he would not only publish the names of the remedies and their mode of preparation, but he would spread the knowledge of the names of these drugs and of their virtues far and wide in every journal of every country in the civilised world. I am tired of the pretensions of this pseudo-philanthropist. How unlike is his procedure to that of our own noble master, who spread the knowledge of his method and system in every direction and who gladly taught his system to all inquirers; whereas this Count charges a very substantial price for his precious wares. One of our chemists who imported the seven remedies and the four bottled electricities, told me he paid £200 for his first parcel. But, say some of his supporters, he gives his advice to the poor—a very old trick, and one that has paid well over and over again. Who does not remember the advertisements years ago of a Reverend Dr. Moseley, who would gratuitously inform all inquirers of a certain cure for nervous affections. The patients who wrote received a prescription which could only be made up by one special chemist, and the Reverend Dr. Moseley made his fortune. This kind of philanthropy has been before us over and over again, and whoever reads the advertisements in our daily papers will see that it still lives in the hearts of clergymen, officers, and others, who have infallible cures which they are anxious to make known out of pure thankfulness for cures effected in their own families. It is not surprising that certain classes among the public should be imposed upon by such devices, but it is grievous to see intellectual and high-minded physicians fall into such snares.

-There are some minds so constituted that every new

thing appears to have a fascination for them, and this yearning for novelty is, probably, the explanation of the aberrations above referred to; but the greatest seeker after that which is new will find abundant legitimate food in a critical study of the remedial drugs already proved, whose properties are recorded in our *Materia Medica*, in Hale's *New Remedies*, and in other parts of our literature, to the number of about or above 400.

Gentlemen, with these remarks we close the 30th Session of our Society; let us express a hope that each succeeding session may show an increment of usefulness and of progress.

LUPUS AND ITS TREATMENT.

By EDWARD T. BLAKE, M.D., of Reigate.

MR. PRESIDENT AND GENTLEMEN.—In the authoritative *Nomenclature of Diseases* issued by the College of Physicians in 1869 lupus is defined as “a spreading, tuberculous inflammation of the skin, usually of the face, tending to destructive ulceration.”

It is resolved into two varieties :

A. Chronic lupus ;

B. Lupus exedens ; and rodent ulcer is placed in a category by itself.

Lupus depends essentially upon a *neoplasm*, a development of new growth in the tissue of the dermis, classed by Virchow among *granulation growths*. The new growth slowly contracts, strangling the intervening tissues, which slowly ulcerate away. These growths are said to bear the same relation to scrofula as *gummata* do to syphilis. As far as my own experience extends, I must concur with Volkmann, who says that the affinity between lupus and scrofula is extremely doubtful.

The cases which I shall have the honour of bringing before your notice this night will be of the non-exedens variety, *L. exedens* being fortunately a rare disorder ; I can, I am happy to say, recall but one instance of that truly horrible disease. Though some years have elapsed I even now see vividly before me the poor little girl who was brought to me, the subject of a rapidly spreading sore, with fœtid, black, and sloughing margins, which had actually perforated the cheek, so that at the base of a large cavity the teeth and buccal mucous membrane were plainly visible ; whilst a noisome odour everywhere accompanied the wretched little sufferer. *Arsenicum*, in conjunction with highly nutritious diet, entirely failed to

modify the fatal malady, which spread with such terrible rapidity that in a few short days death had mercifully come to the relief of this poor little patient.

Happily *Lupus non-exedens* is far more amenable to treatment, and as it displays so little tendency in itself to heal, we may safely attribute improvement to the remedial action of our drugs.

Allopathic literature has placed on record many cases of this disease cured by massive doses of *Arsenic*. The measure of success which has attended the use of this remedy is perhaps to be attributed to two causes: 1st. The remarkable influence possessed by that drug over profound perversions of nutrition. 2ndly, to a certain amount of pathogenetic relation to the pathological condition obtaining in cases of lupus. If you read carefully Hahnemann's proving of *Arsenicum* you at once recognise the "irritable ulcer" of the surgeons, in the conditions enumerated by him as characteristic of the "arsenic ulcer." A typical example is seen on the hands and scrotum of the makers of arsenical papers,* where arsenite of copper is used mixed with hot size, and in copper miners,† where that metal occurs in combination with arsenic. The appearance of the ulcer reminds you of those obstinate, punched-out sores which remain after the breaking down of secondary syphilitic gummatous masses; and where *Nitric acid* has failed in cases of that kind, I would suggest the use of the *Cupri Arsenias*, both internally and locally.

The "arsenic ulcer" burns, so does the "kali bich. sore;" but the characteristic of the latter is, as I have pointed out elsewhere, "burning itching," and it is of "burning itching" that the lupus patient so frequently complains. But I judge that the chief reason why *Arsenic* is not specific to lupus is that, unlike *Kali bich.*, it does not induce a truly *serpiginous sore*.

Now let us turn to the most classic and complete proving in our literature, the *Kali bichromicum* of Drysdale;

* *Vide* third edition of *Guy's Forensic Medicine*, p. 454.

† See the elaborate collection of evidence by Imbert-Gourbeyre in *Brit. Journ. of Hom.*, vol. xxiii, p. 77.

there we find that the typical action of *Kali bich.* expresses itself thus:—"first a burning-itching pustule; this breaks down, leaving a dry, oval, punched-out ulcer with overhanging margins; this remains for months unchanged, and if finally it heal, it leaves behind it a dense white cicatrix."

Here we are presented with the *similimum* of lupus. Now, I have observed a fact not very easy of solution. Whilst such remarkable benefit accrues from the use of the *Bichromate of Potash* in long-standing cases of lupus, I have seen it fail completely in the recent case.

CASE 2.—Last October, S. B—, a stout healthy looking girl of 19, consulted me for lupus in the incipient stage. In the centre of the right cheek was a tubercle, of crusty appearance and pale yellow colour. It had existed for eight years, and measured when she came to me six millimètres in diameter. I gave a thorough trial to *Kali bich.*, but without result. With the actual cautery I then removed it, and with it a good area of healthy tissue. I had an opportunity of examining this patient a few days ago; there is as yet no reappearance, though she occasionally feels pain in the scar (due probably to the contraction of the cicatricial tissue), and sometimes the right eye hurts her.

The succeeding instances illustrate the curative power of *Kali bich.* over advanced and intractable cases. In the last edition of his work on *The Science and Practice of Medicine*, Aitken says, relative to lupus, "the most destructive form begins at the tip of the nose and at the *alæ nasi*;" therefore I have especially selected nasal cases to illustrate the influence exerted by this drug.

CASE 3.—Mrs M. D—, æt. 60, consulted me on the 2nd April, 1868. Has had fairly good health, with the exception of dyspepsia and "sick headache," to which as a girl she was prone. She sometimes feels pains in her back, and used to have a white discharge.

Twenty years ago a small tubercle appeared on the right side of the nose; this gradually melted away and formed an ulcer, which has ever since slowly travelled in furrows,

healing behind. Now there is an irregular sulcus one inch and a half long; besides this there are scabs on the nose, and scars indicating the sites of former sores. The itching is very troublesome, *Nit. acid* 3^r mnque. 28 days. *Lotio Acid. nit.* 1 ad 32.

April 30th.—No improvement. *Kali bich.* 3^r mnque. 28 days. *Lotio Liq. Carb.* dil. 1 ad 8.

May 28th.—Much the same, feels depressed, pains in back, cough. *Rep. med.* 28 days. *Lotio Kali Bich. gr.* xxx ad ℥iv.

July 2nd.—Face better; back easier; giddy; dry throat in morning. The lotion seemed to burn her so much that she went back to that previously prescribed, viz. *Liq. Carb.* *Rep. med.* 28 days. *Rep. Kali bich.* lotion diluted 10 times.

30th.—The nose itches still, but there is no breach of surface; this ulcer, which for twenty years had never been closed, has quite healed. *Rep. med.* 28 days.

December 10th.—There is no return of the disease.

CASE 4.—Mrs. E. M—, æt. 48, is a laundress; has had eight children, and one miscarriage. She was ruptured at her last labour. Four of her children were stillborn, and one was discoloured. Her living children enjoy good health. Her father suffered from asthma. Had measles and hooping-cough as a child. At ten passed several round worms. At seventeen a tumour began to form on the lower jaw (*epulis*); it grew eighteen years. It was removed by a Reigate physician, and has not returned.

In the spring of 1866 she first observed a scab on the angle of the right nostril. Her husband was maniacal at the time and often struck her. She thinks this might have originated in a blow. After his death in the ensuing summer she had erysipelas badly for three weeks. Some months afterwards the scab was “burned out with caustics.” It did not heal, and another spot made its appearance nearer the point of the nose. Twelve months ago the disease commenced also on the left apex of the nose, and since that time has steadily increased.

She has been under three doctors in Reigate, but has

received no benefit. She has had medicine that has "terrified her eyes and caused a burning in the pit of her stomach;" need we say what that medicine consisted of?

On 27th March, 1873, she presented herself with characteristic nasal lupus in the state figured in my coloured sketch. There was no copper tint, no circumferential induration; the nostrils were obstructed, occasionally they discharged yellow crusts and blood. Her neighbours amiably hint that the disease is one she "ought not to have;" but with the exception of the discoloured child there is no evidence of specific infection.

The body is thin but not emaciated; she sleeps badly. She dreams, starts and talks; vertigo; eyes swell (especially the right*) in the morning; mouth furred on waking; gums bleed; throat dry at night; nausea before breakfast; flushes after food; epigastric throbbing; borborygmus, threadworms, has been subject to *prolapsus ani* (a family failing) all her life; palpitation; dyspnoea on exertion; catamenia not painful; they last three days; they recur with regularity, but are scanty after the first day; towards the close of the flow there is vesical tenesmus.

Chiefly by way of securing the confidence of the patient, and thus the opportunity of watching the case over an extended period of time, I prescribed what I knew would bring present and sensible relief to the subjective symptoms, viz., *Nux* 12, gtt. $\frac{1}{2}$, hor. $\frac{1}{3}$ ante cib.

As I anticipated she returned in a week reporting improvement "in herself;" the mouth was not so dry, less throbbing; she had felt nausea during the day, with diarrhoea (? agg.); not so much flatulence; less palpitation; anus better, less prolapsed; nose not so red. *Kali bich.* 3^x manque.

April 9th.—Nose is less turgid; there is less palpitation. She has taken cold, and her throat is sore. Rep.

16th.—There is less discharge from the nose; vertigo and constant tickling cough. Rep. *Kali bich.*, but change potency to 5^x.

* It will be remembered that Case 2 suffered from eye symptoms on the affected side.

23rd.—Nose is paler and a healing process is distinctly visible at posterior margin. Less vertigo; the cough is looser; pain in the left thigh. Rep. *Ung. Aloë* to anus.

30th.—Feels better; the disease seems to be culminating towards the point of the nose. The anus is much less prolapsed; there is still a troublesome cough. Rep.

May 7th.—The apical crust fell off on the 1st of May; new skin is forming round the site of the scab; the nose itches, it feels distinctly hot to my hand. She sleeps well; there is no vertigo, less nausea, *ascarides* tease her; the cough is nearly gone. Rep.

14th.—Much better; copious discharge from nose, feeling "as if cold water under nostrils;" slight nausea, cough better. *Kali bich.* 3^ʳ.

June 11th.—Not so well; nose very painful, it discharges freely; to abandon entirely the use of stimulants. *Sach. lac.*

18th.—Not so well; nose worse, very little discharge, but it is hot and painful. *Kali bich.*, return to 5^ʳ.

25th.—Better certainly; less heat, occasional nausea. Rep.

July 9th.—Still marked improvement; the centre of the nose has quite healed; has for the past fourteen days felt extremely sleepy. Rep. One dessert-spoonful of port wine at 11 daily.

16th.—Better. Rep. *Ung. Liq. carb. deterg.*

20th.—Insomnia; the result, doubtless, of the worry of a lawsuit. Rep.

September 3rd.—The nose has continued to improve; the deep sulci left by the dropping off of the crusts have been filled by healthy tissue; now there remain only three small diseased points less than peas. Head is weak, scalp numb, vertical pressure, pain in nape, mind is much depressed, tinnitus aurium; there is nausea and occasionally wind; she cannot make up her mind to eat anything, and in the very act of raising food to her mouth she falls asleep; menses regular; they only last one day now. Pulse 88. *Opium* 3^ʳ. To poultice off scabs and then paint exposed surface with *Hydrated Carbolic acid* ʒj, with water ʒj.

. 17th.—Head symptoms gone ; nose looks healthier. Pulse 76. *Kali bich.* 5^x.

October 17th.—Nose has been still improving ; it is now restored to its normal form ; even the fossæ left by the removal of the crusts are filled with sound tissue, and, with the exception of the red tint of the cicatrices, she now presents her ordinary appearance. Pulse 104. Rep. *Kali bich.* 5^x and *Fer. mur.* 3 gtt. ; post prand. meridianum.

I saw her on the 18th December, and there was neither tubercle nor depression on the nose ; the interior of the nose felt comfortable and the bowel did not descend. The cure could now be pronounced complete.

There is one curious point about this case. You will perceive that on her second visit she received the 3rd dec. of *Kali bich.*, which was continued for fourteen days with very little benefit, but on taking *Kali bich.* 5^x an immediate good effect is visible ; this you will justly say proves nothing, but, as 14th May, she again takes the 3rd dec. for one month and manifestly loses ground ? then after a week of *Sacch. lac.* and no result, she again advances steadily towards health under the 5th dec. dilution. The fact is the *Bichromate of Potash* is a very powerful drug, and will bear free dilution. It is never safe to promise a patient that lupus will not recur.

Our literature is not rich in instances of the cure of lupus. In the *Hygea*, vol. iv, p. 3, 1836 ; in the *Gazette Homœopathique*, vol. x, p. 46, 1836 ; in the *Archives Homœopathiques*, vol. viii, cap. I, p. 73, 1829, there are three examples of the cure of lupus by *Calcarea* 30 ; in the *Gazette Homœopathique*, vol. vii, p. 74, 1835, there is a case cured by *Baryta carbonica* 30 ; and another by *Silica* 30, in vol. x, of the same gazette, p. 46, 1836.* Rückert gives two cases cured by *Aurum* 10 ; and V. Meyer speaks of a case being cured by *Apis* 4.

There are in the *British Journal of Homœopathy* cases recording the disappearance of lupus under the use of *Arsenic*, *Kali chlor.*, *Aurum*, *Hydrastis*, and *Hydrocotyle*.

* It is necessary to add that these cases answer much more from their description to our ideas of strumous glands than true lupus.

And now, Mr. President and Gentlemen, I take my seat, trusting that my poor paper may provoke a rich discussion. If by it I shall succeed in educing some of the valuable stores of your practical experience, I shall not have laboured in vain.

Discussion on Dr. Edward T. Blake's paper.

Dr. RANSFORD wished to thank Dr. Blake for his interesting paper, and to confirm his remarks upon the efficacy of *Kali bichrom.* His patient has been a gentleman, æt. 82. The case is fully reported in the *British Journal of Homœopathy*, No. 96, April, 1866. He was perfectly free from strumous taint; he had resided upwards of thirty years in India, where he had held high offices in the Civil Service. In the autumn of 1864, after recovery from an attack of diarrhœa, the evacuations being of a dark greenish colour of the consistence of pitch, and subsequently from bronchitis accompanied by intermittent pulse, a vascular spongy tumour appeared in the right nostril, distending it and apparently growing upwards; afterwards it travelled slowly downwards and protruded externally; the left nostril became affected in the same way; the soft parts of the *alæ nasi* were involved, but the bony structure was unaffected; there was but very slight and occasional muco-purulent discharge; there were often severe paroxysms of lancinating pain in the affected parts sufficiently acute to make the poor man cry out loudly; desirous of further advice, I met his former attendant, Dr. Sanderson, of the Bengal Army, in consultation, and subsequently Sir James Paget saw him likewise. Both of these gentlemen thought the case malignant and hopeless, only suggesting cleanliness and generous diet, both of which suggestions had been anticipated. I had given *Arsenicum* in various dilutions without any apparent check to the ulcerative process. *Kali bichrom.* occurred to me. I prescribed it in the 3rd dilution, applying it also locally and externally by means of a glass syringe; most unexpectedly the progress of the disease was gradually but visibly checked; healthy granulation took the place of phagedænic ulceration, which never recurred. Sir James Paget saw the patient after his cure and admitted the fact; he lived many months after the healing process was accomplished, dying at last of mere exhaustion of the vital powers without any apparent suffering. He was one of a very healthy family in whom no hereditary disease existed. He had been accustomed to take large quantities of Masulipatam snuff; this contains ingredients of a peculiar and acrid nature. Dr. Sanderson was inclined to think that this snuff might have been the cause of the malady. I cannot give an opinion of the true character of the disease, but that the *Kali bichrom.* cured the

malignant and corroding ulcerations I have no doubt whatever. To my surprise Dr. Richard Hughes, in his 2nd edition of his interesting and valuable work on *Pharmacodynamics*, 2nd edition, page 351, sets this case down as one of polypus, to which it was very dissimilar. Dr. Hughes had never seen the patient, but Dr. Sanderson, Sir James Paget, also Dr. Henriques, our colleague (on one occasion), had examined the nose, and agreed as to its malignant nature.

Dr. DRYSDALE.—Looking back on his experience, he can remember few cases of that disease which remained long enough to attain complete results, as such persons in private practice are apt to go to specialists very soon if they do not see immediate good results. So he had little to add to the case of cure formerly published. He was glad to see that Dr. Blake had made such good use of his experience, and persevered in the one medicine long enough to produce effective results. He felt naturally much interested in hearing successful curative applications of a medicine of which he had given the first proving; which Dr. Blake had spoken of in too flattering a manner, as he could now see many defects in it.

Dr. HOLLAND, after thanking Dr. Blake for his excellent and instructive paper, said he had very little homœopathic experience of this disease; but, when dresser to the late Mr. Aston Key, he had seen two cases cured by *Chloride of Zinc* locally applied. He had, however, met with one case where *Kreasote* and *Thuja* were productive of great benefit; in one of the cases *Kreasote* given in drop doses three times a day, and applied locally in the proportion of ʒj of *Kreasote* to Aq. ʒij, and a little gum or starch to keep it in suspension, a curative process went on for a considerable time, but the patient (a man) emigrated to America and he never afterwards heard anything further of him.

Dr. HAYWARD thanked Dr. Blake for his valuable and interesting paper. He had not had occasion to treat many cases of lupus since adopting homœopathy: in the one now present to his mind he had suspected syphilis, and had prescribed successfully *Iodide of Potassium* (gr. j, four times a day). He was pleased to hear Dr. Blake's facts as to the power of different dilutions of drugs, for he was convinced that good was to be obtained by using different dilutions—that though one dilution did not cure, another might; there was something in the *dose*, it was not all in the drug. He also approved of the local application of the remedy in such cases at the same time that it was being exhibited internally.

Dr. BAYES (Vice-President) said that the paper was a very valuable contribution to our treatment of a very obstinate disease. The illustrations * add greatly to the value of the paper,

* Dr. Blake exhibited photographs of the patient (Case 4) taken at different times, when the disease was at its height and when it was perfectly cured.

since photographs cannot lie, and give the exact representation of the improvement effected. Dr. Blake's comparison between the pathogenesis of *Arsenicum* and *Kali bichromicum* is clear and very definite. The good results of the *Kali bichromicum* were most evident, and it is a point of great interest to me, that not only is the choice of the right medicine very important, but that it is of almost equal importance to choose the right dilution, the 5th decimal dilution acting promptly where the 3rd decimal dilution had ceased to act curatively. Dr. Blake's steady confidence in the medicine founded on the exactitude of its homœopathicity was worthy of all praise. He (Dr. Bayes) would be glad to hear from Dr. Blake what part he considered the *Carbolic acid* lotion to have played in the cure of the case. Skin diseases, with their marked objective symptoms, were a good class of cases in which to demonstrate the positive action of remedies.

Dr. EDWARD BLAKE, in reply, begged to acknowledge the courteous reception of his paper. The worthy Chairman had raised the question as to how far the use of *Carbolic acid* had contributed to the cure. It was to be observed that the acid was only applied during fourteen days; on referring to the daily report, he saw this entry made, "The nose looks healthier"; but marked amelioration of the symptoms had set in before the use of the acid, and the fortnight of its employment did not exhibit the most striking progress.

Annals of the Society.

AN ADDRESS DELIVERED AT THE OPENING OF SESSION 1874-5 OF THE BRITISH HOMŒOPATHIC SOCIETY.

By ALFRED C. POPE, Vice-President.

WE meet to-night, gentlemen, to commence the work of another session, the thirty-first of our existence as a society. In occupying the chair on this occasion, in the absence of our President, I must first be allowed to thank you for the honour you have done me in re-electing me as one of your vice-presidents, and this I do most sincerely.

I trust that we have before us a series of meetings in this room, which will be marked by the reading of good practical papers and by useful as well as interesting discussions. I would, indeed, hope that the session on which we are entering may be productive of a considerable addition to our power of controlling disease and of remedying injury.

All that a secretary can do to promote the prosperity of a society we may rest assured that Dr. Drury will do. We all know how energetically he has laboured to place our finances in a sound condition; we also know how thoroughly he has succeeded in doing so. But, gentlemen, however great may be the zeal of a secretary, however carefully he may husband the resources of his society, however considerable may be the time and thought he devotes to its interests, all will fail unless he receives a

full and ungrudging support from his constituents—the members of the society he strives to serve. Our Secretary is, I know, very desirous of rendering our meetings both instructive and attractive. To this end he will doubtless apply to you to furnish papers that will do credit to our Society. I trust that he will in this matter be warmly supported, and that there will be no lack of members ready and willing to contribute out of their stores of experience, study, and reflection, towards making our meetings yet more and more interesting.

It is the bounden duty of every member of our profession to endeavour to do somewhat towards enlarging the boundaries of existing knowledge respecting our science and art. Still more imperative is it upon us who believe that we have in our possession a method which, when fully developed, will render the cure of disease more certain, will bring within the category of the curable many disorders which are now deemed susceptible of palliation only; still more imperative, I say, is it upon us to use every effort to improve and render more accurate our knowledge of drug-therapeutics. We have a great work to perform, our numbers are few, the obstacles we have to encounter are great, and in proportion as these things are so is it necessary that every individual practitioner of homœopathy should endeavour to do something which shall render the practice of homœopathy more certain and more simple than he found it. It is here, where we meet together to discuss the views broached by different members, that we can best cultivate the sciences upon which our art is built. It is by that free and intelligent criticism, which the reading of an essay in a society such as this encounters that errors in observation are corrected, that difficulties in practice are solved, that what is true is best determined, and what is useful is most easily discovered. The advantages which must therefore flow from our meetings are obvious and great.

In his address at the close of last session Dr. Bayes told us that “this and its kindred societies in the provinces are the *only medical societies* in Great Britain in which physicians and surgeons can openly meet and discuss medical

and surgical science and art in all their relations to therapeutics, and in all their bearings to adjunctive means and clinical experience." Gentlemen, this is true, and "pity 'tis 'tis true."

It is deeply to be lamented that the only principle which offers a real solution to the problem of how drugs may be most efficiently prescribed should be one which is excluded from discussion in all assemblies of medical men save in our own and some five or six other associations in the country. That it is so renders it all the more important that here attention should be especially devoted to the consideration of those subjects which bear upon its practical application. Hence it arises, that though the entire range of medical science is full of interest for us, and while it is of the greatest importance that we should be earnest in the study of each department thereof, we must ever regard our Society as one peculiarly devoted to the discussion of therapeutics. It is to the improvement of the art of curing disease by the employment of drugs that our attention here must be especially directed. Here, and here only, in this great metropolis can the physiological action of drugs be debated with any advantage to the physician. Here we recognise a knowledge of the parts for which a drug has a special affinity, the degree and kind of its action, and the manner in which that action is expressed, as being essential to a right use being made of it in the treatment of the sick. Our aim here should be the discovery of remedies—of drug remedies, that is—which shall be specific in their mode of action, and the adding to such information as we already possess regarding those now in use. Hence, everything that bears upon *Materia Medica*, everything that can increase our knowledge of the alterations in health produced by drugs, everything that can illustrate their application in disease, meets with a cordial reception in this Society. For these reasons, therefore, I would take advantage of this opportunity of inviting the attention of those who may be willing to respond to the call of our Secretary for scientific contributions to the consideration of the actions and uses of drugs, and to clinical illustration of

their influences upon the course of disease as subjects especially suitable for introduction at our meetings here.

I am glad to know that our session will be opened by a paper on a thoroughly practical and most important question. One of our chief difficulties both as practitioners and as advocates of homœopathy consists in the unorganized or but partially organized condition of the results of our drug provings and of the vast collection of clinical observations which lie scattered throughout a literature of seventy years. The former have hitherto defied the most ingenious of repertory makers, and the latter still await that grouping which alone can make them useful to the busy practitioner. It is to a subject of no less interest than this that Dr. Wyld will this evening draw your attention. I am quite sure that if any progress can be made, if any improvement on the scheme devised by Drs. Drysdale and Blake can be suggested here to-night, towards the designing of a thoroughly practical and complete therapeutic repertory, our session will have opened most auspiciously.

As you are aware, this Society has in hand the preparation of a second and improved edition of the *Pharmacopœia*. For the work which has been done we are indebted mainly to our Secretary, and for that which will be done we shall, I doubt not, be under still further obligations to him as well as to his coadjutors. I am happy to be able to inform you that this important undertaking is rapidly approaching completion.

There is one department of our Society with the arrangement of which I think that comparatively few of our members are acquainted. I allude to the library. We have around us a goodly collection of volumes of general interest to us as medical men, and also of works on homœopathy. From the study of these latter it would, I believe, be in the power of any member to compile a valuable history of the rise and progress of homœopathy. The various opinions of those who have been foremost in promoting its study and in furthering its development are here recorded. The fact that their contents are so seldom looked into leads me to fear that members are under the

impression that our library is intended to be merely an ornamental appendage of our Society. Certainly such is not the case. The books have all been carefully catalogued, a set of rules has been published indicating the manner in which they may be obtained, and the restrictions under which they can be used by provincial as well as by metropolitan members. It would be gratifying to the Library Committee, and tend to stimulate them to improve the collection entrusted to them—and this Committee requires some stimulus—were the books at your disposal more frequently inquired for.

Before I sit down I wish to draw your attention very briefly to a matter of great importance which has already been brought under your notice this evening by Dr. Bayes. I refer to the application which has been made to us by our American brethren to assist them in promoting the success of the assembly of American and foreign physicians practising homœopathy, which it is proposed to hold in Philadelphia in 1876. I trust, gentlemen, that the requests we have heard read to us to-night from our active and enthusiastic colleagues on the other side of the Atlantic will be responded to by us in a manner worthy of our Society and of the consideration they unquestionably deserve. The proposed gathering will doubtless be an important one in the history of homœopathy. It is therefore desirable that we should do all in our power not only to render it successful and influential for good, but also to maintain our *prestige* as British representatives of homœopathy. Abundance of time is allowed to us to think over the proposals that have been made, to select the most creditable representative of medical science we can find, and ample opportunity will also be afforded him to select and work up a subject suitable to bring before an audience of the kind that may be expected to be assembled in Philadelphia on the occasion in question.

It now only remains for me, gentlemen, to express once more an earnest hope that we have to-night entered upon the most useful and practical session in the history of the society, and to call upon Dr. WILD to read the paper of which notice has been given.

ON THE THEORY AND PRACTICE OF HOMŒO- PATHY.

By Dr. WYLD.

GENTLEMEN,—Twenty-two years ago Dr. Dudgeon and I were two of the physicians to the Hahnemann Hospital.

During these remote and to us comparatively juvenile days we often walked together from the hospital to the west end, and on one of these occasions I remember suggesting to my companion in arms that it might be a good thing to publish *A Practice of Homœopathic Medicine* under adequate editorial supervision.

To this proposal Dr. Dudgeon replied that the time was not rife, that homœopaths were all at sixes and sevens, and that there existed insufficient talent and experience to construct such a work as I proposed.

Twenty-two years, as I have said, have passed over our heads since that day, and it now seems to me that the time has arrived when our body are perfectly competent to compose such a work, and I think if published the book would be received gratefully by nearly all homœopathic practitioners.

We have hundreds, it might almost be said thousands, of "domestic" and popular books printed and rapidly sold to the British homœopathic public, but, so far as I know, there does not exist any "practice of homœopathic medicine" entirely worthy of being addressed to the educated and scientific homœopathic practitioner.

The almost innumerable "domestic" books which have found so eager a public have spread a certain available knowledge of our system broadcast over the whole world, and so far they have conferred an immense boon on the public. They have thus forced our opponents to inquire into the claims of homœopathy, the result of which is an

amount of secret as well as avowed homœopathy, which must at no distant day revolutionise the entire practice of medicine.

The time would seem, then, to have arrived when we should possess "a theory and practice of homœopathic medicine" which we could place with confidence in the hands of any honest scientific sceptic demanding of us a practical guide to his inquiries into homœopathic therapeutics.

The criticisms on our system which various individuals and journals from time to time favour us with almost all take as their texts statements and ideas published by individuals who flourished when homœopathy was in its infancy, many of which ideas are ignored by probably *nine tenths* of the educated medical men who *now* practise homœopathy.

If so, does there not exist a very strong reason for publishing under the highest auspices a theory and practice of homœopathic medicine on a thoroughly scientific basis; that is, a volume which we could with confidence place in the hands of the most fastidious and exacting critic?

When I have from time to time encountered adverse criticism based on the opinions of early homœopaths, I have replied that such were not the opinions now held by the great majority of our body, and when these critics have demanded where they could find homœopathy stated as now practised, I have generally referred them to the *British Journal of Homœopathy*.

This work is, however, now so voluminous that he had need to be a most exemplary and painstaking critic who would wade through the thirty-two volumes of that valuable repertory of British homœopathic facts and opinions.

Dr. Dudgeon, in his late admirable address, told us that the number of *avowed* practitioners of homœopathy was not on the increase, and he attributed this to the fact that there was rising up a school of medical practitioners who were gradually absorbing the broad principles and practice of homœopathy, so that there did not now exist that imperative and increasing demand for *openly avowed* practitioners of our system which was so active some *twenty-five* years ago.

I think this is an additional reason why we should publish a standard work on "the principles and practice of homœopathic medicine," for if we do not we shall be forestalled, and that now small but active school of medicine I have alluded to will take the work out of our hands. They will publish a theory and practice of medicine homœopathic in everything but the name, a book which may be adopted as a text-book by a large number of advanced homœopaths, and become a standard work in the profession, while all which we will be able to show will be an innumerable number of "domestic" books concerning the majority of which the greatest number of us may be more or less ashamed.

Avowed homœopaths in those days will become still more a mere *sect* than at present, while a large and powerful school of *new* physic will arise and push us from our stools, reaping most of the profit and all the honour connected with *broad* homœopathy.

Strongly impressed with the above conviction that we should produce a standard and authoritative "theory and practice of homœopathic medicine," I would beg to submit the following method for your consideration :

1. That the united talent of our body should be solicited to produce a volume under the sanction and supervision of the British Homœopathic Society entitled "The Theory and Practice of Homœopathic Medicine."

2. That the volume be limited to, say 900 pages, and sold at, say 18s.

3. That the most approved arrangements, as followed by the best allopathic works, should be adopted as our model.

4. That the volume should be written so as to be acceptable to scientific minds, and that it should aim at presenting no needless hindrance to its acceptance by those who now thoughtlessly, ignorantly, or maliciously oppose us.

5. That the assistance of all the legally qualified practitioners of homœopathy in the British Isles be solicited in composing the volume.

6. That a list of all diseases and subjects to be treated

be printed and circulated among homœopathic practitioners, requesting them to mark such disease or subject as they may desire to write upon, and that in the event of more than one member desiring to write on the same subject the Publishing Committee shall elect a gentleman to write the article, submitting the paper of the successful candidate to the revision of those not elected.

7. That all papers sent in shall be revised by each member of the Committee before being published.

8. That the paper circulated shall indicate the number of pages to be given to each subject, so that the volume be retained within the fixed limits.

9. That a wide committee be appointed to carry out the above scheme, it being suggested that the editors of our two leading homœopathic journals, our Secretary, our President, and Vice-President, shall be solicited to become members of this Committee, and shall be requested to extend the Committee so as to secure all available talent.

10. That the sum of £100 recently voted by this Society in aid of a *Therapeutic Repertory* be applied in furtherance of the above scheme.

Discussion on Dr. Wyld's paper.

Dr. BAYES said that the difficulty to the proper carrying out of Dr. Wyld's idea resulted from the great difficulty of reconciling the present pathology with the practical application of our symptomatology. We cannot treat diseases according to the present names given to them, and what we need is a new classification of diseased states, so that the thing named may be really the thing to be treated. In our present state of knowledge the *Repertory* and *Symptomen Codex* are really our best books of homœopathic practice.

Dr. DUDGON remarked that various attempts had been made by British homœopaths to supply a homœopathic practice of medicine such as Dr. Wyld proposed, from Dr. Laurie's *Practice of Physic* to Dr. Ruddock's *Text-book*. How far these works fulfilled the intentions of their authors he would leave them to judge. The work proposed by Dr. Wyld, if executed as he designed, would undoubtedly be very useful, and he should be glad to see it undertaken. But he could not admit the propriety of appropriating for Dr. Wyld's projected work money that had

been voted for a perfectly different object, viz., a therapeutic repertory, which was quite a different work, in every respect, from that proposed by Dr. Wyld. If Dr. Wyld could persuade the Society, which was absolutely wallowing in wealth it did not know what to do with, to grant him £100 or more for his work, well and good; but he never would consent to apply to the proposed practice of physic the money voted for the repertory.

Dr. R. HUGHES said that, while sympathising with Dr. Wyld in his desire, he could not see with him either as to the need of such a work as he proposes or as to the practicability of his plan for it. The treatises of Kafka and Bähr were, he thought, as good as any practice of physic which homœopathy could produce; and the latter has been rendered into English by Dr. Hempel. But even did the *lacuna* exist, he did not think we had in this country the means of filling it up. From one cause and another we had very few men who could or would write useful monographs on special forms of disease, such as would be required for Dr. Wyld's book. The difficulty experienced in getting original matter for our journals shows the hopelessness of expecting adequate aid in a work like this. Moreover, he thought the proposed revision by a committee of the Society likely to be unpalatable, and, from the inevitable difference of opinion as to dose, hardly workable. The one thing to be done in this direction was, he thought, to collect under appropriate headings the clinical experience scattered throughout homœopathic literature; and this was the plan of the therapeutic part of the repertory. He should be sorry if either the energies or the funds of the Society were diverted from this useful and practicable undertaking into more ambitious but less promising channels.

Dr. CARFRÆ coincided entirely with the opinion expressed by Dr. Hughes, and begged to draw Dr. Wyld's attention to the remark made by Dr. Hughes with reference to the absence of any text-book for inquirers into homœopathy. Dr. Bähr's book is an excellent one for such a purpose. In answer to Dr. Hale's observation that chronic diseases could not be treated of in a text-book, Dr. Carfrae further drew Dr. Hale's attention to Hartmann's book on chronic diseases, which he considered excellent so far as it went, but as it is now somewhat behind date, if any one would write an edition with additions up to the present time, it would be still more useful.

Dr. DRURY did not understand Dr. Wyld's proposal as involving the consideration of a more judicious mode of spending the £100 voted last session, or as reopening the question with a view to reverse a decision, the wisdom of which might be doubted. Dr. Wyld's proposal was not a new one. The publishing committee of the Society being extremely anxious to present some suitable work to the members, had different propositions before them. He had talked the matter over with Dr. Yeldham in reference to a work very similar to Dr. Wyld's, and it became his

duty to find out whether if such a work were undertaken a sufficient number of members could be found to complete it. His inquiries satisfied him that it was useless to attempt to bring out any complete work, and his opinion was that such a work would be better done by one man than by a number. In the present divided state of the homœopathic body as to what was the best mode of treatment, such opposite opinions were held that in a book of this kind it would have a very bad effect to find men expressing opinions so diametrically opposed to each other; one man advocating the extreme views of high dilutions and another approaching allopathy so closely that the great difficulty was to find any trace of homœopathy. Such a book falling into the hands of an inquiring allopath would be very apt to bring his investigations to a rapid conclusion. This was the greatest objection to any general collection of authors in one book, and was an argument in favour of such a work being carried out by a single hand. Were this well done, and the author explaining and, as far as possible, reconciling conflicting opinions, there could be no doubt as to its value.

Dr. YELDHAM thought Dr. Wyld's proposal, though excellent in itself, was premature. He did not consider homœopathy sufficiently advanced as a science to admit of the successful accomplishment of so ambitious an undertaking. Two grave obstacles presented themselves to his mind. The first was the admitted imperfection of the homœopathic *materia medica*. Hahnemann had done a glorious work, but with all his genius, zeal, and industry, it was impossible but that he must leave it imperfect. It was the duty of his followers to prove and re-prove his *Materia Medica* over and over again, until it was purified of an immense amount of dross that overlaid it, and was placed on a solid, durable, and reliable basis. Homœopathy was, in fact, pretty well comprised in the proper study of the *Materia Medica*. It constituted its distinctive characteristic, the other branches of medical knowledge being common to all medical sects. The second obstacle was the unsettled state of the dose question. With their present divided opinions on that vital point, how would it be possible to compile a system of homœopathic therapeutics? Unless the north and south poles were brought together—for so widely did their opinions diverge—the dose must be altogether ignored, or the teaching must be one-sided, and the utility of the work, as a standard guide to the student and practitioner, be destroyed. Before Dr. Wyld's scheme, or any other of like nature, could be carried out in a manner to reflect credit on homœopathy and prove practically efficacious, this vexed question of the dose must be cleared up. By careful thought, study, observation, and discussion, men would be brought, more and more, to an agreement on this point, until at length a generally admitted rule, or law, would be accepted. When this should come about, and with a sound *Materia Medica* at his com-

mand, the compiler of a comprehensive system of homœopathic medicine would be able to speak with authority, but not till then.

Mr. POPE (in the chair) said that from the title of the paper they had heard, he had expected that Dr. Wyld would have proposed some plan of a therapeutic repertory that would have been an improvement upon that designed by Drs. Drysdale and Blake in the *Monthly Homœopathic Review* for September, 1873. Dr. Wyld had, however, not alluded to that paper at all, but, on the contrary, had suggested that the Society should take in hand the bringing out of a far more comprehensive work than was intended by the Hahnemann Publishing Society. Dr. Wyld would have this Society publish a work like Dr. Reynolds' *System of Medicine*, substituting homœopathic drug selection for the methods taught by the contributors to that work. The size of the volumes that would be required would be a great impediment. For whereas allopathic drug treatment can be sketched out in a few lines it is far otherwise when that which is homœopathic is treated of—the latter would demand as many pages as the former did lines. Again, we have no specialists amongst us with such opportunities for watching the cause and studying the pathology of a given class of disease, to the exclusion of nearly every other class, as have the allopaths; and consequently we could not find gentlemen who could write on the special pathology of any one organ with the degree of authority necessary for such a work. Another objection to Dr. Wyld's scheme which had been already referred to, was that if such a book is wanted we have it already in Bähr's *Therapeutics*. Various books have been referred to as fulfilling the want expressed by Dr. Wyld, but of these Dr. Sharp's was not what Dr. Wyld thinks we need. Dr. Sharp's has a value of its own. It is a work not on the practice but on the institutes of medicine. It explains what homœopathy is and the various studies required to enable a practitioner to apply the homœopathic law intelligibly. It is a work preliminary to practice. Dr. Bähr's, on the other hand, shows the principles taught in Dr. Sharp's carried out into practice. Mr. Pope thought that the *lacuna* which Dr. Wyld had said existed really did exist, but he also thought that the plan of the Hahnemann Publishing Society was one far better calculated to fill it, far more practical and far more practicable than that which Dr. Wyld had described. The whole tenor of the discussion had, he thought, gone to prove how much needed was such a work as that the plan of which had been sketched by Dr. Drysdale and Dr. Blake. He trusted that Dr. Wyld would carefully examine their essay in illustration of their plan, and that he and others would undertake a portion of the work. If such an event should be the result of the discussion that had taken place that evening, he felt sure that it would prove to have been most useful to the progress of homœopathy.

Dr. WYLD in reply said he was sorry to find he seemed almost

to stand alone in the views he had expressed in his paper. He confessed he was not convinced by the adverse reasons given. The idea of *A Theory and Practice of Homœopathic Medicine*, the joint work of all the British homœopathic talent, had been a favourite idea with him for twenty-two years, and he could not be expected to resign it at an hour's notice. The work by Bähr had been spoken of as sufficient to fill the hiatus Dr. Wyld believed to exist in our literature; but several gentlemen had confessed that it was far from fully satisfactory. Besides, why should we as Englishmen be satisfied with the work of one German? What we required was the best possible book, the result of united British homœopathic knowledge. Others had doubted if Britain possessed adequate ability to produce a book equal to Dr. Wyld's requirements, but surely, if one German could, 200 Britons might be expected to do so. Dr. Wyld regretted the view taken by the meeting, but believed the day would arrive when these views would be reversed.

TWO CASES OF HYDROPHOBIA, WITH OBSERVATIONS.

By CHARLES H. BLACKLEY, M.D., M.R.C.S. Eng.

To be in accordance with the nomenclature which is commonly used in reference to cases such as I am about to describe, I suppose I ought to give one as a case of hydrophobia and the other as a case of rabies, inasmuch as one of them occurred in a human being and the other in an animal. Partly for the sake of giving a short and convenient title to my paper, and partly because the two cases exhibit the effects of the same morbid poison, and therefore of the same disease, I have designated them as cases of hydrophobia. The name is not, even for the human subject, very happily chosen, because the symptom itself is not present in every case, and, as I shall have to notice further on, its absence in attacks of the disease in animals has given rise to erroneous notions of its characteristics.

If, in bringing under your notice a case occurring in one of the lower animals, I seem to be stepping somewhat out of my province, I must plead the example set by some eminent writers on medicine, and more especially the vast importance which attaches to the detection of the earliest symptoms of the disorder in the animal. When once the malady has fairly manifested itself in the human being, we are utterly powerless to stay its progress or to put off for a single day the fatal issue. Although we cannot accomplish much more in the case of the animal, we can, by a timely recognition of the early symptoms in the latter, ward off mischief which in a very large majority of instances ends fatally when once inflicted. On this account it seems to me to be quite as important to study the symptoms in the lower animals as it is to observe them in the human being; and I am the more impressed with the truth of what I have just stated by the circumstance that, had I not been fully alive to it, I might, and should in all probability, have been one of the victims of this terrible malady.

The first case I have to bring under your notice occurred in a girl eleven years of age. Being on a visit to a relative who lived some eight miles away from Manchester, she was sent out with a baby in a perambulator, to make some purchases of articles of food in the neighbourhood. On returning she was met by a strange dog, which, being either attracted by the smell of some of the articles in the perambulator, or stimulated by the sight of the moving vehicle, made a spring as if to get on to it; and on the girl attempting to drive the animal off it turned upon her, and caught her by one cheek, and made a lacerated wound behind the ramus of the jaw, about an inch and a half long, and at the same time made three lines of abrasion, as if by three of the teeth, on the front of the corresponding cheek. A medical man in the neighbourhood was called in, and gave it as his opinion that the dog could not have been mad, or it would not have attempted to take the food from the perambulator; consequently he did not think it necessary to adopt any special mode of treatment in order to prevent the absorption of the virus, if present. In accordance with this

view of the case the wound was treated in the ordinary way, and, without showing any specific signs of irritation, healed very kindly in the course of twelve or fourteen days.

For about eighteen days after the wound had healed the patient remained apparently quite well, but thirty-two days after the bite had been inflicted she began to complain that she felt weary and incapable of mental exertion. The school tasks, which before had been a pleasure to her, had to be laid aside. On January 26th, thirty-three days after the wound was made, she complained of pain in the cicatrix and also of some stiffness in the muscles of the neck and throat. The scratches on the cheek became red, and on the following day looked quite fresh, as if they had been made only a few hours before, but were a little darker in colour than newly made abrasions would have been.

It was at this point (January 27th) that I was called in. The girl was evidently aware of the nature of her malady, for, without any special course of interrogation on my part, she gave me the substance of the incident I have related above.

The cicatrix behind the ramus of the jaw was perfectly normal in appearance, but was a little tender to the touch. On attempting, at my request, to drink a little water a violent spasm of the muscles of the neck and throat came on, but this was preceded by a deep sigh or gasp, as if she might just have plunged into cold water. The sternomastoid muscle on each side of the neck was rendered so tense as to stand out like a thick cord, whilst at the same time there was a look of mingled anxiety and terror depicted on the countenance such as is not easy to describe, but which is not easily forgotten when once seen. The tongue was coated with a thin layer of yellowish-white fur. The fauces and pharynx were pervaded by an equally diffused purplish-scarlet blush, but there was no pain in the throat except when the patient attempted to swallow. The pulse was steady, but rather full and hard, and about ten beats above the normal standard, which with this patient was usually about eighty. The pupils were a little dilated, and the eye had a somewhat wild and restless appearance.

Bowels confined. Urine normal in quantity, but passed rather oftener than was natural. Prescribed *Belladonna* 1^r in two-drop doses every two hours, alternately with *Ignat.* 1 every two hours.

January 28th, 9 a.m.—Had been very restless during the night; had not had any sound sleep; seemed as if continually disturbed by unpleasant dreams. Complains of pain in the muscles of the neck and along the cervical portion of the spinal column, but swallows fluids a little more easily.

5 p.m.—Swallowing more difficult than in the morning. Seems to be much more sensitive to external stimuli. The sight or sound of moving water brings on spasm. A very gentle stream of air projected from my own lips on to the patient's forehead, and continued only for a few seconds, brought on a violent spasm. Pupils still dilated; tongue and throat much the same; pulse 90 and somewhat irregular; bowels constipated; stool very dark in colour. Prescribed *Belladonna* ̄ in drop doses every two hours with *Ignat.* 1^r every two hours, alternately.

10 p.m.—Had asked for cold water, and had been able to drink it with some little effort. Had asked her mother to beg of me not to breathe upon her face again, as it distressed her so much. Other symptoms much the same.

January 29th, 9 a.m.—Very thirsty; asks for cold water, and swallows it with very little effort. Had been incessantly talking during the night. Some delirium and also illusions. Fancied that I and my colleague, Dr. Rayner, were two young girls who had gone in to see her.

8 p.m.—Has been more delirious during the day. Tongue dark red at the sides, coated in the centre. During the night the delirium increased; raved about the dog that had bitten her; imagined it to be near her, and fought as if to drive it away. Urine muddy and of a dull yellow colour, and passed very frequently and in small quantities. Became more restless; frothed at the mouth, and attempted to spit out, which she did with much difficulty; snapped her jaws violently together; and attempted to bite her fingers. Three or four hours before death a dark coffee-coloured fluid oozed

from the mouth, then convulsions came on and lasted for a short time ; she then became perfectly placid for some time, and passed away on the morning of January 30th, 1874.

The second case I have to describe occurred in a small black-and-tan terrier belonging to myself. On February 4th, four days after the death of the patient named above, the animal was bitten by a strange dog that was seen lying in a field close to my own house. Had it not been for the occurrence of the other case it is probable that this incident would not have attracted any particular attention ; but having, only the day before, had to attend the inquest on the patient whose case I have given, my suspicions were at once aroused. Our own dog was carefully examined to see if the skin had been broken anywhere. No abrasion could be found, but of course there might have been several without the possibility of their being detected ; and unfortunately there was no chance of determining whether the other dog was rabid or not, inasmuch as it was a strange animal, and ran off as soon as the scuffle, in which the bite was given, had occurred. In order to prevent the absorption of the virus, if present, the dog was well washed with carbolic-acid soap, and as there was no certainty of the strange dog being mad, I determined not to have my own destroyed, but to have it watched carefully. It is to this careful observation that I probably owe the escape of more than one member of my family circle from this disease. The disorder comes on with such a stealthy and insidious step that it is difficult to believe that anything serious is about to happen, and I can now well understand how it is that fatal injuries are so often received when the animals inflicting them are not even *suspected* of being affected with rabies.

The first symptom which was noticed appeared in about a week after the bite. This consisted in a degree of restlessness and fidgetiness, which was unusual. With this there was a tendency for the animal to be licking the upper surface of the front legs in a way she was not accustomed to do. In some six or eight days more we noticed that she was much more sensitive to external stimuli than she gene-

rally was. Music, and especially the sound of a reed instrument, had always, even when in health, disturbed the animal a little, but now we noticed that this sensitiveness to musical sounds was increased. Formerly it was only when a chord was struck that it seemed to disturb, but now a simple melody, without any chords, would cause the dog to follow the notes with her own voice in a most grotesque and amusing manner. It was also curious to observe that the tendency to be licking various parts of the body was much more noticeable after music had been played for a time than it was on other occasions. With all this, however, there was not anything that would, under ordinary circumstances, have awakened one's suspicions, and it was only when other symptoms, of a peculiar character, showed themselves that I began to think it might prove to be a case of rabies.

We soon noticed that the animal did not take her food as well as usual, and that she went about picking up and eating bits of thread and shreds of cloth that lay on the floor. This symptom was entirely new, and is so common at the commencement of rabies in the dog that, though I was wishful not to think that the disorder had actually commenced, I was convinced that this was the case when an incident which I shall notice further on occurred.

In order to prevent any chance of further mischief to others, I at once had the animal chained up in a spare room and did not allow any one but myself to go near it. Up to within two days of the animal's death I took her out by the chain, once or twice a day, into the garden. There was some risk in doing this, but as the dog was very small and as I always adopted certain precautions, this was reduced to a very small amount, and I found that, by allowing her to have partial liberty now and then, I was enabled to observe one or two peculiarities in the symptoms which would otherwise have escaped my notice. Moreover, as this was the only case I had ever had an opportunity of watching from the commencement to the end, I was wishful to observe it closely, and therefore determined to run the risk such as it was. I may however remark that it is not a risk I should

advise any one else to run even when the animal is small, unless the experimenter is an exceedingly cautious individual.

As I have before remarked, there was a lessened desire for food accompanying some of the earlier symptoms, but this, like some of the other changes, was at first so gradual that one could not say exactly when it commenced. By-and-bye a portion of the food put down would be left until the next meal time—a very unusual thing with the animal in health—and after the symptoms became more fully developed, food would be left entirely untouched for hours. There was thirst in the early part of the attack, but both food and water were partaken of at times until within a short time before death.

One very marked symptom in the case was, what appeared to be an irresistible impulse which the dog had to spring at and to bite any moving object that came within reach. The sudden movement of my own foot would cause it to dart at the toe and make a desperate effort to bite through the boot. This impulse to spring at any moving object was very noticeable whenever the animal was taken out into the garden ; and apparently the nature of the object was not a matter of any consequence : a block of wood, a stick, or stone, in motion seemed to have just the same effect as any portion of my own body in motion. The effort was, however, very spasmodic and would cease almost as suddenly as it commenced, but would, in the open air, sometimes occur eight or ten times in as many minutes.

I have already mentioned that the animal picked up bits of cotton and shreds of cloth. This symptom became more developed, and we soon noticed that bits of chip and coal were devoured whenever she could get near these, and by-and-bye anything that was within reach and that could be grasped by the jaws was gnawed away very quickly. Pieces of carpet put into the kennel for the dog to lie upon were torn up until they became heaps of loose wool only. Whilst chained up a desperate effort was often made by the animal to break the chain ; she would come close to where the end of the chain was fastened, and then by a sudden bound

tighten it and jerk it, as if with the intention of breaking it, and failing this, would turn suddenly upon it and attempt to crush it between the teeth with a force which at times I feared would break them.

Early on in the attack the stools and the urine were, so far as I could judge, not much altered. Later on the stools became dark and pitch-like in appearance, and were mingled with shreds of wool and cotton and also with the bits of wood and coal that had been swallowed. The urine became scanty and muddy, and was often of a dull greenish-yellow colour, and both the urine and the fæces were frequently devoured as soon as they were voided.

The sleep was fitful, and the position was continually changed, and occasionally the animal in its waking state would stand perfectly still for a time, with its head fixed as if gazing at some distant object. The voice in the early part of the attack was very little if at all altered, but it soon began to change, and became much more shrill and piercing, and near the termination of the case it became very distressing by the continuous howl that was kept up as if through severe pain. There was not at any time any great discharge of saliva, and towards the termination of the case it seemed, as far as I could judge without a close examination, to be much diminished.

Three days before death there was an evident loss of power in the limbs. The gait became unsteady, and at times there appeared to be some stiffness or partial paralysis of the hind legs. This loss of power increased so much during the later stages of the disease that the animal got on to its feet with great difficulty, and would often fall over immediately if there was not something near against which it could lean for support.

For the last twenty-four hours of life both food and drink were entirely refused, and for the last twelve hours the vision was much impaired, if not altogether absent. Convulsions came on about three hours before death, and on the 27th of February, twenty-three days after being bitten, the animal died. Rigor mortis came on in about three hours after death.

In consequence of my being engaged with important matters which I could not set aside, I could not spare the time to make microscopic examinations of the blood in either case before death, nor yet of the brain and spinal cord after death. This I regret very much, as I may never have so good an opportunity again, and it is probable that I should have been able to learn something of the pathology of the disease by these examinations.

In these two cases there are some points of resemblance as well as some points of difference which are worthy of being noted; and first I must observe that the stage of incubation was, to all outward appearance, a state of perfect health in each case. In the animal we could only have the objective symptoms to judge by. In the girl, however, we had both the subjective and the objective symptoms to guide us. According to the patient's own statement she felt quite well up to within seven days of her death. In some of the minor symptoms there was also some resemblance; as for instance in the thirst and disinclination for food, and in the frequent micturition and appearance of the urine. There was also a similarity, probably, in the delirium and the illusions, but it is difficult to determine to what extent these were present in the dog. But the conditions in which there is, in my opinion, the most marked resemblance are the general hyperæsthesia—the sensitiveness to external stimuli—and the powerful reflex action to which this gives rise.

In the symptom which gives its name to the disease in the human being there is a marked difference. In the girl hydrophobia was, as we have seen, fully developed when I first saw her. In the animal it was not seen at all and this brings me to remark that in some parts of the country it is a popular notion, and one that was evidently shared by the medical man who first saw the girl, that if a dog can take either food or drink—and especially the latter—it cannot be suffering from rabies. A more fatal mistake cannot be made. The symptom, hydrophobia, is rarely, I believe, seen in the dog, and in some few cases in the human being it is not seen at all. Its absence cannot, therefore,

be considered a diagnostic sign of the absence of either form of the disease.

The late Mr. Youatt, in his admirable book on "*The Dog*," when speaking of the difference in the disposition as manifested by the wolf and by the dog under the influence of rabies, says the wolf will seek, or lie in wait for, and attack his natural enemy, man; but the dog, he says, will not often attack human beings unless provoked; and he strongly advises any one who may come near a sleeping dog not on any account to disturb it if there is any suspicion of its being afflicted with rabies. I believe it is equally unsafe to make any sudden movement near a rabid dog in its waking state, and that it is the stimulus given by any object in rapid motion which often causes it to inflict the fatal bite. A case I had under my care many years ago illustrates this.

A boy, about twelve years of age, was brought to me with a lacerated wound on the posterior surface of the left leg, of about four inches in length. The wound had been made by a dog which stood at a door past which the boy was running with a vehicle of some kind. With a single bound the animal was upon the lad, and in an instant the wound was inflicted. I learned on inquiry that twice before in the same week the dog had attempted to bite in the same sudden and spasmodic manner, and I advised that it should be chained up and watched for a time. The mother of the boy believed the dog was rabid, and insisted on its being at once destroyed. The animal was accordingly poisoned, and thus the chance of knowing whether it was affected with rabies or not was lost. I had, however, very little doubt of it, because the owner told me the dog was usually very peaceable unless it was greatly provoked, and under the most severe provocation it had never been known to inflict a severe injury like this. He was not, however, aware that it had been bitten by any other dog.

The incident which caused me to have my own animal chained up also exhibits this tendency in the rabid dog to fly suddenly at any moving object. On the evening of the same day that some of the symptoms I have already men-

tioned were first noticed, the cat we then had and the dog had been sitting quietly side by side on the hearth for more than half an hour, and when one of the servants, as was the custom, took up the cat to put it into another room for the night, the dog made a sudden spring and caught hold of one of the dangling feet as it passed her and bit it severely. It would seem that this tendency is also sometimes seen in the cat. Youatt tells of a terrible encounter he had with one he had been requested to examine. In order to get a good view of the animal, he went down on his hands and knees and was moving towards it, when it sprang suddenly upon him and caught him by the face.

It may be that this uncontrollable impulse to catch at moving objects is only an exaggeration of a natural instinct in animals of the canine and feline tribes, but I believe that a strong and uncontrollable impulse to do certain acts is also a marked feature in some cases of hydrophobia in the human being. Dr. Copland, in his article on "Rabies,"* gives a case in which this symptom was exhibited in a very marked manner. Cooper, in his *Surgical Dictionary*, gives another case of a similar character,† in which this impulse was very strongly manifested.

The cat mentioned above began to show signs of change in its disposition in about six days after the bite. The symptom we noticed was an increased show of affection—a constant desire to be nursed and petted. This, according to some veterinary authors, is a common symptom at the commencement of the disease in some animals; and as I fully believe in Mr. Youatt's dictum when he says that a "rabid cat is a perfect demon," I had the animal destroyed at once.

Of the treatment of hydrophobia in its fully developed form I have not much to say. Under any method of treatment it is, in this country, an intractable and terribly fatal malady. I have, however, been told by those who have resided in Ceylon that the native doctors there have a remedy for hydrophobia which they regard as a specific. The knowledge of this remedy they keep secret with the most jealous care,

* See note on p. 568, vol. iii, *Copland's Dictionary of Medicine*.

† Vide *Cooper's Surgical Dictionary*, vol. i, p. 1050 (8th ed.).

however, so that there is no chance of determining its real value, nor yet its nature or composition.

In the case of the animal no treatment was adopted. No medicine could have been administered without force being used, and to have attempted this with the means I had at my command would have been an exceedingly dangerous experiment. In the case of the girl the drugs administered seemed to moderate the dysphagia, but of this we cannot feel certain, because in some cases this symptom almost entirely disappears before death; nevertheless, if it should ever be my lot to have cases of hydrophobia under my care again, I should be inclined to give precedence to the two medicines selected in the above case; but if called upon to use them again, I should, I think, prefer to give them by subcutaneous injection.

Dr. Tuthill Massey, in a printed slip he kindly sent to me a few weeks ago, recommends a trial of *Crotalus horridus* in hydrophobia. I tried the two drugs named above because they seemed to me to furnish, in the symptoms they produce on the healthy subject, as complete a picture of this disease as can be found in any two drugs. Moreover, it is well known that they act principally upon those parts of the nervous centres most affected in hydrophobia.

According to Sir Thomas Watson, the late Mr. Youatt was in the habit of using *Belladonna* in the treatment of rabies. At first he used it alone, and afterwards combined with the *Scutellaria lateriflora*. With these two drugs Mr. Youatt had very decided success, and though he could not pronounce them to be true specifics, he regarded them as very valuable aids in the treatment of the disease. The experiments he tried on animals that had been purposely inoculated with virus from a rabid dog seemed to prove indisputably that these drugs acted as specifics. (For the details of these experiments I must refer you to the last edition of Sir Thomas Watson's 'Practice of Physic.')

As a local application the *Nitrate of Silver* is allowed on all hands to be the most efficacious; and where it can be early and freely applied it does not often fail. In the case of the

boy the wound was too large and too deep for the *Nitrate* to be applied freely. It was, however, applied to the edges of the wound. The patient remained under observation for six weeks and during that time no symptoms of hydrophobia were developed, but as I lost sight of him then I cannot say how he went on afterwards. I have during the last dozen years had five or six cases of bites by dogs under my care, and my invariable practice has been to cauterise freely where this could be done.

Eighteen months ago I was myself twice bitten by the same dog. The first bite only penetrated the sleeve of the great-coat, but the second made a decided indentation in the soft part of the leg as if by one of the teeth. The cuticle was apparently unbroken; nevertheless I applied the *Nitrate* freely. There was no suspicion that the dog was rabid, and it afterwards proved not to be so; but the feeling of security produced by the knowledge that I had done all that could be done strengthened me in my resolution to carry out the plan I had hitherto followed of cauterising freely if there was any uncertainty about the condition of the animal. Some authors advise that the part injured should be cut out; others, amongst whom is the veterinary author I have quoted, think there is a danger of re-inoculation whilst the operation is being performed. I believe there are few cases where the knife can be used safely and where the *Nitrate* or the actual cautery cannot, with the help of a little care and ingenuity, be used with, at least, equal safety.

In studying a case of hydrophobia many interesting questions are suggested to the mind. These I cannot now enter upon in detail, and will only name some of them in the order of importance in which they seem to suggest themselves.

1. At what period after the introduction of the poison does an animal become capable of inoculating another with a fatal dose of the virus?

2nd. Is it possible for an animal that has been bitten to inoculate another without itself showing the distinctive signs of the malady?

3rd. What is the condition of the tissue of the injured part, and what microscopical changes does it undergo during and after the period of incubation ?

4th. Is the disease simply local during the period of incubation, or does the poison obtain an entrance into the blood current from the first ?

5th. On the hypothesis that there is contamination of the blood from the first, on what changes does the exhibition of the characteristic symptoms depend ?

I am not able to answer these questions. Some of them are worthy of all the labour that can be bestowed upon them, and will demand much careful observation and minute research before they will be answered.

In conclusion, I may observe I have left untouched many important points connected with this malady, any one of which would afford subject matter for a separate paper.

Discussion on Dr. Blackley's paper.

DR. LEADAM said that he could only reply to the call of their excellent Chairman by referring to a case of hydrophobia which occurred in the course of his practice so long ago as the year 1848. He was sent for to see a patient said to be labouring under brain fever, and he found a lad of about twelve or thirteen years of age, who had been bitten by a mad dog two months before, and was then spitting a white frothy saliva about his bed, and at everybody indifferently, and barking like a dog with a sort of noisy cough. He was flushed and complained of his head, said they were running needles into his brain, the eyes were suffused, and his pulse quick and irritable. There were frequent paroxysms ; he grunted if he were asked to drink water, but on water being poured into a basin with a splashing noise, the paroxysms were reproduced with convulsions and agitation. This symptom lasted five days, after which the disease began to decline. During the convulsions he would scratch and bite at all around him. He was attacked on the 3rd of October, 1848, and the disease was over and the patient well on the 9th. The remedies used were *Belladonna* 8, *Lachesis* 12, *Hyoscyamus* 12. After the recovery of the patient, he (Dr. Leadam) called upon Dr. James Copland and read the notes to him, when he declared it to be an undoubted case of rabies, but when he stated how it was cured—that it was by means of homœopathy that the result was obtained—he lifted up his hands and said "Ah! it got well of itself." He had never been able to get a hearing for homœopathy in hydro-

phobia. He had written to the *Times* and the *Standard*, and sought to advertise to prove that homœopathy had cured the disease, but no notice had been taken of it, and people went on being experimented upon, and no one could listen or given heed to the fact that homœopathy is able to cure hydrophobia. The case was published in the *British Journal of Homœopathy* for January, 1869.

Dr. R. HUGHES said that it was always a pleasure to listen to anything from Dr. Blackley; one was sure of getting both fulness and accuracy of statement. The only remark he would add had respect to the therapeutic part of his paper. While not questioning the homœopathicity of *Belladonna* to hydrophobia, he thought that the main influence of the medicine would be exerted upon what was the less important element in the disease, viz., the affection of deglutition, which had been traced to inflammatory action in the medulla oblongata and its issuing nerves. Our object should be to combat the tendency to death, which here (it seemed to him) arose from the exhaustion produced by the incessant delirium and restlessness. He thought that to meet this element in hydrophobia *Belladonna* yielded in potency to one of its congeners, viz., *Stramonium*. He preferred this to the *Ignatia* given by Dr. Blackley, as in hydrophobia the hyperæsthesia was cerebral rather than spinal as in tetanus.

Dr. WATSON considered the paper a remarkably interesting and suggestive one, and thought that from the report of Dr. Blackley's case there was distinct evidence to show that the poison of hydrophobia specially affected the brain and spinal cord, bringing on a state of intense congestion, as shown by the injected eyes, spasm of the glottis, loss of power in the lower extremities, and excessive sensibility of the cutaneous nerves. In the case of a little girl he had lately under his care, bitten on the end of the nose by a large black retriever, evil consequences were greatly feared, but after applying *Nitrate of Silver* (solid), the wound healed kindly, and nothing more was heard of it. From the view of this terrible malady Dr. Watson took he would be disposed to recommend a trial of *Veratrum viride* and *Stramonium*, the former of which he had found of such signal service in cerebro-spinal congestion, and he by no means despaired of our ultimately finding a true homœopathic remedy to meet it.

Dr. HEWAN would not have risen to make any remarks on the paper, as he was one of the lucky or unlucky individuals alluded to by previous speakers who had never seen a case of hydrophobia. But the Chairman had just said that so many people escaped hydrophobia who were bitten by (mad?) dogs, that he (Dr. H.) begged to be allowed to mention one or two cases of the kind that had come under his observation. About three years ago he was summoned to visit a gentleman, aged between 45 and 50, a very healthy looking handsome man, with a most attractive presence

The neglect to use the milder means would, he hoped, be a warning to himself (Dr. Vernon Bell) should a suspicious case of dog-biting be ever placed under his care. When Dr. Blackley saw the child no better selection could have been made than that of the *Belladonna* which he administered. In the case of Dr. Blackley's own dog he (Dr. Vernon Bell) considered Dr. Blackley had forfeited a capital opportunity of testing the power of *Belladonna* over the disease, in his laudable desire to study its symptomatology. He (Dr. Vernon Bell) would have given some tasteless *Atropia* in the food, and should have watched the action and reaction of the drug with much interest. He (Dr. Vernon Bell) quite concurred with some remarks of Dr. Blumberg about the resemblance that the action of *Belladonna* on the normal economy bore to many of the most prominent features of genuine hydrophobia. About fifteen or sixteen years ago, when he (Dr. Vernon Bell) began to test the action of *Atropia* internally, he one day took the twenty-fifth of a grain, and shortly after grew anxious and restless—his vision became impaired—deglutition and micturition difficult—tongue, mouth, and throat excessively dry, with a constant desire to spit out pellets of inspissated mucus like bird-lime. After a time his wife gave him a glass of wine and took him to walk in Hyde Park, but he feeling all the symptoms aggravated returned within doors and drank some strong black coffee, after which the symptoms gradually diminished and in a few hours passed off, leaving no trace except in fluid dejections next day. Since then he has always been disposed to believe reported cures of hydrophobia by *Belladonna*. But in his (Dr. Vernon Bell's) opinion we ought to anticipate all *drug* treatment by *stamping out* so intractable a malady. He considered there should never be a case of rabies in the human subject. It was not creditable either to the government or to the intelligence of our people that animals seized with rabies were not segregated or destroyed so as to stop the spread of further disaster. One of the best physiologists of the present day had given, in the newspapers, some clear indications by which the approach of the disease in the lower animals might be readily detected. He (Dr. Vernon Bell) thought if these indications and a few rules could be widely circulated and peremptorily enforced, much would be done to render the occurrence of hydrophobia extremely rare. In this connection it was difficult not to sympathise with Dr. Cooper, who had alluded to the great number of mad dogs in Ireland, and not to wish that Saint Patrick had extended his beneficent mission to their expulsion as well as to that of the snakes.

Dr. BAYES was happy to say that he had never seen a case of this terrible disease, and therefore he had no experience to record. He wished, however, to mention that when some time ago a discussion on the subject was carried on in the *Times*, there was a statement by some veterinary professor (he thinks Mr

Gamgee) that a solution of *Lunar Caustic*, ten grains to the ounce of distilled water, was used at the college, and was at once poured into any wound. It had the advantage of penetrating at once to the bottom of a bite, and was said to have been invariably successful.⁴

Dr. DRURY agreed with the author of the paper in thinking that *Belladonna* was a medicine calculated to be of use. Having been asked to see a case in consultation by his friend Dr. Day, a most careful practitioner, he thought the symptoms pointed strongly to great spinal irritation, and, had time permitted, he had suggested applying a lotion containing *Belladonna*, *Ohloroform*, and *Spirits of Wine* to the spine. The case he alluded to was supposed at first to be acute rheumatism, but Dr. Day, who had been called up to the case in the night, had recognised the great likeness to hydrophobia, and had called the attention of the family to the fact. He had selected and given *Hyoscyamus*, at first with some apparent benefit. Dr. Drury saw the case about two hours before death; it had been going on then for about four days. The pulse was exceedingly rapid, the eye was wild, there was great restlessness, the unhappy patient asking "what was the matter with him?" There was no objection to drink, but on attempting to swallow, or on feeling a draught of cold air, a most violent spasm came on, affecting the muscles of the neck; he constantly ejected saliva, spurting it out with much force; there was no loss of consciousness. It was very remarkable that nothing was said by the patient or family about a dog, but a friend of the family communicated the fact to Dr. Day and himself that about four months previously suspicion was excited about a dog in the house that had attacked a cat; the dog had been sent to the veterinary surgeon to be destroyed. He recollected the circumstances, but had not kept any record of when this had been done; it was afterwards ascertained that the young man had been bitten by the dog and had mentioned the circumstance to his minister, but had been unwilling to mention it to his family. From witnessing this case and from the fact that a connection of his own had been a victim of this terrible disease, he could sympathise with those who thought that some efforts should be made to lessen the number of worthless dogs that were allowed to wander about, he would be very glad to see the tax upon dogs considerably increased and much more energetically enforced than it appeared to be at present. A dog belonging to a medical friend had once bitten him as well as some others; now, he thought once a dog showed this propensity, as soon as it was fairly ascertained that the dog was not mad that it should be destroyed, as the anxiety caused by the bite of a dog far outweighed any value that might be attached to the animal. It had been suggested that in the snake poisons a cure might be found for the bite of a rabid dog; possibly this might be a safe direction in which to look for a remedy, but the one poison acted so slowly, the other so rapidly,

that it might be other remedies would be found as efficacious. He looked upon the poison more as analogous to the vaccine virus, which seemed to act like a ferment in the blood, but what he once witnessed in a case of vaccination encouraged him to hope that some remedy might be found for the disease in question. Having vaccinated a nurse in the hospital, the arm was progressing favorably; but before the vesicle had arrived at maturity, he gave the patient some *Mercurius solubilis* for toothache; the effect of this was that the vesicle at once ceased to advance and withered away. Now, if medicine was capable of interfering so completely with one blood poison, why should it not with another? Though he should be sorry ever to see the disease again, he was not disposed to regard it as necessarily incurable. In the early stage immediate and complete cauterisation, aided by a ligature above the wound, if it could be applied till the wound was allowed to bleed freely, and the *Nitrate of Silver* used, seemed the proper course to pursue. When the disease was developed, equally prompt remedies should be used, as a disease so severe and so rapid in its progress should be at once treated by the administration of the suitable homœopathic remedies.

Dr. DUDGEON had seen a fatal case of hydrophobia many years ago in the Liverpool Infirmary, but he had had nothing to do with the treatment. It struck him that *Hyoscyamus* was a medicine that corresponded well to one of the predominant moral states of the hydrophobia—fear, and this medicine had also been recommended by various writers for the complaint. A medicine which none of the speakers had mentioned, but which had been highly vaunted in hydrophobia, and which fulfilled Dr. Hale's condition of being an animal poison, was *Cantharis*. Many prophylactics had been recommended, but the circumstance of a person not taking hydrophobia after being bitten by a mad dog was no proof of the efficacy of any prophylactic he might have taken, for it was well known that only a small proportion of those bitten got the disease.

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Annals of the Society.

LECTURE ON THE HISTORY OF HOMŒOPATHY.

Delivered at the commencement of the session of Homœopathic Instruction, at the London Homœopathic Hospital, February 4th, 1875.

By R. E. DUDGEON, M.D.

GENTLEMEN,—

For more than a generation the therapeutic system, called by its discoverer homœopathy, has been practised by an increasing number of regularly educated medical men in the United Kingdom, and during that time various attempts have been made to establish schools for teaching its principles and practice in connection with hospitals where the sick were treated in accordance with the method of Hahnemann.

The first regular attempt to teach homœopathy by courses of lectures was made by Dr. Curie, in the hospital established in Hanover Square chiefly by the munificence of the late Mr. Leaf, and many of those who may now be regarded as the veterans of the homœopathic school received their first instruction from that zealous and industrious French physician.

When the Hahnemann Hospital was established in Bloomsbury Square, a more ambitious effort was made to found a school of homœopathy, and lectures were there delivered in 1852 and 1853 by Dr. Curie on Clinical Medicines, by Dr. Epps on Materia Medica, and by myself on the Theory and Practice of Homœopathy.

Since then occasional lectures were delivered in the London Homœopathic Hospital chiefly by Dr. Russell. Some of his lectures were published in a small volume, which to this day constitutes one of the chief glories of our homœopathic literature.

The course of instruction carried on by Dr. Curie naturally came to an end with the hospital he served so

long and so successfully. The school of homœopathy established in the Hahnemann Hospital ceased when that hospital was so abruptly and unexpectedly closed by its Committee of Management—perhaps, I should say, of mismanagement—and the lectures of Dr. Russell were put a stop to by the untimely decease of that learned and talented physician.

The present time appeared to the British Homœopathic Society propitious for instituting courses of lectures on homœopathy. The impulse was given by the offer of Dr. Richard Hughes to deliver a course of lectures on *materia medica*, a subject with which he is specially conversant, and on which he has written with great success.

The Society thought that the offer of Dr. Hughes should be accepted and that the opportunity should be taken to establish a more complete course of instruction in homœopathy than would be afforded by a single series of lectures on only one subject. The field presented by the interesting cases treated in the hospital at once suggested the practicability of clinical lectures, and the medical officers in charge of the in-patients expressed their willingness to deliver occasional lectures during the proposed session on selected diseases, with special reference to cases that might come under their care in the hospital.

They also did me the honour to invite me to give a short course on the history and principles of homœopathy, and with much diffidence I accepted the invitation and propose to fulfil my task to the best of my ability, by delivering two lectures on the subject named by way of general introduction to the course of instruction in homœopathy.

Among the reasons that influenced the Society to inaugurate these lectures at the present time may be mentioned the following:—The position of homœopathy in the medical world has undergone a great and striking change within these few years. The old heroic methods of treatment by bleeding, blistering, mercurialisation, and purgation, have fallen into discredit with the thinking men of the old school, and are chiefly now practised by old routine practitioners in out-of-the-way places, and by partial believers

in homœopathy, imperfectly acquainted with its resources, who eke out their imperfect homœopathic practice by the crudest practices of old physic. On all hands a search is being industriously made for remedial agents of a specific character, that is to say, for medicines that have a distinct pathological relation to the diseases against which they are used. Some of those who have distinguished themselves in this line have investigated for themselves the physiological properties of the drugs they employ, but most have taken their remedies from the homœopathic materia medica and have employed them for the very diseases for which our school has long used them. This they have done, not only without acknowledgment of the source of their knowledge, but often even while indulging in sneers at and misrepresentations of homœopathy. In some instances, with perverted ingenuity, they have even attempted to explain the efficacy of remedies which homœopathy has taught them, on pathological grounds of a purely hypothetical character. And more than that even, we see some who are foremost in denouncing homœopathy naïvely putting forward the same explanation of the therapeutic nature of drugs as has been current in the homœopathic school from its very commencement.

Again, we see works on therapeutics and materia medica homœopathic in everything but the name lauded by reviewers in the medical journals without a hint that the remedies are derived from homœopathic sources; and all this time these same journals studiously misrepresent and caricature the doctrines of the homœopathic school. The medical societies, while honouring and applauding those who borrow wholesale from our materia medica without acknowledgment, still exclude all those who honestly confess their indebtedness to homœopathy, and retain and pass laws visiting with social and professional ostracism those medical men who make an open profession of their belief in the excellence of Hahnemann's therapeutic rule. All posts of professional honour are shut to professed homœopathic practitioners, while they are freely open to those who employ our remedies without mentioning the source of their know-

ledge. Professional consultations are refused to those who have declared their conviction of the truth of the homœopathic law. Lecturers on materia medica and therapeutics never omit an opportunity of denouncing the dishonesty of homœopathic practitioners even while filching from our therapeutic treasury. Thus students of medicine are imbued with a horror of homœopathy, which is invariably presented to them by their teachers in such a false and distorted light.

It was with the object of counteracting these studied misrepresentations of our system, and of showing what homœopathy really is, that the British Homœopathic Society deemed it expedient and opportune to establish courses of lectures where the honest inquirer and seeker after truth may learn from those conversant with the subject what are the real principles of the homœopathic therapeutic system, and what is its true place in general medicine.

Until quite recently the position of the self-styled orthodox practitioners was altogether distinct and different from the homœopathic school, and had little or nothing in common with it. It might be erroneous and even pernicious, but it was at all events utterly different from homœopathy. It dealt exclusively in depletions, counter-stimulants, alteratives, tonics, and suchlike measures which had no direct pathological relation to the disease, but as a rule sought to influence the morbid process indirectly, chiefly by exciting a medicinal action on organs or tissues remote from the seat of the morbid process. But this rude indirect method of treating disease has latterly been to a great extent discredited, and though by no means altogether abandoned has been partially superseded by a remedial treatment in more direct pathological relation to the disease. The effects of medicines on the healthy organism have been much more studied, and their employment recommended in diseases with which their effects have shown them to have a pathological affinity. In this a great stride has been made towards the homœopathic system, and the pursuit of this path will inevit-

ably lead to a full adoption of the homœopathic therapeutic law. Whether this will take place in our day is doubtful, but it is impossible to mistake the tendency of the present direction of medical research towards the ultimate supersession of the old indirect methods of allopathy by the direct method of the homœopathic therapeia.

Such being the case it becomes a duty incumbent on us who have inherited the legacy bequeathed to medical science by Hahnemann to declare to the medical profession, and especially to the rising generation of medical practitioners who have been misled by the instructions of their orthodox teachers, the true state of the case, to lay before them the real principles of the homœopathic school, and to claim for our great master the credit that is his due for the present bias of general therapeutics. We cannot consent to remain silent when we see the doctrines of our school gradually appropriated without a word of acknowledgment by those who treat the members of our school as persons unworthy to be considered as honourable members of our common profession, and who brand us as dishonest and disreputable because we openly acknowledge our indebtedness to Hahnemann.

The charge of dishonesty which is so constantly brought against us by our opponents is based on a fiction with regard to the nature of homœopathy and its position in medical science—a fiction which has been repeatedly exposed by us, but which is reiterated with insolent persistence by all the organs of allopathic medicine.

It is assumed that those who give in their adhesion to the homœopathic therapeutic rule thereby bind themselves to employ none but homœopathic remedies in the treatment of disease, and that whenever they employ remedial agents that are not homœopathic—indeed, that whenever they administer doses of homœopathic remedies that are not infinitesimal in quantity—they are guilty of fraud and deception. The absurdity of this accusation is self-evident; for we have never bound ourselves to use only homœopathic remedies in the treatment of disease. There are many cases we are called on to treat to which homœo-

pathic remedies are unsuited, and there are many diseases which demand large doses of homœopathic medicines. There are moreover certain effects desirable to be produced which cannot be produced by either large or small doses of medicines given according to the homœopathic law. There is no law of science, ethics, or etiquette that prevents us administering any remedy we may think requisite. It is not we who have bound ourselves down to refrain from giving any medicine in the pharmacopœia our judgment may commend to us. If our opponents have so bound themselves not to give homœopathic medicines that is their affair. To us the whole field of therapeutics is open, and the sole condition we impose on ourselves is to give those remedies which we think will do our patients most good. Our opponents seem to argue that because they have vowed never to use homœopathic remedies, and have passed laws in their medical and ethical societies denouncing the administration of homœopathic remedies as dishonourable and imposing penalties on those of their members who shall use these remedies, or who shall even associate professionally with those who use them; therefore we must have in like manner bound ourselves by laws of equal stringency not to use any but homœopathic remedies; and that if, for instance, we give a dose of castor oil or apply a mustard plaster we are acting dishonestly and practising a fraud upon the public.

But it is hardly necessary to say that we have committed ourselves to no such reciprocity of folly. The accusation of fraud and dishonesty so freely brought against us depends on a misconception—whether wilful or not we need not attempt to decide—on the part of our accusers of the true position of homœopathy in relation to general medicine. They will have it that we hold homœopathy to be a complete system of medicine applicable to every possible case of disease; whereas the most we claim for it is that most curable diseases are better cured by medicines administered in the direct homœopathic way than in the indirect allopathic or in the enantiopathic way.

Our opponents are beginning to find this out, but having

committed themselves to denunciations of all homœopathic treatment, they act like the traditional barrister who had no case and so took to abusing the opposite counsel.

We take much higher ground, and refuse to follow the lead of our opponents in bandying epithets of recrimination and abuse. We rather note with pleasure the tendency of modern medicine to discard the traditional depletive and injurious practices, and to seek for the pathological relations of drugs and diseases which is the essence of homœopathy; and we forbear to characterise the conduct of those who adopt our remedies, while they charge with fraud and dishonesty those from whom they borrow their methods.

Homœopathy is not, as our opponents commonly assume, a complete system of medicine, opposed to all the medical science of the old school, rendering nugatory or contradictory all the ascertained facts and acquisitions of physiology, pathology, and other branches of knowledge that together make up medical science. Far from this, homœopathy is merely an advance in therapeutics, and is in perfect harmony with all the modern developments of the collateral branches of medical science. If it does to a great extent supersede the therapeutics hitherto in vogue, this is no more than what all successive advances in medicine and surgery have done to the practices that preceded them. Thus the therapeutics of our fathers superseded the ruder methods of their fathers, and modern surgery has consigned to oblivion the cruel and dangerous manipulations of a former age. Hence there is no more reason in denouncing the improved methods of homœopathy because they have to a great extent rendered obsolete the bleeding, purging, and blistering of old physic than there would be in execrating the milder and more rational therapeutics of ancient times because they rendered obsolete the absurd and complicated farrago of theriacs, mithridates, of pigeons' dung and viper broth and similar disgusting and fanciful remedies, or than there would be in anathematising the modern practice of tying arteries because it did away with the former plan of searing them with a red-hot iron.

It would be more worthy of the cultivators of a liberal science were our opponents to leave off reviling and persecuting us on account chiefly of one of the technicalities of our art—I mean the minute doses we mostly use, of which they have no experience at all, and which is a matter that can be determined only by experience, and were they to inquire impartially and with a desire to ascertain the truth into the tenets and practices of our school. They can scarcely be so satisfied with the actual condition of the medical art as to imagine it incapable of improvement—indeed, their most illustrious coryphæi are never tired of wailing over the imperfections of their own therapeutics. Surely, then, it were worth while to examine a method of treatment that boasts of being much more successful than their own, and which has been practised for more than a generation in this country, and whose partisans, almost without exception, converts from the ranks of the old school, betray no lack of faith in its excellence.

If our present opponents will abandon their customary supercilious treatment of homœopathy and will join with the practitioners of that method in investigating the properties of drugs with a view to ascertaining their pathological relation to disease, we can promise them our cordial co-operation, and they will find us by no means so prejudiced in favour of the doctrines of Hahnemann as to refuse to subject them to the most searching, critical, and experimental inquiry. On the contrary, they will find that this is what we have been doing for these many years past, and that our researches have already led us to reject much of what Hahnemann taught and to modify many of the conclusions at which he arrived. Our aim has been to hold by what is true and to reject what is false in therapeutics. This is also their professed aim, but they will never be able to attain it while they continue to reject without inquiry all the evidence that we are able to adduce in favour of our views and practice, and while they persist in accepting the absurd misrepresentations palmed upon them by prejudiced opponents, in place of learning from us what are the actual doctrines of the homœopathic school.

These lectures have been undertaken in order to show the inquirer what homœopathy is, its history, principles, and practical application. It is desirable that we should show the rational foundation of this system of therapeutics, and attempt to define the sphere of its applicability; on the one hand to counteract the grotesque caricatures of the system presented to their credulous readers by the organs of allopathic opinion, and on the other, to save the system from the eccentric aberrations of some of its professors, who are doing it great harm by their extravagant divergences. On the one hand we have professed adherents of homœopathy exhibiting so little confidence in its curative powers that they are ready in almost every case of serious disease to resort to the most heroic measures of the old school, such as leeches, blisters, purgatives, diuretics, narcotics, and full doses of the most energetic drugs of the old school pharmacopœia. While we would accord perfect liberty to each medical practitioner to treat his patients by any means his judgment may recommend, we cannot consider as good representatives of our system those who are ready at any moment to discard the approved remedial agents of homœopathy for the discredited methods of mediæval allopathy, in those cases which the threescore years' experience of our school has shown to be perfectly amenable to its rational medication.

On the other hand we see some nominal partisans of homœopathy developing the doctrines of Hahnemann into the most absurd extravagancies, carrying their dilutions to the most preposterous height, and gravely publishing so-called provings of absolutely inert substances, such as loaf-sugar and skim-milk, or pretending to treat their patients with dynamised thunderbolts and diluted moonshine.

Against all these irrational aberrations we feel bound to protest, and to show you that homœopathy is a scientific and rational system of medicine attested by the grand touchstone of every true method—experience.

Yet another reason that has moved the British Homœopathic Society to establish lectures on homœopathy is the circumstance that courses of lectures are now regularly de-

livered in several countries of Europe, particularly in France, Hungary, and Belgium.

As this country has for many years occupied a prominent place in the scientific development of the system of Hahnemann, it would be unbecoming in us to lag behind our neighbours in affording the rising generation of medical practitioners the means of becoming acquainted with the principles of homœopathy by oral instruction.

This afternoon I propose to devote to the history of homœopathy.

The maxim that diseases are curable by medicines capable of exciting in the healthy morbid conditions similar to the disease is at least as ancient as the opposite maxim that diseases are curable by medicines capable of exciting in the healthy morbid conditions the contrary of the disease. Some of the works with which Hippocrates is credited distinctly enunciate the doctrine of *similia similibus curantur*, and various authors since his time have given utterances to the same doctrine. The most notable teacher of it was undoubtedly Paracelsus, who taught a rude sort of homœopathy comparable to the "organopathy" of our own day, and in the *Organon* of Hahnemann you will find a long array of authorities for the administration of medicines having a distinct homœopathic relation to the diseases for which they were given. But to Hahnemann alone can be ascribed the merit of having elevated the maxim of *similia similibus* to the rank of a general rule of therapeutics, and accordingly the history of homœopathy as a complete system of therapeutics commences with the researches and writings of this great and original genius.

If the condition of orthodox therapeutics only thirty years ago was so bad that Sir John Forbes declared "it must either mend or end," what was it in the days when Hahnemann commenced his medical career? The medical world was then torn by the futile and never-ending disputations of the Cullenists and Brunonians, and poor patients derived little or no benefit from the logomachic victories of either party. Disease seemed to be treated, as in the

fanciful kingdom of *Erewhon*, as though it were a crime, and patients were punished by the licensed myrmidons of a cruel art by every variety of torture ingenuity could suggest. Whatever organ or tissue of their bodies had been spared by the disease was successively worried and fretted into an artificial morbid state by the internal and external irritants with which it was repeatedly assailed. The physician thought more of writing a conventional prescription which should have its due proportion of base, adjuvant, corrective, and excipient than of the possible effects the various ingredients might have on one another, or their combined forces on the disease to be cured. Besides a farrago of drugs of unknown properties the armamentarium of the practitioner was liberally furnished with all sorts of instruments and agents for producing every phase of pain, from transient discomfort up to prolonged agony, on the unoffending skin—vesicatories, sinapisms, caustics, and cauteries actual and potential, hanks of silk for setons and peas for issues, scarificators, and cupping instruments. And all these violent agencies were liberally used. No patient was considered to have been treated *secundum artem* if he died, or even if he recovered, without having undergone the ordeal of having every sound organ of his body played on in succession by all these vile instruments of torture. The object of each new invention in therapeutics seemed to be to find something that would irritate some organ or tissue that had hitherto escaped punishment, but no one seemed to think it worth his while to seek for anything in the way of a medicine that had the slightest pathological relation to the disease. And yet all the drugs in the pharmacopœia were with an affectation of scientific precision arranged into separate classes which were supposed to denote their therapeutic virtues, as tonics, narcotics, emetics, stimulants, diaphoretics, sialagogues, cathartics, diuretics, anti-this and anti-that; but it happened just as often as not that the drugs refused to perform the part assigned to them by this classification, in which case it was, of course, not the doctor but the patient who was to blame.

After an eight years' experience of practice, assisted by

all the light he could obtain from a careful study of the works of Sydenham, Frederick Hoffmann, Boerhaave, Gaubius, Stoll, Quarin, Cullen and De Haen, Hahnemann gave up practice in disgust. His conscience would not allow him to treat unknown morbid states with unknown medicines; he dared not prescribe, according to some fanciful idea of the nature of diseases, powerful drugs that only owed their place in the *materia medica* to mere opinion. He devoted himself to the study of chemistry, his masterly work on arsenical poisoning being one of the fruits of this direction of his labours, and to literary work, chiefly translations of standard French and English medical works.

But his active mind ever reverted to the subject of medical treatment, and the very works he was employed by the publishers in translating kept him thinking of the treatment of disease by medicines, and of the explanations offered by the authors he was engaged in of the mode of action of the medicines they treated of.

In 1790, while translating Cullen's work on *materia medica*, he was struck by the inconclusiveness of that author's explanation of the mode of action of *Cinchona bark* in intermittent fever. This famous explanation was to the following effect:—Bitters and astringents are tonics, bark is both bitter and astringent, therefore it is doubly a tonic, and it cures intermittent fever by its tonic action on the stomach, which tonic action is communicated from the stomach to the rest of the system, and in some unknown way relaxes the spasm of the extreme vessels on which the cold stage depends.

This explanation, which might have been satisfactory to the medical world who then, probably even more than now, readily accepted phrases for facts, struck Hahnemann as being no explanation at all. It must have appeared to him too like the reply of Molière's Bachelierus to the question of his examiner:

Domandabo causam et rationem quare
Opium facit dormire?

Reply:

Quia est in eo
Virtus dormitiva.

So Hahnemann set to work to see if an investigation of the positive action of bark on the healthy human body would throw any light on its curative action in ague. He being in perfect health at the time took repeated doses of bark, and by the time he had swallowed four drachms of the drug he had an attack of fever, which almost exactly resembled the array of symptoms presented by the fits of certain tertian and quotidian agues which he had cured by means of bark. Mark that Hahnemann nowhere says that bark will produce repeated attacks of fever of the tertian or quotidian type, as alleged by his detractors, the renegade homœopathic practitioners and their abettors in the allopathic medical journals. He says distinctly that it produced an attack of fever similar to an attack of the fever of ague, and nowhere in his writings do we find him saying that it produced repeated periodical attacks of fever.

The *Lancet*, in a recent number, sneers at this experiment of Hahnemann's being compared to Newton's traditional falling apple, which is said to have suggested to him the law of gravitation. But the comparison is not at all far-fetched. For all that is alleged of the apple is, that it set Newton thinking of the laws of gravitation; and all that is alleged of Hahnemann's experiment with bark is, that it set him thinking of the therapeutic law with which his name is indelibly associated.

He did not at once rush to the conclusion that from this one experiment he had discovered the law that ruled in all cases of the cure of diseases by drugs. He proceeded in the cautious and scientific manner we should expect from a man of science.

"I now commenced," he says, "to make a collection of the morbid phenomena which different observers had from time to time noticed as produced by medicines introduced into the stomachs of healthy persons, and which they had casually recorded in their works. But as the number of these was not great, I set myself diligently to work to test several medicinal substances on the healthy body, and behold! the carefully observed symptoms they produced corresponded wonderfully with the symptoms of the morbid states they could easily and permanently cure."

The result of these experiments he published fifteen years later, viz. in 1805, in the two volumes of *Fragmenta de Viribus Medicamentorum Positivis*, the germ of his *Materia Medica Pura*, and the same year he published his *Medicine of Experience*, which may in like manner be considered the germ of his *Organon*, the first edition of which was published five years later.

The student of Hahnemann's writings knows how gradual was the growth of the system of homœopathy in his mind ; how cautiously and tentatively he went to work, how he never enunciated a maxim until he had carefully and laboriously accumulated a large array of facts in its support ; how he subjected all the current medical doctrines and methods of treatment to a searching criticism, and how the conclusions at which he arrived were the result of careful experiment and logical ratiocination. To those who desire to trace the gradual development of his system, I would recommend a careful perusal of the essays contained in his collected *Lesser Writings*, from which they will see that homœopathy is not the rash and hasty product of a theoretical mind, but the slow and cautious growth of a scientific truth in the mind of a man in his best years singularly free from any propensity to indulge in theoretical speculations.

In fact, the maxim *similia similibus curantur* is not a theory at all ; it appears in Hahnemann's writings as the inevitable logical deduction from an overwhelming mass of facts. It gives no explanation of the mode of action of remedies ; and though at a later period Hahneman attempted several explanations of the action of homœopathic remedies, he did so with considerable diffidence, and almost apologetically, as though he would say that he did not attach much value to them ; and that, though his facts and his deductions therefrom were indubitable, his theoretical explanation might be taken for what it was worth, and he would not insist on its correctness. The therapeutic rule was true, but the theoretical explanation of it might be altogether false.

Those curious in such theoretical exercises will find a wonderful family likeness betwixt some of Hahnemann's

pathological views and the hypotheses of Cullen. There is this great difference between them, however, that whereas Cullen supposed the existence in the organism of two forces, which he invested with independent and intelligent qualities, the vital force and the *vis medicatrix natureæ*, by means of the interactions of which he easily explained the most difficult pathological problems, Hahnemann carefully eliminates the *vis medicatrix*, though he retains the vital force or principle as a separate and quasi-intelligent entity. Hahnemann's physiology and pathology, it should be remembered, were the physiology and pathology of the last century, when the doctrine of an independent and semi-conscious vital principle was almost universally held. Those who, having abandoned the idea of such an archæus in the human organism, are inclined to look down on Hahnemann for his belief, should remember the spirit of the age in which he wrote, and also bear in mind that one of the most distinguished of modern physiologists, Dr. Beale, openly avows his belief in a vital principle as an entity different from the quality of vitality inherent in living tissues.

Although Hahnemann's new therapeutic ideas were unfolded so gradually to the profession, and though each new step was taken only after great deliberation and the most careful testing, unfortunately for medical science, unfortunately for the credit of the medical profession, and still more unfortunately for the patient-world, Hahnemann's discovery came upon a profession utterly unprepared to receive it. The great medical authorities of Hahnemann's day and of all previous times had acquired their fame as representatives of the art of medicine by speculating on the nature of disease and drawing the indications for its treatment from purely hypothetical considerations. In like manner as regards medicines, they credited them with all sorts of hypothetical qualities, nor did it seem ever to occur to them to test their powers and gain a knowledge of their qualities by observing their action on the healthy human body. Medical practice was, in fact, the treatment of the unknown by the unknown, of the hypothetical by the hypothetical. The accumulated speculations of ages respecting

the nature of disease and the properties of drugs constituted the science of medicine. Hahnemann's simple therapeutic rule, if admitted, would upset all this traditional and hoary lore, and would render the learning of the most deeply read of no account. Hence the violent opposition that the enunciation of the homœopathic therapeutic rule at once encountered from the heads of the profession. Even Hahnemann's dearest friend, Hufeland, the Nestor of German medicine, while admitting that he had seen decided curative results from medicines prescribed homœopathically, deprecated the admission of *similia similibus* as a general therapeutic rule, as to do so would be to dig the grave of science. He alluded of course to what was considered science in his day, the false pretensions of which to the name have long since been exposed.

We can appreciate the motives that led to this opposition to Hahnemann's teaching, but we are unable to understand why this opposition should have at once taken the form of the fiercest persecution.

Hahnemann was no unknown and obscure practitioner. He was already distinguished by his chemical and medical writings, and his numerous translations of foreign medical books. His treatise on arsenical poisoning published in 1786 was a standard work on the subject and is still referred to respectfully by those best qualified to judge of its merits. His work on *Venereal Diseases* published in 1788 is distinguished by pathological views and a mode of treatment far in advance of the pathology and treatment of his day. The essays in which he disclosed his new therapeutic ideas are characterised by laborious research and show a thorough acquaintance with all the medical lore of former times and of his own age. It might have been expected that the results of the experiments, investigations, and profound reasoning of such a man would have at least met with respectful consideration from colleagues who were certainly not his superiors in any of the qualities that go to make the scientific medical investigator. But outside the small band of devoted, but young and obscure disciples whom his qualities of head and heart attracted to his side, he was

assailed with every form of invective and insult. The apothecaries, hounded on by the physicians, formed a league against him, and obsolete laws were raked up to hinder him from exercising his profession. He was driven from place to place by the machinations of his adversaries. He was deprived of the power of earning his bread by practice and of propagating his views by lectures, and would have been reduced to poverty and destitution had it not been for the generous hospitality afforded him by the reigning Duke of Anhalt Coethen, who offered him an asylum in his capital, where he was free to exercise his profession, but where he still had to endure all the abuse and contumelious treatment of the illiberal and prejudiced partisans of traditional medicine.

It is pleasant to think that the persecuted medical reformer obtained a comfortable home and was able to earn a competency in this dull little German capital. But we are bound to confess that Hahnemann's enforced isolation from all contact with his colleagues in the pleasant retirement of this medical Capua was far from advantageous to the further development of homœopathy. It is not good for man to be alone, we are told, and even the greatest of doctors retain sufficient of the human in their nature to render them subject to some of the evils incident to isolated man. When a man of an original turn of mind is exempted from the constant friction of other minds, he is apt to become extremely angular, and some of his angles are apt to be abnormally developed. Like those solitary crystal groups which throw out long straggling crystals when there is nothing to oppose them, or like the unpruned tree, some of whose branches will sprawl out in a useless and unsymmetrical fashion, so the artist, the literary man, or the man of ideas will, if left to himself, be very likely to take on a one-sided intellectual growth and to lose that symmetry of mental development he would have retained if exposed to the attrition of other intellects.

Living alone, that is to say, in a position where no intellectual rivals or competitors are met with, is apt to develop a condition of morbid self-consciousness. We are disposed

to contemplate and dwell on our own pre-eminent qualities and to disparage those who differ from us and with whom we do not come in contact. I am inclined to think that the saintly anchorites of yore who passed their lives in desert places and lonesome caves were less taken up with the contemplation of their own sinfulness than with dwelling on their superior merits when contrasted with the defects and vices of the outside world. It should be remembered that Hahnemann when he at length attained his *otium cum dignitate* was already past his prime; he had indeed passed the grand climacteric. He was sixty-six years of age, an age in which the faculties may be acute enough for practice, but in which the reasoning faculty is not at its best. But being relegated to this dreary solitude as far as the society of colleagues, even of like-thinking colleagues, was concerned, and seeing none but adoring patients and flattering toadies, he commenced spinning theoretical cobwebs from his hitherto practical brain, and, as might have been expected under the circumstances, he made rather a mess of it. When of the ripe age of seventy-three, he gave to the world his celebrated doctrine of *Chronic Diseases* which has been so severely criticised by some of his most illustrious disciples. He carried his ideas of the increase of power of medicines by the act of shaking to such a degree that whereas, fifteen years previously, he had counselled strong succussion of each dilution for three minutes, he now enjoined that no more than two shakes should be given to each bottle, and asserted that a medicine prepared with twenty shakes to each dilution would endanger the life of a patient. Never visiting a patient out of the house, the habit some of his followers had of carrying their medicines in the liquid form about with them when they went to visit their patients, filled him with terror lest by the shaking they got in their bearers' pockets their potency might be so much increased that their administration might be followed by disastrous consequences. Such of his disciples as ventured to criticise any of his doctrines he regarded as his enemies, and he even quarrelled with his faithful follower Hartmann on his venturing to disagree

with him on some trivial point. On the other hand, he gave his assent to the most extravagant proposals of enthusiastic dilettanti like Graf von Korsakoff, and he was almost persuaded by some enthusiasts to sanction the administration of two or more medicines in combination. And yet the idea of his own infallibility ruled so strongly in him that he declared that any one who should depart by one hair's breadth from his precepts was not worthy to be considered a member of the true homœopathic church, but was *ipso facto* excommunicated. When, at the ripe age of eighty-one, he removed to Paris, where he had the opportunity of mingling with highly cultivated medical practitioners of homœopathy, he received their advances with coldness, disgusting many of them by his intolerance, and he chose for his intimates non-medical zealots who offered him the agreeable incense of adulation.

He spoke and wrote about the practice and the practitioners of the old school with an acrimony quite foreign to his earlier writings, and by his bitterness and intolerance he contributed in no small degree to render the breach between the old and the new schools of medicine impassable.

To the isolation to which he was condemned by the hostility of his colleagues and countrymen we can ascribe all the extravagances of Hahnemann's later doctrines, which it has been the painful task of his modern followers to eliminate from the great and wholesome truths of his system. We may draw from this history the sound moral that it is by association and by the frequent interchange of ideas that the cultivators of a great medical truth like homœopathy will be saved from the aberrations and eccentricities that are so apt to develop themselves when we are deprived of the intellectual friction of other minds. Hence the advantage of the mutual intercourse afforded by societies like the British Homœopathic; and we are glad to know that similar societies exist in different portions of this country, where frequent opportunities are presented to all practitioners of our school to discuss the various parts of our system that require elucidation.

The pertinacious hostility of his colleagues and countrymen pursued him to Coethen. False accusations and calumnies were poured out upon him in the medical journals of the period. These interfered materially with the tranquillity of his existence and prompted him to retorts of equal acrimony.

Perhaps the extreme bitterness of his later writings may be partially accounted for by the almost total absence of humour in his mental constitution. He was too terribly in earnest to be jocular. His life was spent in everlasting controversy, and his nature took up everything so seriously that he could not perceive the ludicrous side of any argument. He resembled Rab's dog in Dr. Brown's inimitable story. Some one remarking on the extreme gravity of the deportment of this remarkable quadruped, Rab accounted for it in this way: "You see, sir, life is full of seriousness for him, he just canna get his fill o' fechtin." The solitary joke recorded of Hahnemann is so solemn, it might have been uttered by the Archbishop of Canterbury or Mr. Gladstone. During the first years of his sojourn in Coethen he dared not venture outside his house without being exposed to the hootings and jeers of the townsfolk, so his daily walks were limited to his own little garden. A visitor once said to him, "Is this little strip the garden to which your walks are confined, Herr Hofrath? It is very narrow." "It is narrow," replied the sage, "but" (pointing upwards) "it is infinitely high."

The same spirit of irrational animosity that persecuted Hahnemann was extended to all who sided with him, and who saw in his discovery the prospect of a regeneration of the medical art. The hostility and persecuting spirit initiated in his fatherland prevailed in every part of the world where his doctrines found converts.

I have no need to recal to your minds the details of this miserable persecution in this country. I would, indeed, be glad to pass over in silence an episode so discreditable to the members of a so-called liberal profession were it not for this circumstance, viz., that the persecution still survives in its full intensity. We are still excluded by medical

societies, we are still refused the courtesies of professional intercourse; hospitals and schools are still closed against us; medical publishers still refuse to publish our works; medical reviewers to review them. We are still reviled in medical periodicals as quacks and rogues.

And all this in spite of the almost complete abandonment by our opponents of the most cherished methods of traditional physic; in spite of the wholesale appropriation of the medicines and the very doctrines of Hahnemann by his detractors; in spite of the declaration of the editor of a leading journal of old physic that the profession regard with "the most perfect toleration the theory and practice of homœopathy."

There are many branches of medical science and even of medical practice in which we are at one with our opponents, and it is unreasonable to allow the one question of the rule to be followed in the administration of drugs to create an impassable gulf between us, more especially as, even in the very matter of drug-giving, we differ less from some of our allopathic friends than they do from some others of their own school, to whom they never would dream of denying the professional courtesy they refuse to us.

It should, methinks, be rather the aim of cultivators of a science, particularly a science like medicine, where there is still so much to be cultivated, to find points on which all may act harmoniously than to dwell with acrimony on disputed questions which can only eventually be settled by calm and judicial inquiry and careful experiment. One point there is in especial on which all the thinking men of the old school have come over to the views of Hahnemann. All now admit that it is necessary to study the physiological action of drugs on the healthy human organism in order to know their curative power in disease. Many distinguished men of the old school are acting on this conviction, and diligently testing for themselves the pure effects of medicines; but they steadily ignore all that we have done in this way. They go painfully over the ground that has for these many years been laboriously cultivated, and with rich results, by the followers of Hahnemann. What a gain

it would be for practical medicine were they cordially to join with us in the discovery of the physiological effects of drugs!

Here is a common ground on which we may work in unison. We have already a rich treasury of *Materia Medica*, consisting of the ascertained qualities of drugs, but rich though it be we are not content with it, but are constantly engaged in adding to our store, and in re-proving those medicines we already have. Much still remains to be done to make our *Materia Medica* perfect. The labours of all earnest workers for many years to come will hardly suffice to bring our knowledge of the actions of drugs to a satisfactory state of completeness. Why should the powers of earnest men be wasted in desultory efforts, when such great results might be obtained by combined and harmonious action?

It may be thought that I have diverged somewhat from my theme, which was to be the history of homœopathy. I admit that I have done so, but to treat the subject satisfactorily to all would have been an impossible task. For to some the history of homœopathy is the history of its triumphs, the converts it has made among all classes and especially among the great and the noble:

Principibus placuisse viris non ultima laus est.

But these triumphs have already been paraded with sickening reiteration, and I have no wish to sound again the brazen trump of boasting. To others the history of homœopathy is the history of its persecutions, great and petty, but these I would not willingly rake up from the almost forgotten past, especially now that we may hope, in spite of the revilings of the mercenary organs of medical trades-unionism, a new æra of tolerance, if not of respect, is about to commence. To others, again, the history of homœopathy is the history of its internal development, of its scientific growth, of its conquests in the field of *materia medica*, and its victories over serious disease. But this could scarcely have been treated satisfactorily in an introductory lecture, and will more appropriately appear in my next lecture and in the lectures of my colleague Dr. Hughes.

In another point of view the history of homœopathy may be read in the vast changes it has wrought in general medical practice—changes so great that no similar period of the history of medicine can offer anything comparable to them.

Hahnemann has no statues erected to his memory in this country, nor does he need any to commemorate his great achievements. We have only to look around us and compare the present state of medicine with what it was before he illuminated it by the light of his genius, and we may say of him in the words of the epitaph on the great architect of our metropolitan cathedral—

Si monumentum requiris, circumspice.

ON TETANUS.

By A. R. CROUCHER, M.D.

MR. PRESIDENT AND GENTLEMEN,—

The subject which I propose to bring before the notice of the Society this evening is one sufficiently serious in its effects, and, I venture to think, generally speaking, so little amenable to treatment as to warrant us in congratulating ourselves that it is not of more frequent occurrence. Sir Thomas Watson, in his *Principles and Practice of Medicine*, remarks that “the treatment of tetanus is a mortifying subject. The disease is and always has been a lamentably fatal one.”

Hippocrates says, ἐπι τραυματι σπασμος ἐπιγενομενος, θανασιμον: tetanus supervening on a wound is mortal. Another of Hippocrates’ aphorisms is, οκοσοι ὑπο τετανου αλισκονται εν τεσσαρσιν απολλυνται: they who are seized with tetanus die within four days; but he adds, ἦν δε

παντας διαφυγασίν υγιεις γινονται: if they get over that period they recover.

It is curious how very trivial an injury has been known to be the cause of tetanus. It has been known to arise from the sticking of a fish-bone in the fauces; from a slight wound of the ear by a musket shot; from a mere stroke of a whip-lash under the eye, although the skin was not broken; from cutting a corn; from a bite on the finger by a tame sparrow; from the blow of a stick on the neck and on the hand; from the insertion of a seton; from the extraction of a tooth; from the injection of a hydrocele; and from the operation of cupping.

Tetanus is much more common in hot than in temperate latitudes, and generally selects for its victims individuals of a nervous and irritable temperament, or those whose constitutions have been impaired by the abuse of stimulants, or by exposure to a vitiated atmosphere.

There are evidently some sorts of injury, and some parts of the body, much more frequently than others concerned in the pathogeny of tetanus; thus the disorder more often supervenes, as is well known, upon injuries of the extremities than of the trunk, head, or neck, and upon wounds made by puncture than upon most other injuries. Penetrating wounds in the sole of the foot, such as are frequently inflicted by treading upon a nail or a splinter; and laceration, or other violence done to the muscles that constitute the ball of the thumb, are very apt to be followed by tetanic spasm.

The tetanic symptoms occur at no fixed period after the reception of the injury. Professor Robinson, of Edinburgh, was once at table, when a negro servant lacerated his thumb by the fracture of a china dish. He was seized with convulsions almost instantly and died with tetanic symptoms in a quarter of an hour. Such a rapid progress as this, however, is quite out of the usual course of the disease; probably fright had something to do with it. Hennen, in his work on Military Surgery, states that terror is frequently the immediate antecedent of the attack. In general the tetanus supervenes between the fourth and

fourteenth day after the infliction of the injury ; some time in the second week is the most common period of all. In the Peninsular War it did not commence later than the twenty-second day. In some rare cases its accession has been still longer deferred.

When the disorder arises from exposure to cold and damp, as is sometimes the case, it comes on much earlier, often in a few hours ; if, for example, the exposure take place during the night, the complaint may declare itself the next morning. After the disease has set in its rate of progress is various. It is said that when the spasms come on suddenly, recur often from the beginning, and increase in frequency and violence, the chance of recovery is but small. The patient in these cases sometimes dies on the second and generally before the fifth day. If he live to the ninth day of the disease his prospect is somewhat better, and the spasmodic symptoms may generally abate and disappear. Some, however, have died as late as the sixteenth, the twentieth, and even the thirty-fifth day ; but this last is very rare.

The pathology of tetanus is undoubtedly obscure. Some French authorities are of opinion that it is always an inflammatory disease, but this is completely disproved by numberless instances of inflammation of the spinal cord occurring without any tetanus ; and numerous cases of tetanus have occurred in which no unnatural appearance has existed within the vertebral canal. It is clearly attributable to irritation, direct or indirect, of the spinal cord or of its nervous appendages. It has been called " functional disease of the spinal cord " for want of a better name. It was conjectured by Dr. Todd and Mr. Bowman that the changes which took place in the nerves, and in the nervous centres, whereby sensations and muscular contractions are produced, are molecular changes, rapidly propagated from the point where the stimulus is applied, and analogous with " that remarkable change in the particles of a piece of soft iron, in virtue of which it acquires the properties of a magnet, so long as it is maintained in a certain relation to a galvanic current ; these properties being instantaneously

communicated when the circuit is completed, and as instantaneously removed when it is broken. A state of polarity is induced in the particles of the nerve by the action of the stimulus, which is capable of exciting an analogous change in other particles whether muscular or nervous; whence results the peculiar effect of the nerve's influence." In accordance with this theory these authors hold, with great show of reason, that in tetanic spasm the natural polar force of the spinal cord is greatly exalted, and kept so, by the constant irritation applied directly to the cord itself, or propagated to it by the nerves of the injured part.

If you irritate, mechanically, by means of a pair of forceps, the exposed spinal cord of a recently decapitated animal, a turtle for example, you produce spasmodic contraction of the limbs. There can be no difficulty in supposing that some mechanical irritation existing within the spinal cord of a living man may have a similar effect. It may be, and probably is, sometimes the mechanical irritation caused by the altered state of the blood-vessels under inflammation; for sometimes traces of such inflammation are found in the spinal marrow after death by tetanus.

Again, if you irritate by pinching one of the spinal nerves of a turtle whose head has been just cut off—if you thus irritate one of those nerves in any part of its course, the muscles of the limbs contract spasmodically, those on the side to which that nerve belongs become rigid, and those on the other side also.

Dr. Marshall Hall in his experiments in connection with this subject found that when he plucked at or compressed one of the denuded spinal nerves, spasmodic motions were excited in the muscles of *both sides*, and *above*, as well as *below*, the junction of that nerve with the cord. He has shown us that the change (whatever it be) that is wrought in the cord by impressions made upon one of its afferent nerves is not necessarily confined to the corresponding *segment* of the cord; but may be instantly communicated, in both directions, throughout its entire course; the whole of this centre of the excito-motory system responding to the

influence conveyed by a single nerve, as completely as a tight string vibrates from end to end when struck at any one point. There is no part of the trunk or limbs which is not supplied with nerves from the spinal cord ; and we find that injuries of various parts or of almost any part, in an individual predisposed to take on the disordered action, may produce it. The exciting cause may be a wound irritating a particular nerve ; it may be exposure to cold, acting upon the extremities of various nerves that proceed from the surface ; it may be a bundle of worms, irritating the nerves spread upon the mucous tissue of the alimentary canal, for some writers have maintained that tetanus is almost always, even when it supervenes after wounds, the result of the presence of worms in the digestive organs. They have founded this opinion upon the fact, that worms have been very frequently indeed discovered in the stomach or intestines of persons dead of this disorder. It is objected to this, and naturally enough, that worms infest the human body without causing tetanus ; but the same thing may be said of the operation of cold and of external injuries. Any of these may probably excite the disorder, when the body is preternaturally susceptible of it. The real mystery lies in the predisposition.

In *traumatic* tetanus, the minute nervous twigs have been discovered diseased at the seat of the wound. Mr. Erichsen (on "Tetanus," *Lancet*, vol. i, 1859, p. 355) says: "There is in traumatic tetanus always a certain condition of the nervous system to be met with, if carefully looked for, namely, an unhealthy state of the nervous branch or twig, running from the wound. This twig will be found implicated in some way, congested, inflamed, infiltrated ; its neurilemma thickened, softened, and discoloured, often for a considerable distance from the wound. I have never failed to find this when it has been carefully looked for. In one instance (which is quite common) a cutaneous branch was found lying bare, and inflamed in the bottom of the issue wound."

The mischief commences in a minute nervous twig, and by reflex action those powerful changes are effected which

characterise the disease. Though the disease is called lockjaw or trismus, this symptom is not always the first striking symptom, though it is an early one. It is often manifested by twitching of the muscles of the trunk or extremities before lockjaw is developed. It then becomes a prominent symptom. The explanation of the early appearance of this local symptom is thus given by Mr. Hilton : " Experiment indicates that the grey matter of the interior of the spinal marrow is probably the local seat of tetanus. The fifth nerve or nerve of mastication—the one involved, and which must be the direct cause of trismus—has a larger connection or continuity with the grey matter of the spinal marrow than any other nerve in the human subject, and in this fact, perhaps, lies the explanation of the early symptoms of lockjaw, and no doubt the firm closure of the lower upon the upper jaw depends on the relative greater strength of the muscles closing the mouth as compared with those depressing the jaw. It is curious to observe the gradual ascent of the cause of tetanus—to see how the disease encroaches upon the higher or anterior nerves of the base of the brain, ultimately reaching the third cerebral nerve. Then the muscles which are supplied by this nerve become tetanic and cause retraction of the eyeballs, deep into the bony orbits, so far that in some cases, especially animals, we almost lose sight of the eye as the tetanus goes on."

When the disease has once established itself, the removal of the original cause of irritation (as by the amputation of the injured limb) is seldom of any avail, since the slightest impressions upon almost any part of the body are sufficient to excite the tetanic spasm, and, in this respect, it resembles epilepsy, which consists in convulsive actions with temporary suspension of the functions of the encephalon, and may result from the irritation of local causes, like the convulsions of teething ; and may, like them, cease when the sources of irritation are removed. But when it becomes confirmed it seems to involve a disorder of the nervous centres which no local treatment can influence.

I now proceed to report a case of tetanus successfully treated which occurred to me recently.

E. B—, æt. 17, of a highly nervous temperament, whose brother has suffered from mania and epilepsy, cut his thumb on February 27th last, with an ordinary table-knife, on the inner side of the first phalanx. There was a good deal of hæmorrhage at the time, and the wound was dressed at home.

On March 7th, eight days after the accident, I saw him for the first time, and found his hand and forearm much swollen and extremely sensitive, of a livid colour, and the temperature of the hand was considerably lowered; he could not perceive that the temperature had fallen, although it was distinctly perceptible to others. I prescribed *Acon.* 3x and *Bell.* 3x, gtt. j, 3tis horis alterne. I saw him again on March 9th, the inflammation was extending up the arm to the shoulder, the fingers and hand much swollen and very painful. I ordered the same medicine and a lotion of *Hamamelis virginica*.

March 10th, *morning*, much worse in every way, ordered *Bell.* 3x and *Rhus* 3x, and at night I ordered linseed meal poultice from the hand to the shoulder. On this night the tetanic spasm in the throat commenced, and he had an attack much resembling hysteria.

On the next day, March 11th, twelve days after the accident, at 6.45 p.m., decided tetanus set in, the fit lasting about fifteen minutes, and recurring at 6.30 a.m. and 6.30 p.m. on the 12th, 13th, 14th, 15th, and 16th. During this time I gave *Strychnia* 3x, 3 and 6, *Ignatia* 1x and ϕ , *Bell.* 3x and 3, *Lachesis* 6, and *Hyoscyamus* 1 and 3, and on March 12th I applied an ice-bag to the spine, which caused great pain there, with cramp of the muscles of the back; but all treatment seemed to have no effect whatever. The spasm in his throat came on about 2 p.m. and 2 a.m., and continued till the fit came on, increasing in frequency and severity till that time, and occurring in his sleep without waking him; there was distinct opisthotonos in most of the fits, and the muscles of the face were horribly contorted. The fits were very violent, every joint

of his hands and feet seemed to crack ; he was perfectly sensible during the attacks, which always left him in a very exhausted condition.

On Monday, March 16th, I ordered *Emp. Bell.* to the spine, and from that time the tetanus ceased, but he had occasional attacks of spasms in the throat. For the next four days he improved very perceptibly, but on March 20th he was carried from his bedroom to the drawing-room, and in the evening he was greatly exhausted, and the next evening he had an epileptic fit, which recurred every evening at the same hour. I used the ordinary remedies without success.

On April 8th I ordered *Gelseminum* ϕ and the fits gradually became less violent, but he would have a severe fit when at all excited or contradicted.

His mental faculties were decidedly affected ; he had several delusions, one that he had swallowed his boots, and another that attempts were being made to poison him. His mother was the only member of his family whom he recognised ; he had lucid intervals, but occasionally his conversation was very incoherent ; he would call everything by its wrong name. His vision was peculiarly affected, his sight was inverted, every object appeared to him to be upside down ; he read also in this manner, and this condition of things existed until April 26th, when, on putting on a pair of neutral tint spectacles, he declared he could read and see everything in a normal manner.

I found that the spasm in the throat was invariably ameliorated by smoking a cigarette or a pipe of mild tobacco ; it was perceptible in a marked degree that the nervous system was soothed by its influence.

From the commencement of the epileptic attacks there was a gradual loss of power in the lower extremities which yielded to the application of the galvanic battery to the spine, aided by rubbing the spinal muscles and lower limbs by a medical rubber. The mental condition while the epilepsy was passing off might be designated hyperæsthesia or a morbidly excitable condition of mind, approaching hysteria in many points. His memory was remarkably acute ; he could rehearse the whole of the Church of

England Service by heart, and afterwards preach a sermon of three quarters of an hour's duration in a most able manner.

The peculiarity in the vision just mentioned may perhaps be accounted for by supposing that the crystalline lens and vitreous humour had lost their power of refraction, and that this function of vision was temporarily suspended, and, as it is said that in infancy we see every object upside down, we may conclude that the condition of his brain at this time resembled the condition of his brain in infancy ; but whatever view we may take of it, it is undoubtedly very curious and interesting.

On December 1st I was again called to see this patient, and found him suffering from cramps in his hands and feet, pains in his spine and head, accompanied by the peculiar affection of the vision before mentioned, spasm of the throat, and giddiness. I immediately ordered *Strychnia* 3 gtt. v ter die, and a *Belladonna plaster* the whole length of the spine as before. The application of the plaster was unavoidably delayed for a few days, but after its application the improvement was most marked. I am therefore inclined to give the credit of curing rather to the *Empl. Bell.* than to the *Strychnia*.

My patient gradually improved until he regained his normal state of health and vision, which happy state of things occurred in about a fortnight after the application of the *Empl. Bell.*

Discussion on Dr. Croucher's paper.

Dr. COOPER.—There are many points of interest in the case Dr. Croucher has brought forward, but should prefer to have had less mention made of the pathology of tetanus generally and more comment made upon the case itself. The case is in many ways interesting, the family history shows a marked tendency to nervous derangement, and this doubtless predisposed the patient to contract tetanic convulsions, for we do not often find simple incised wounds of the thumb to be followed by tetanus ; it is lacerated wounds that excite to it. The case is also very interesting as showing the marked change that took place after *Bella-*

donna was rubbed down the spine; the convulsion then changes from a tetanoid to an epileptoid form.

Dr. WYLD considered the case just narrated as one of an hysterical nature with tetanic spasms. True tetanus might nearly be described as acute persistent incurable spasm, terminating in death. Had Dr. Wyld such a case he would go beyond the best homœopathic treatment by the effect of chloroform, or if the patient could be put into the mesmeric sleep he would hope more from this than any other treatment. Some years ago a friend of Dr. Wyld's kept a confirmed epileptic young woman in the mesmeric sleep continuously for a week, thus effecting a complete and permanent cure.

Dr. LEADAM said he had no experience of tetanus, but he was surprised that, after deriving so much good from *Belladonna* and *Gelseminum*, Dr. Croucher had not pushed these remedies or gone upon a more chronic experiment and tried the effect of *Causticum*, which he thought might have been of use.

Dr. DUDGEON had never seen a case of tetanus, but it had struck him while the author was reading, that his case bore a considerable resemblance to some cases of spinal and cerebro-spinal irritation he had himself seen with tetanoid symptoms, but which were undoubtedly not true tetanus. He remembered being called in to see a servant girl who presented the appearance of a case of complete opisthotonos. Her body was stiffly arched and she rested in bed on the head and heels; the jaws were firmly clenched and the muscles perfectly rigid. He inquired if there was a wound, but finding that there was none, he treated the case as one of hysteria, and a few handfuls of cold water dashed in her face soon restored her. With regard to mesmerism recommended by Dr. Wyld he had seen a case of spinal irritation with convulsive attacks treated for a long period with mesmerism first commenced by the celebrated Baron Dupotet and continued by an ardent disciple of his. The mesmerism had certainly an effect; it produced pain and often convulsions, and afterwards seemed to have a soothing effect, but did not on the whole seem to have any particularly beneficial effect. A trip to Scotland undertaken by my advice, though dreaded much by the parents, on account of the extreme sensitiveness of the spine, had a marvellously beneficial effect, and the young lady on her return to town was able to walk about, which she could not do for more than a year previously, having always been confined to the dorsal recumbent posture, with cushions to keep off pressure from the spine.

Dr. HEWAN felt that however interesting the pathology of tetanus, here as *therapeutists* we had more particularly to do with the cure. In this respect he was disappointed somewhat with the paper that something more definite was not arrived at. Notwithstanding that so many medicines were carefully and consecutively given, he had failed to find out which one, if any, was specially of use.

ON SOME UTERINE DISEASES.

By G. M. CARFRAE, M.D.

MR. PRESIDENT AND GENTLEMEN,—

I propose this evening to direct your attention to the pathology and treatment of some uterine diseases. Those I have selected are,—metritis and its sequelæ, subinvolution, ramollissement and gangrene, and abscess. I have made this selection because of the great facilities we possess of examining the changes which take place in health and disease in the uterus; consequently, of watching also the effects of remedies. By the sense of *touch* we can ascertain its size, density, position, tolerance of pressure, &c. The *sound* is an important auxiliary to this sense. By means of the *speculum* we can *see* whether the os and cervix are in a normal state or otherwise; and if it be desirable to carry the examination further we can open up to view the entire inner surface of the organ by the use of *sponge tents*. So that altogether we can acquire a greater amount of precision in the diagnosis, prognosis, and treatment of uterine diseases than in that of any other internal organ.

Before proceeding further I must offer a word of apology to you for describing, as I am about to do, that with which you are all perfectly familiar already, viz., the etiology, semeiology, and pathology of metritis and its sequelæ. My excuse is that by recalling these to your mind you will more readily comprehend what I have to say about treatment.

Metritis is a very rare disease before puberty, or after the climacteric period; but it not unfrequently happens, from cold for example, after delivery, or during the catamenial flow. Injuries inflicted, accidentally or otherwise will, as in other parts of the body, cause inflammation of the uterus.

I need not remind you that this organ is composed of

three layers—an outer or peritoneal, an inner or mucous, and a middle or parenchymatous; and that either of these may become the seat of the inflammatory process, constituting the conditions known as peri-metritis, endo-metritis, and parenchymatous metritis. Then again the whole organ may be affected or only a portion thereof. The *cervix* may be inflamed, causing that very common disease *cervicitis*, or the *fundus* alone may be involved, producing what Dr. Routh calls *fundal endo-metritis*. And here I must digress for a moment to observe with reference to this disease, that it is one which gives rise to great suffering and is often difficult of detection or is apt to be overlooked altogether. “We can,” says Marion Sims,* “diagnose this with great accuracy. Place the patient in the left lateral semi-prone position, introduce the lever speculum, hook a tenaculum slightly in the anterior lip of the os tinea; draw this gently forwards pulling the os open so as to be able to look right into it; then pass the *sound*, previously warmed, gently along the cervix, using no force whatever, but almost letting it go by its own gravity, as it were, to the fundus. This is attended with no pain whatever till the sensitive point is reached, when it produces the most intense agony—a pain that does not cease sometimes for hours after the experiment.” He recommends the local application of *Glycerine* or *Iodine* after dilating the uterus with sponge tents for cure.

To resume. Of the various kinds of inflammation to which the uterus is subject I cannot now speak. The limited time at my disposal compels me to confine myself to one, the *parenchymatous*. The disease is generally ushered in by synochal fever; there are rigors followed by increase of temperature, quick pulse, thirst, anorexia, parched, furred tongue, restlessness, headache, and it may be delirium. These symptoms are accompanied or speedily followed by tenderness and intolerance of pressure in the hypogastrium and a feeling of weight and bearing down in the pelvis; very often there is pain in the back and loins which may extend to the thighs. The neighbouring organs sympa-

* *Clinical Notes on Uterine Surgery*, p. 412.

this in the derangement: dysuria and pain and difficulty during defæcation, and generally constipation, are present. Frequently the mammæ become swollen and are the seat of shooting darting pains. Nausea and vomiting and tendency to faint or actual fainting, especially on attempting to sit up in bed, are also common symptoms.

On examining *per vaginam* the cervix is found to be exceedingly sensitive to the touch, and preternaturally red and injected.

If the attack has come on after delivery, the lochia and, if during menstruation, the catamenia cease.

Diagnosis in this disease is not difficult. The pyrexia indicates inflammatory action. The pain might from its seat originate in any of the pelvic viscera, but a vaginal examination soon clears up all doubt.

The disease may terminate in one of *four* ways: 1. In resolution; 2. In a chronic, hypertrophic condition described by Sir J. Simpson under the name of subinvolution; 3. Ramollissement and sphacelus; 4. Abscess.

One of the symptoms of inflammation of the uterus is, as in most other organs, *swelling*. It sometimes happens that after all other acute symptoms have subsided this remains, giving rise to hypertrophy, what Sir J. Simpson has called subinvolution. Or, again, after delivery the uterus, which, as you know, undergoes rapid diminution in size, suddenly ceases so to do. Six weeks is about the time taken by the uterus to regain its normal size after delivery. But sometimes long after that period it is found to be double its normal dimensions, and so it remains unless the patient is put under treatment. Lastly, it is not uncommon to find subinvolution as the result of constant miscarriage. The *symptoms* which this condition gives rise to are somewhat similar to those of metritis, but in a mitigated form. The fever is absent, and the pain is generally less severe or is replaced by a feeling of weight and bearing down and backache. There is still the difficulty in passing fæces as well as dysuria; these depending to some extent on the amount of ante- or retro-version which are present, and which, I may here remark, are common

results of the disease. The catamenia are generally profuse and attended with pain, and in the intervals between the "periods" there is leucorrhœa. The general health, of course, becomes impaired, and hysteria and anorexia are common sequels to the complaint.

The symptoms which I have just described are, however, common to the great majority of uterine derangements, and the only way of arriving at an accurate *diagnosis* of the disease is to make a careful physical examination. The best position for so doing is to put the patient on her back. Both hands must be used in the examination. One must be placed over the abdomen and the finger of the other introduced into the vagina. By making steady pressure on the hypogastric region with the one hand, and keeping the finger of the other on the cervix, we can form a tolerably accurate idea of the exact size of the uterus; and in subinvolution it will generally be found to be about twice its normal size. If any doubt exists as to the nature of the swelling it can be cleared up by the use of the *sound*. The only disease likely to be mistaken for subinvolution is fibroid tumour. In the latter, however, especially if it exists external to the uterine walls, there is irregularity of the surface, whereas in subinvolution there is uniform enlargement of the whole organ. If a fibroid exists in the uterine walls, or projects into the interior of the uterus, the *sound* meets with more or less obstruction in its passage; whereas in simple enlargement it passes, and may be freely moved about in the uterine cavity. Ante- or retro-version are, as above mentioned, common complications of subinvolution. If either of these conditions exists it may cause some difficulty in introducing the *sound*; but by ascertaining the direction in which the version has taken place and introducing the *sound* accordingly this diagnostic difficulty can be overcome.

Sir J. Simpson compares the action of the uterus during the expulsion of the foetus to cramp in other muscles: the natural function of the muscular fibres—contraction—is then exerted to an excessive or abnormal degree. The result of this excessive action is preternatural exhaustion and

subsequent degeneration of the tissues; and we find, in point of fact, that this does actually occur. Professor Retzius has demonstrated that the rapid diminution which the uterus undergoes after delivery is due to a genuine fatty degeneration. The process commences in the inner and gradually extends to the outer layers. The muscular fibres are first converted into fat-cells and are then absorbed. Nature here employs a pathological process, so to speak, to bring about a physiological result. And it is the sudden arrest of this pathological process which gives rise to the condition now under consideration—subinvolution. It is important to recollect this fact because I shall have to recur to it when I speak of the treatment of the disease.

Ramollissement, or softening of the uterine walls, is, in most of the systematic works on diseases of women, usually described as one of the terminations of metritis. But it seems to me very doubtful whether it is not really only an early stage of gangrene. When metritis threatens to terminate in this way typhoid symptoms manifest themselves. The pulse becomes very rapid and thready, the temperature falls, there are shiverings *subsultus tendinum*, muttering delirium. The tongue becomes parched, glazed, and brown, and all pain ceases. These symptoms almost invariably end in death.

Abscess, although a very rare termination of metritis, does sometimes happen, as is shown by the writings of Mauriceau, Van Swieten, La Motte, &c.

As a matter of course, in the *treatment of metritis*, rest in the horizontal position (the head alone being raised) must be insisted on; and great comfort, and relief to the pain, is often experienced by warm fomentations over the abdomen. There is generally little or no appetite for food, and what is given ought to be of a bland and unstimulating kind. *Aconite* in this, as in other diseases attended with synochal fever, is very useful; but only if the patient is seen in the beginning of the attack, when there are fever with general abdominal tenderness. It frequently happens that the use of these means alone will cut short the attack. If, however, they fail to do so, and the fever becomes more

decidedly localised, and is accompanied by a feeling of bearing down as if all the pelvic viscera would issue through the genital organs; and if there is in addition pain in the back, then *Belladonna* will be found more useful than *Aconite*. Additional symptoms for the use of *Belladonna* are headache, with the fever, flushing of the face, and delirium.

Secale ought to be used when the disease comes on after tedious labour, and is attended with hæmorrhage; when there is great prostration and coldness of the extremities, low hurried pulse, retching and vomiting; and when the blood which is discharged from the uterus is fluid, mingled with dark badly smelling coagula; in other words, when there is a tendency to gangrene.

Iodine is mentioned by Hempel* as a remedy for metritis, but the evidence in its favour is derived entirely from clinical records. He says, "In *Horn's Archives* we find several cases recorded where symptoms of congestion bordering on inflammation have shown themselves on the second or third day after confinement. The pain in the region of the uterus was intense, the abdomen very sensitive, with continual urging to urinate, heat and dryness of the vagina, suppression of the lochial discharge. *Iodine* removed the pain at once, restored the lochial discharge, and freed the patient from all danger."

Cantharis produces "acute fever, swelling of the neck of the uterus, attended with burning in the bladder, pain in the abdomen, constant vomiting." When similar symptoms develop themselves in a case of metritis, especially if there is much dysuria, we shall find *Cantharis* a valuable remedy.

In the treatment of *subinvolution* absolute rest is not so essential as in that of metritis; indeed, moderate exercise, when it does not increase the sufferings of the patient, is beneficial. A well-fitting abdominal belt often helps the patient to walk when otherwise she could not; in other ways it is a good adjunct to the treatment.

The medicine on which I would place most reliance in

* *Comprehensive System of Materia Medica and Therapeutics*. 1st edition, p. 548.

this complaint *subinvolution* is *Secale*. But in order to do good it must, in my opinion, be given in comparatively large doses, two or three drops of the pure tincture, or of the *Liquor Secalis Cornuti* of the *British Pharmacopœia*, every four hours. We have seen that the rapid diminution of the uterus after delivery is due to fatty degeneration of its tissue, and that the sudden arrest of this causes subinvolution. To cure this condition we must re-establish the degenerative process, and this can only be done by giving the medicine in quantities sufficient to produce its physiological effects.

Iodine is also extremely useful in the treatment of this disease, and, so far as my limited experience goes, finds a more appropriate sphere of action here than in acute inflammation of the womb. Its action, however, is much more speedy, decided, and certain if, in addition to its internal administration, it is applied locally to the cervix. For this purpose the pure tincture is generally used. I would suggest, however, a somewhat milder preparation, viz. one part of the tincture to two or three of water.

Cold affusions applied to the cervix by means of such an apparatus as that recommended by Dr. Graily Hewitt are also of great service in some cases of subinvolution. Injections by means of the ordinary female syringe are of no use; what is wanted is a continuous stream of cold water to the cervix. This is done by having a reservoir sufficiently large to hold half a gallon or a gallon of water, and a long india-rubber tube attached by one end to the reservoir and by the other to the nozzle of a female syringe; and care must be taken that this is long enough to reach the cervix. The reservoir must be placed higher than the patient, and the tube must be fitted with a stopcock so as to regulate the force of the stream.

Faradisation may be mentioned among the local applications for this complaint; it is one which has been much commended and used in this country by Dr. Althaus, and in France by Drs. Duchenne and Fripiet. Generally it is best to apply the positive pole of the battery to the cervix, and the other to the hypogastrium if there is anteversion, or

by the rectum if there is retroversion. If neither anterior retroversion exists, Fripiet advises that the negative pole should be applied both to the rectum and hypogastrium by bifurcating the one rheophore, while the positive is applied to the cervix as before.

The use of sponge tents is another important auxiliary measure in the treatment of this disease. In many obstinate chronic cases, which have resisted other means of cure, diminution of size, and absorption which had come to a standstill, are recommenced, and the uterus regains its normal size by their use. After dilatation I think it is always advisable to give *Secale*, as that medicine continues the action which the sponge tents have begun.

Lastly, great help is often derived from the use of mineral waters. The short time at my disposal compels me to limit myself to a very brief *resumé* of the different waters that are useful in these cases. Those who feel disposed to go into the subject more thoroughly will do well to consult Dr. Althaus' *Spas of Europe*.

When the disease is complicated with dyspepsia and sluggish circulation and action of the abdominal viscera, Vichy, Carlsbad or Marienbad, Pullna, Seidlitz, Purton, are to be thought of. Wildbad, Schlanengenbad, Gastein, Clifton, and Buxton, are more useful where hysterical symptoms predominate. Where there is much debility chalybeate springs, such as Schwalbach, Pymont, Spa, Duburg, are most useful. In obstinate chronic cases Kreutznach, Hull, Durkheim, Krankheit; and, lastly, in neuralgia and rheumatic complications, Wiesbaden, Baden-Baden, Ems, and Bath, are most likely to be beneficial.

When ramollissement and gangrene threaten, as a termination of metritis, our sheet-anchor, I believe, must again be *Secale*; but here I would be disposed to give it in smaller doses than when given for chronic enlargement.

Hempel recommends another medicine for this condition, *Arsenicum*. Although the general typhoid symptoms correspond to those of the medicine it has no specific action on the organ which is mainly implicated. Neverthe-

less, with such good authority for its use I would give it a place among the remedies for these grave maladies.

When metritis threatens to terminate in abscess the most reliable medicine is *Hepar sulphuris*, on account of its well-known action on the suppurative process.

Such, then, is the treatment I think most appropriate for the diseases I have attempted briefly to describe; and it must be evident to you that it differs widely from that laid down in our text-books for the same affections. In Dr. Gutteridge's and Dr. Guernsey's treatises on women's diseases there are about forty medicines recommended for metritis alone; and in going over the pathogeneses of these carefully I can only find the five I have mentioned which have any specific relation to the disease; and no mention whatever is made of the important auxiliary measures other than the purely medical, which I think of great importance; indeed, often essential to effect a perfect cure. These two objections apply equally to the treatment of other diseases. For almost all a long string of medicines are recommended, very few of which produce symptoms at all analogous to the disease for which they are suggested; and, as a rule, auxiliaries are altogether ignored. Dr. Guernsey defends his plan of treatment by insisting that the medicines for any given disease are mentioned because each has some "strong characteristic symptom which will often be found the governing symptom, and on referring to the *Symptomen-Codex* all the others will surely be there if this one is." "There must," he continues, "be a head to everything; so in symptomatology; and if the most interior or peculiar or keynote is discernible, it will be found under that remedy that gives existence to this peculiar one if that remedy is well proven."* Now, in attempting to apply this principle to the treatment recommended for metritis we find that it utterly breaks down; at least, so far as I can comprehend it. Granting that different cases of metritis give rise to an infinite variety of symptoms; in all there

* *The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders peculiar to Women and Young Children.* By Henry R. Guernsey, M.D.

are, it must be conceded, some well-marked symptoms referable to the organ principally implicated. There are pain and feeling of bearing down in the pelvic region, derangement of the uterine functions, more or less dysuria, pain during defæcation, and fever, of the synochal type. Now, to be of use curatively the medicines recommended for this disease must have the special characteristic keynote symptom, *plus* those symptoms I have mentioned; but in many of the medicines—I may say the great majority—I can discover nothing at all analogous to the prominent symptoms of metritis. *Coffea*, for example, is recommended “in cases where the inflammation is induced by excessive joy; she is in a state of ecstasy, and is very sensitive to contact.”* These we will suppose are the characteristic or keynote symptoms. But there is not a single uterine symptom mentioned in *Jahr* which can by the wildest stretch of imagination be supposed to resemble metritis; in fact, there are no uterine symptoms at all, those mentioned under the head of “Genital Organs” being such as are common to male and female provers, but might fairly be referred to the former. Again, *Kreasote* is recommended by Dr. Guernsey when “there are stitches in the vagina proceeding from the abdomen, causing her to start at every pain; putrid acrid corrosive leucorrhœa; a low form of fever; putrid fever.” The symptoms mentioned by *Jahr* as appertaining to *genital organs* are these—“the menses appear too early or late; painful menstruation; suppression of the menses; pain in the loins, back, and anterior part of the thighs during menstruation; yellowish leucorrhœa in the morning eight days after the appearance of the menses.” Here, again, we quite fail to see the relationship between the symptoms produced by the medicine and those produced by the disease in question. I might go on enumerating such examples of the total want of similarity between the symptoms produced by the disease and those found in the proving, but desist because it would only occupy time, and each of you can satisfy himself of the truth of what I say by comparing the remedies recommended for any given

* Op. cit.

disease and the proving of those remedies. Hitherto pneumonia has been the disease selected as the battle-field on which the champions for the different methods of treatment have agreed to do battle. For the reasons already given I think the diseases I have described are better fitted for obtaining accurate data as to the actions of remedies; and if the remarks I have made should lead to a more thorough investigation of this important subject, and should result in simplifying and precisioning (if there is such a word) the treatment of disease I shall think that my task this evening has not been labour in vain.

Discussion on Dr. G. M. Carfrae's paper.

Dr. EDWARD BLAKE considered *post-partum* subinvolution to be the analogue of the dilated fatty heart; it would be a highly interesting problem to work out the connection between these two pathological conditions. Is there any community in the remedies employed by the homœopathic school in the two disorders? *Calcarea* and *Ferrum* would immediately rise before the minds of those present. A trial of *Baryta carbonica* and of *Phosphorus* might be suggested upon analogical grounds. Dr. Blake considered persistent watery leucorrhœa to be a valuable indication of defective involution; he was accustomed in the recent condition to employ *Caulophyllum*, in the more chronic form *Calc. carb.*, or *Calc. iodid.*, combined with the use of chalybeates and systematic friction over the fundus, to stimulate molecular activity. He thought the elastic abdominal belt to be of the greatest value, and he would be very unwilling to dispense with the good aid of medicated compresses. There were two distinct kinds of subinvolution or rather degeneration of the uterus—one, the *fatty* form, was the *post-partum* variety, the other succeeded metritis and was a fibroid degeneration. Arsenic certainly possessed a specific relation to the internal uterine lining membrane, but it was probably secondary and by extension from the external genitalia. In vol. xxiii of the *British Journal of Homœopathy* the scholarly Imbert-Gourbeyre cites a mass of evidence to show the elective affinity of *Arsenic* for the pudendum.

Dr. R. HUGHES said he was glad that Dr. Carfrae had chosen the subject of uterine disease for his paper, as it was a class of disorders in which homœopathy had yet many laurels to gain, and much injurious practice to displace. He thought that *Sabina* should have been added to the remedies for metritis; in the common subacute form of this malady it had always

served him well, and it was a true *simile* to it. For subinvolution he preferred minute doses of *Calcarea* to the larger ones of *Secale* recommended by Dr. Carfrae. Nor could he agree with him as to *Arsenicum* having no homœopathic relation to inflamed states of the uterus; Christison writes, "in a case of arsenical poisoning related in Pyl's collection, the inside of the uterus and Fallopian tubes were inflamed." The absence of uterine symptoms in the pathogenesis of *Coffea* is not surprising, as all the provers were men.

Dr. ROTH called the attention of the meeting to the valuable properties of *Platina* as an uterine remedy; he mentioned also the mineral waters of Kissingen, and that the various applications of local steam baths are very well arranged in that watering place; he gave the history of an uterine dislocation, in which Dr. Leadam found anteversion of the uterus; circumstances induced him to send this patient to Dr. Tripier, at Paris, that he may apply his special mode of electricity. When Dr. Tripier examined the case he found a retroversion and believed that Dr. Leadam made a mistake; but when he examined the patient a second time about a week later there was again anteversion, in fact it was one of the rare cases of movable uterus; this case was successfully treated by Dr. Tripier within ten weeks, three of which have been spent at the seaside, during which no electricity was applied. Dr. Roth spoke of cases of eight to ten years' standing, where the patients had been cured by Dr. Tripier within the course of several months. Dr. Tripier applies electricity to the relaxed part of the uterus, which is usually the convex side; he calls this a kind of electric gymnastics. As Dr. Blake spoke of friction as very useful in uterine complaints, Dr. Roth was sorry that he was like those who recommend "to take exercise," not specifying how, where, when, how long, how often repeated, in what direction these frictions are to be made, whether with the whole hand or with a part, or with a finger, and whether only superficially or on the deep-seated organ, &c. He pointed out the desirability of entering fully into all such details when passive or active exercise is to be medically used with some advantage. Finally Dr. Roth remarked, that many so-called spinal cases, or cases with spinal irritation, are addressed to him in which the cause of the spinal neuralgia, spinal soreness and irritation is some *uterine* complaint; in the majority of these cases the removal of the primary uterine displacement or complaint cures the secondary spinal symptoms.

Dr. LEADAM said that he was sure the Society would feel obliged by Dr. Carfrae's paper, as bringing before it the management of a series of diseases of a most important character by homœopathic remedies. But he thought the necessity of compressing had rather interfered with the composition of his paper, and had led to the mixing up the acute and chronic forms of the

disease, and the early and late symptoms, so as to confuse the treatment, and make it less applicable to the several parts. Metritis is no doubt rare before puberty, but not so much so in the nascent period as has been supposed, especially in the chronic form, which is induced by mental emotion, dysmenorrhœa, accident, or cold. It is, however, in pregnancy or the post-partal period that it is most active and dangerous. Acute metritis is said to be characterised by certain definite symptoms which ultimately pass on to destruction of tissue. In describing the use of sponge tents their introduction is less easy than described by the author of the paper. Metritis in the acute stage is best met with *Aconite*, *Belladonna*, first, then *Arsenic*, *Secale*, *Phosphorus*, *Iodium*. *Sabina* is a good remedy, but it requires the condition of hæmorrhage. Then softening of the walls of the uterus is an extreme condition, in which *Iodine* and *Arsenicum* are beneficial. Subinvolution is a termination of the parturient state, and is known by the continuance of enlargement of the abdomen, a pale countenance, a strumous diathesis and want of mobility. *Sulphur* and *Calcarea* are of great value. Dr. Leadam could not agree with the use of cold applications thrown into the uterus; they are always bad and induce an injurious reaction which leads to inflammation or to depression and congestion. *Coffea* is useful, although we do not see the exact keynote; *Kreasote* likewise in torpid hæmorrhages. Dr. Roth's case was very satisfactory, and faradization is an excellent remedy in malpositions of the uterus. *Platina* is a good medicine where constipation exists at the same time; *Phosphorus* also in extreme metritis, as well as *Secale* and *Calcarea* in the chronic form. In the after treatment of the different forms of metritis by the use of foreign waters Kissingen will be found among the first to benefit. Then Marienbad to bilious subjects; then, where the gall-bladder is the seat of disease, and there remains a yellowish hue on the skin, Carlsbad; and when symptoms of nervous exhaustion alone remain, Gastein.

Dr. DRURY gave the author credit for not heaping together a mass of remedies from which it would be difficult to select the right one. At the same time, as the list was intended to give those of practical value, and to elicit from others what medicines they had found of use, it at once became evident that more valuable ones were omitted, and that others that might indirectly become very valuable could hardly be included without particularising the circumstances under which they were given. Thus such a medicine as *Kreasote* might be selected with advantage where there was long-continued bloody discharge, while another might be selected from the peculiar character of the pain, though it might be a medicine we could look in vain for in a systematic treatise, there were experiences gained from clinical observation and study of repertory symptoms. The class of medicines that were noted for their action on the womb—*Bella-*

Amor. Spong. Palustria. Præcoxylum. Placenta. Calamus. &c. &c.— would naturally be the first to attract your attention, and in many cases might be sufficient alone, but at times an outside medicine, so to speak, would be where the others had been tried in vain. It was not, however, so much for the purpose of discussing the very useful paper that had been read that he had risen, as to express his very strong disapproval of the practice so much in fashion at the present day. He was sometimes assailed as a dog to show what medical men could be doing. They spoke of gouging out the uterus, and healing with it almost as if it were an inert substance. What with the cauterisations, dilatations, swabbings, and twiddlings that it appeared necessary to do again and again it seemed to be no wonder that they were a long time in hand, and when such cases got well under simple homoeopathic treatment the wonder was what was the object of the previous treatment. As regarded misplacements of the uterus he believed many of them were imaginary, and when they did exist, he believed that by treating the congestion and other morbid conditions by rest and suitable remedies many of these cases would do infinitely better than by the treatment he was condemning. As regarded prolapse, he had a very strong objection to the use of pessaries: he did not mean to say they were always objectionable, for no doubt in some cases they gave unquestionable relief, but they were objectionable in every case where they could be dispensed with. His own practice was to let the patient rest and subdue the local congestion by proper remedies, that, after pressing up outwardly the abdominal viscera, they should be kept in that position by means of a properly applied bandage, the lower fastening across the upper portion of thighs as tight as possible; the upper ones more loosely fastened, especially the top one, which should be fastened loosely and merely for the purpose of keeping all in the proper place. The pins if they are used should go up and down, not across, so as to prevent them slipping, a gusset for the thigh being an improvement. Those patients that had used a bandage of this kind or an elastic one rarely failed to acknowledge the benefit of it.

LECTURE ON THE PRINCIPLES OF
HOMŒOPATHY.

*Delivered at the London Homœopathic Hospital,
February 11, 1875.*

By R. E. DUDGEON, M.D.

GENTLEMEN,—Neither the word homœopathy, from the Greek ὁμοιος παθος, *similar disease*, nor the motto or formula of the system, *similia similibus curantur*, likes are treated by likes, is self-explanatory. What Hahnemann understood by the word homœopathy is defined in the rule he laid down: "In every case of disease give a medicine whose positive action on the healthy human organism corresponds to the sum of the symptoms observable in the disease." Homœopathy is not the ancient doctrine of signatures, according to which the remedy was a drug which bore some external superficial resemblance to the diseased organ. It is not the equally ancient doctrine of isopathy alluded to by Homer, when he says that the spear of Achilles was the only remedy for the wounds inflicted by that weapon, and embodied in the maxim of the Schola Salernitana:

Si nocturna tibi nocet potatatio vini,
Hoc matutina rebibas et erit medicina.

Nor has it anything in common with that more modern development of isopathy, in which the disease was to be treated by the administration of an additional dose of the virus that had caused it; nor yet with that other fancy of giving dogs' livers and foxes' lungs in hepatic and pulmonary complaints.

Benvolio's advice to love-sick Romeo conveys the homœopathic idea:

Tut, man ! one fire burns out another's burning ;
 One pain is lessened by another's anguish ;
 Turn giddy, and be help by backward turning ;
 One desperate grief cures with another's languish.
 Take thou some new infection to the eye,
 And the rank poison of the old will die.

The exclamation of the dying monarch when the messenger brought him the intelligence of the defeat of his troops expresses the homœopathic doctrine :

In poison there is physic, and these news,
 Having been well, that would have made me sick,
 Being sick, have in some measure made me well.

At all events, these Shakespearian utterances come nearer to the idea of homœopathy than the perverse misrepresentations we so often see in the writings of our opponents, where homœopathy is gravely stated to be a system of treatment in which the remedy for a disease is an additional dose of what caused the disease ; as, for example, that a surfeit of beef steak is to be cured by an additional dose of beef steak, or the evil effect of an overdose of mercury is to be cured by giving more mercury.

Homœopathy being, as Hahnemann stated, and as we all know now, the treatment of disease by remedies capable of producing symptoms similar to those of the disease, it follows that the first thing the physician has to do is to ascertain the symptoms of the disease.

“ But,” exclaim the partisans of so-called scientific and rational medicine, “ the symptoms of the disease are not the disease. The cause of the disease is what is to be sought for, and against which we are to direct our medication.”

“ *Tolle causam*” is an excellent maxim when the cause is obvious, such as a splinter in the inflamed finger, or a tapeworm in the bowel, for, in such cases, *causa ablata cessat effectus*. But the cause of the disease is not always obvious, and then speculation comes into play. This “ rational” treatment of disease is like playing at double acrostics. You first guess at the hidden cause, and then you guess again at the suitable remedy, and the chances are at least ten to one against your success in both guesses.

“The symptoms are not the disease. The disease is the structural change produced in the organs or tissues by the morbid cause, and these it should be the physician’s aim to discover and to remedy. The symptoms are merely the effects of these recondite changes.” True enough, but in many cases these minute structural alterations can only be discovered on the dissecting table, and not always even there, and then it would be rather late to apply the remedy. And even on the dissecting table, after all, when we can discover anything, what we see is only effect, the actual disease is something beyond its pathological anatomy; and could we ascertain this on this side the dissecting room, we should reckon it among the symptoms of the disease to be noted by the physician.

“Homœopathy is the treatment of symptoms,” is a reproach constantly flung in our faces, and symptom-treatment is held to be something the very reverse of scientific medicine. And yet the great bulk of old-school treatment, which arrogates for itself the exclusive right to the title of scientific, is the treatment of symptoms. For what else are the vaunted “indications” of the old school? The patient has constipation—give a purge; his head is hot—apply cold wet cloths; his skin is dry—give a diaphoretic; he has pain—administer a narcotic; he cannot sleep—give an opiate; his urine is alkaline—give an acid; he is bathed in perspiration—prescribe a mineral acid, and so forth. This is treatment according to the indications, and what is it but symptom-treatment? And is it less symptom-treatment if a medicine for each indication is thrown into one long and complex prescription?

But homœopathy is not a symptom-treatment of this sort. The homœopathic practitioner, says Hahnemann, takes note of all the changes in the health of the body and mind that can be perceived by means of the senses; that is to say, he notices the deviations from the previously healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him, and observed by the physician. He inquires into the previous history of the disease in order to ascertain its exciting

cause, and notes the moral and intellectual character, the occupation, mode of living and habits, the social and domestic relations, age, constitution, and temperament. In short, he makes an exhaustive inquiry into everything of an abnormal or morbid character, in order to assist him in forming a true picture of the morbid condition. He avails himself of all the improvements in what are called the means of diagnosis. Everything revealed to him by the thermometer, the stethoscope, the pleximeter, the ophthalmoscope, the specula of all sorts, by the chemical analysis of the secretions, aid him in his task, and all together constitute the symptoms or phenomena that in their sum make up the true picture of the disease.

Nor is pathological speculation prohibited to the homœopathic practitioner. He is as free to form theories respecting the nature of disease as the practitioner of the old school; but then his theoretical speculations, however false, will not mislead him to a disastrous and injurious treatment, for his guide in the selection of the remedy must ever remain the sum of the ascertained objective and subjective phenomena. The taunt that a belief in the homœopathic therapeutic rule is incompatible with scientific pathology is singularly out of place, when we remember that four chairs of pathology in the universities of Zurich, Montpellier, Vienna, and Edinburgh, have been recently held by avowed disciples of Hahnemann; I allude to Arnold, D'Amador, Zlatarovich,* and Henderson, all of whom have been something more than professors of pathology, for they have illuminated pathological science by their writings; and the last-named, Henderson, has enriched it by his original discoveries.

Still neither pathology nor pathological anatomy, which often passes for pathology, can help us much in finding the remedy for the disease. Little as we know of the pathology of disease, I mean the minute structural changes on which the phenomena we call disease depend, just as little do we know of the hidden structural alterations effected by medicines to which their pathogenetic effects or medicinal symptoms are owing.

* Zlatarovich was Professor of Pathology in the Joseph's Academy of Vienna.

But if two individuals present a similar array of symptoms, and if these symptoms resemble one another in their sequential order of occurrence, then we may infer that the hidden structural alteration on which the symptoms depend is alike in both. Nor will our conclusion be affected if we find that the array of symptoms in the one case has occurred spontaneously, or in consequence of exposure to some contagion, and in the other has been produced by taking some medicinal substance.

Thus it is the observable symptoms—and by symptoms we understand all the phenomena cognizable by all the means alluded to above—that convey to us the idea of the disease, whether that disease be produced by ordinary morbid causes or by medicine.

With respect to many diseases, we know them only by their symptoms; the pathological changes that produce these symptoms have hitherto eluded the most persevering research. Evidently, if we cannot treat disease scientifically or rationally until we know its pathology, these diseases must remain untreated, unless we invent a hypothetical pathology for the disease, which is much more likely to be wrong than right.

The symptoms, objective and subjective, being then confessedly the only certain means whereby we can attain to a knowledge of the disease; or, in other words, our whole certain knowledge of the disease consisting in its observable phenomena, it follows that the most careful and complete observation of the symptoms is requisite for the physician who wishes to gain a knowledge of the disease.

This truth was recognised and strongly insisted on by Hahnemann, who, in his *Organon*, has given the most particular directions for observing the symptoms of disease. The minuteness of observation he seeks to enforce has been much ridiculed by his opponents; but when we consider that in no other way can a knowledge of diseases be surely obtained, and that a wrong guess might be attended with serious consequences to the patient, we cannot say that Hahnemann has insisted too forcibly on the necessity of attending to every minute detail. In some cases, it is true,

we can say with certainty that such and such symptoms are unimportant, but in many other cases we cannot very well decide on the relative importance of symptoms, so the rule to observe everything is a good one, for it not unfrequently happens that symptoms we are at first disposed to regard as trivial have proved the guide to the nature of the disease, or at all events to its remedy.

But it is not enough to observe and note the bare symptom; the conditions under which it occurs form a most important part of the symptom itself, and must not be neglected. An accurate register of the conditions of symptoms is one of the peculiar features of our symptomatology.

The observation of objective symptoms is sufficiently obvious. We note the seat; the appearance, such as an irregular pupil, a flushed face, a circular, irregular or annular eruption, a pustular, vesicular, squamous, or exuding rash, a morose, thoughtful, or cheerful expression, a high or low temperature, a dry or moist skin, a clear or turbid urinary secretion, an alkaline or acid character of the secretion, its specific gravity, its chemical and microscopical characters, the stethoscopic signs connected with the thoracic organs, and so on.

The subjective symptoms may be in connection with objective ones, as an itching or burning rash, or scalding sensation accompanying the flow of tears; or the subjective symptoms may be independent of any obvious objective ones. And here we have to note the anatomical seat, when that is ascertainable, or the region of the body to which it is referred. The precise character of the pain or sensation, the conditions under which it occurs, is ameliorated or aggravated; its course and direction, its periodicity or irregular occurrence. The moral and mental states of the patient are of great importance.

In short, every deviation from the normal or healthy condition must be carefully observed, together with the history of the case, including the previous diseases, the accidents and injurious influences to which the patient may

have been exposed, and the mental emotions he may have been subjected to.

All these circumstances taken together make up the picture of the disease. It is by the combination of all the features that we are enabled, as it were, to draw the portrait of the malady.

When we have thus traced the portrait of the disease, we form our diagnosis, by which we mean the reference of the morbid symptom to some lesion or morbid condition of some organ or tissue. But as this will often partake, more or less, of a theoretical character, it is of less importance in reference to treatment than the character of the morbid phenomena, which, after all, are our only sure and perfectly reliable indications for treatment.

The exciting cause of the morbid phenomena is often of the utmost importance for successful treatment; for without the removal of the cause we shall often fail to cure. Thus, a series of morbid phenomena may be caused by some unhealthy habit, or some unsanitary condition of life, or they may be owing to the presence of some parasitic animal or vegetable, the removal of which is indispensable for the cure.

The treatment of disease by medicines capable of producing an array of symptoms similar to that presented by the disease demands an accurate knowledge of the pathogenetic or morbid-phenomena-producing action of medicines.

Some medical sceptics have in both ancient and modern times expressed their incredulity with respect to the curative powers of medicines at all. They have contended that medicines are incapable of influencing favourably the course of the disease, which they allege would in all cases have a better chance of coming to a speedy and fortunate end without the obstructive action of drugs. This is an opinion like another, and has every right to be treated with respect. Certainly, very powerful considerations may be adduced in its support, especially when the results of purely expectant treatment are compared with those of some of the old methods of drugging and depletion. The decisive experiments of Dietl, which

established, for ever let us hope, the superiority of an expectant or do-nothing treatment of pneumonia over the orthodox bleeding and tartar emetic treatment of a quarter of a century ago, told greatly in favour of the views of the absolute disbelievers in drugs and depletion. This is not, however, the place to argue the question as to the power of medicines in favourably modifying disease. We must accept this as granted, and we are not without very respectable authority for the belief that drugs are medicines, that is to say, substances capable, when rightly employed, of curing diseases. The traditional character of a belief is, as we are all fully aware, no guarantee of its truth, and, indeed, some of the most firmly fixed of medical beliefs, such as that in the curative virtue of bloodletting in acute inflammation, which was regarded for many ages as a self-evident truth corroborated by a thousand-fold experience, to doubt which was to indicate mental imbecility as great as it were to question the truth of an axiom of Euclid—this belief, alas! was found to be utterly and entirely false. The complete collapse of the belief in bloodletting in inflammation might be said to give an air of probability to the Pyrrhonic doctrine of the inutility of all other forms of medication, which were certainly not supported by a greater consensus of medical testimony.

But, as before said, we are not here to question the accuracy of the more popular doctrine that drugs are the agents whereby diseases may be cured—if curable.

It follows from this that it is of the utmost consequence to ascertain the properties and qualities of drugs, and this would seem to be equally necessary, whether we treat diseases according to the law *similia similibus*, or according to the other law *contraria contrariis*, or according to that lawless heteropathic or allopathic method whereby we endeavour to set up some morbid process in some part of the organism remote from the seat of the disease.

If we consider the subject attentively we shall see that the homœopathic is the only possible *general* therapeutic law.

Thus, the enantiopathic or antipathic treatment, which

has for its axiom *contraria contrariis*, cannot be a general therapeutic rule of treatment, for there are so few diseases whose contraries are conceivable. The contrary of constipation is looseness, and *vice versa*; the contrary of a weeping eye is an eye abnormally dry; the contrary of heat is cold, and of cold heat; but there are many states, and those forming the great bulk of diseased conditions, the contrary of which we do not know and cannot even imagine. Thus, what is the contrary of a pain? what of a cough? what of the thousand and one sensations the patient experiences? The physician who should practise according to the *contraria contrariis* maxim would require to know only the grosser physiological effects of drugs, such as those prone to cause diaphoresis, diuresis, constipation, purgation—and so on. These qualities it would not take much trouble to ascertain, and they might be learned by experiments on patients almost as well as by trials on the healthy.

Just as little can the allopathic or heteropathic be a general therapeutic rule. For if the aim be to develop a morbid action on some organ not affected by the disease, unless there be some rule for discovering the organ to be attacked in each case and the mode in which it is to be attacked, the form and place of attack is left to the caprice of the practitioner. Here, also, while it is desirable to know the actions of the drugs used, it is only certain rough physiological effects that are required to be known, and these may well be ascertained by experiments conducted on the *corpora vilia* of patients.

Very different is the knowledge of the actions of drugs required by the practitioner on the homœopathic system. His aim being to find in the effects of a medicine an array of symptoms resembling that of the disease to be cured, it is obvious that he must study the pure action of the drug on the healthy as carefully as he does the disease. As he wants a medicine which acts on precisely the same parts and effects similar changes in the hidden interior as the disease, and as the deviations from the normal or healthy standard its effects are the only signs whereby he can ascertain if this pathological resemblance of drug action to

natural disease exists, he requires to test the action of the drug on the healthy in the completest possible manner.

Hahnemann has laid down excellent rules to be observed in the proving of medicines on the healthy. He proved on himself, and superintended the provings by others of many of our most valuable remedies. I must not here enter into the details of Hahnemann's method of proving medicines, nor yet attempt a criticism of his earlier and later provings. I would only remark that it is a matter of regret that we have not the journals of Hahnemann and the gentlemen connected with him in his provings, for it cannot be denied that Hahnemann cut up too much the groups of morbid phenomena produced by the drugs, for the purpose of arranging them in the artificial schema he adopted; and it is difficult and, in many cases, impossible for us to reunite the scattered symptoms so as to learn their connection and sequence—points which it is most desirable to know in order to compare drug disease and natural disease.

Most of the best recent provings of medicines, even though the symptoms are arranged in Hahnemann's artificial schema, are accompanied by the day books of the provers, in which the drug disease can be studied better than when cut up into separate symptoms and distributed under the numerous headings of the schema. In some of the provings conducted by the Austrian Society the journals of the provers alone are given, the groups of symptoms being thus preserved in their natural connection, and hence more fitted for comparison with the array of symptoms observed in the natural disease.

It would be a great mistake to suppose that the practice of homœopathic medicine consists entirely in the mechanical comparison of disease and drug symptoms.

As the number of medicines proved in regard to their physiological effects on the healthy human organism increased, it was strongly felt that some arrangement or classification of these medicines must be made more in consonance with the advancing pathological knowledge than

was afforded by the mere enumeration of their objective and subjective symptoms.

Hahnemann himself was the first to perceive this necessity, and his great work on *Chronic Diseases* was an attempt to establish a more thorough pathological connection between diseases and drugs than had hitherto existed. With much learning and labour he excogitated a pathological theory of most chronic diseases, attributing them to the influence of three viruses which he named psora, syphilis, and sycosis, representing respectively the contagious poisons of exanthematous, venereal, and gonorrhœal infection. For the treatment of chronic affections due to each of these three viruses he indicated a certain number of medicines which he termed respectively anti-psorics, anti-syphilitics and anti-sycotics.

The experience of his followers does not bear out all the conclusions arrived at by Hahnemann in this direction, but there can be no doubt that a great truth underlies the theory.

This truth seems to be that there are many diseases in which the mere resemblance of the obvious symptoms caused by drugs to the obvious symptoms of the disease will not suffice to effect a cure, but there must be a deeper pathological resemblance between drug and disease. To give an example: there are many drugs whose pathogenetic symptoms closely resemble some of the affections due to syphilitic infection, but which are incapable of eradicating the disease. The drug mercury, however, has a pathological relation to the poison of syphilis of a more profound character than those other drugs, and for this reason it cures when other remedies apparently homœopathically indicated are powerless.

In like manner the intimate pathological relation of many drugs to constitutional disease, and to diseases having their primary seat in various organs and tissues, have been ascertained, and when a disease can be determined to depend on a lesion of such organs or tissues the remedy is sought for among the drugs that have a pathological affinity for the organ or tissue mainly involved, but here again the parti-

cular remedy is determined at last by the similarity of the symptoms of drug and disease.

There still, however, remains a large array of diseases where this intimate pathological relationship cannot be made out, and for these we have still to search through the whole field of our drug-actions for the curative medicine.

It would be a tedious and never-ending toil to search the whole materia medica for the homœopathic analogue to the diseases that come under our own care. The labours of the practitioner have been much lightened by the construction of indices to the materia medica, called repertories, by means of which we can discover what remedies have in their pathogenesis several of the more peculiar or characteristic symptoms of the disease to be treated. When by means of these repertories we have found a limited number of remedies whose symptoms resemble the leading symptoms of the disease, we study in the materia medica these remedies, and are enabled by a survey of their whole action to determine which of these possesses the greatest homœopathic likeness to the disease. Repertories are thus of the utmost use to the practitioner, but it should always be remembered that they will seldom suffice to determine our treatment, but are to be used to direct us to the study of the full action of the drug in the materia medica.

Attempts have no doubt been made to discover what are called "key-notes" to the action of medicines, that is, characteristic symptoms which when met with shall guide us infallibly to the choice of a particular drug. But this we are disposed to think is an attempt to find a royal road to the selection of the appropriate drug, by dispensing with the careful study of the materia medica, which is of little practical use.

The latest noteworthy attempt to discover a "royal road" to practice is that of Dr. Schüssler, who alleges that the remedies for diseases of various tissues are to be found in the binary chemical constituents predominant in these tissues. Whether this is the attention that has

been bestowed on it by some of our colleagues, especially on the other side of the Atlantic, is very doubtful. To us it seems to be an unscientific mode of evading the necessity for that careful study and comparison of disease and drug-action which are the essence of rational therapeutics.

As the records of the pathogenetic effects of drugs obtained chiefly by intentional provings on the healthy, but partly also by accidental poisonings, constitute our *materia medica*, it is evidently a matter of great importance to make a judicious selection of remedies to be proved, and to give a preference to those which may reasonably be supposed to have some peculiar action on the human organism. The drugs proved by Hahnemann and contained in his great work the *Materia Medica Pura* are mostly such as were well known already to have peculiar and powerful effects. But among these are to be found several whose medicinal action was almost, if not altogether, unknown to the medical profession before Hahnemann's time.

Hahnemann seems to have been led to surmise the possession of powerful medicinal effects by these drugs from their use in popular medicine or from some traditional belief in their virtues. *Bryonia*, *Arnica*, *Euphrasia*, *Pulsatilla*, *Spigelia*, and many others were, we may almost say, quite unknown before their strange and peculiar manner of altering the human health, and hence their transcendent medicinal powers, were first disclosed by the labours of Hahnemann and his disciples. But in his *Chronic Diseases* Hahnemann has added to our *materia medica* a vast array of powerful and profoundly acting drugs whose medicinal virtues were never suspected by the medical profession, nor even made use of by the irregular practitioners of popular medicines. Such are *Lycopodium*, *Silicea*, the two *Carbos*, *Graphites*, *Sepia*, and a host of others which are now in daily use by practitioners of homeopathy. Not only the vegetable and mineral kingdoms, but also the animal kingdom has been ransacked to increase our treasury of remedial agents.

Hahnemann's followers have added largely to the store

of powerful medicinal substances, and every year witnesses a considerable increase to our list of more or less perfectly proved drugs. Of late years the zeal of provers has frequently outrun their discretion, and much time and labour have been fruitlessly expended on the proving of worthless substances which are destitute of all true medicinal properties. A wholesome criticism may well be exercised in weeding from our materia medica many of the useless additions that have been of late years imported into it. While so many powerful drugs remain unproved, it seems a great waste of power to prove substances which a little reflection might convince any one are absolutely inert. But this is a subject which may, and probably will, be more appropriately handled by our able lecturer on materia medica.

A necessary corollary from the homœopathic rule of treatment is that one single medicine should only be administered at a time. This has been strongly insisted on by Hahnemann in various places in his writings; and yet the combination of two or more medicines has been advocated by some of his disciples, and we are told that Hahnemann himself was at one time disposed to admit the advantage of such a combination. But if ever he evinced such a disposition we know that he soon became convinced of its impropriety, and saw that it would open a door to the practice of the unscientific polypharmacy against which he had so often inveighed. At present all who are of acknowledged authority in our school are unanimously agreed that the only safe and rational system is to give but one single medicine at a time. This does not exclude the administration of two different medicines in alternation in cases where the peculiar character of the disease seems to require the administration of two different remedies for separate indications, as, for instance, where the general febrile state demands the employment of a medicine like *Aconite*, whilst some local morbid process requires the administration of a drug having a more specific relation to the local affection.

Experience early taught Hahnemann that the quantity of medicine required for curative purposes when adminis-

tered on the homœopathic rule, was much smaller than that required to cause the physiological effects of the drug as when medicine is given on the allopathic or enantiopathic system. That the sensitiveness of a part or organ for its proper stimulus is much increased in many morbid conditions of the part or organ is a matter of common observation. Thus, the eye in its healthy condition can bear the full glare of daylight, whereas in certain inflamed states the smallest ray of light is too much for it. The same is also the case with the ear, the nose, and the other organs of special sense. The skin too, the organ of the sense of touch, becomes hypersensitive in some of its morbid states. In like manner, as may easily be understood, these various organs acquire increased sensitiveness to their specific medicinal stimuli, and a much smaller quantity of these is needed to stimulate those organs when diseased than when healthy. These facts have accordingly been adduced to account for the fact of a smaller dose of the medicinal curative agent being required when the drug acts upon the morbidly deranged organ. But it is not altogether a satisfactory explanation, for in many morbid states the sensitiveness of the organ for its proper stimuli seems to be rather diminished than increased. And yet in these cases also a very minute dose of the homœopathically acting drug suffices to produce the curative result. Various theoretical reasons have been imagined for this. It would occupy too much time to discuss these in this place, nor are any of them quite satisfactory to our mind; so, for the present, we must be content to say that experience a thousand times repeated has shown that the dose of the homœopathically acting drug may be reduced to a very great extent, and yet possess a full curative power. There is no point of homœopathic practice on which greater differences of opinion exist among practitioners than the dose of the drug required for curative purposes.

Hahnemann in his latter years attempted to establish a uniform dose for all cases. But there are very few of his followers who have adopted his dictum on this subject.

Some have tried to establish a rule for the dose by asserting that acute diseases required larger doses, and chronic diseases smaller doses, of the remedy. But this assertion has no foundation on fact, but is a mere opinion which, when tested by experiment, is found to be valueless.

The truth seems to be that, as a rule, the dose of the drug selected according to the law of similars must be short of that required to elicit its physiological action, but how much less is still unknown, and every practitioner seems to be guided in the matter of dose by his own judgment. Accordingly we have the utmost diversity of practice as to the quantity of medicine to be administered within the limit just laid down, viz. that the quantity must never be so great as to develop the physiological action of the drug.

And there are even exceptions to this rule. Thus, in the case of a disease like syphilis, where there seems to be a poisonous virus in the system, most homœopathic practitioners are agreed that the dose of the specific *Mercury* must be considerably greater than in those diseases where no such material virus is present. Hahnemann himself up to a late period insisted on the production of what he called the "mercurial fever" in order to be sure that the syphilitic virus was destroyed. In like manner, those malarious fevers for which *Quinine* is indicated require, according to the testimony of the best-qualified observers in our school, doses of the specific equal to those given by many authorities of the old school. Again, when the cholera was approaching Europe, Hahnemann, from a careful study of the recorded symptoms, announced that the true homœopathic remedy was *Camphor* in the concentrated tincture, and the experience of all his followers bore amply testimony to the wisdom of his recommendation.

It will thus be seen that practitioners of our school are not bound down to any hard and fast rule in the matter of dose. Experience has shown that doses of very various strengths are capable of curing the same disease, but what is the best dose for each particular case is still undecided, and is a matter that can only be determined by a long series of very carefully conducted experiments. As a rule,

the practitioners of our school have no prepossessions or prejudices in favour of one dose or another, provided always—with some exceptions to which I have just alluded—the dose is not so great as to elicit the physiological action of the remedy.

On the whole, the dose question is the most embarrassing one in the whole range of homœopathic practice. Few practitioners there are who, even after a lengthened experience of the efficacy of homœopathic treatment, do not occasionally feel a cold wave of scepticism pass over them when they reflect on the exceeding minuteness of the doses they employ in practice. The doubtful nature of what are called medical facts is an element of uncertainty that serves but to increase scepticism. But in spite of all this, the conviction of the efficacy of minute and extremely minute doses of the appropriate medicine will force itself on the mind of the impartial observer, until at length his convictions succeed in dispelling his doubts, and he feels that he possesses real scientific proof—the proof, namely, of reiterated experience—of the power of minute doses of the appropriate medicines to cure the most serious and painful maladies.

Hahnemann propounded his celebrated theory of dynamization, or the increase of potency of a drug by the process of trituration and succussion, in order to account for the therapeutic powers of minute doses, but his views on this matter have never obtained anything like general acceptance. The apparent increase of power in a medicinal substance by these processes is probably nothing more than what can be referred to the separation, and consequent greater freedom to act, of its particles, molecules, or atoms. The mention of these words molecules and atoms brings to my mind the hundred hypotheses, more or less plausible, that have been invented to explain the action of minute doses, to which I sorrowfully confess I have contributed myself. But all without exception are unsatisfactory, and if they were intended to make homœopathy accepted by the intellect without the trouble of giving it a practical trial, they have altogether failed in their purpose.

And this reminds me that by the lectures we deliver in this place we have no idea of convincing those who have hitherto been prejudiced against it of the truth of our homœopathic doctrine. One of the sage apophthegms of the ingenious Mr. Jenkinson was that "books will never teach the world;" to which we may add, "nor lectures either." Our lectures are undertaken with a far different object, viz. to show, to those who are willing to inquire, what our principles and practice really are, in order that they may apply them for themselves. For, after all, to act on Hahnemann's reiterated advice of "*Macht's nach!*"—"Give the practice a fair trial!"—is the only means whereby a real conviction of the truth and value of homœopathic practice can be obtained. We only tell you in our lectures how this trial should be conducted; it is for you to make it; if you do it honestly we have no fear of the result.

But we must protest against the practice, which is gaining ground among the practitioners of the dominant school, of employing the powerful medicines of our pharmacopœia, in the diseases for which we have shown them to be homœopathically indicated, in such large doses as cannot fail to do serious injury to the patients. If our opponents will employ our remedies according to our indications, they would do well to imitate our example in the matter of the dose, and forbear to give our drugs in quantities sufficient to produce those physiological effects which cannot assist the cure, but may be injurious to the subjects of their experiments.

One word more before concluding respecting the true place of homœopathy in medicine. It is never contended that homœopathy comprises the whole field of medical practice. There are many things the practitioner has to do in order to cure diseases besides the administration of drugs. All the questions of diet, physical and moral regimen, exercise, climate, balneology, and, we may say, mineral waters, are apart from mere drug-giving, and these subjects are necessary to be studied and known by the homœopathic as by the allopathic practitioner. But even in the matter of mere

drug-giving the principle of "similia similibus" is not always the rule, for every practitioner knows that cases occur in which it is desirable to produce the physiological action of drugs in order to ward off a danger, tide over a difficulty, or remove some dead or living matter that interferes with health or prevents the beneficial employment of the specific remedy. As our knowledge of homœopathy increases, as our treasury of medicines is enriched, our need of such palliative treatment diminishes, and possibly with the further development of our system remedies may be found which will enable us to dispense altogether with the employment of palliatives, even in those few cases where they at present seem to be indispensable.

LEUCORRHŒA AND ITS TREATMENT.

By EDWARD T. BLAKE, M.D., &c., Reigate.

MR. PRESIDENT and GENTLEMEN,—You may complain, and justly, of a certain lack of novelty in this day's bill of fare; you will say that I have selected a subject too cognate to that of the excellent paper presented, when we last met, by my clever confrère Dr. Carfrae. But perhaps it is no disadvantage that we should enter again on so extensive and important a field of inquiry as is afforded by gynæcology.

The brief sketch of leucorrhœa and its treatment which I now lay before you makes no pretension to being an exhaustive essay; I have merely considered in it what I think constitutes the real value of any contribution, the results of actual practice and of personal observation. Leucorrhœa is ordinarily of four kinds:—Natural mucus exaggerated; White mucus; Pus; Glutinous ropy mucus.

These may be arranged anatomically thus :

Vagina { Natural mucus,
White mucus.

External cervix : Pus.

Internal cervix : Glutinous ropy mucus.

Of course this second classification is not absolute, but only indicates the most common points of origin.

We will now enter upon the consideration of treatment. The treatment of leucorrhœa necessarily resolves itself into the treatment of its causes. For obvious reasons I shall, with the exception of gonorrhœa, omit any formal notice of the specific blood-disease of which non-sanguinolent vaginal discharge may form a local manifestation.

As we are never called upon to treat the first form of leucorrhœa, we may put it aside, and proceed to discuss the question of WHITE MUCOUS DISCHARGE and its appropriate remedies.

This form of discharge, gentlemen, owes its appearance, you are aware, to the presence of epithelial cells suspended in mucus chiefly vaginal. The specific remedy is *Pulsatilla*, a remedy as closely related to the mucous membrane lining the vaginal walls as to the endometrium. With it I order *Pulsatilla* injections. But this white leucorrhœa may appear as a symptom of "taking cold," just as a discharge from the nose may arise from a similar cause; then the best remedies are *Arsenicum album* and flannel drawers. Should this leucorrhœa, as is often the case, be merely an expression of general debility (especially frequent in phthisis, in Bright's disease and in valvular cardiac lesions), *Arsenicum*, *Calcarea*, and *Iodium* are the remedies most frequently indicated. Pus is generally the result of old cervico-metritis, but ulceration is not present usually, unless the disease be of very long standing. Its treatment essentially depends on the removal of the cervical inflammation. If the inflammation have not passed to the ulcerative stage *Nux vomica* stands at the head of the list, *facile princeps*. Besides that it has so remarkable a relation to the cervix, it well covers the ground of the general dyscrasia. It acts on the spine so often second-

arily irritated, on the hæmorrhoidal tendency, the hepatic engorgement, on the dysuria, and extends even to the mental symptoms by which these cases are so frequently complicated. Above all, it gives tone to the impaired digestion and thus stimulates the general powers of life.

Combined with its internal administration I constantly use the *Vomica nut* locally, in the form of injections of the dilute tincture or as a pessary of the extract with cocoa-butter.

Sepia succus.—Should much passive uterine congestion exist, indicated by sacral pain, dragging at the ligaments of the womb, by bearing down, and on examination the organ be found low in the pelvis, I select *Sepia*.

My symptomatic indication for this remedy is "itching," which *Sepia* causes in the skin generally, but especially in the scalp, nose (tip), face (upper lip), hands and arms, feet, hips, and abdomen. In the *meatus auditorii, conjunctivæ (canthi)*, the throat and larynx, the arms and *pudendum*.

These too are, when summed up, expressions of local congestion in certain nerve-areas.

Actæa racemosa.—When, as so frequently happens, leucorrhœa is associated with chronic osteo-arthritis (rheumatic gout) I give *Actæa*, accompanied by *Ferrum* (after a meal) as physiological pabulum. If *Actæa* fail, we must fall back upon *Sulphur*, commencing at 30, and running down the gamut to ϕ .

If gout be present, I select *Sabina* in preference. These cases are commonly complicated by urinary disease; then *Lycopodium* finds its appropriate sphere.

Hydrastis Canadensis is a capital remedy if there be marked atony of the mucous membranes, especially if this be manifested in the forms of secondary dyspepsia and constipation.

Plumbum I give for leucorrhœa with colic and constipation. If anæmia be present, or if *vaginismus* complicate the case, *Lead* is the more strongly indicated.

Delphinium staphysagria is of service when hyperæsthesia of the vagina forms an element in the pathological picture presented to our attention.

If the history of the case demonstrate that rectal irritation has certainly preceded the uterine trouble, a sequence of events rare before middle life, *Collinsonia*, *Aloes* and *Podophyllum*, are to be thought of. For simple pile I employ *Collinsonia* (if congested, of course *Hamamelis*). For tenesmus with pile or prolapsus, especially when accompanied by gold-yellow diarrhœa, I use *Aloes*. *Podophyllum* meets both anterior and posterior pressure. I have even seen it remove the bearing down induced by polypus before the removal of the exciting cause.

It must not be forgotten that stone in the bladder is prone, especially in childhood, to produce *prolapsus ani*.

Another useful fact to bear in mind is that round- and tape-worm have been known to cause symptoms strongly resembling those of pelvic congestion.

It is of importance always to keep in our minds, too, that purulent leucorrhœa may be gonorrhœa, and that it may be so in quarters where we should least expect it.

Its diagnosis is much more easily made than defined; if the specific inflammation spread, as it frequently does, along the Fallopian tubes to the ovaries, it becomes a very grave disease, and one the results of which it is impossible wholly to eradicate.

The treatment is so similar to that of the same disease in the male that I shall not detail it, but will content myself with speaking of the excellent effects of a tolerably strong injection of *Carbolic acid* (gr. ij ad ℥j) in passive venereal vaginitis it destroys the *trichomonas*, is a good astringent, and stimulates the flaccid vaginal walls to healthier action.

A good injection for gleet is a solution of *Quinine* with a little free *Sulphuric acid*, *Quinine* being administered at the same time internally. This drug possesses a much greater specific relation to the genito-urinary apparatus than we usually credit it with.

It is of little use to tell a patient to inject, if we do not tell them how to inject. This is an easy matter with a Higginson's enema and vaginal tube, used in the obstetric posture if there be a skilful attendant; but we know

that many ladies prefer to manage these things for themselves. I then think the best method is to recline supine in a sponge-bath containing a little warm water, and use Graily Hewitt's uterine douche as made by Savory and Moore, of New Bond Street. The force of the douche can be regulated by the height at which the india-rubber bag which acts as a reservoir is placed above the patient.

Where this cannot be procured, I order the patient to lie supine on a folded sheet, and inject by means of a Vance's syringe, that is, a glass syringe with an elbow, first a warm solution of soda, then the specific medicated lotion, usually cold. The warm alkaline injection dissolves and washes away the tenacious mucus, and permits the curative applications to come really in contact with the diseased surfaces. The cold rectal douche is very valuable in old atonic cases.

With the exception of *Calendula* and *Carbolic acid*, it is my practice to use the same remedy locally as internally. I consider *compresses* to be of great value. They should be thick, not too wet, and not covered with oiled silk. I direct them to be wrung out of a lotion of the same medicament as that administered internally. If there be defective reaction, I paint the pubes with a strong tincture, and direct the folded wet diaper to be applied hot.

Graduated baths are of decided value. For cervical inflammation I order a bath at bed-time, beginning as hot as can be borne for half an hour, and every day the temperature may be lowered and the duration diminished. For atonic vaginal leucorrhœa an *instantaneous cold sitz* morning and night is a capital adjuvant. I direct the patient to sit with the thighs divergent and to open the vulva, and thus get the topical tonic effect on the whole extent of the mucous membrane.

Leucorrhœa of Childhood.—Not unfrequently very young girls are brought to us suffering from vaginal discharge. The causes are ascarides, struma, dentition, dirt, diphtheria, gonorrhœa.

Infinitely the commonest cause is verminous occupation

of the rectum. The irritation may be reflex or local. In some cases the thread-worms are found in the vagina. Irritated by the unusually acid character of the rectal mucous discharges, caused by fruit, salad, and by certain vegetable infusions, pointedly tea, the worm, soured in temper, hastily quits the home of its childhood, rendered now distasteful by *trop d'acide*, and writhes its way into the adjoining vaginal tube. Or, as was observed by Haserick and confirmed by Woodvine, the activity of the worm may be physiological; it may descend from maternal motives, for the purpose of depositing its ova just outside the anal verge, a process which is performed usually at night. Hence, children having the helminthiatic diathesis should sleep alone.

We may take advantage of the preceding piece of natural history to expedite the destruction of these irritating little wretches, and supplement our ordinary rectal injections of brine, by the application every night of a soft ointment of *Staves-acre oil* to the mucous folds of the fundament. As one worm lives eight days only, they are thus soon destroyed. The general treatment is, of course, the treatment of ascarides. The leucorrhœa of dentition and struma is best met by *Calcareæ*. The local specific for leucorrhœa induced by want of cleanliness is *Sapo durus*. Diphtheritic leucorrhœa does not demand local treatment. The *Biniodide of Mercury* covers both indications.

Of gonorrhœa, and that which has been mistaken for it—*noma pudendi*—I shall not now speak; I imagine there is not a man present whose experience is so exceptional as ever to have encountered either the one or the other.

GLUTINOUS ROBY MUCUS.—We come now, gentlemen, to the consideration of the fourth and final form of "whites."

You know that when we see this form of discharge it is flaky, gelatinous, white, and translucent. Not so when it exudes from the intra-cervical follicles; then it is glairy, colourless, and transparent. Its contact with the acid

vaginal and extra-cervical secretions is credited with the power to produce this metamorphosis; the albumen is coagulated by the vaginal acids. This is a morbid hypersecretion of the cervical crypts; it is essentially the analogue of follicular pharyngitis and of chronic dysentery, and its remedy, like theirs, is *par excellence*, *Mercury*.—The perchloride appears to be the best salt. In very chronic cases *Argentum*, *Iodine*, and the *Iodides* may claim our attention. There is more than an analogy between two out of three of the preceding disorders; follicular cervicitis and follicular pharyngitis are frequently coexistent, and both are, for reasons not very easily explicable, usually present when pulmonary emphysema occurs in the female subject.

As in dysentery, so here, the inflammatory action of the mucous crypts is very prone to pass on to ulceration—this is especially the case where Recamier's plexus of vessels forms a quasi-erectile tissue encircling the verge of the os tinæ. Of all the ten thousand mucous glands which help to bathe the cervical cavity of the uterus, these are possessed of the greatest functional activity; hence, under altered conditions, these are the first to take on ulcerative action from over-stimulation.

If ulceration be present it must be specifically treated, according to its pathological characters. If very slight—a mere abrasion—*Calendula* injections may suffice, but the granulations produced by *Calendula* are apt to be weak and flabby. I now chiefly use some preparation of *Carbolic acid*, and under its capital stimulating influence speedy cicatrization sets in, not followed, in my own experience, by any untoward results.

For recent cases I use *Glacial carbolic acid* one part, boiling water forty parts, filter and use cold; but old callous sores are more successfully treated by a solution of *Lunar caustic*. The strength I employ is gr. xx to ℥j. If there be no special indication, I prefer at the same time to administer *Argentum* internally. I content myself with this superficial notice of ulceration because I look forward to having the pleasure, on another occasion, of addressing

you more at length on this most important branch of my subject.

Thanking you, Mr. President and gentlemen, for the kind attention and patience with which you have listened to my paper, I resume my seat, sincerely trusting that both we and the patients committed to our care may profit by the discussion which it shall provoke.

Discussion on Dr. E. T. Blake's paper.

DR. LEADAM begged to thank Dr. E. Blake for his interesting paper. It struck him that Dr. Blake had omitted one form of leucorrhœa which was supposed to arise from the internal fundus uteri, and was acid in its nature. It is of a more acrid character than the ordinary leucorrhœa which comes from the *ovulæ Nabothi* of the cervix, and it depends upon inflammatory congestion confined to the fundus. Perhaps the most bland form of all is the simple vaginal leucorrhœa, or white weakness as it is called, which is thin like milk. The mode of testing the alkaline or acid character of the leucorrhœa is by using test-paper through the speculum, and is only occasionally found necessary. So that the vaginal leucorrhœa, and that from the cervical canal, which is inflammatory and often connected with ulceration, and the intra-uterine, are the chief forms to notice and to treat. *Belladonna, Sulphur, Nitric Acid, Sepia, Calcarea, and Bovista*, are the principal remedies.

Dr. COOPER.—The subject Dr. Blake has chosen for his paper is, it must be confessed, a very wide one; there are so many varieties of leucorrhœa, and so many remedies for them, that it would be beyond me to say anything about them. There are very few ailments more unsatisfactory to treat than a chronic leucorrhœa. Some of these cases seem to owe their obstinacy to a misplacement more or less great of the fundus of the womb, and in such cases no medicinal agent will exert a beneficial effect unless the malposition is corrected by artificial mechanical means. Had seen so many cases decidedly relieved after appropriate mechanical means were resorted to, he no longer entertained any doubt upon the subject. Had devised an instrument which is a great help in commencing the treatment of retro- and ante-flexions of the womb, and which he hoped to dwell upon at greater length on a future occasion.

Dr. HALE mentioned some other forms of leucorrhœa not referred to in Dr. Blake's excellent paper, *e.g.* the serous form, for which he had found *Graphites* and *Alumina* good medicines. Corrosive leucorrhœa he had seen benefited by *Kreasote*, which, as well as *Sepia*, relieves the itching which accompanies the discharges.

Leucorrhœa depending upon malignant disease of the uterus demands *Ars. alb.* and *Conium*. Ascarides he had found it difficult to eradicate in the adult, less so in the child. He had found infusion of *Quassia* as an enema useful in killing ascarides. Dr. Hale had found *Calendula lotion* and *ointment* the most valuable local applications in the treatment of ulcers with flabby indolent granulations. He had little confidence in Dr. Cooper's mechanical treatment in cases of retroversion or anteversion of the uterus, because these conditions most frequently depended upon interstitial enlargement of the uterine walls or upon congestion; so that, although the position of the organ by mechanical measures might be temporarily changed, it would soon return to its abnormal position.

Dr. BAYES, while thanking Dr. Blake for his paper, which, like all his writings was most clear and otherwise comprehensive, quite agreed with Dr. Hale in his remarks on the importance of the serous form of leucorrhœa, which had been unnoticed by Dr. Blake. In this form Dr. Bayes has found *Platinum 6*, and especially *Magnesia muriatica 6* most useful. In leucorrhœa of an irritating character *Kreasote 3* and *Cantharis 3^x* are most serviceable. *Kreasote* where soreness exists, *Cantharis* where itching and frequent urination are most marked. All these have been verified by very frequent clinical observations. As to the mechanical replacement of a retroverted or anteverted womb, he (Dr. Bayes) had little faith in simple replacement, even with so ingenious an instrument as that shown by Dr. Cooper, but believed that lying on the prone couch for some hours daily was the best means of meeting retroversion, in conjunction with medicinal treatment; and in anteversion, lying for some hours daily on the back with the hips raised.

Dr. VERNON BELL said he could not boast of any marked success in the management of leucorrhœa. He had often been disappointed in all the remedies he had employed, and believed that relief was rather more frequently the result of carefully adapted hygienic means than of the best-chosen medicines. Where "the whites" was a hypersecretion from the cervix and vagina he had found *Pulsatilla*, *Nux vomica*, and *Cinchona* most serviceable; and in cases where the discharge came from the body of the uterus *Corrosive sublimate* and the *Iodide of Potassium* in substantial doses appeared to him to control it better than any other drugs he had prescribed. In the matter of topical applications he confined himself mainly now to the *Liquid Extract of Red Gum* and dilutions of the *Liquor Ferri permittatis*. Dr. Blake had alluded to ascarides, and several speakers had spoken as to the best means of getting rid of them. He (Dr. Vernon Bell) had tried many vermicides with more or less benefit, but for some time he had chiefly relied on a few doses of pure *Santonine* followed the next morning by effective doses of *Scammony mixture*, after which he placed the patient under a course of *Ignatia* and *Sulphur*. Since he had adopted this plan he had had less reason to be dissatisfied with the pro-

portion of his cures. The patient found it useful also to smear the anal orifice with lard. This practice had apparently been based on the supposition that the worms cannot propagate or breathe without access to air and light, and that, being unable to deposit their ova on the oily surface, they return to the rectum and die.

Dr. DRURY thought that Dr. Blake's division of his subject had much to recommend it, though it led to some omissions which might be supplemented, but many points of interest and value to the practitioner had been brought under the notice of the Society. Reference had not been made to some of the characters of the discharge which were of importance as indications. Thus, the odour should always be noticed, also whether it was mild or acrid, causing scalding, itching, or giving rise to urinary discomfort. The quantity, if sufficient to produce debilitating effects, requires attention. The remedies he most frequently used were—*Sepia*, which he had not given lower than 6, also *Kreasote*, *Pulsatilla*, and *China*, which he used in various strengths. Of course, it might happen that other remedies would be more useful than those named, but he believed they were his chief remedies; so also *Calendula* and *Hydrastis* as local remedies, though at times some others might be more useful. Dr. Cooper had exhibited an instrument for replacing the womb; he did not think it could be of much use, but after the strong opinion he had recently expressed as to the inutility of twisting the uterus about, instead of treating to relieve the local congestion and inflammation first, when it might resume its proper position, and the use of a bandage instead of pessaries in prolapse, he need not go more at length into that subject. As regarded the treatment of ascarides, he believed that they were best treated by *Mercurius*, *Ignatia*, and *Cina*. He also gave a second decimal trituration of *Carbonate of Iron* with great advantage. He had been much disappointed with *Cina* in high dilutions, unless in hooping cough. But for ordinary cases of ascarides he thought that 3^x was much more efficacious than a higher potency; and as his opinion was formed from a large number of cases, he now usually gave it in that strength or even stronger. Since his allopathic days he had not treated worms with such remedies as were employed by Dr. Vernon Bell "to give them notice to quit," though he often used an injection of salt and water to procure temporary relief, but unless the constitutional tendency was overcome he had no faith in their temporary expulsion.

Dr. DUDGEON said the paper was, like all papers by the same author, distinguished by its extreme clearness. The indications for the medicines were laid down with the utmost precision, and he only wished they would all be borne out in practice. But he feared that leucorrhœa would still be a disease in which we should meet with many failures, though no doubt papers like those of Dr. Blake would tend to render such failures less frequent. He had found *Kreasote* useful in some cases of leucorrhœa accompanied by

ovarian tenderness. Dr. Cooper's instrument for replacing the retroverted uterus would probably be useful for that purpose, but he had as a rule found little difficulty in replacing the organ; the difficulty was to retain it in the proper place, and that required something different from such an instrument. According to Tripier retroversion and anteversion depended on a congested condition of the opposite wall of the uterus, and on this congested condition we must act if we wished to cure the disease. He had observed that retroversion was no hindrance to impregnation, but that after delivery the uterus tended to revert to its abnormal position.

Dr. E. BLAKE, whilst acknowledging the flattering reception that had been accorded to his hastily prepared paper, expressed his sincere regret at the occasion that led to its preparation, viz. the illness of their colleague Dr. Hewan. With regard to the remarks made by Dr. Leadam, Dr. E. Blake wished to defer in every way to the opinions of a practitioner of such ripe experience, but he was compelled to say that he thought Dr. Leadam was labouring under a misconception when he spoke of "an *acid* uterine discharge more acrid than cervical discharges?" The experience of Dr. Leadam certainly clashed with that of all modern uterine pathologists, who agree that intra-uterine discharges, probably the rarest form of leucorrhœa, are always alkaline and generally bland in character, whereas the most acrid non-specific leucorrhœas are nearly invariably cervical. Dr. Cooper had said that some forms of leucorrhœa depended on uterine dislocation. The possibility of this Dr. E. Blake would be very sorry to deny. The converse, though, is the common sequence of events, for undoubtedly many displacements, especially prolapsus and anteversion, were the evident result of chronic leucorrhœa. Dr. E. Blake agreed *in toto* with the Vice's remarks about the displaced uterus. Dr. E. Blake did not use pessaries; he did not treat displacements *per se* at all; he thought there always lurked behind the dislocation some definite cause frequently remediable. Retroversion is not very common; it is the result of local post-inflammatory changes. Anteversion is always present in the ulceration of married women if associated with cervical hypertrophy. The mechanism is obvious. The upper vaginal walls, deprived of tonicity, fail to restore to its normal position the cervix repeatedly thrust back by the impugent *glans penis*. The uterus is an organ purposely endowed with a very high degree of mobility; it is constantly changing its position. We must not consider all these changes as necessarily morbid unless circulatory deviations be present. Considerable *proclivitas* may exist without the least inconvenience to the possessor. Serous (intra-uterine) discharges were omitted simply because they had been treated of *in extenso* in the excellent paper presented to the Society, at its previous meeting, by Dr. Carfrae. The minute clinical variations of leucorrhœa, including colour, smell, and so forth, were not noticed because Dr. Blake had striven to approach the subject on its pathological side. Enough had been written, and more than enough,

from a symptomatic point of view. No true advance in uterine therapeutics would ever be made as long as men neglected accurate physical diagnosis, contenting themselves with trivial shades of variation in colour, odour, &c., characters ever fluctuating and well known to afford no absolute indication of actual internal conditions. Dr. E. Blake had nothing to say to Dr. Vernon Bell's *Scammony* treatment, certainly stringent. Dr. E. Blake admired the heroism that dictated its avowal before a whole roomful of rampant homœopaths. As to the respiratory requirements of oxyuri, it seemed to him doubtful that organisms possessed of no pulmonary apparatus should want to breathe. The threadworm diathesis was doubtless a disease of the *skin*. The presence of these parasites was constantly associated with a defective cutaneous action; acne, in some of its forms, was usually found coexistent. *Ascarides*, like roseaphides, flourished when easterly winds were prevalent; such winds not only lowered the vitality of the body, but induced also a *mucosentérite*, thus supplying both the *nidus* and food of the worm. It was interesting to see that the best medicines for the helminthiatic diathesis were notably cutaneous remedies, to wit, *Ars.*, *Calc.*, *Lyc.*, *Merc.*, and *Sulphur*.

ON THE ACTION OF TOBACCO.

By D. DYCE BROWN, M.A., M.D.

(Read before the British Homœopathic Society.)

To go over the whole field of inquiry involved in the above heading, would involve the writing of a book instead of a paper for a medical society. At present, then, I do not intend to give a full pathogenesis of the medicine, nor to enter into an account of the various active principles which are known to exist in tobacco, nor to endeavour to settle which of these principles are the really active or poisonous ones, nor to inquire of what chemically the smoke of tobacco consists; nor, finally, to speak of it, as might possibly be expected, as a medicine proper, that is, given as a drug in cases homœopathically indicated. What I propose to do is to consider generally its effect, in the form of tobacco-

smoking upon the system, and so to arrive at a scientific and correct view as to what it does or does not do ; what is the nature of its action, and so to decide upon its hurtfulness or otherwise upon the economy at large.

An immense amount of misconception exists as to the real nature of tobacco as an article of daily use, which misconception might be avoided, and much more common-sense talked, by a little thought and observation of its effects. We hear many men decry its use as an unmitigated evil. They talk of its being a depressant to the nervous system, and a powerful poison, giving as proof the fact that one drop of nicotine put on the tongue of a cat will soon cause death ; and referring to the nausea and faintness that occurs when young smokers smoke their first pipe. Again, it is frequently classed in books as a narcotico-acrid ; and in the leading article in the *Monthly Homœopathic Review* for February it is called a "poisonous narcotic." Others, again, and these are usually habitual smokers, call it a "sedative," and say it soothes them after fatigue or worry.

Hearing all these various opinions, one is apt to be at a loss in what light to regard tobacco. One can easily understand how an allopath should take up one of these views, as he is accustomed to believe that medicines have but one action on the system, which he speaks of as narcotic, purgative, astringent, &c. But there is no excuse for a homœopath, who knows that every substance which has any perturbative effect upon the body acts in two different and exactly opposite ways, in large and small doses respectively. The point, then, which I wish to bring out in this paper is, that tobacco is no exception to this rule, but that its whole action is easily explainable, and explicable in no other way than by the law of similars. In other words, I believe that tobacco is a stimulant in small doses, and that the effect produced in habitual smokers, who smoke in moderation, is a stimulant one, similar to the effects of tea and coffee, and in many cases equally beneficial. Quite lately, and after having my views on the subject settled, I came upon an exceedingly interesting article on tobacco, in the 6th vol. of

the *Cornhill Magazine* (1862). It is evidently written by a professional man, and completely expresses my views on the subject. In fact, it is the only paper I have ever met with embodying these views, and taking not only a common-sense but, as I think, the true scientific view of the matter.

Although the physiological or poisonous action of tobacco is well known, it may not be amiss, without going into the minutiae of a full proving, to quote the short summary of its action as given in Taylor (*On Poisons*, art. *Tobacco*). The symptoms produced by a large dose are, "faintness, nausea, giddiness, delirium, loss of power in the limbs, general relaxation of the muscular system, trembling, complete prostration of strength, coldness of the surface, with cold clammy perspiration, convulsive movements, paralysis, and death. In some cases there is purging, with violent pain in the abdomen; in others there is rather a sense of sinking and depression in the region of the heart, passing into syncope, or creating a feeling of impending dissolution. With the above-mentioned symptoms there is dilatation of the pupils, dimness of sight, with confusion of ideas, a small, weak, and scarcely perceptible pulse, and difficulty of breathing."

It will be readily seen from the above that the prominent character of tobacco in full or physiological dose is that of a very powerful depressant of the nervous system, and through it of the muscles of the body. I remember, when I was one of the house surgeons to the South Staffordshire Hospital, dining with one of the surgeons, now gone to his rest. We were smoking, and among other topics of conversation we were discussing the effect on one's health of living in an hospital, when he remarked, that he wondered to see one who was subjected to the depressing influence of the hospital atmosphere habitually making use of the most powerful known depressant of the nervous system—tobacco. This from the mouth of a most accomplished member of the profession is an example of the one-sided view of medicinal substances which allopaths take. But to us homœopaths, if we had no further information than the passage I have

quoted from Taylor, we should be able to announce, *à priori*, that in small quantity it must be a most effective stimulant to the nervous system.

It is a well-known fact, that by the aid of tobacco, in circumstances when there is a scarcity of food, the feeling of hunger and the accompanying faintness that occurs are kept off; and in the case I am going to relate the stimulant influence of tobacco went a step farther, and raised an exhausted stomach, which was already too exhausted to receive food, up to the point when food was able to be taken and digested. This case was related to me by Sir Robert Christison some years ago. We were talking of this very subject, the action of tobacco. I found that he took the same view of it as I advocate in this paper. He said that he was thoroughly confirmed in this opinion ever since a friend of his related his case to him. This gentleman had lived in India for a number of years, and made a good deal of money, which he had invested in Australian land. A number of years ago everything in Australia became so depressed in value that this gentleman found that, if he wished to save his property, he must go out personally and superintend matters. He took with him some Scotch shepherds. They had on their first journey up country to ride so far and over such rough ground that, not being accustomed to it, he became utterly knocked up. They had not taken sufficient provisions with them, but trusted to shooting their food on their way. At the end of the long ride the shepherds proceeded to cook the birds they had shot, making a soup of them. The gentleman, however, was so exhausted that, when the meal was ready, he could not look at it, and had to look on enviously at the sturdy shepherds enjoying their repast. Nor could he bring himself to taste even the "bree," or the liquid part of the dish. After the shepherds had concluded a hearty meal they proceeded to light their pipes, when one of them asked his master if he would not have a "draw" of the pipe. The gentleman, who I forgot to say was a non-smoker, revolted still more at the idea of a smoke of tobacco than at the food. After a time, however, he felt that matters were get-

ting serious, the exhaustion was so extreme. In despair he asked for a "draw" of the pipe. What was his surprise to find that, after a few whiffs, he began to feel a desire for food. He began with the soup, and ended by having made a most hearty meal of the solid part as well. Since then he told Sir Robert that he had become a confirmed smoker. No case could, I think, more clearly show the stimulant effect of a small dose of tobacco upon a depressed and exhausted nervous system. Again, I appeal to every smoker, if they do not find, as I do from my own experience, that it is when they have been hard worked physically or mentally that then the cigar or pipe is most enjoyed, and that it produces its so-called "soothing" effect. I constantly find that when tired with a hard day's work, and disinclined for any further exertion, bodily or mental, as soon as I begin to smoke, the tired feeling passes off, and I am fresh for evening reading or writing. And conversely, when I have had little exercise, or a country holiday, have been lounging about doing nothing, then tobacco has not the same relish for me, and my usual allowance rather makes me feel "seedy." This brings me to refer again to the so-called "soothing" effects which smokers say they feel after worry or fatigue. They feel tired and irritated by the fatigue or worry, and say they feel "soothed" by tobacco. Now what is the state of the nervous system in this fatigued, irritable condition? It is simply one of nervous depression. The nervous system is below par, and what it wants is not a "soother" or "sedative," but a stimulant, and the effect of such a nervine stimulant is to raise the depressed nervous system to the healthy point, after which the tired, restless, and irritable feeling passes off, the person feeling comfortable and "soothed." This, I believe, is the true explanation of the delightful quieting effect of a smoke. Not long ago I had a clear proof in my own experience of the stimulant powers of a pipe of tobacco. I had to go to the country professionally, and had to start by an early morning train. I felt very tired in the morning; and though I had breakfast before starting, I had just time to glance through the morning paper before the feeling

of tiredness came back again in the railway carriage. I fell asleep for about three quarters of an hour, but was disappointed to find the same feeling of languor still remain. I then bethought me of my pipe, which I am never in the habit of smoking in the morning, for obvious reasons. After the first few minutes I began to feel the tired languor passing off, and by the time I had finished my smoke I was as fresh and lithe as I could wish to be, not the smallest feeling of tiredness coming on all day.

This result of the smoke can be explained in no other way than that tobacco is a decided nerve stimulant. Again, look at the case of working men; they have to earn their living by their daily hard work, and yet the majority of working men are smokers. One sees them smoking on the way to their early morning work, and smoking through the day at their employment. They do not really smoke much, although the frequency of their pipe in their mouth would lead one to suppose this. But, as I have often observed, they take a few whiffs and put their pipe back again to their pocket, to be reproduced after a time for a few more whiffs. They thus make one pipe of tobacco last half a day or more. The majority of working men, at least in Scotland, take no stimulants, not even beer, till the evening, and it is evident that they find their pipe a stimulant, and that they can get on with their work better with an occasional "draw." They want no "soothing," and it is certain that anything having a direct depressant effect on them would interfere with their work instead of helping them, and would not be so universally indulged in during working hours.

It may be urged against all this, that the use of tobacco smoke is merely a luxurious habit, and that habitual smokers are simply rendered by habit so far unsusceptible of its poisonous effects; and in support of this view the effects may be pointed out of the first attempts at smoking of boys or young men, where such deadly nausea and faintness is produced as generally for a time to check any desire to continue the habit. This is really no proof whatever of this view. As the writer in the *Cornhill* points out, this effect upon the juvenile smoker is the result of his not knowing *how* to

smoke. It requires a considerable "knack" to know how to smoke a pipe without taking in a poisonous quantity of tobacco. At the first attempt the boy pulls vigorously at his pipe, swallows some of the smoke, and so speedily produces the nausea so well known; and I quite agree with the *Cornhill* writer when he says that the amount of tobacco absorbed by a beginner would be quite sufficient to produce the same nausea in a practised smoker if he imbibed it in the same way. Of course, I do not mean to deny that use has not some effect in preventing nausea and other physiological symptoms from supervening, but only in the same way as a glass of wine or a pint of beer would "go to the head" of a boy, or any one who had never tasted it before, but would not affect in a similar way any one accustomed to its use. Again, observe the effects of a single overdose of tobacco in smoking, and we shall see that they are just such effects as we would expect to be produced by an overdose of a nervine stimulant. The pulse increases in frequency, not merely by a few beats, which may occur from the use of any stimulant even in a small dose, but from an excessive smoke the pulse quickens to quite a fever rapidity. This excessive rapidity of pulse is an indication of debility, of irritable excitement, and of nervous state below normal. I have found this in myself when I have smoked more than I should; the pulse and the heart beat so excitedly that I have lain awake for a couple of hours as the result. This leads me to another effect of an overdose; that is, sleeplessness. A moderate smoke at night, as I before stated, refreshes me; so that after having been able for work without languor, I sleep soundly immediately after going to bed, but after an over-smoke my own experience is that it produces sleeplessness, which also is a symptom of "excitement without power"—of irritable nerves. Dry mouth and thirst are also well-known results of even a single excess, and this is also what we should expect from an overdose of a stimulant. The effects of habitual excess in smoking also point in the same direction, and show results just such as we should anticipate from abuse of a nervine stimulant; there is the well-known trembling and unsteadiness of the

hand, palpitation of the heart, dyspepsia, constipation, and general "nervousness." Here let me say, speaking of the constipation as a result of excess, that many, if not most moderate smokers find that a daily moderate smoke promotes regular action of the bowels. This is what we should anticipate if habitual excess causes constipation. I know some cases where smoking is resorted to specially for this purpose, and produces the desired effect, when before the tobacco was used the bowels had required artificial assistance.

Holding the views I have endeavoured to explain, and the truth of which I have endeavoured to prove, as might be anticipated, I am of opinion that the *moderate* use of tobacco in the form of smoking is not only not hurtful, but is positively beneficial in those who work hard daily, mentally or physically. It resembles in many points tea and coffee in its effects, and is, I believe, *in moderation* no more hurtful than either of those much-consumed stimulants. Of course, if man were in a perfectly *beau ideal* condition of existence, all stimulants would be unnecessary; but we must take civilised society as we find it, and with all the worry, and wear and tear, and fatigue which most men now-a-days are liable to, the use of stimulants of some kind is found necessary to keep up the nervous system to the required mark. And I think we may quite as much object to the use of tea and coffee as to the use of tobacco. Certainly any of the three is far less prejudicial than alcoholic stimulants; and one great advantage that tea, coffee, and tobacco have is, that in moderate quantity they stimulate the nervous system without producing any subsequent depression. This is of the very greatest moment.

I fancy I hear some of my non-smoking hearers prepared to prove the injurious influence of smoking by pointing out the evil effects of oversmoking in producing dyspepsia, nervousness, &c. But these are the results of the excessive use of tobacco, and prove nothing when discussing the effects of moderate quantity. Every good thing may be abused, and because some men abuse a good

thing this by no means shows that it is generally injurious. Even tea and coffee, which are the constant daily beverages of, I suppose, $\frac{99}{100}$ ths of the community, may be abused, and very often are, causing the same dyspepsia, palpitation, and general nervousness caused by the abuse of tobacco. All that I argue for is the beneficial result of its *moderate* use.

Here I may mention one common cause of dyspepsia, especially in those who smoke to excess, and that is the abominable habit of spitting. This dirty habit involves the throwing away of a quantity of saliva which, as every one knows, plays a very important part in digestion; and especially is the loss felt by the stomach when one smokes after a meal, that is, at a time when the saliva is most required. This habit of spitting is purely a habit, and is not at all necessary to smoking. It may be said, and is said, that smoking causes an excessive flow of saliva, which must be expectorated. This I deny. Chewing a toothpick, or any movement of the jaws, causes a flow of saliva, and this is the ordinary immediate cause of its healthy flow. I can state from my own experience that smoking does not cause any excessive flow of saliva. I have not now for years thrown away any saliva when smoking, and no more of it is produced than is necessary to keep the mouth healthily moist. Most men who expectorate do not do so when smoking cigars, as it is supposed not to be "the thing" to do so, but fancy that pipe-smoking renders it necessary. This only shows how much this is a mere habit. I myself make use of both pipes and cigars, and do not find it necessary to expectorate with either. It may likewise be urged that not to spit renders the tobacco doubly injurious, as so much must be swallowed with the saliva. This is mere theory, and is best proved by the result. I find in my own case that it makes not the slightest difference, and on comparing notes with friends who do not adopt this dirty habit I find they are of the same opinion. I am sure that if there were not such a waste of saliva as is commonly the case there would be less dyspepsia. The result of spitting is a much larger flow of saliva than when

the saliva is quietly swallowed. Besides, spitting produces that feeling of dryness in the mouth caused by the ejection of its natural moisture. This produces in its turn the desire for some liquid, which from the artificial habits of the present day often takes the form of some alcoholic drink. This leads me to notice another objection made to the use of tobacco, viz. that it encourages drinking habits. Although I admit, as already stated, that the practice of spitting when smoking leads to the use of liquids, and often alcoholic liquids, yet it is not found to be the fact that smoking leads to drunkenness. I cannot do better than quote on this point a passage from the already referred to article in the *Cornhill Magazine*. The writer says (vol. vi, p. 614), "It is constantly asserted that the use of tobacco, and more particularly the practice of smoking, leads to excessive drinking. I have no hesitation in saying that this statement is entirely incorrect; indeed, in some respects it is the exact opposite of the truth. Among the numerous victims of 'chronic alcoholism' who present themselves in the out-patient department of hospitals it is quite a rare thing to find any large smokers. Again, the French, who are much larger smokers than we in this country, hardly ever drink alcohol with their smoke, but if any drink at all, some such harmless matter as *eau sucrée* or lemonade. Look, too, at the class of young men who are studying for the professions, medical students, law students, or look at the men at the universities. Why, among this class excessive smoking is carried to a pitch that would make the hair of any anti-tobacconal stand on end with horror; and yet the instances of habitual alcoholic excess are very few, and are becoming, *me teste*, still fewer. But if the charge I have referred to were well founded the vast majority of clergymen, lawyers, and medical men ought to be confirmed drunkards by the time they are ready to enter upon the exercise of their respective professions. So far, indeed, is this statement from being true that I believe that smoking is a direct preservative from the danger of being entangled in drinking habits; and I am convinced that a successful crusade against tobacco,

among medical students, for example, who, while studying in London, are exposed, in a position of singular freedom and independence of action, to so many temptations, would do an enormous amount of harm." He adds in a note, "I am glad to be able to fortify my own opinion by that of Mr. Lane (editor of the *Arabian Nights*), who declares that the increased use of tobacco has diminished the indulgence in intoxicating liquors in the east. Mr. Layard confirms this, and Mr. Sharman Crawford states that the same fact holds good with regard to Great Britain."

The reason of this is clear when we take the view I advocate, that tobacco in moderate quantity is a stimulant. The necessity for alcoholic as well as tobacco stimulant is felt not to be needed, and both together are more prejudicial than only one. The health is sooner interfered with, and hence it is not found that, except occasionally, both are indulged in to excess. Every smoker must have found that after taking such an amount of alcoholic stimulant as is common even at dinner parties the desire for smoking is much reduced, and if the usual amount of tobacco is consumed its physiological symptoms are readily induced, such as the excitement of the heart and pulse, the dry mouth, and sleeplessness, with dirty tongue and loss of appetite in the morning. Such is, at least, my experience.

I have gone possibly beyond the limits of my subject as indicated by the title, but it was necessary fully to work out the "stimulant" view, and to meet objections which might be urged against it. I have also endeavoured to show, which is the main feature of interest to us homœopaths, that its stimulant action in moderate quantity is in entire accordance with the great law of similars, in the same way as I showed in a paper in the *British Journal of Homœopathy* for January, 1875, that, as deduced from the most recent experiments of Dr. Hughes Bennett, tea and coffee, those stimulants allied to tobacco, were homœopathic stimulants, that is, were powerful depressants in large doses.

Discussion on Dr. D. Dyce Brown's paper.

Dr. VERNON BELL said that Dr. Dyce Brown had advocated the moderate use of tobacco apparently on the ground that it was a useful stimulant, and that as such it exemplified the law of similars. Tobacco was no doubt a remedy of some range, but it appeared to him to be ordinarily remedial through its secondary or reactive rather than through its primary operation. Its primary operation was that of an *irritant* of sound tissues, and the microscope revealed that its almost immediate effect was to thin the blood and to diminish the red corpuscles. M. Blatin had shown too that it rapidly lowered the temperature of the body. He (Dr. Vernon Bell) could scarcely regard an agent that produced such effects as a stimulant—at all events, a wholesome stimulant. When it was useful in disease or low health it probably arrested morbid waste and relieved the irritability in which some active men lived in this driving age, but he could not understand how the habitual though moderate use of tobacco by a person in ordinarily fair health could have any other effect than that of rendering him less healthy. To the young, in whom oxidation of tissue was naturally rapid, he believed tobacco in any quantity to be exceedingly prejudicial.

Mr. ENGALL considered that the paper was a very poor defence of tobacco smoking, consisting of the writer's own assertions and allusions to the *Cornhill*. Why did he not give a full statement of the action of tobacco? Drinking was a natural act; smoking an unnatural one. Tobacco is an acrid poison, and cannot be used with impunity in any form. Physicians of all men should not patronise what is hurtful; and that tobacco is so, when smoked, was shown by an experiment which he performed: he scraped off from the tongue of a smoker the coating of filth with which it was covered, and placed it on the tongue of a guinea-pig; in a few minutes it tumbled over on its side, and on attempting to walk its hind legs were evidently paralysed, especially one of them, so that in its efforts to move it could not drag itself along steadily, but inclined to one side. This supports the views of investigators, that paraplegia and hemiplegia are often produced by the use of this poison. He had known several cases of sudden death from taking snuff and from smoking tobacco, for the action of smoking and that of snuffing were much the same, exciting the brain immediately by acting upon the nerves which passed through the cribriform plate of the ethmoid bone, the snuff acting thus through the anterior nares, and the smoke ascending through the posterior ones. Another instance showing the immediate action of this poison occurred in the case of a friend of his who was an inveterate smoker, who died of cancer of the tongue, supposed (not by the speaker only, but by others in the profession) to have had this

virulent poison as its exciting cause. In opposition to the views propounded he would direct the attention of the author of the paper to articles upon the subject in the *British Journal of Homoeopathy* (vol. xvii, pp. 25 and 234), and to some in the *Dublin University Magazine*. The writer of the paper assumes that in small doses the poison was a stimulant, and therefore harmless. But was it so? Mr. Engall believed that all stimulants were hurtful, as they all caused subsequent loss of power. As regards tea, he had been compelled to abandon its use by reason of the action which it produced upon his nervous system, and especially upon his heart: coffee, also, he found hurtful; and now he took no stimulants, and enjoyed *the best of spirits*. He considered that the young could resist the action of this noxious agent, as they could that of many others, but that it was always done at an expenditure of power, and that when fifty years were reached, and the organism became weakened, then it was that the effects became more distinctly visible. A previous speaker had remarked upon the effect which illness produced in making inveterate smokers dislike "the weed." He was called to see a gentleman who (he knew) had been a smoker, and on his intimating that it would be well to give up the pipe, received the answer, "Oh, I have given it up ever since the last illness I had; I took a dislike to it then, and have never touched it since; but what do you think of my partner? he was nearly blind; he went from one London oculist to another; some advised him to smoke less; he got no better under their treatment, and looked forward to entire loss of sight; but he consulted a physician in Scotland, who at once ordered the total discontinuance of this baneful practice; in a short time his sight was perfectly restored: but," he added "the fool has gone at it again." As regards the action of smoking on the mental powers, it had been found, in a large scholastic establishment, that the percentage of those who attained eminence was greatly in favour of those who abstained from this acrid poison.

Dr. YELDHAM said he was not a smoker, but in youth, in attempting to learn to smoke, he incurred a dangerous attack of tobacco-poisoning. For a whole night he suffered the most distressing symptoms; nearly incessant vomiting, violent palpitations of the heart, cold sweats, excessive prostration, which was only counteracted by ammonia and brandy. He was queer for days after, the principal symptom being weak and irritable pulse. The most powerful influence of the poison seemed to be exerted on the heart's action. Thinking he had then shown sufficient devotion to the weed, he made no further attempt to learn to smoke, and he did not regret it, for, although he had no doubt that the habit was in many respects a pleasurable one, he was satisfied that, in the main, it was detrimental to health. Applied externally tobacco was a rank poison, and produced much the same class of symptoms that arose from its internal use. He once saw a young man nearly killed by applying a strong infusion of tobacco to a large portion of

the surface of the body, to destroy "crabs" which infested all the hairy parts—the pubes, armpits, chest, and abdomen. The symptoms closely resembled those which he (Dr. Yeldham) had suffered, as described above. Of the deleterious action of tobacco, when smoked, he had seen many striking examples. Some years ago he was consulted by a gentleman of business in the City, who, otherwise in strong health, suffered from repeated attacks of what he called "biliousness," pain in the bowels, and purging. He tried all sorts of devices and advices to get rid of this—in vain, and in a fit of desperation he resolved to try homœopathy, and if that failed, to give up his business, and go to Australia. He was a bachelor, and being a great reader, when business was over, he retired to his room, and smoked till he went to bed. On his advice he smoked no more, and never had another attack of his illness. Again, a hearty, florid, energetic young fellow consulted him (Dr. Yeldham) for a diffused redness and dryness of the fauces, and roof of the mouth. It had troubled him for a year, and persisted obstinately, in spite of the use of various medicines and gargles. He was a great smoker. He gave him no medicine, but interdicted the tobacco. He speedily got well. The symptoms were evidently the result of a local irritant. The most common products of tobacco were, nervousness, slight vertigo, and confusion of the head, palpitation of the heart, chronic dyspepsia, morning vomiting, and distaste for breakfast. Medicines often failed in these cases, unless the tobacco and accompanying glass of grog were relinquished. The symptoms were not urgent, and men often preferred putting up with them, to being deprived of their favourite weed. But it was not every smoker that suffered for his indulgence. Hosts of persons smoked with impunity and even benefit, as explained by the author of the paper. He had noticed that, as a rule, the dark and neuro-bilious were less tolerant of tobacco than the fair and phlegmatic.

Dr. HALE related his own experience of smoking upon his first trial in 1842, when he was a volunteer as naval surgeon in the Expedition to the West Coast of Africa, having been told that in order to antidote the malaria it was essential he should become a smoker. His experience of the effects of tobacco was precisely the same as that described by Dr. Yeldham, and he did not attempt to smoke for many years until when suffering from a severe attack of hæmorrhoidal colic, which resisted every remedy administered by the late Dr. Chapman; immediate relief was obtained. Subsequently a case of aggravated dyspepsia was cured by daily smoking a cigar after breakfast. The patient was a clergyman. These instances of the curative effects of tobacco were not sufficient to remove Dr. Hale's strong prejudice against the habit, but recent experience has caused him to modify his views about it, and not being himself an habitual smoker he could take an unprejudiced view of the matter. Smoking gives him instant relief when suffering from toothache, and he believed it would be unwise not to use tobacco

smoke as a remedial agent in some such cases as he has mentioned. There are some interesting facts respecting the physiological action of *Nicotine* compared with that of *Belladonna*. It has been proved by experiment that *Nicotine* acts powerfully upon the inhibitory portion of the cardiac branch of the *par vagum*, but its action only extends to the fibrillæ of the nerve, whereas the action of *Belladonna* extends not only to the fibrillæ in the substance of the heart, but also to the nerve-cells. The palpitation caused by tobacco would therefore seem to depend upon its causing paralysis of the inhibitory function of the cardiac branch of the *par vagum*, the result being the uncontrolled action of the cardiac branches of the sympathetic which are the excitants of the muscles of the heart.

Dr. HEWAN would not venture at this late hour of the evening—and as there were yet some speakers to follow—to occupy time by offering many remarks; the more so as he was disappointed in the paper. He expected to have listened to a paper on the therapeutic action of tobacco, not one on tobacco smoking and its advocacy. It was, however, an interesting collection of facts, well told, on the action of tobacco smoking, and as such the author merits our thanks. In his (Dr. Hewan's) earlier days he was what might be called a moderate smoker; and he had found the acquirement or habit to be both useful and comforting especially when abroad and in tropical climates. Latterly, however, he had given up the habitual use of the "weed," although he still enjoyed a cigar or a pipe now and then, particularly on a hot summer's evening at an open window. As stated by the indefatigable author of the paper he (Dr. Hewan) found tobacco smoking at one time stimulant and therefore to him soothing; but, when long continued, depressant. Correcting some of the statements made by some of the speakers who had preceded him and who had declared their failure after trial to acquire the habit, he would say for himself, as well as for those of his friends whom he regarded as good smokers, that there was no greater amount of saliva secreted during the process of smoking than would occur at the most ordinary times. A good smoker neither spits nor swallows his saliva. There were many other points of interest dwelt upon in the paper to which he (Dr. Hewan) might have alluded, such as, for example, the effects of tobacco smoking in allaying the distressing feeling of hunger, of which he had had some experience, and which he could corroborate, but for the reasons given above he would not further trespass on the time of the Society. He would conclude by concurring with a previous speaker that the paper seemed hardly a fitting one to be published as a part of the transactions of this Society, inasmuch as it had completely ignored the action of tobacco as a drug or medicinal agent, but had dealt with it wholly as *smoked*. The title of the paper should have been more correctly *On the Action of Tobacco Smoking*

Dr. DUDGEON said the homœopathic school might be divided into two classes—Hahnemannists and non-Hahnemannists, the former containing those who, like Hahnemann, smoked tobacco, and the latter those who, unlike Hahnemann, inveighed against the use of tobacco. He thought that some of the speakers had been rather hard upon Dr. Dyce Brown for not entering into the therapeutic effects of tobacco. But that was not the purpose of the paper, and he considered it a very interesting paper, and one quite worthy of the high reputation of the writer. He thought that some of the statements made by the non-smokers with regard to the use of tobacco were scarcely in accordance with facts. Thus Dr. Yeldham had said that tobacco smoking acted more prejudicially on dark than on fair persons. Now, of the two the darker races are undoubtedly the greatest smokers, and he was not aware that they suffered from the effects of tobacco more than lighter complexioned races. Mr. Engall's statement that smoking was not natural was a rhetorical flourish, as smoking was just as natural as shaving. He thought that Mr. Engall's statement that students who smoked were less successful than those who did not could scarcely be correct. Hahnemann was a most industrious and successful student and a great smoker; indeed, one of his purposes in smoking was to keep himself awake at night in order to pursue his studies. He agreed with Dr. Brown that the saliva is not as a rule increased by smoking, though undoubtedly many persons get into a habit of spitting when smoking, which he thought was injurious. The effect of smoking was very much determined by the kind of tobacco used. Some tobacco was extremely mild, other tobacco was very strong. There was also something in the way tobacco was smoked that affected its results on the system. Most persons in this country only admitted the smoke into their mouths, others propelled it through their nose, and some inhaled it into their lungs; this was the usual way in which Spaniards as well as Orientals smoked; and in his opinion it was the best way of enjoying a good cigar, and it would be free from the disadvantage of allowing the smoke to penetrate into the brain through the cribriform plate of the ethmoid brain, which Mr. Engall seemed to dread.

AN ADDRESS ON THE ORIGIN, CHARACTER,
AND CONSEQUENCES OF PROFESSIONAL
OPPOSITION TO HOMŒOPATHY IN GREAT
BRITAIN.

Delivered at the Annual Assembly of the British Homœo-
pathic Society, June 24th, 1875.

By ALFRED C. POPE, Vice-President of the Society.

GENTLEMEN,—In bringing the business of this the thirty-first session of our Society to a close, I propose in the first place to lay before you a short review of the work we have accomplished during the past eight months. The remainder of the time allotted to a President's address I shall occupy in tracing the origin, describing the character, and pointing out the consequences of the opposition homœopathy has met with from the majority of our profession in this country.

The first meeting of the session which terminates to-night was held in October last, when Dr. Wyld read a paper in which he proposed the publication by the Society of an elaborate work on practical medicine, of which the homœopathic selection of medicines should be the distinguishing feature. At our next meeting Dr. Blackley, of Manchester, contributed an interesting paper on hydrophobia, basing his remarks on two fatal cases, one occurring in the human subject, the other in a dog, that had come under his observation. Dr. Croucher followed on the ensuing occasion with a paper on tetanus, illustrating his remarks by a case he had treated successfully. In January Dr. Carfrae read a very practical essay on metritis; and in February Dr. Edward Blake contributed one of a similar character on leucorrhœa. The following month the essay read was one by Dr. Dyce Brown on the physiological action of tobacco. In a subject of dysentery was introduced by Dr.

Hewan. At the meeting in May Dr. Wheeler communicated the details of some cases of exophthalmic goitre. On the 3rd of this month Dr. Wyld drew your attention to the absence of professional intercourse between homœopathic and non-homœopathic members of the profession; while last evening you had the advantage of hearing a paper on ague, having special reference to the action of Sulphur in that disease, by Dr. Cooper.

From this list it will be obvious that all who have assisted in making our meetings both useful and interesting have been thoroughly practical in the choice of subjects upon which they have invited discussion. It does, I confess, seem somewhat strange that, in a society so essentially therapeutic as ours is, or at any rate ought to be, only one of these papers has been of a purely therapeutic character. This deficiency has, however, been more than compensated by the work done in another part of the society's field of operation during the last few months, to which I shall allude presently.

One subject which has been discussed here during the past session deserves at least a slight reference. Considerable anxiety has on several occasions been expressed to bring the country members of the society into more intimate communication with those of us who reside in and around the metropolis, and to enable them to derive greater advantages from their connection with the society than they do at present. As one step in this direction, a plan has been adopted and acted upon at some of our recent meetings of including a few questions bearing upon the subject of the paper about to be read in the *agenda* notice sent to each member a week or ten days prior to the meeting taking place. These questions it is intended should be briefly answered in writing by such members as may, by reason of the distance from London at which they reside, be precluded from attending the meeting. The answers sent are read immediately after the paper of the evening. Brevity in these replies is essential in order that they may be read, while conciseness and perspicuity are even more essential to

the end that they may be read with advantage. Too short a time has elapsed since this suggestion was first acted upon to admit of our drawing any conclusions as to its success. I trust, however, that it may be found as advantageous as the excellent motive with which it was proposed by Dr. Vernon Bell deserves that it should be.

The new edition of the 'Pharmacopœia,' which has been for some time undergoing revision, is, I am glad to be able to announce, in the press. Rather more than a third of the volume has been printed and is corrected, so that I trust we shall have this important and much-needed volume in our possession within a few weeks. How greatly we are indebted to Dr. Drury and his coadjutors, Messrs. Wyburn and Franklin Epps, I cannot easily express. The work they have accomplished in order to render our Pharmacopœia as perfect as possible has been of no ordinary character, and well deserves the very cordial thanks it has received.

During the past session a very important and I trust successful effort has been made by the society to provide instruction in homœopathic therapeutics for those members of the profession who, being desirous of knowing what homœopathy is, prefer to derive their information from the lips of those who have devoted much time and thought to its study, and who have had large opportunities of experience in its practice, to depending upon the *ex parte*, often garbled, and as a rule false or utterly ignorant statements concerning it met with in the columns of the medical press.

Dr. Dudgeon, in two lectures, briefly set forth the history and principles of homœopathy. Dr. Hale on four occasions illustrated the practice of homœopathy; and Dr. Richard Hughes, in a series of lectures, the first of which was delivered on the 18th of February, and the last on the 1st of June, has discoursed each week in this room upon the physiological action and therapeutic properties of the most important and best proved of our drugs. Dr. Dudgeon has calculated to assist the practitioner in the

treatment of the sick than these have been it is difficult to imagine. Each has been marked by conspicuous ability, most painstaking and fruitful researches, and excellent delivery. As an exponent, on behalf of our society, of homœopathic therapeutics to those who are unacquainted therewith, Dr. Hughes is eminently entitled to the gratitude of each one of us. I trust that at the commencement of the next session these lectures will be recommenced, and that no effort to make the fact of their delivery known will be spared by the committee appointed to superintend them, so that large and encouraging audiences may be procured.

A few words must I say regarding the numerical strength of our society, ere I pass to topics of more general interest.

Our members now number 113, of whom 42 reside within and 71 without the metropolitan postal district. During last session 4 new members have been elected, and 2 have resigned. I think that you will allow that, considering there are more than a hundred medical men openly practising homœopathy within twelve miles of Charing Cross, there ought to be more than 42 who would embrace the opportunities presented to them in joining the only medical society in London willing to receive them—the only medical society within a reasonable distance of their residences which is free to discuss *every* theory of therapeutics, *every* mode by which disease can be efficiently treated—the only medical society in which *no* scientific subject bearing upon medicine is denied a hearing. It is desirable that the list of our members should be extended. It is so because it is important that all who are so isolated from the general body of the profession as we are at present should have frequent opportunities of meeting and so of knowing one another personally, and of taking counsel together on those questions which have an especial interest for us. It is so, also, in order that we may as a society be enabled to exert ourselves more fully than circumstances have so far admitted of our doing in the scientific development of homœopathy. That our numbers may be increased, I would suggest that any of us who may

have medical friends, who, while eligible for membership, have not hitherto joined us, should endeavour to influence them to do so. Having succeeded so far, we should further, both by precept and example, induce them to attend our meetings regularly.

The attendance during the past session has been perhaps as good as the great distance of the place of meeting from the residences of members allows of its being. At the same time I cannot but think that a little more *esprit de corps*, a little more anxiety to assist in promoting the progress of medicine, a little more earnestness in the cultivation of friendships and brotherly feeling, would, to a large extent, overcome any physical obstacles that may suggest themselves as rendering non-attendance excusable.

I shall now for a brief space ask your attention to a consideration of the circumstances which have led to the opposition homœopathy has met with in this country, to the manner in which this opposition has been conducted, and to the results by which it has been signalised.

As we all know full well, the admission, honestly and openly expressed, that the homœopathic law presents us with the best indications for the choice of drug remedies has been regarded as a barrier to our entering the societies of our profession, to our holding appointments at medical institutions, and to our co-operating with medical men of other therapeutic views in any way whatever. Lately, as you are aware, the formation of a Medical Institute in Birmingham has led to some discussion on the propriety of this barrier being any longer maintained, so far, at least, as medical societies are concerned. Fortunately for the honour of those members of the profession who regard Birmingham as their home, the invidious distinction it was sought to perpetuate was rejected by a large majority, while a more recent attempt to override the first decision was defeated by a vote of ninety-five to twenty. The importance of the majority on each occasion was enhanced by the eminence of those who constituted it, and still more by the eloquent and high-toned speeches and letters which were delivered

and written in support of the great principle of freedom of opinion in the realm of medicine. During these discussions, for the first time in the course of the opposition to homœopathy in this country, it was sought to exclude those members of our profession who practise homœopathy from the Institute—not on the ground that homœopathy was untrue, or that it was “a fraud,” or that it was a “folly,” neither, as previously, was this attempt made on the ground that homœopaths were either “knaves or fools,” but, as alleged by Mr. Oliver Pemberton, because we maintain a name calculated to mark us from the general body of the profession! This suggestion would seem to imply that we paraded the word “homœopath,” and practised a profession called “homœopathy,” for the sole purpose of attracting patients by some high-sounding and not generally intelligible combination of Greek words.

That all who prescribe medicines homœopathically are homœopaths is incontestable. It is just as much so as is the fact that those who prescribe empirically are empirics—just as much so as that those who, at a former period, adopting the method of John Brown as the basis of their drug treatment, were Brunonians, or that as those who somewhat later directed their prescriptions by the principles of Broussais were called Broussaisists. But we do not make use of the words homœopathy and homœopathist in a vulgar, ostentatious, or unprofessional manner. Against any such charge as this we indignantly protest. That these words have ever come so prominently forward, or been used so frequently, or in so many relations as they have been is solely to be ascribed to the action of those who, by excluding us from the ordinary societies of our profession, have compelled us to form societies of our own; who, having refused to publish our contributions to medical literature, have rendered it necessary that we should have special periodicals in which we could express our views; of those who, having deprived us of opportunities of filling hospital appointments, have made it incumbent upon us to institute hospitals and dispensaries where we could afford relief to the sick poor. In all this there is nothing unprofessional, nothing out of

harmony with the strictest regard for medical ethics. The frequent use of the appellation "homœopathist" has been forced upon us by the unjust, ungenerous conduct of the majority of the medical profession. And, now forsooth, the employment of this word, in the manner I have described, is adduced by Mr. Oliver Pemberton as an argument for perpetuating this injustice, this lack of generosity.

Homœopathy is far from being our profession; the entire range of medicine and surgery is that. So far from homœopathy supplying us with our only means of relieving disease, the entire range of therapeutics is ours. Within this range homœopathy holds, and I trust will increasingly hold, a conspicuous position; but we have neither done, written, nor said anything which restricts us to the use of homœopathically selected remedies in *all* cases under *all* circumstances. We are bound by no obligation other than that which calls upon us to do the best we can for our patients. In the discharge of this duty we avail ourselves in the treatment of disease of every measure by which the health of the body is capable of being modified. Experience has taught us that homœopathically selected medicines are those which as a rule assist more than any other in the cure of disease. But experience has also taught us that cases do arise where all the help that the physician can supply from his drug *répertoire* is palliative, and we have learned that in not a few such instances we must draw upon antipathic sources for our palliatives. Experience has further shown that in many instances surgical interference conduces to more rapid recovery than medicines alone can do, while in others the operative skill of the surgeon is a *sine quâ non* of cure. Again, experience has taught us, as it has taught all medical men, the therapeutic value of dietetics, of water employed in different ways and at varying temperatures, of electricity, and indeed of the scientific regulation of all the conditions by which a patient is surrounded.

Therefore, gentlemen, while it is true, and I for my part am thankful that it is true, that we are homœopathists, we are over and above that—physicians; we bring to bear

upon the treatment of disease every means which has been *proved* to be best adapted to its cure.

There is nothing novel or strange in a body of physicians, from their avowed attachment to some distinct therapeutic principle, being known by an epithet more or less expressive of that principle. In nearly every instance in which this has occurred the central and distinguishing principle has had reference to the manner of prescribing drugs—not to the general treatment of disease. On the general principles of treatment most physicians are agreed. It is only when they come to writing a prescription that their differences make themselves apparent.

Passing over the Dogmatists, Empirics, Pneumaticks, and Methodists of ancient times, as illustrations of this proposition, we find the most notable of modern instances in John Brown, Hahnemann, and Broussais.

Still more recently we have seen the rise and—I think I may add—the fall of the expectant school, of that called rationalist, and now empiricism of a somewhat singular type appears to be to be advancing in professional favour.

In the early ages of the history of medicine the disputations between rival schools doubtless led to exhibitions of very bitter personal feeling. But however acrimonious may have been the discussions between the Brunonians and the Cullenists of the latter part of the last and early years of the present century, for a physician to be a Brunonian, or, some thirty years later, to be a Broussaisist, was never held to exclude him from the public offices of his profession, or from association with his medical brethren; still less would the holding and practising of the therapeutic views of Brown or of Broussais have been thought to justify such paltry and insulting, and in reality ignorant abuses of power as the refusal to publish in the medical journals of the day essays on medicine proceeding from the pen of such a physician, or the compelling of medical publishers to decline to allow the works of authors of known Brunonian or Broussaisistic proclivities to issue from their establishments.

Yet it is such *onera* as these that have been imposed, and to this hour are imposed, upon all physicians who as a rule select their drug remedies upon the principle which is styled homœopathic, that principle the adoption of which has given to them the name of homœopathist.

It is true that the methods of Brown and of Broussais had in them much that was in harmony with the current drug therapeutics of the times in which they flourished. That of Hahnemann had little or nothing in common with the modes in which his contemporaries used medicines. Again, the Brunonian and the Broussaisist proceeded upon speculative notions as to the nature of disease. Hahnemann protested against all speculative pathology. Further, the comparatively trifling knowledge regarding the actions of drugs possessed by the profession in the days of Brown and Broussais was nevertheless adequate to the carrying out of their therapeutic theories. For the practice of homœopathy the *Materia Medica* required nothing less than a thorough reinvestigation, on a plan never more than hinted at in previous days.

In such demands as these there was without doubt much that was startling, much to excite criticism, much to warrant doubts and misgivings, much well calculated to provoke from the senior practitioner the indignant inquiry, "Are we all wrong in our methods of treatment?"—much to justify the young enthusiast fresh from the schools in asking whether it was likely that all the luminaries of the past, the Sydenhams, Meads, and Radcliffes, had been in error in purging, bleeding, and mercurialising their patients. So much I can both admit and sympathise with. But the apparent strangeness of Hahnemann's proposals, the simplicity of his art of prescribing, the severity of his critiques upon the character and complexity of the therapeutics of his day—in a word, the revolutionary nature of his method—did not justify that summary rejection without inquiry which it received, formed no sufficient ground for shutting out its author and his followers from all intercourse with their professional brethren, and were far, very far indeed, from being adequate as reasons for the infliction of all the

many pains and penalties, all the cruel persecutions, which have perpetually pursued them.

The mode in which homœopathy has been dealt with from the earliest attack made upon it until the latest has been fundamentally wrong. The opposition has been wholly based upon assumptions. The arguments used against it have ever been *à priori*, not, as they ought to have been, *à posteriori*.

It has been assumed that the principle *similia similibus curantur* is no guide to the selection of remedies. The inquiry whether it is so or not has never been made by those who, *ex cathedra*, have presumed to denounce it.

It has been assumed that the small or infinitesimal dose is regarded by homœopaths as adequate to the carrying out of every object with which a drug can be prescribed. No such proposition as this has ever been maintained by them. They know full well that if it is necessary to purge a man five or ten grains of the *Extract of Colocynth* will be none too large a dose for the purpose; but they are equally well assured that the 100th, 1000th, or 10,000th of a grain of the same drug will be amply sufficient to cure some cases of facial neuralgia.

It has been assumed that the records of physiological drug action constituting our *Materia Medica* are the vain imaginations of hypochondriacal men and hysterical women. They are, as you all well know, the carefully sifted results of experiments made by men and women well qualified for the task and placed while performing them under competent observation. In addition to experiments voluntarily made our *Materia Medica* has drawn largely upon the details of cases of poisoning which have from time to time been published by trustworthy observers. The reliability of the symptomatology of our *Materia Medica* has been ratified by the experience of thousands of educated physicians practising in all parts of the world during the last seventy or eighty years, while the numerous illustrations of the value of the practical outcomings of these experiments which crowd modern text-books of *Materia Medica* are further

and very satisfactory evidence of the accuracy of such experiments.

Once more, it has been assumed that the homœopathist depends for his therapeutic resources upon drugs alone. There was a time when it was the fashion to state that homœopathists were especially careful dieticians, that to the simple kinds of food and drink to which their patients were restricted and to the absence of all drugs they owed their success. Nowadays it is asserted that no homœopathist is honest who, under any circumstances whatever, endeavours to cure or relieve his patients by any other means than medicine, and that a medicine prescribed on the principle of similars. Possibly enough there are persons who would add that, for complete honesty to be compatible with being a homœopathist, medicines must be prescribed in globules of the 30th dilution! Here is another of those false assumptions regarding homœopathy which, for the sake of charity, I will ascribe to ignorance of what is really understood by that word.

As did the Brunonian and the Broussaisist in the past, so does the homœopathist to-day. He adopts that method of treatment implied in the term which has been used to describe his therapeutic views in every case in which his study and experience have led him to believe that it is available. But his treatment of disease does not, and never did, begin and end with a prescription. He knows, appreciates, and employs every therapeutic resource which modern research has shown to be capable of improving the condition of a patient, and of assisting in the cure of his disease.

To the suppression, then, of all inquiry into homœopathy, to the false assumptions which have been entertained regarding its meaning and place in therapeutics, and to the erroneous notions which have been allowed to obtain currency respecting the practice and opinions of those who have openly avowed their confidence in it as a general rule for drug selection, do I attribute the injustice and ostracism with which we have been visited by the majority of the profession.

Various and emphatic as were the denunciations of homœopathy and of those who practised homœopathy which were circulated in this country between 1827 and 1851, it was not until the latter year that the opposition we have had to encounter received any approach to an organisation. I have no desire to recur to the circumstances which led up to this organised opposition; suffice it to say that such an organisation was then formed. Brighton may be regarded as its birthplace, and the Provincial Medical and Surgical—now designated the British Medical—Association as its parents. At the meeting held in Brighton in 1851—that “tumultuous meeting,” as the late Dr. Conolly described it—eight resolutions regarding homœopathy and homœopathists were agreed to. Some years ago I heard from the lips of one of the committee appointed to frame them that they were the work of half an hour, and were drawn up by men who knew nothing whatever about homœopathy, made no inquiry and had made no inquiry regarding it, but assumed, took it for granted, that it was some hateful form of quackery akin to Perkins’s tractors.

The first resolution ran as follows :

“That it is the opinion of this association that homœopathy as propounded by Hahnemann and practised by his followers is so utterly opposed to science and common sense, as well as so completely at variance with the experience of the medical profession, that it ought to be in no way or degree practised or countenanced by any regularly educated medical practitioner.”

The second charges homœopathic practitioners with having heaped contempt upon the practice of medicine and surgery as followed by the members of the association and by the profession at large. Much sound criticism of therapeutics doubtless did emanate from homœopathists, and the justice of these criticisms has been fully acknowledged by the almost total abandonment—in text-books and hospitals at any rate—of the kinds of treatment to which they referred. But it was left to others to express “contempt,” and of those who did so none was more emphatic than that distinguished ornament of the association, the late

Sir John Forbes—no one in recent times has been more cynical than Dr. Moxon, of Guy's.

The third resolution asserts that it is derogatory to the honour of members of the association to hold any kind of professional intercourse with homœopathic practitioners.

The fourth declares that there are three classes of practitioners who ought not to be members of the association, viz. *first*, real homœopathic practitioners; *second*, those who practise homœopathy in combination with other systems of treatment; and, *third*, those who under various pretences meet in consultation or hold professional intercourse with those who practise homœopathy.

I am not aware whether this resolution takes effect now or is regarded as obsolete; but, seeing that the association is a very numerous body, I should presume that it is disregarded, for the proportion of the profession who practise homœopathy in combination with other systems of treatment has been increasing rapidly of late years. Dr. Ringer's *Manual of Therapeutics* is one of the most generally used text-books of its kind, and that teaches homœopathy in combination with other systems of treatment to a very large extent indeed.

The remaining four resolutions bear upon little more than matters of detail, and therefore call for no special observation.

I think further that it has been proved sufficiently often that a line of policy framed, not upon positive knowledge of certain facts regarding the question it affects, but upon hypotheses without any foundation whatever, always has been and ever must be productive of nothing but evil. Such in very truth has been the result of the course pursued by the British Medical Association in regard to homœopathy and those members of our profession who practise homœopathically. Closely following the passage of these resolutions societies termed "medico-ethical" sprang into existence in all parts of the country, the *raison d'être* thereof was the binding of medical men not to practise homœopathy, and not to associate or consult professionally with any who did so.

Thus it came to pass for the first time in the history of medicine that to pursue a certain course of therapeutic investigations, to entertain, or at any rate to express, certain views of the mode in which medicines act in curing disease, was declared to be professionally immoral! To consult with a physician or surgeon in charge of a patient respecting the nature of that patient's disorder and the most suitable means for restoring him to health was, if that physician or surgeon practised homœopathy either wholly or partially, asserted to be an act of professional immorality!

Hence has arisen that schism in the ranks of the profession which is so much to be regretted. Hence it is that men earnest in their endeavours to widen the area of therapeutics have been diverted from their proper pursuits to the consideration of measures of self-defence. Hence it comes that against a number of medical men the avenues to the cultivation of professional knowledge have been closed, the doors of those societies where all recent observations in medicine and surgery are discussed and their values gauged have been shut.

That an exclusion of this kind should ever have been enforced is not only unjust to the individuals more immediately concerned, but it is one that is directly opposed to the interests of the public. It is so, in so far as it deprives men in active practice of the best means of promoting professional culture, and of becoming familiar with all modern improvements in that science the art of which they practise. These resolutions have proved themselves still further injurious to public welfare in that they have compelled consultants, both among physicians and surgeons, to refuse to patients under the care of a medical man practising homœopathy the benefit of that special information for the means of obtaining which they are largely indebted to public generosity. The hospitals whence they have gathered that experience, and where they have been enabled to make those observations, which have placed them in the rank of consultants have been provided by the public. The public have therefore a claim upon services they have contributed so largely

to providing. To make the dismissal of a medical attendant contingent upon giving a professional opinion upon any point, whether of diagnosis, prognosis, or treatment, is not only insulting to all concerned, but is both morally and professionally wrong.

These resolutions have been found to operate not only unjustly to individuals and detrimentally to public interests, but the course of conduct they have enforced upon all members of the association has had a demoralising influence on those who have pursued it.

As I mentioned a few minutes ago, there was a time in the history of homœopathy when all recoveries capable of being referred to homœopathic treatment were attributed to the strict and carefully regulated dietary believed to be enforced by medical men practising homœopathy. That in many instances this view was honestly entertained I have no doubt. This interpretation of the facts of homœopathy it was that gave rise to the expectant method of treatment—that plan which, abjuring the use of all medicines, relied solely on good nursing and careful feeding for the cure of disease. This method had its origin in Vienna, in that city where homœopathy had, through the exertions of Fleischmann, Wurmb, Watzke, and others, been brought so prominently before the profession. The eminent pathologists of that renowned school of medicine thought that they could cure disease as well as the homœopaths if they ceased to give medicine at all. Expectancy was the result. The recoveries which took place without the active drug medication of the preceding years were both more rapid and more complete than they had been with it. Nevertheless homœopathy maintained its pre-eminence. The recoveries of patients treated homœopathically were shown to be more rapid and more thorough than were those of cases where no medicine had been prescribed. This was true of acute disorders, but was much more marked in such as were chronic. Expectancy as compared with homœopathy has failed; and if we may be permitted to draw conclusions from the most recently published treatises on practical medicine issuing from Germany, we should infer

that expectancy has ceased to have any attractions for the physicians of that country.

The nihilistic view of homœopathy, whence came the expectant method, has been clinically proved to be untenable. It was a mere hypothesis, and, however plausible at first sight, would not bear the test of experience.

Out of the ashes of expectancy arose a revival of faith in the beneficial action of drugs. A number of earnest and highly cultivated English physicians determined on making it clear that in some way or other drugs could be rendered helpful in the cure of disease. New medicines, new preparations of old ones, and new methods of administration, were introduced to the profession. By the relief of pain and toning of the system it was sought to conduct a patient through his illness. These ends it was thought drugs could accomplish at any rate. Narcotics and stimulants were freely used; their ultimate disadvantages being obscured by the temporary relief they afforded.

That the action of drugs might be more fully understood, proposals were made to experiment with them upon the lower animals, and more lately still upon human beings. Foremost in undertaking the performance of these experiments, the original of which formed the very basis of homœopathy, was the British Medical Association. This body voted a small sum of money, almost the only sum ever applied by it to scientific purposes, to an investigation into the action of mercury upon healthy livers. These experiments were undertaken by Dr. Hughes Bennett, who so surprised old-fashioned practitioners with his results as almost to give the *coup de grâce* to this method of study, at any rate in their estimation. For what did he prove? He showed that mercury, which in certain forms of disease increased the flow of bile, in health rather retarded it! That these experiments were but crude and imperfect imitations of those performed by Hahnemann and his disciples was obvious enough to all who were acquainted with the history of homœopathy. The task of studying medicines after this manner was, however, expensive, painful, and tedious. A method at once easier and more rapid was

necessary to satisfy the desires which existed for better and more certain modes of prescribing drugs. Experience, empiricism, now came to the front in therapeutics. Let us learn what is good in this disease, and what will cure that, was the principle upon which all who desired to see progress in drug therapeutics were urged to act. But where was this experience to be derived from? Traditional modes of prescribing, the calomel and opium pill, the saline draught, the expectorant mixture, the tonic combination, the blue pill and its black corrective, venesection, leeching, and counter-irritation, comprised the bulk of the experience of the past. Preparations and measures of this order had been repeatedly tried as remedies, and had been found wanting. The results which followed their use in disease compared very unfavourably with those obtained from homœopathically selected medicines. Then why not try such remedies as, to use the phraseology of the *Lancet*, "appear to be explicable only on a homœopathic hypothesis"? "Why"—adapting Rowland Hill's query to the circumstances of his own position—"why," said Dr. Wilks, "should the devil have all the *best* tunes?" Why, that is, should the homœopathists have all the best remedies? The admission conveyed in this interrogatory of Dr. Wilks is at least a gratifying one. The reason why is simple, if it has not proved convincing. To practise homœopathy, either wholly or partially, is "heterodox." The British Medical Association has so declared it. The anathema has gone forth; the consequences of the curse have been declared and in some instances have been experienced. Let it but be known that you practise homœopathically, either wholly or partially, and your professor's chair will slip from under you, your hospital appointment unquestionably lapses, your consultation fees will sink into insignificance, your weight and influence in the profession shall disappear. "Who is sufficient for these things?" A very simple process sufficed to cut the Gordian knot wherewith the British Medical Association had bound an unswerving opposition to homœopathy to the chariot wheels of professional respectability. Here it is. Dip into

homœopathic literature, read Hughes's *Pharmacodynamics*, and pass off your gleanings as recent discoveries, do no more than state the facts, give no explanations, no authorities. Above all, know nothing about homœopathy; never mention the word unassociated with an opprobrious epithet; on the contrary, always represent it as "fraud and folly." Should you ever hear of a homœopath giving anything but globules to his patients, denounce him as a dishonest fellow. Should you happen to know of one who has ordered a dose of morphia, or a purgative pill, or fifteen or twenty grains of chloral, declare at once that all homœopathists have deserted the principles of therapeutics they have contended for. If it comes to your knowledge that one or more of them have protested against the supposition that their view of the practice of medicine consists in an exclusive adherence to homœopathically selected medicines in every case and under all circumstances, from compression of the brain down to a fretting corn, tell the world that they have given the death-blow to homœopathy, that the bubble has burst, that homœopathy has at last been demonstrated by its most devoted adherents to be a thing of naught.

Such, gentlemen, is the course that has been pursued by the cultivators of therapeutics outside the ranks of homœopathy during the last ten years or so. That it has been a dishonourable course cannot be questioned. That it has been followed in consequence of the attitude of the great majority of the profession towards homœopathy is certain. And that this attitude has been assumed in obedience to the instructions issued by the British Medical Association in 1851 is, I think, equally sure. I cannot believe that those who have acted in the manner I have described would have done so had they been free, had they felt that in honestly acknowledging the sources whence they drew the therapeutic facts they palmed off as novelties, and as original matter, their professional positions would have been uninjured.

That men who in all other relations of life are animated by the keenest sense of honour can have been so influenced

by these resolutions shows, I think, as clearly as anything can do, their demoralising tendency.

Finally, while these resolutions have been found unjust to individuals, injurious to the interests of the public, and demoralising to those who have come under their influence, they must also bear the reproach of having given rise to an amount of inhumanity which none would have supposed that any member of our profession could have been guilty of.

Instances of physicians and surgeons refusing to express an opinion on the nature of a difficult or dangerous case, solely because the medical attendant was known to practise homœopathically, have abounded. The friends of dying persons, who have sought to learn from men of large experience whether their anxieties might not be groundless, have been repulsed by consulting physicians with a rudeness and coarseness scarcely conceivable, simply because they refused to dismiss from his attendance one who had kindly, carefully, and satisfactorily ministered to their medical necessities through many years. "I wouldn't pass a catheter for the patient of a homœopath even if his life depended upon its being passed," said a provincial to a metropolitan surgeon not many years ago. The following illustration of obedience to the resolutions of the British Medical Association was brought within my knowledge some ten years back:—A man sustained a severe accident. He was at once removed to a neighbouring hospital, the medical officer of which was a well-known and much-esteemed member of our society. At the moment he was engaged in professional duty elsewhere. His assistant, feeling himself scarcely equal to the emergency he was called upon to meet, requested that surgical help might be procured for him. A surgeon was found. He came within a short distance of the hospital and then halted. He was, he said, prepared to render what assistance he could, but the injured man must be brought out to him, for enter a homœopathic hospital he would not. The manager of the works where the accident had occurred begged him to go inside, assuring him that fatal consequences might arise were the man to be refused admission; but no; the patient might die, but enter

a homœopathic hospital this unworthy son of Æsculapius, but staunch member of the British Medical Association, would not, neither did he. While this disreputable scene was proceeding in the street the assistant succeeded in doing all that was necessary for the patient's relief, and the member of the British Medical Association was able to return home without having crossed the threshold of a homœopathic hospital and without having incurred the ignominy, he did so much to court, of having sacrificed the life of a fellow-creature in deference to the laws of his society.

Instances of this kind are, I regret to say, by no means singular. They prove but too truly that "men may perish and women may weep" rather than that consulting physicians, surgeons and obstetricians should help those members of their profession who practise homœopathically to save their lives or mitigate their sorrows. Let me not be misunderstood. I do not for one moment suppose, still less would I wish to assert, that *all* consulting physicians, surgeons, and obstetricians would in similar circumstances conduct themselves in the same manner. To such as are prepared to sacrifice everything to their prejudices against homœopathy, there are, I rejoice to know, many honorable exceptions in the highest rank of the profession—men whose anxiety to do good rides paramount over the obligations that have been imposed upon them by their societies. What I would have you remember is this—that the lack of humanity, the absence of Christian feeling, the abandonment of professional duty, which characterise such cases as those I have alluded to, and many others which will be within the recollection of each one of you, are the results of the influence of the enactments of the British Medical and similar associations. Consultants have been compelled to act as they have done, or submit to be deprived of their positions and their fees. Deeply to their dishonour they have, in many instances, repeatedly sacrificed their professional duty to their anxiety for professional gains.

The organised opposition to homœopathy I have endeavoured to describe was formed in ignorance of the subject it was instituted to extinguish and without adequate know-

ledge of the character of the men it set out to crush. Those who originated this organisation asserted as being at variance with the experience of the profession a method of drug selection which has for all practical purposes been endorsed as true, to a large extent at any rate, by the experience of a very considerable number of those who profess to be opposed to it. Hence this method cannot now be said to be at variance with the experience of the profession ; while the mode of studying the action of drugs which in condemning homœopathy the resolutions I have quoted also condemned has been openly acted upon by the very association that carried them.

A further effect of this organised opposition to homœopathy has been to deprive some three hundred British practitioners of medicine of their professional birthright—a deprivation which has excluded them from the most legitimate means of increasing their professional knowledge and of profiting as fully as they might have done by the experience of their professional brethren.

This organisation has, also, been the direct cause of an amount of plagiarism, of the grossest and most palpable type, unknown in any other department of science. The hatred of homœopathy it has created and nourished has led men otherwise upright and honorable to make statements notoriously untrue, and to perform acts which in any other relation of life they would have scorned to be even remotely connected with.

Finally, this organisation has been assigned as the reason, as the excuse, for much heartless and unprofessional conduct on the part of men who, of all others, ought to have set an example of those Christian virtues for the practice of which members of our profession have in all generations been distinguished.

Such are some at least of the injurious results which have followed the operation of the uncalled-for and utterly unjustifiable resolutions which formed the basis of this organisation. Neither can I detect any good that has accrued from them. They present not one single redeeming feature. Not one iota of advantage have they conferred

upon the profession, view them from what point we will. No one, either within or without the profession, has ever been one whit the better for them.

So long as they remain unrepealed, they are a standing reproach to that toleration of opinion in scientific pursuits without which scientific progress is impossible. So long as they remain unrepealed, they are a barrier to the development of that benevolence which ought to be the boast of our profession. So long as they remain unrepealed, they operate as a powerful incentive to dishonorable and degrading courses of conduct. Why, then, are such resolutions allowed to remain on the minutes of an association so large and powerful as is the British Medical? No apology can be offered for them. The value of medicines the action of which is explicable on a homœopathic hypothesis is no longer, whatever it may have been five-and-twenty years ago, at variance with the experience of the profession. In what way it becomes derogatory to the honour of one medical man to assist another in saving life, in assuaging grief, or in administering consolation, simply because these two gentlemen may differ more or less on some points of practice—points which, in some instances at least, would never present themselves for discussion—never has been stated. The idea of a surgeon refusing to sound for the stone, because the sufferer is the patient of a physician who believes that the law of similars is the best therapeutic principle known, is monstrous; it would indeed be equally so were this principle a mere hypothesis without a ray of evidence to support it. No less preposterous is it for a physician, whose opinion is regarded as exceptionally valuable in the diagnosis of some form of disease, to decline to examine that patient's condition because his medical attendant practises homœopathically. In what possible way can it be derogatory to the honour of a distinguished obstetrician to assist a homœopathist in completing a difficult or complicated delivery? On the contrary, it is the refusal to render the required aid that is derogatory to the honour of the consultant. It lays him open to the charge of

being regardless of the life or suffering of his fellow creatures.

A feeling that these resolutions are unjust and that their influence has been and is injurious to the highest interests of the profession is, I have reason to believe, on the increase. So carefully are all circumstances expressing it kept out of the medical press that it is impossible to estimate its extent by the contents of their columns. The recent meetings at Birmingham in connection with the Medical Institute of that town have proved its existence. The admirable speech of Dr. Heslop, the excellent letter of Dr. Johnstone, and the *apologia* of Mr. Crompton, gave evidence of its growth. That it should not seem to spread so widely as it has done the *Lancet*—the correspondence in which appears under the motto *Audi alteram partem*—refused to publish the letter of Mr. Clarkson, extracts from which are given in the June number of the *Homœopathic Review*. The same journal also declined to permit the appearance of a letter on the same side from a physician whose contributions to the *Practitioner* have proved his high professional culture and his devotion to scientific medicine. This feeling is not of recent origin. It had an existence in the minds of a few of the most highly cultivated physicians as far back as 1858, when these resolutions had only been in force seven years, as the following extract from a speech by the late Dr. Conolly at the Edinburgh meeting of the Association in 1858 will show :

“Dr. Conolly regretted exceedingly to see this great association attacking a small professional sect who professed certain doctrines, although he (Dr. Conolly) did not approve of or believe in these doctrines. There seemed to him to be no more reason for the proceeding recommended by Mr. May against homœopaths than there was for making a demonstration against a set of men who should make a real discovery in science which should be unacceptable to the profession generally.

“If it were a delusion, it would die away ; if there were any truth in it, they should give it the chance of developing itself.

“They had no right to say that what they thought was right, and that that which was not in unison with their opinions was false. He feared he was in a small minority, but he could not refrain from expressing what he felt on this subject. Nothing which had ever occurred in the association had filled him with so much disgust as the tumultuous meeting at Brighton when homœopathy was denounced. He hoped there was to be no repetition of that scene.”

Surely, if in 1858 Dr. Conolly could express himself in such terms as these, there must after the experience of the last few years be many, even less elevated, less liberal, than he was, who would willingly assist in the removal of all impediments in the way of freedom of opinion and liberty of action among members of the medical profession.

In promoting the withdrawal of these resolutions, we can, beyond pointing out clearly and fully their injustice and the evils which arise from them, do nothing. In the taking of steps to speed the advent of the time when all invidious distinctions between one physician and another shall disappear we as homœopaths can bear no active part. It is for those who have imposed these restrictions, or rather perhaps I should say for their successors, to remove them. It is for those who have fulminated their anathema against the advocates of certain therapeutic views to dissolve the ban they have pronounced.

It is impossible that any body of men, however powerful, however bitterly prejudiced they may be, can for any great length of time obscure the great principle which lies at the bottom of all specific medication—that principle which has brought to light, or at any rate explained, the *modus operandi* of all the most valuable curative remedies in use at the present day—that principle which will direct the use of all that will prove most serviceable in the cure of disease in time to come.

To be in opposition to many with whom it would be a constant source of pleasure to work in harmony may be painful; to be excluded from many professional privileges may be disappointing and wearisome; to be shut off from

professional help in a difficult or dangerous case may add to our anxieties, materially increase our cares, and render professional life less enjoyable than it otherwise would be. But we must remember that we are pioneers in scientific therapeutics—that we are the vanguard of practical medicine; and we must with the honours of our position accept its dangers, its difficulties, and its responsibilities. And well may we do so! Surely we have already accomplished much! We have seen the extinction of nearly all those methods of treatment against which many years ago we so earnestly protested. One of our positions—the mode of studying the action of drugs—has been accepted as true by the very body that has branded us as unworthy of our profession. The principle of drug selection for the truth of which we especially contended has been admitted as an hypothesis capable of explaining the action of an increasingly considerable number of remedies; while we have also witnessed the great diminution of the dose in cases in which such remedies are prescribed.

Therefore, gentlemen, it is that I would urge you to bear with dignity what remains of the insolence of an intolerant majority, and, earnestly cultivating scientific therapeutics, diligently adding to our resources in the treatment of disease, patiently to wait for the time when a juster sense of what is due to carefully considered and honestly expressed opinions in scientific matters shall for ever remove all existing restrictions upon freedom of thought in therapeutics, and all restraints upon professional intercourse and association. I do so in the full assurance that this time will come, and firm in the conviction that the day will arrive when those who endured so much of obloquy and reproach for their defence of homœopathy will, on the very ground of their having defended it and contributed to its scientific development, be regarded with especial honour as men who have done more to advance the science of therapeutics, to render disease more easily curable, than any other members of our profession.

**THREE CASES OF EXOPHTHALMIC GOITRE
(GRAVES' DISEASE) WITH OBSERVATIONS.**

By H. WHEELER, L.R.C.P. Lond.

MR. PRESIDENT and GENTLEMEN,—I believe I am correct in stating that this is the first time that the subject of exophthalmic goitre has formed the topic for discussion at the meetings of this society; but having, within the last few months, had an opportunity of treating three well-marked cases of this singular and interesting disease, I made no apology for bringing them under your notice, but trust they will be found not only suitable, but profitable, and that the discussion to follow may elicit the opinion of members, both upon its nature and treatment.

Before reading the cases I wish to offer a few observations upon the nature and pathology of this disease, and first I will give a brief description of the more prominent symptoms.

The symptoms usually manifesting themselves in the earlier stages are those of great nervous debility and restlessness, then palpitation of the heart upon the least exertion, accompanied by rapid but feeble pulse, varying from 110 to 130 per minute.

Temperature usually quite normal.

Then follow more or less enlargement of the thyroid gland and pulsation in both carotids.

Some writers speak of pulsation in the thyroid gland itself; in none of my cases could I detect this symptom, still I have no doubt it is often present. After some time, varying from a few weeks to some months, an undue prominence of the eyeballs is observable, giving the patient an anxious, frightened expression.

Dr. Stokes relates a case where the protrusion was so great that the eyes could only be half closed. There is usually some loss of flesh, and in almost all cases consider-

able anæmia, accompanied by indisposition as well as inability for exertion.

A great number and variety of theories have been advanced to account for the pathological condition observable in this affection. I shall not take up your time further than to notice one or two of these, especially the one I think most in accordance with my own observation.

Some writers refer the whole phenomena to a vitiated condition of the blood itself, which, acting upon the cardiac nerves and exciting the heart to over-action, results in dilatation of the blood-vessels and structural degeneration.

This is the view of Dr. Begbie, but I think it can scarcely account for the whole of the changes observable, because we meet with many cases of anæmia and vitiated and impoverished blood which do not lead to exophthalmic goitre, and from my observation of the three cases I shall submit to your notice I think the anæmia followed as an effect rather than as a cause of the other symptoms. In this view I am also confirmed by M. Trousseau, who believes that the anæmia follows rather than precedes the other pathological changes. Without going further into the various and conflicting opinions upon the pathology of this disease I am inclined to agree with Professor Laycock, in his article in the 'British and Foreign Medico-Chirurgical Review' for January, 1864, where he thinks the symptoms are due to neurosis of several vaso-motor centres in the spinal cord, giving rise to lesion and paralysis of portions of the sympathetic nerve, thus producing dilatation of the vessels of the thyroid gland and enlargement of its substance.

All the opinions I have been able to consult (except that of Dr. Begbie, who thinks the vitiated condition of the blood itself the cause of the phenomena) lead to the conclusion that the malady is a result of some impairment of the nervous system as the primary cause, and from what I have observed I am inclined to agree with this opinion.

The enlarged thyroid gland is of course only one of the changes indicative of this disease; but if the cause of this

be what I have stated, probably the unnatural protrusion of the eyeballs, the irregularity, palpitation, and oftentimes dilatation of the heart, are due to the same semi-paralytic condition of the sympathetic nerve. In one of the cases treated by me I have no doubt whatever that there is considerable hypertrophy and dilatation of the heart.

In all three of my cases there was great anæmia, in one case very marked, in the other two not so marked.

The prognosis of this singular disease seems to me to be very doubtful, and to depend very much upon the length of time the malady has been in existence.

In recent cases, as in my third case, I think the prognosis very favourable. Amendment set in at once, and the improvement continued until my patient could be pronounced quite well. The gland diminished in size, the action of the heart became quite regular and normal, the eyeballs receded within the orbit, and in fact all the abnormal symptoms disappeared.

On the other hand, cases No. 1 and No. 2 I cannot say are cured to this day. It is true they are both much improved, but the irritability of the heart recurs on the least derangement of the general health or after much exertion, and the enlargement of the gland does not wholly disappear, neither do the eyeballs quite lose their undue prominence. I have no doubt this depends upon organic changes in the structure of the heart, due to the length of time the patients have been suffering. It is very rarely the case that this disease proves fatal, except as a result of organic heart disease or some other serious complication.

In all the recorded cases of post-mortem examination the heart and large blood-vessels supplying the thyroid gland were found enormously dilated, as of course we should naturally expect from the symptoms manifested during life.

It will thus be seen, from the foregoing remarks, that although this disease is called exophthalmic or pulsating bronchocele, yet the enlargement of the thyroid gland, from which it takes this name, is only one of many symptoms which make up the sum of the phenomena,

and that no name fully describes the whole morbid condition.

We come lastly to treatment. This may be spoken of as hygienic and medicinal, and must be based upon removing all exciting causes, if any exist, lessening the irritability of the heart and blood-vessels, and improving as far as possible the condition of the blood itself. I shall speak here only of the hygienic treatment, as the medicinal will appear during the narration of the cases. In the first place I would enjoin rest and quietude both of mind and body, the avoidance of all excitement, moderate exercise, good air, and nourishing but unstimulating diet.

In some cases a moderate allowance of wine may be necessary, but of course each case must be treated upon its own merits.

CASE 1.—Miss B—, æt. 47. First came under observation in February, 1872. Was then suffering from general debility, leucorrhœa, and the usual symptoms accompanying the climacteric period. The most marked symptom at that time was great irritability of the conjunctivæ and photophobia, but there was no swelling of the thyroid gland observable. She continued under treatment until September, when cardiac symptoms manifested themselves in the form of palpitation and great irregularity of the pulse, which at this time was so rapid I could not count it. Dyspnœa on the least exertion, low spirits, accompanied with great restlessness. The eyes at this period were much inflamed, the photophobia intense, and the eyeballs prominent. The thyroid gland had now become much larger, about three or four times its normal size, the right lobe being larger than the left.

I gave her now, October 2nd, *Digitalis* 2^x gtt. iij, at mid-day; *Ferri perchlor.* gtt. iij, night and morning.

This was continued with some benefit until November 19th, when I gave her *Cactus* 2^x gtt. iij, night and morning; *Ferri pyrophos.* gr. ss, at mid-day.

This treatment was persevered in, with slight variation to meet other ailments supervening, until the end of the

year, with very marked effect upon all the symptoms. The heart became more regular in its action, the pulse coming down to about 90, and the general health manifestly improving.

I have seen my patient at various times since, and, although I cannot say she is quite cured, she now enjoys a fair share of health. The thyroid swelling has nearly disappeared, and the eyeballs, instead of being unduly prominent, are quite natural, although still weak and liable to attacks of inflammation. I may say that in this case there was not much anæmia, although there were evident signs of malnutrition, and even now there is great cardiac weakness.

CASE 2.—Miss H—, æt. 32. First came under observation about three years ago. She had been staying in the Isle of Wight for some months, on account of a gradual decline in her general health, which was generally thought the result of phthisis.

When I first saw her she was suffering from intense nervous irritability and restlessness, low spirits and dejection, and all the symptoms of complete disorder of the nervous system.

Her appearance was decidedly anæmic, and there was considerable loss of flesh. The least physical exertion gave her great suffering and pain at the heart, with palpitation and dyspnœa. Catamenia regular, but profuse and painful.

On examination I found the action of the heart so turbulent and irregular that I could not count the pulse with certainty, but should say it was at least 130. There was no bruit either at the base or apex of the heart, but a loud systolic bruit over both carotids.

The thyroid gland was considerably enlarged in both lobes. Both eyeballs were very prominent, giving the idea that they were much too large for the sockets, but were in no degree painful, and the sight was perfectly good.

I have not kept a minute record of this case, but I commenced the treatment with *Spigelia* 1^r gtt. ij, every four

hours. This was continued for a few days, until the pain in the heart had somewhat subsided, when I gave *Ferri pyrophos. gr. ss*, at mid-day; *Cactus 1^r gtt. iij*, morning and night.

This treatment was persevered in for some time with very marked benefit; the only change I made was gradually to increase the dose of the *Iron*. The irregularity and palpitation of the heart became much less and the consequent dyspnœa relieved; she continued to gain flesh and strength, the thyroid gland diminished to about half the size, and the eyeballs became much less prominent. In about six weeks or two months I could count the pulse easily, when it was about 110. And *now*, instead of being a complete invalid, she can walk a considerable distance without distress.

I saw my patient to-day, April 23rd, 1875, and find her to all outward appearance well. There is no swelling of the thyroid noticeable; the eyeballs are quite natural in their appearance; she can walk without fatigue; and while there is still some irregularity of the heart's action, she is not distressed by it.

I have no doubt at all that in this case there is some amount of hypertrophy and probably dilatation, fully accounted for by the length of time she has been ill. She still has at times attacks of palpitation if she over-exerts herself, but these attacks *Cactus* never fails to relieve.

The next case is one of more recent accession. I have known the patient for over four years, and she has enjoyed very fair health up to the time of consulting me, viz. January 6th, 1875.

CASE 3.—Miss H—, æt. 25. Began to fail in health about a month before seeing me. Languor and debility were amongst the earliest manifest symptoms, producing great discomfort to herself when making the least exertion.

Complains of dyspnœa and palpitation of the heart, fulness and choking sensation in the throat, with some precordial pain; has lost flesh rapidly; slight cough, but no expectoration.

On examination the heart's action is turbulent and irregular; pulse about 120, strong at the carotids, but weak at the wrists. No bruit at the base or apex of the heart, but loud systolic murmur over the carotid arteries.

The right lobe of the thyroid gland is increased to about three times its natural size, the left lobe not much enlarged. Eyeballs staring and prominent, and an anxious, nervous expression pervades the whole features.

Appetite very poor; sleep restless and disturbed; catamenia too frequent, but scanty.

I commenced the treatment with *Cactus* 1^x gtt. v, night and morning; *Ferri pyrophos.* gr. ss, at 10 a.m. and 3 p.m.; light, nourishing food, and two glasses of good Burgundy per day.

February 10th.—Feels a little stronger; less palpitation; but in other respects much the same. Continue medicine.

17th.—Still gaining strength; heart's action much more regular; pulse still 120; eyeballs much less prominent; *Digitalis* 1^x gtt. iij, night and morning. Continue *Ferri pyrophos.* gr. j, twice a day.

March 2nd.—Very much improved; heart's action quite regular, pulse 96, of good tone, and pulse at the wrist quite strong; eyes almost natural; thyroid tumour very materially decreased in size. General health greatly better; in fact, she pronounces herself "quite well." She can walk or run upstairs without fatigue. There is no bruit or thrill to be felt either in the carotids or in the thyroid gland. Continue *Digitalis* and *Ferrum*.

I have not seen my patient for some weeks, but I understand from her friends that she continues to keep quite well.

Discussion on Dr. H. Wheeler's paper.

Dr. R. HUGHES thought the paper he had just heard one of the most interesting and practical ever brought before the society. He could not agree with Dr. Wheeler in his hypothesis of the cardiac origin of the disorder; and for this reason, that the symptoms of the heart were by no means always the first to

appear. Goitre, protruded eyeballs, palpitation—they seemed to him neither historically nor physiologically the cause one of another, but the joint product of a common cause. Nor could he find this in vitiation of the blood. He could only understand it as some central nervous derangement, involving the nervous supply of the three organs deranged. Having discussed the physiology of the matter, he proceeded to say that he had seen four cases of the disease, but had only been able to follow up to any extent two of these. One was cured by *Belladonna* 1st dec.; the other, where the constitutional symptoms were such as to simulate phthisis, recovered to a very great extent under *Natrum muriaticum* 12 and 30. He thought Dr. Wheeler's treatment very rational—involving as it did the use of *Iron* to nourish the muscular coats of the blood-vessels, and of *Cactus* and *Digitalis* to calm the excited action of the heart. But he hoped that we should yet find a single medicine which should prove a true *simile* and remedy for this very constant form of disease; and at present he thought the most hopeful outlook to be in the direction of *Belladonna*.

Dr. KITCHING remarked that he had only seen one case, and that occurred during pregnancy. The patient was a plethoric woman, of 30, who had miscarried four times at three or four months. On two occasions this had been preceded by convulsions. On each occasion she suffered from the following symptoms, viz. violent heart-beating, much-enlarged thyroid, throbbing headache, prominent staring eyes, and great constipation, which had only been relieved by the constant use of aperients. In this the fifth pregnancy the old series of troubles had begun, and which resembled the case of exophthalmic goitre recorded by Dr. Kidd; he therefore gave *Bellad.* 1^r three times a day. This was followed by steady improvement, especially in the constipation, no more aperients being needed. The heart beat more quietly, the thyroid gland was much smaller, the eyes lost their stare, and the headache was greatly lessened. At seven months she reported, by letter, œdema of the legs; this was considered to be the mechanical result of pregnancy. At eight months she had pain in the loins; and the urine, when boiled, contained three quarters of its bulk of albumen. A week later she was prematurely confined, without convulsions, after which she lost all signs of illness.

Dr. YELDHAM said he had not intended to take any part in the discussion; but like the Irish member who said he could not give a silent vote without expressing his reasons for it, so he, Dr. Yeldham, could not allow the general expression of approval of the author's paper to pass *sub silentio* without adding his meed of praise. Now that he was on his legs he would refer to a case of the disease under discussion that had just recurred to his memory. It was a plump, round, and rather fat young lady, of about _____ years of age, or perhaps a little more.

She had a doughy complexion, and *suffered* most from violent palpitation of the heart, and dyspnoea. There was slight goitre, but the eyes were frightfully prominent; her look was quite horrid; you instinctively shunned it. The apparent prominence of the eyeball was aggravated by an unnatural retraction of the eyelids. In this case there was suppression of the menses; and he (Dr. Yeldham) was led to believe, from his observation, that in most cases of this disease there was a good deal of sympathy with abnormal uterine function—a kind of chlorosis. [At the time of the meeting Dr. Yeldham thought that he had prescribed only *Belladonna* in three drops of the mother tincture three times a day. On subsequent reference to the notes of the case he found that he commenced, and for some time continued, the treatment with *Ferri sulph.* 1^r, and then *Belladonna* as above named.] The patient got perfectly well. In reply to a remark that had been made that stout persons could not be said to suffer from anæmia, he would remark that the two conditions were quite consistent and often coexisted in chlorosis, the deposit of fat being a totally different thing from nutrition.

Dr. BAYES said that his experience in the treatment of exophthalmic goitre was not very extensive, but that he had seen some few cases of this very disfiguring disease. One very pronounced case occurred in his Cambridge practice. The patient was extremely thin, almost atrophied, but still she was not anæmic. In her case the heart disease was very marked, and her condition was greatly aggravated by two circumstances, intemperate habits and domestic trouble of a severe and continued character. No good result was to be expected from medicine in such a case. In all the other cases Dr. Bayes had seen he could fully corroborate the view taken by Dr. Wheeler, that the treatment of the heart symptoms was an essential and possibly the prominent indication for successful treatment. He doubted Dr. Hale's assertion that the prominence of the eyeball was due in these cases to a deposition of fat behind the eyeball, but, as he had made no post-mortems of cases afflicted with the disease, he was unable to deny the proposition. Still, it seemed very unlikely that such would be the case in such a case of extreme emaciation as that above mentioned. Glandular affection and heart disturbance appeared to him to be the causes of this disease. The left ventricle has been dilated in each case coming under his (Dr. Bayes') experience. Dr. Bayes' later treatment of this disease has been very fairly successful. In addition to giving such medicines as most closely correspond to the symptoms—generally *Spongia*, *Spigelia*, *Arnica*, *Silicea*, *Conium*, or *Iodine*, and occasionally *Digitalis*—he has sent his patient to the seaside and ordered a course of twenty-one sea baths at a temperature of 84° or thereabouts, according to the temperament of the patient—the first bath five minutes; the second, ten; afterwards, twenty minutes. At first to be taken every second day,

then every day. After the bath he recommends the patient to go home and lie quiet for an hour or two. In two cases rapid and complete cure resulted; in two others great amelioration, although the whole course prescribed was not carried out. Dr. Bayes has no experience of the effect of *Cactus* on this disease, but is glad to add it to his list on Dr. Wheeler's authority. Dr. Bayes doubts whether the disease owes its origin to the quality of the water or of the soil. He has lived and practised in several different localities, and in both mountainous and level countries, and his belief is that continuous strain on the heart has much to do in causing the disease. This strain may be caused by the exertion of continued up-and-down-hill work acting on a weak frame, or may equally be caused by the continued strain of hard work in a dead-level country. Hence goitre is found both in the hill country of Derbyshire and of Switzerland, and equally almost in the fens of Cambridgeshire, where labourers live often miles away from their work, and have to trudge there early and home late, and their wives and daughters very generally also labour in the fields.

Dr. FLINT, of Scarborough, writes, "In reference to the B. H. S. meeting in May, I have had several cases of exophthalmic goitre more or less under my treatment, but I cannot affirm any good results. I have had a case of exophthalmos (without goitre) attended with much palpitation of the heart, disturbed sleep, excessive nervousness, and great debility, in which *Bell. θ* gtt. ij or iij, three times a day, gave great relief to the symptoms and improved the condition of the eyes."

Dr. DUDGEON, V.P., agreed with the favourable opinions that had been expressed relative to Dr. Wheeler's paper. He had only had under his care three cases of exophthalmic goitre. In two of these he had not been able to watch the cases to the end, as they had not been under his care long enough. The third case was that of an unmarried lady, about sixty years of age. She had injured herself considerably by close attendance on a sick brother. Her legs became cedematously swollen to a great extent, and she had to take a long rest before she recovered her usual health. About a year after this she called him in, and he found her a fully developed case of exophthalmic goitre. The prominence of the eyes was very striking, and there was great congestion of the conjunctivæ. The goitre was considerable; there was tumultuous action of the heart and a distinct bruit; pulse very rapid. Her whole appearance indicated anæmia. Under *Digitalis*, *Tinct. Ferri muriatlici*, and *Arsenic* she got well. The eyes assumed their normal appearance, the pulse fell to 80 and lower, the goitre disappeared, and the bruit at the heart ceased. She lived some ten or twelve years after this, and died of some other ailment. He was glad to find his treatment of so long ago confirmed by Dr. Wheeler's more recent experience.

Dr. WHEELER, in reply, said he thought he was especially

fortunate in having had three such typical cases of this disease, and having treated them throughout their course. In reply to Dr. Blake he said that no doubt the heart was the primary cause of the disease as far as objective symptoms go, but we must go a little further back to trace the true cause, and this was doubtless to be found in an impaired nervous condition; and in this view he quite agreed with Dr. Hughes. Dr. Wheeler could not agree with Dr. Hale that the prominent eyeballs were due to an excessive fatty deposit, because the rapid accession of the disease seems to make this very doubtful, and, in addition to this, the short time that the disease lasted makes it more probable that the prominence is due to a serous deposit. Dr. Wheeler thought that the whole discussion went to show that the pathology of this disease was due to some impairment of the nervous system, the precise nature of which would doubtless appear as investigations were carried out. Dr. Wheeler thanked the members generally for the manner in which his paper had been received, and for the favorable criticism of the treatment, but announced his intention of trying *Belladonna* in the next case, as it had been so favourably spoken of by Dr. Hughes.

A CASE OF AGUE (CHAGRES FEVER), AND WHAT WE LEARN FROM IT.

By ROBERT COOPER, M.D. Trin. Col., Dub.

GENTLEMEN,—In accordance with instructions from Dr. Drury I find myself limited to ten or fifteen minutes for the reading of this paper, and I greatly regret that I am so limited, for I am convinced, in regard to the subject of ague and its allied diseases, I have important facts to communicate, very few of which I can dwell upon in so short a space of time.

Upon the evening of the 5th of August, 1872, a man came into the prescribing room of the Southampton Homœopathic Dispensary, looking thin and worn and as pale almost as death. He had had a very severe paroxysm of

ague that day. On inquiring of him these particulars were elicited :

John N—, æt. 19, a trimmer to a fireman on board one of the West India Mail Company's steamers. His ague was contracted in the West Indies a year ago ; came on with severe feverish symptoms commonly known in the West Indies as Chagres fever.

The last four days he has had attacks of ague every day ; before this had it every other day. Has been in England for the last three years ; was without fever for two or three days after coming ashore, and had been five days free from it before landing. Has been employed on board between this port (Southampton) and Jamaica for the last year, and has never until now had ague when at home ; it has hitherto always left him just before arriving in England, but seizes him again on the outward voyage.

Febrile attacks come on about 9 or 10 o'clock every morning, generally about ten or fifteen minutes later each day ; paroxysm comes with tremendous shivering and *chill*, which lasts ten or fifteen minutes longer or shorter according to whether he is well rolled up in blankets or not.

Then comes the *hot stage*, which lasts two hours, and then he sweats.

The hot stage is accompanied with vertigo, and thirst, and cough. The cough is peculiar ; he coughs twice, and twice only—a heavy straining cough which strains the pit of the chest, and a light hacking cough which seems to come from the pit of the chest.

Perspiration lasts half an hour ; does not sweat very freely, but the sweating depends simply upon whether he is well wrapped up or not.

Thirst is greater with the hot stage than with the sweat. The entire paroxysm ends at about 4 o'clock and leaves him in a state of complete prostration.

The bowels are sometimes confined, sometimes very loose. To-day is having diarrhœa ; the looseness generally comes on after breakfast ; stools digested, sometimes undigested.

It is very necessary to give as full a description as possible of the symptoms, as otherwise we should lose sight of the important symptoms *Sulphur* cures; and besides, Chagres fever is not met with every day. We are dealing, therefore, with two subjects, both of which are little known—the ague symptoms of *Sulphur*, and Chagres fever.

Chagres fever is *the most* obstinate, certainly *one* of the most obstinate, of known forms of intermittent fever. It takes the name Chagres from a town at the Isthmus of Panama, but Chagres fever is the general appellation among seamen for the ague of the West Indies.

I gave this patient *Sulphur* ϕ , five drops to two drachms of water, and five drops in a dessert-spoonful of water, three times a day.

By the following Monday he had improved wonderfully, but yesterday had had a chilly attack, and a second one to-day somewhat stronger and which lasted an hour; his appetite is still very bad, and his bowels are confined. Bear in mind, then, he began the *Sulphur* on Monday night, and steadily improved till on Friday and Saturday he was without fits; then, on Sunday, there was slight chilliness, and on Monday stronger aguish symptoms.

On the third Monday he attended looking quite a changed man; he had not had a paroxysm for a week; he looks infinitely stouter and stronger, and his complexion, from being pale and clayey, now assumes a healthy browned appearance.

I wish, gentlemen, you could have seen this patient before and after treatment; you would then, I feel sure, agree with me in thinking that this man's life was saved by the timely administration of a few doses of *Sulphur*; this most certainly is my belief, and, having seen the patient, I am in a position to express a decided opinion.

This man had taken a great deal of medicine on board ship, whether *Quinine* or not he could not tell me, as his medicines were dispensed by the ship's surgeon; at any rate, they did him no good, and he is sure of this, that since he came ashore he has had a great quantity of

Quinine without in any way mitigating the severity of the paroxysms.

We learn from this case that *Sulphur* has a most wonderful power, when given in appropriate cases, over the nervous system; it must act most powerfully upon both the cerebro-spinal and sympathetic systems of nerves, especially the former, in order to exert controlling power over paroxysms so severe as these were. This is the fact that since the year 1868 I have endeavoured to impress upon your minds, and do not, I beseech of you, join with Dr. Lal Sircar in throwing cold water upon such an important conclusion. In my pamphlet on *Sulphur*, published in 1869, I mentioned *Phosphorus* also as probably possessing a decided action upon intermittent diseases, and how far I was right subsequent events have amply proved. That *Phosphorus* was in intimate relationship with the nervous system was, of course, well known; where we erred was in neglecting to define the extent and character of this relationship. If we do not work out the actions of our remedies so that their symptoms and effects will be plain and palpable, not misty and obscured, as too many of them now are, the work will be done for us by others, and the credit, which but for apathy and carelessness ought to have been ours, will be handed over to opponents. This is the true way to rectify our false position in the profession—to place ourselves upon a level much higher than that upon which they stand.

If my experience is worth anything, the everyday prescription of *Sulphur* since then, and I have had a good deal of experience in these tropical diseases, ought to enable me to pronounce very decidedly upon this question, and my decision is that *Sulphur* is in most intimate relationship with aguish diseases; that it is, in fact, a most powerful anti-periodic.

Ague is not so amenable to homœopathic treatment that we can afford to throw into the shade such an often-indicated remedy as *Sulphur*, and, had I time to show you, *Sulphuric acid* as well. Read what Jahr, in his *Forty Years' Experience of homœopathic treatment* says:—"For this reason"

[the difficulty in distinguishing an essential from a non-essential symptom] “we are not astonished at the statement of an old and well-known homœopath in Belgium, that, in spite of the late Dr. Von Bœnninghausen’s valuable work, he had never yet succeeded in curing a case of fever and ague homœopathically.” This surely is a most damaging admission against the system of symptom-covering *when dissociated from practical acquaintance with the physiological properties of drugs.*

Gentlemen, believe me, that distinguished divine, John Wesley, counselled well when he gave as advice to the poor ague-stricken mortal—“Before, yea, in the midst of the fit take twenty drops of *Spirit of Sulphur* in a pint of cold water.”

What is the indication for *Sulphur*? I might give you many, nay, I believe it would be possible to keep on till to-morrow morning enumerating indications for *Sulphur* in periodic affections, but a full description of its indications is obviously not the purpose of this paper.

The grand indication for *Sulphur* is undoubtedly periodicity; this you will see is a very loose statement, but time does not permit of my entering more fully into details. We learn how valuable even this indication is from the case reported.

If there be any truth in the law of similarity, such peculiarity ought to be revealed by our provings; and according to the Vienna provings we find that Dr. Arneth, one of the provers, after taking ten grains of crude *Sulphur* on 25th and 28th April, and twenty grains on the 30th April, got on the 30th “violent digging pains in a healthy right molar tooth; strong pressure on the tooth diminished the pain; cold and heat had no effect upon it.” Then we learn that “the prover was interrupted by an attack of intermittent fever (first rigor with thirst, then long-continued heat without thirst, but with great rush of blood to the head), which came on in the beginning of May;” and then we are favoured by the prover with the following expression of opinion:—“Whether this fever, which lasted for six weeks and then left me *extremely weakened*, and whether the dis-

agreeable circumstance that I, who previously had always had good teeth, got five carious teeth about the beginning of September, one of which (a wisdom tooth) I was forced to have extracted on account of the violence of the pain, was owing to the *Sulphur* I had taken, I am unable to decide."

My experience with *Sulphur* as a remedy for ague enables me to decide what Dr. Arneth could not, namely, that the intermittent fever *was* due to the *Sulphur*. In addition to the ague and preceding it we have toothache, in this instance probably due to involvement of the dental pulp. Toothache as a symptom by itself is very characteristic of *Sulphur*, and this as an indication is rendered more pointed by its not being markedly affected by extremes of temperature. In this short quotation, then, we get these indications for *Sulphur*, and which I myself have verified by practical experience:—Marked periodicity, association of the ague with toothache (or other forms of neuralgia), the toothache (neuralgic affection) not being affected by extremes of temperature.

I am the more concerned as to the pathogenetic action of *Sulphur*, as some assume a defect in the provings in consequence of *Sulphur* exerting curative properties in ague. I wish, before statements so damaging to our principles were made, the provings could be studied a little more closely. I have by me Jourdan's celebrated French translation of Hahnemann's provings, dated 1828, and there you will find this symptom :

"In the morning, at about 10 o'clock, chill, which lasts an hour; then cessation until 3 o'clock in the afternoon; then heat for two hours in the head and in the hands, with thirst for beer; this attack returns for many days following."

"*Le matin, vers dix heures, frisson pendant une heure; puis repos jusqu'à trois heures après minuit; * ensuite chaleur*

* Evidently a misprint: "*minuit*" should be *midi*; in Hempel's translation the meaning is obscured, and an even more inaccurate rendering given. Hempel puts it—"Chilliness for one hour in the forenoon, followed by a two hours' heat in the head and hands at three o'clock in the afternoon," &c. So

pendant deux heures dans la tête et dans les mains, avec soif de bière ; état que se renouvelle plusieurs jours de suite."

In the proving of *Sulphur* in Hempel's edition of the *Chronic Diseases* the symptoms are so distorted and jumbled together as to make it impossible to obtain from it a true picture of the pathogenetic action ; but Hahnemann's earlier provings and those instituted at Vienna are very satisfactory.

My brother-in-law and a brother officer of his returned from India invalided. The systems of both were thoroughly impregnated with malarious poison. The one came to me for treatment, the other went to a very well-informed allopath. My patient on arrival began by having ague-fits every day, I gave him *Sulphur*, and immediately they ceased, never to return during the whole year of his stay in England. His brother officer got worse and worse, and soon was in his grave. It would be unmitigated presumption for me to say that *Sulphur* would have had an equally beneficial effect with the other patient, but, gentlemen, I cannot prevent a feeling that it would have conduced towards this recovery as well. *Sulphuric acid* possesses a power, it would seem to me, even greater than *Sulphur* over ague and neuralgia.

To give an instance : a little boy, aged six years, living in this district (Notting Hill) had had ague-fits, probably owing to the dampness of the house in which he lives, for three weeks, was brought to me by his mother ; he was evidently much pulled down by the ague, as he looked pale and drawn and was rather emaciated. His appetite, too, was very bad. The attacks were coming on every second day.

Without going minutely into the symptoms, I gave him, for reasons I cannot stop to explain, *Oxide of Iron* 1st decimal trituration, five grains for a dose night and morning. This was on the 11th of May, 1875. On the 18th his

that we are left in uncertainty as to the precise hour in the forenoon at which the attack commenced, also as to whether the second stage began or ended at three o'clock in the afternoon, while, lastly, the characteristic "thirst for beer" is altogether omitted.)

mother returned with him; the fits were appearing every day, but were not quite so strong as they were before he took the *Iron*. He does not shiver so much as he did, but turns "goose-skinny" and very cold. The paroxysms come on about 10 o'clock a.m.; he turns very cold, but does not shiver; this lasts two hours, then he gets hot and his head aches, but no perspiration follows. The hot stage lasts about two hours; to-day, however, it lasted much longer, and ended for the first time by vomiting.

Tongue is clear; bowels inclined to be confined.

It is quite plain that this patient was distinctly worse than he had been before he took the *Iron*, for the attacks were coming on every day instead of every second day, and the last one was worse than any previous one.

I now changed to *Sulphuric acid*, first decimal, three drops to three ounces of water, a teaspoonful to be taken three times a day.

Next week, the 25th May, he had no return of the ague since Saturday; Friday's attack was much slighter, and Saturday's slighter still; he has not had one since, and his appetite and general health have much improved.

Next week, the 1st of this month (June), quite well in every respect.

Had I but time I could give you case after case of the most violent forms of periodic affections cured with *Sulphur* and also with *Sulphuric acid*, and if you want the distinguishing features between these remedies, I have only to refer you to my previous papers published in the *British Journal of Homœopathy* and to ask you to examine the provings. My province, for the present at all events, is to establish the fact that *Sulphur* has a decided power over periodic affections; this, then, is the grand lesson I would have learnt from "a case of ague."

Discussion on Dr. Robert T. Cooper's paper.

Dr. WYLD in twenty-five years' practice in the West of London had seen only one case of true malarious ague. The case was that of his own brother, who, being wrecked on a desert

island in the Southern Pacific, returned to Scotland, shortly after which ague became fully developed. This proves that all forms of acute ague are not cured by passing out of the infected district. This case was treated in Scotland in the ordinary way by *Quinine* for about two months with very little effect. The patient then removed to London and placed himself under Dr. Wyld, who treated the cold stage with *Arsenic*, the hot and delirious stage with *Aconite* and *Belladonna*, and the intervals with small doses of *Quinine*. These medicines had a good effect, but the chief part of the treatment consisted in giving the lamp bath in the cold stage, the wet sheet pack in the hot stage, and warm sponge baths with vinegar and water in the sweating stage. The lamp bath greatly relieved the misery of the cold stage, the wet-sheet pack soothed the hot stage and generally produced sleep, and the warm sponging was a great comfort in the sweating stage. Under this treatment the patient made a rapid recovery. The great danger of ague is the congestion of the internal viscera which takes place in the cold stage, and the lamp bath by directing the blood from the internal to the external surface of the body is a perfectly rational and successful treatment. With regard to Dr. Blackley's observations on *Quinine* and its sporule-destroying power Dr. Wyld thought the suggestions interesting. He had cured at once a form of intense hay fever with most obstinate sneezing and plugging of the nostrils by *Quinine* after all his other remedies had failed for weeks. These attacks had a tendency to return annually, but they had at once given way to a solution of one grain of *Quinine* to six ounces of water sniffed up through the nostrils from time to time.

Dr. BAYES had listened with great interest to the paper in which Dr. Cooper claimed an anti-periodic action for *Sulphur*. The question to be decided is, whether *Sulphur* has any real action on ague? or whether the curative result, in the cases detailed by Dr. Cooper, had not occurred from the action of *Sulphur* in relieving the organs which remained congested after the suppression of the true ague. The late Dr. Golding Bird in his work on *Urinary Diseases* relates many cases of "dumb ague" which were cured by eliminants. Those he used were *Mercury* and some neutral salt of *Potash*, the acetate or the citrate. He (Dr. Bayes) always looked on the cases of (so-called) dumb ague (of which he had seen many in Cambridge) as cases of medicinal disease, chiefly congestions of the abdominal organs from the over-action of large doses of *Quinine* or of *Arsenic*. Most of the cases of ague coming to this country from India or America or South America had already been saturated with *Quinine* or *Arsenic* before coming under our hands, and in such cases *Sulphur* would doubtless do much to promote a cure by neutralising these medicinal poisonings. It is to be regretted that Dr. Cooper has brought so small a number of cases before us, as a far larger experience must be required in corroboration

of his thesis before we can accept its conclusions. There is one point we must always bear in mind in cases of long-standing ague, and that is, the power of habit. The tendency to the return of the paroxysm is much increased by the expectation of its return by the patient. A French physician attributed the disease to habit, and to prove his point adduced that, being in the habit of standing up to his neck in a cold running river at a given hour every day for a week, he experienced (on leaving this bath off) a recurrence of the chill for some days at the accustomed hour followed by the reaction of heat. Now, in aguish countries hot days are usually succeeded by chilly sunsets, and these alternations of heat and cold may have much to do with the causation of ague independently of any miasm. In the agues of Cambridgeshire there was always a tendency in cases apparently cured to recur on the eighth day. If this day was tided over without a paroxysm the patient usually remained well. Far more lengthened experience is required before we can say positively that *Sulphur* is an anti-periodic. Dr. Bayes found in Cambridgeshire that a close following of the symptoms was needed to make good and rapid cures. In one case, refusing to yield to *Quinine* or *Arsenic*, in which profuse sweating was a marked symptom, *Phosphoric acid* 3x speedily and permanently cured the patient in the same house in which she had taken the ague, and she remained cured, needing no change of air. Other cases, with exact recurrence of the paroxysm as to time, were well cured with *Cedron* 3x.

Dr. R. HUGHES said that it fell to his lot some years ago to review a pamphlet of Dr. Cooper's beginning with a very similar case, and having the same thesis for its subject-matter. He had then to come to the conclusion that Dr. Cooper had not made out the claim of *Sulphur* to be an anti-periodic; and he could not feel that anything he had read since or heard to-night had altered his judgment. By an "anti-periodic" he apprehended we meant medicines like *Quinine* and *Arsenic*, either of which in ninety-nine cases out of a hundred will break up a recent ague. He knew of no evidence to prove that *Sulphur* could be relied upon in like manner. But that this drug might be a valuable medicine in chronic intermittents he had no doubt; and in pressing its claims here Dr. Cooper had done good service to therapeutics. In these cases it was not the paroxysms we had to treat, but the cachexia; and he was ready to admit *Sulphur* as a potent anti-malarial remedy, though he could not assent to its being classed as anti-periodic.

Dr. ROTH while practising in Hungary from 1840 till 1849 had frequent occasion to treat intermittent fevers. The most frequent type was the "febris tertiana," less frequent the "quotidian," and still rarer the "quartan." In recent cases small quantities of *Quinine* acted very well. Although his colleagues gave doses of five to ten grains every two or three hours he used

the following formula:—*Sulph. Quininae* granum, *Acidi sulphurici* guttam, *Aq. destill.* drachnam, five to eight drops to be given every two hours in a dessert-spoonful of water. The alternate use of *Tinct. of Ipecacuanha* and of *Nux* in doses of three to four drops was also very useful in recent cases; in chronic cases with swelling of the liver and spleen, with tendency to œdema in the face, feet, and abdomen *Nux* and cold compresses round the abdomen had a good effect. He mentioned also, in confirmation of Dr. Bayes' remarks, that the patients got into the habit of having the intermittent, and were waiting for the exact time when the paroxysm usually began. He stated that in some cases the hours or the timepieces have been changed in order to retard the expected paroxysm, and it happened that when the patient found that the usual hour had passed no paroxysm occurred. Amongst the popular remedies he mentioned the solution of eggshells in red wine, for which purpose an egg was placed for forty-eight or more hours in a quantity of red wine sufficient to cover the egg; also hot strong black coffee alone or weak lemon juice was used successfully in single cases by the people, especially in chronic cases and where *Quinine* had not had any effect. He confirmed the use of hydropathic treatment in intermittents, and mentioned that in the cold stage he made use of the vapour produced by hot, and even red hot, stones or bricks enveloped in cloths dipped in cold water, which have been placed near the feet and sides of the patient, while sponging with cold water was made during the hot stage. This procedure was very pleasant to the patient, shortened both the cold and hot stages, and perspiration set in much sooner. He had also occasion to observe *marked* intermittent fever under the form of a blue nose, of very cold hands with the blue tinge, and also intermittent ophthalmia of about twenty-four hours' duration. Anti-periodic medicines, especially *Sulph. quinine*, had a curative effect in these marked forms of ague.

Dr. LEADAM had had several cases of ague, although it was rare in London, and had treated them with *Ipecac.* and *China* 30, *Capsicum*, and *Sulphur*. The last case was caught in Brittany. A lady was visiting there, and sat out sketching. The district was aguish, and she got a chill. Ague was caught, and suppressed by taking *Quinine* in a fortnight, but on returning to London it attacked her again instantly. It was quotidian, and very severe and marked by excessive perspiration, and the paroxysm recurred in the morning, lasting several hours. Her complexion was sallow. *Sulphur* was the principal remedy, used in the 5th and 30th dilution. She was three months in the illness before she recovered, but she recovered perfectly.

Dr. WATSON, when residing in the fen country, found the medicines most useful in the treatment of ague were *Quinine*, *Arsenicum*, *Ipecacuanha*, *Bryonia*, and *Nux vomica*. In town, however, he could only call to mind two or three cases of genuine

ague. The first, that of a fine young man just home from India, was, he believed, contracted when out tiger shooting in the jungles of Bengal. The case resisted every homœopathic medicine given in infinitesimal doses, and was only cured at last by *Quinine* in ten-grain doses. The second, that of his father, a man well advanced in years, a slow fingering tertian, which Dr. Madden saw in consultation, yielded at length to *Antimonium crudum* 6x. Dr. Watson thought Dr. Cooper had opened up a grand mine of thought in bringing so prominently forward before the Society the claims to notice of *Sulphur* in the treatment of ague, for if there was one thing that struck us in the provings of *Sulphur* it was its great power to produce *venous congestion* of every organ of the body. On the other hand, nothing was better established than the influence of the malarious poison in causing venous congestion of the nervous centres, the liver and the spleen, as witness the bluish lips, the blanched face, the leaden hue of skin, the lustreless eyes, and languid gait of the dwellers in fenny districts, which Dr. Bayes would be able to abundantly confirm. Here, then, the analogy might hold good, but would be still further borne out by the observation that neuralgia not unfrequently masks some form of ague, and that intermittent fever itself often tapers away into some neuralgia of periodic type, just those cases where Dr. Cooper had already shown *Sulphur* to have a decidedly beneficial effect. Add to this the cases mentioned by Dr. Leadam and Dr. Hale of chronic ague and intestinal flux cured by *Sulphur*, and it appeared to Dr. Watson that there had been set forth an amount of evidence which, perhaps, only needed the provings Dr. Cooper had detailed to be carried out *more extensively* to establish the fact of its anti-periodic power, and leave no reasonable doubt of its value as a remedy in chronic ague and the ague cachexia.

Dr. DUNGEON said that practitioners in London were not likely to see many cases of ague, as London had not a malarious soil capable of producing regular intermittent fever. The most of the cases seen in the metropolis were importations from marshy districts or from India. He did not think that the ague occurring to Dr. Arneth during his proving of *Sulphur* could be ascribed to the medicine. He doubted if there was any medicine in the *Materia Medica* that could cause periodical attacks of fever. There is great difficulty in testing the anti-periodic powers of a remedy, for if tested in a marshy district, the patient being continually exposed to the exciting cause of the disease, gave the medicine little chance, and if the patient were removed from the marshy district the disease, as Dr. Blackley had mentioned, has a tendency to cease spontaneously. Dr. Blackley had alluded to the opinion that ague depended on minute organisms in the blood. This opinion was held by many pathologists, especially in Germany, not only with respect to ague, but also with

respect to many acute infectious diseases. At the discussion on the subject lately held at the Pathological Society of London opinions were divided as to whether the minute organisms were cause or effect. He had lately seen good effects from *Eucalyptus* in a case of aguish symptoms in a patient who had long resided in India.

Mr. POPE (Vice-President) congratulated Dr. Cooper on having read a paper which had given rise to the best discussion of the session. He also, in the name of the Society, desired to thank Professor Talbot and Professor Ludlam, who had honoured them with their presence and gratified them by their speeches, for having given them the advantage of hearing the results of their large experience in the United States. From the remarks that had been made by different speakers it seemed clearly established that ague was no concrete disease to which one or two medicines were in all cases suitable, but that it was, in truth, many forms of disease grouped under one generic name. Ague, as occurring in Lincolnshire, Cambridgeshire, and in the marshes around Woolwich, differed from that occurring in Africa, in the West Indies, and in various parts of the United States. In each form of ague different medicines were required. This, borne out as it had been by Dr. Ludlam's remarks, explained what had often struck him as singular in reading the American homeopathic journals, viz. the great variety of medicines used by different medical men, all of which appeared to be followed by good results. These facts showed how important individualisation was in our treatment of this as in all diseases. Dr. Cooper had urged *Sulphur* upon their notice as a useful remedy in ague. Mr. Pope could not see that any evidence of importance had been adduced to show that it was likely to prove of service in the acute form of the disease, while in the *débris* of ague, in the chronic congestive cachexia which remained, *Sulphur* was unquestionably a medicine of the greatest importance. With regard to Dr. Blackley's remarks on the parasitic origin of ague he thought that Dr. Hughes, in his lecture on *Quinine* a few weeks ago, had completely demolished that theory, and had abundantly proved the homeopathicity of *Quina* to the form of ague most frequently met with in this country. Many other points well deserving extended notice had been raised during the discussion, but at that late hour he would not detain the meeting by alluding to them.

Dr. COOPER in reply, among other remarks, repudiated the idea of having brought forward *Sulphur* as an anti-periodic, if by anti-periodic we meant a remedy that could cure, "break up" if you will, ninety-nine cases of ague out of a hundred; if this were the meaning of the term "anti-periodic" all he could say was, that he knew of no drug worthy of the title; certainly *Arsenic* would not come up to this definition. But if by anti-periodic were understood a remedy whose symptoms manifested decided

periodicity in the proving and acted accordingly in disease, then he was proud to maintain that *Sulphur* stood high among such anti-periodics. The broad fact for which he contended was, that *Sulphur* is of material help to us in treating aguish diseases, and the inference follows that its wide-spread utility in curing diseases may be due more to its primary action upon the nervous system than to that, as asserted by Hahnemann, it exerts upon the skin.

Annals of the Society.

ANNUAL GENERAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual General Meeting of the Governors and Subscribers was held on Tuesday, in the Board-room of the Hospital, 52, Great Ormond Street.

The Right Hon. Lord EBURY, Chairman of the Board of Management, presided, supported by JOHN BOODLE, Esq., Deputy Chairman, CHARLES TRUEMAN, Esq., Official Manager, J. B. CRAMPERN, Esq., Sub-Treasurer, the Rev. W. ALDEE, A. E. CHAMBERE, Esq., Captain W. VAUGHAN MORGAN, A. R. PIRE, Esq., F. ROSHER, Esq., the Rev. N. BROMLEY the Chaplain, Dr. DRURY, Dr. YELDHAM, Consulting Surgeon, Dr. HALE, &c.

The Rev. the CHAPLAIN having opened the proceedings with prayer,

The Clerk, Mr. JOHN R. WARREN, read the notice convening the meeting, and the minutes, which were confirmed.

Mr. C. TRUEMAN, Official Manager, then read the Twenty-fifth Report of the Board of Management.

The noble CHAIRMAN, in moving the adoption of the Report, said : Ladies and Gentlemen, I have often had the good fortune—indeed, for a series of years, I have been permitted to attend the annual meetings of the London Homœopathic Hospital, and on these occasions we have had sometimes to lay before you, in our Report, a state of things which was everything that was encouraging ; while in others, owing to want of finances, or other reasons, we have been apprehensive of some damage to the hospital, and have been compelled to appeal to the public to enable us to carry on more vigorously this most useful and valuable institution. But I do not know that I ever rose to discharge the duty that devolves on me with a feeling of greater sorrow than I do to-day ; and the reason, I need hardly say, for that is not the state of our finances, but that we have lost the services of our consulting physician, Dr. Quin. It is useless to

go into all the history of the facts which have led to that unfortunate result, but, at the same time, I can assure you that the Board did all that they possibly could do in order to prevent it. Of course, it is not the intention of the Board to cast any blame on Dr. Quin or his friends—(hear, hear)—in regard to the transactions in which they took part; but we can only repeat what is said in the Report, that we deeply regret that Dr. Quin did not consider it his duty to remain any longer the consulting physician to this hospital. As to the financial position of the hospital, we have every reason to be satisfied with it. Last year, as you will recollect, we were full of our approaching bazaar; many fears were felt on that subject, and, on the other hand, many bright anticipations of success were indulged in; but you had a bazaar, which was a great success, and which brought us in sufficient money to pay off our debts—(cheers)—to pay off the cost of the improvements that had been made in the hospital, so that we can now come before the public not only as an institution entirely free from debt, but with a hospital better fitted to remedy disease than at any former period of its existence. (Applause.) All it needs now is increased annual subscriptions, and if these be obtained, there is no reason to apprehend the failure of the hospital. We must endeavour to place the hospital in the condition we desire it to hold—that is, one of independence. The report does not mention one fact which we ought ever to keep before us, and that is, that we are endeavouring to keep the hospital independent by accumulating a large fund year by year. Our funded property now amounts to between £8000 and £9000, and, except last year, your money was invested every year. Now, I think it is rather hard on us that this very fact should be made an excuse by the Distribution Committee of the Metropolitan Hospital Sunday Fund for not giving us as much last year as they did before. They say you do not spend what you have got; but provident people are, as a rule, the people who are helped. (Hear, hear.) Well, we must do this justice to the Committee of Distribution, that they have the greatest difficulties to contend with, and are torn to death by conflicting interests, not always represented in the most gentle language. (Laughter.) So we should not, perhaps, blame them too much, though they have caught at this little straw for depriving us of a part of the somewhat homœopathic share—(laughter)—which we had from the Hospital Sunday in the two previous years. I do not believe that the resources of any hospital have been diminished in consequence of this fund, so that it is really an addition to the money expended every year in the best possible form. No doubt the Charity Organization Society has put all hospitals upon their mettle as regards their administration, on the question that a great deal of advice and medicine is given to people well able to pay for it. It has also called attention to

the large number of out-patients treated, on the ground that it is impossible that any medical man, whatever his physical powers, can give effective advice to so many persons. To run through a room and scarcely attend to the ailments of the number of persons collected there is no charity at all. I do not know that I have anything more to state here. It is probably known to most present that our unfortunate disagreement with Dr. Quin arose out of the election of Dr. Burwood, which was contested between Dr. Burwood and Dr. Carfrae. Now, I have received to-day a protest from Dr. Quin and two of his friends against our confirming the appointment of Dr. Matheson as one of the internal and external medical officers. But the fact is, that the election as between Dr. Burwood and Dr. Carfrae was a void one, and since then there has only been one candidate, for Dr. Burwood withdrew, and therefore we had no option whatever but to appoint, as we have done, Dr. Matheson, who has been approved of by the Medical Council as a perfectly fit and proper person, and declare him duly elected. In justice to Dr. Quin and his friends, I must, however, say that their protest is, as they state, in no way directed against Dr. Matheson personally—that they entertain no personal objection to Dr. Matheson. We shall, therefore, keep it as a protest against the election, which we shall ask you to confirm to-day. As we are now in a fair way to keep the hospital in good order, I hope that all will refrain from any remarks calculated to bring this matter obtrusively forward, lest it should engender bad blood. (Hear, hear.) The Board feel, deploring the result, as all must do, we must redouble our exertions in order to secure the comforts of the patients and the success of this valuable Institution. (Loud applause.)

Mr. G. ROSHER seconded the motion, which was carried unanimously.

Dr. YELDHAM, in moving a vote of thanks to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, said that, even after the slight remarks which had been made by his lordship on the differences between Dr. Quin and the Board of Management, it must be apparent to all that the past year must have been of grave anxiety to the latter, who had held many extraordinary meetings which, he had reason to know, had been fully attended, on the subject. He would act on his lordship's suggestion, and would not further allude to this unfortunate misunderstanding, nor express any opinion on the subject; but of one thing all must be assured—namely, that the Board having no personal interests to serve—("hear, hear," from the Chairman) had but one object in view—namely, to do justice to all parties concerned. (Applause.) The present satisfactory condition of the hospital—and it was never more satisfactory—was due to the Board. Space had been utilised, and two good wards had been made out of it; the

wards were in admirable condition, they were clean and neat, and almost pretty and homelike, so that it might be hoped that the residence of the patients in the hospital would have a good effect in this respect on their minds. (Hear, hear.) The number of patients last year had not been so great as usual, but the success of the treatment was, no doubt, quite up to the mark. The nursing, which was so excellent under Miss Bendall, had been thoroughly kept up by the present Lady Superintendent, Miss Brew. (Hear, hear.) But the question of the greatest importance connected with the hospital was the financial question. In an amusing speech reported in *The Times* of the previous day, made by the Chancellor of the Exchequer at a dinner given by the Board of Works, the right hon. gentleman, alluding to the fact that he had no surplus to dispose of this year, said that his state was one of happiness compared with that of a Chancellor of the Exchequer who had a large surplus; for instead of having, as he would in that case, a thousand persons clamouring for it, his position was one of peace. (Laughter.) Now, the treasurer of that hospital, although he had not a large surplus, did not show a deficiency, but could boast of a happy equilibrium—(hear, hear, and laughter)—and when they saw other charities languishing for want of aid, and some hospitals partly closed for want of funds, he thought they should be well satisfied if they could keep their heads above water without touching their reserve. (Hear, hear.) They had lost the services, as treasurer, of Mr. Henry Rosher, who had ever been one of the most energetic friends and liberal supporters of the hospital. (Applause.) Mr. Rosher had been led to relinquish his office from advancing age and increasing deafness, but in every other way the institution would still have his warm interest and support. (Applause.) They were fortunate in having secured so good a successor to their late treasurer as Captain Vaughan Morgan, who had been connected with the hospital for many years, and for some years had been an active member of the Board, and whose knowledge of business and active zeal would render him a worthy successor of Mr. Rosher. (Applause.) The House Committee were the gentlemen who attended to the working of the institution, and through whose hands all its details passed, so that much of the success of the hospital was due to their constant supervision and attention. (Hear, hear.) Their warm thanks were also due to their sub-treasurer, Mr. Cramporn. The Board of Management and these gentlemen devoted their time and attention to the hospital, with no other reward than the knowledge that they were doing their duty, and he was sure all would join in thanking them for their kind exertions.

Dr. MACKECHNIE seconded the motion, which was cordially carried.

Captain W. VAUGHAN MORGAN acknowledged the compli-

ment; observing that, as Dr. Yeldham had said, last year had been a most difficult year with the Board, but except as regarded the matter alluded to by the Chairman, it had been a most quiet year, their principal trouble having been the illness of Mr. Trueman, who was really the pivot of that Institution. (Applause.)

Dr. HALE, in proposing the next resolution, said it was obvious that whatever might be the zeal shown by the medical staff in ministering to the sufferings of the patients, their labours unless they were supported by the Board of Management and the House Committee, must fall far short of the good they endeavoured and hoped to effect. (Hear, hear.) He had to move "the re-election of those members of the Board of Management who retired by rotation—viz., the Rev. W. Alder, Mr. Cramporn, Mr. Crassweller, and Mr. Slater." In bringing forward that motion it would be invidious to select any name for pleasing remarks; but he might say that whenever he was brought into communication with these gentlemen, or any other members of the Board, he received from them every courtesy, and all that could render the duties of a medical man agreeable. (Hear, hear.) It was, therefore, with the greatest pleasure that he proposed the re-election of the gentlemen named.

Mr. WYBURN seconded the resolution, which was carried *nem. con.*

Mr. PITE moved "a vote of thanks to those ladies who very kindly held stalls at the recent Bazaar." He said the hospital stood free and liberated from debt that day through the energetic exertions made by these ladies and others last year under most extraordinary difficulties—(hear, hear)—and when it was remembered how their funds had mounted up through the untiring exertions made for months previous to the Bazaar, it would be admitted that these ladies merited an unqualified and distinct vote of thanks from every subscriber to that Hospital. (Applause.) As to the award of the Hospital Sunday Fund last year, it had perplexed the Board as the distribution had perplexed other hospitals also; but he was compelled to come to this conclusion, that when they gave too much, as they said, to the institution the year before, they were acting on their own principle, and gave them allopathic doses; whereas last year they had repaid them in their own coin by giving a homœopathic dose—(laughter)—to the only hospital in existence which promoted the noble principle of homœopathy. (Applause.) He hoped Mr. Trueman would be preserved to them for many years, and as to the exertions of the medical staff, they were beyond all praise. The reason why the annual meetings of the hospital were so small was that the subscribers had confidence in its Management, for when it was in debt they came there to contribute to it; but now that it was out of debt they would feel they had a right to come there to grumble if there were cause

for it. (Hear, hear, and laughter.) As to the smaller number of patients received last year, the beds had not been reduced so much as might have been reasonably anticipated, from the heavy nature of the alterations and repairs, and it was most satisfactory to learn that the patients invariably expressed their satisfaction and gratitude for the skill and kindness with which they were treated. With regard to homœopathy, he had never been in better health than since he had adopted that mode of treatment, but he would admit it was a bad thing for the doctors, as it did so much good. (Laughter.) He might say the same as regarded his family—they were fitted with nerves before, but now they were all muscle. (Laughter and applause.) He regarded the hospital as the great means of convincing the world of the soundness of the homœopathic principle. (Hear, hear.)

The motion having been seconded by Mr. F. ROSHER, and carried,

Mr. CHAMBER moved "the confirmation of the appointment of Captain W. Vaughan Morgan as Treasurer, and Mr. A. R. Pite as one of the Trustees, in consequence of the resignation of those appointments by Mr. Henry Rosher." He was restrained by the natural modesty of two of his friends from saying all he otherwise would about them, so they must take it that what was said in the resolution, doubled and trebled by his own feelings, covered the sense of the meeting of their services. As to the retirement of Mr. Rosher, he might say that his sole cause for retiring from his position of Treasurer was his deafness, which prevented him from following the deliberations of the Board to his own satisfaction, although he ever did so to theirs. (Hear, hear.)

Mr. CRAMPEN seconded the resolution, which was carried.

Dr. DRURY next moved a cordial vote of thanks to Mr. Henry Rosher, for his valuable services. It was a common thing to say we were very much indebted to a person—for instance, if he told them he was about to make a short speech, they would probably say, "We are very much indebted to you, Dr. Drury." (Laughter.) But it was a very different thing to say they were very much indebted to the Treasurer, for it meant that he was now ready to advance £200 or £300 to meet any deficiency, and although the hospital was out of debt now, it could not be out of debt to Mr. Rosher (applause), who, he might add, was a staunch homœopathist, as are also his children, and it was to be hoped his grandchildren would be. They owed a deep debt of gratitude to Mr. Rosher, and he hoped they would long have the pleasure of seeing him at the hospital. (Applause.)

Mr. TRUMAN (Official Manager) seconded the motion, and, as a member of the Board, wished to bear testimony to the untiring constant kindness shown by their late Treasurer to

every member of that body. (Hear, hear.) Mr. Rosher had many opportunities of being useful to the hospital in a variety of ways, and he never missed those opportunities. (Hear, hear.) He had the assurance of Mr. Rosher that his relations with the hospital would continue as they had been, barring his filling the office of Treasurer. (Applause.) The true reason for his retiring had been stated, and they might certainly depend on him for doing the same good to the hospital that he ever had. (Renewed applause.) As to the Hospital Sunday Fund, the noble lord in the Chair had said that it was a hard thing that the fact of their having a reserve fund should be thrown in their teeth; but, in addition to that, it had been complained of by the Committee of Distribution that the management expenses of the hospital were disproportionate to the number of patients relieved. If they expended £500 a year more, they would receive more than they did from the Hospital Sunday Fund. The nursing of the hospital did not cost a penny, for although the item appeared under that head in the accounts, they were recouped by the payments received by the nurses they sent out in private nursing; but if that item were included in the management expenses of the hospital, it would be better off from the Hospital Sunday Fund, which was certainly not administered satisfactorily to the Board of that hospital, whatever it might be to others. (Hear, hear.)

The resolution having been put and carried, it was resolved, on the motion of Mr. FITE, seconded by Mr. BOODLE (Deputy-Chairman), "that the appointment of Dr. Duncan Matheson, as one of the internal and external medical officers in charge of diseases of women, in place of Dr. Burwood, resigned, and of Dr. Wardale to the external staff in the place of Dr. Blackley, be confirmed."

Captain VAUGHAN MORGAN then proposed a vote of thanks to the medical staff and the lady visitors. It had, he observed, been truly said by the Board of Management that they were very grateful to the ladies, and the same might be said as regarded the medical officers. The hospital was unfortunate in this respect, that it had not a medical school, and they could not, therefore, radiate its influence on the general public like some other hospitals. They should be, therefore, much obliged to the medical men who came there and filled the breach. He might express his regret that other homœopathic medical practitioners did not come there and attend their meetings. They ought to have a much larger number of annual subscribers than they had—they might see he was looking out already in the treasury department—(hear, hear, and laughter)—and he thought the subscriptions might be doubled if medical men took a greater interest in the hospital. (Hear, hear.) As to the ladies, the good they did could not be over-estimated. (Hear, hear.)

Dr. YELDHAM seconded the motion, which was carried.

Dr. HALE observed, in reference to the remarks made by Captain Vaughan Morgan, that many medical men did visit the hospital and see its practice, and that some also attended the lectures.

The noble CHAIRMAN having explained that Captain Vaughan Morgan had applied his observations to homœopathic medical men, and not to the profession in general, put the motion, adding, that he gave most unhesitating testimony to the invaluable services of the medical staff. (Hear, hear.)

The resolution was then carried.

The Rev. W. ALDER moved the concluding resolution, a vote of thanks to Lord Ebury for presiding. He said that the noble lord devoted his time and his talents to that good work—to that best of all hospitals. Lord Ebury was always there, encouraging them by his presence, and assisting them with his counsel. He, therefore, called upon them to give their best thanks to Lord Ebury for all his kindness—past, present, and to come. (Applause.)

The Rev. the CHAPLAIN seconded the motion, admitting that he was not a homœopathist himself, for he had never been ill since he was seven years of age. (Laughter.) He was dining with some friends the other day, and said he had some conscientious doubts whether he could conscientiously act as chaplain to the hospital; but they said it was a very good thing, so the prejudice against homœopathy appeared to be dying away. Another gentleman had said to him, "I would be a homœopathist, but I am a married man, and married men are not always independent"—(laughter)—to which he had replied, "I perceive not, Sir"—(Renewed laughter.) He cordially seconded the resolution.

The motion having been put by the Deputy-Chairman (Mr. BOODLE), and carried with applause.

The noble CHAIRMAN, in responding, said: It is with much pleasure that I acknowledge the kind reception which you always accord me on these occasions. All the remarks I have to make is that greatly as I regret Mr. Rosher's inability to continue his valuable services, yet it is admitted that a change now and again is advantageous, and I think the saying that "a new broom sweeps clean" is apt to be fulfilled by Captain Vaughan Morgan—(laughter)—who, if we may judge from his energetic remarks to-day, is likely to prove a most enterprising and valuable Treasurer. (Applause.) The statement just made by Dr. Hale, that allopathic medical men do come to this hospital, is very encouraging, and our excellent chaplain tells us that the prejudices against homœopathy are dying away. Mr. Pite also tells us that, ever since he adopted homœopathic principles, he and his family have enjoyed excellent health. Now, it would be a very good thing if everybody could say the

same, for all the ills in this world are said to arise from a bad digestion—(laughter)—for people are induced to do things which they would not do if the liver properly discharged its functions. But, speaking for myself, I may say that at the age of 37 I was considered to be a permanent invalid. Who will be kind enough to multiply 37 by 2—(laughter)—who will do that for me? [Mr. TRUEMAN, It might not be polite, my Lord.] (Laughter.) Very well, but I do not think that as I now address you I exhibit any deplorably sick appearance—(laughter and applause)—and I trust, with the aid of homœopathy, to be spared for another year to fill the chair which I have now the pleasure to occupy. (Loud applause.)

The meeting then separated.

Annals of the Society.

INTRODUCTORY LECTURE

*Delivered at the London Homœopathic Hospital on Thursday,
October 7th, 1875.*

By WILLIAM BAYES, M.D.

How Best to Study Homœopathy.

GENTLEMEN,—Having been requested by the Lectures Committee to deliver the Introductory Lecture at this second session of what I hope we may look upon as our school of homœopathic therapeutics, I have chosen as my subject “How best to Study Homœopathy.”

I do this in answer to the oft-repeated question which is put to us by inquirers into our system of materia medica and therapeutics. I shall necessarily have to go over much ground which is familiar to those of my hearers who have already adopted and practised the homœopathic method of therapeutics as long or longer than myself, and I must claim their indulgence and patience while I enter into many details which, already well known to themselves, yet form a very necessary part of an Introductory Lecture to others who now for the first time listen to an exposition of the teachings of homœopathy.

From the misconception which exists in many minds as to the principles and practice of homœopathy, the want of instruction as to the very rudiments of the system is much felt by many earnest inquirers. The lectures which are to be delivered at

succeeding Thursday, during the coming medical session, will render the acquirement of a knowledge of homœopathic therapeutics easy of accomplishment. By the liberality of the British Homœopathic Society, and by the self-denying labours of the medical officers of the hospital, and of Dr. Richard Hughes, our lecturer on *materia medica*, the opportunity of studying homœopathic clinics and therapeutics is thrown open freely to the profession and to all medical students. It is not easy to estimate how far this scheme will succeed in spreading the knowledge of that which we believe to be a great truth in the world of medicine. It is a true proverb, that "You can lead a horse to the pond, but you cannot make him drink." We cannot, however, go so far by one step. We cannot be sure that we can even lead our horses to the water. But this we can do: we can provide the fountain, so that those who desire it may drink.

The medical student of to-day will find the teaching of homœopathic therapeutics far less at variance with those of the advanced dominant school than it would have been his lot to find even ten years back. He now sees the study of the physiological actions of drugs inculcated in all the best works on therapeutics in his own school. The works of Harley, of H. C. Wood, jun., of Ringer, of Charles Phillips, all pave the way for the acceptance of homœopathic teachings. And we, as homœopaths, welcome all the discoveries which have been made by physiologists of late years, and more particularly such researches as tend to define more exactly the tracts, parts, or organs on which medicinal drugs act, and the kinds of action induced by larger or smaller doses; and for this reason, that we are able by the application of our rule of similars to utilise every such new discovery in the cure of some morbid state. That which we claim to have attained is that which the foremost teachers of the allopathic physiological school of therapeutists allow that they are seeking for. We offer them the light of our experience, little as yet (for what are eighty years of experience in the age of a science?), but still eminently useful as guiding us to a greater certainty in the science of the practice of medicine than has hitherto been obtained.

In the preface to Dr. H. C. Wood's *Treatise on Therapeutics* (page 10), he, speaking from the allopathic rostrum, says, "The plan of the present work has been to make the physiological action of remedies the principal point in discussion. A thoroughly scientific treatise would, in each article, simply show what the drug does when put into a healthy man, and afterwards point out to what diseases or morbid processes such action is able to afford relief. Unfortunately, in the great majority of cases, our knowledge is not complete enough for this, and the clinical method has to be used to supplement the scientific plan." So far for the allopathic therapeutists. Now let us see what a homœopathic therapeutist would say were he writing a similar work—he would equally make the "physiological action of remedies the principal point" in his work. He would equally insist that "a thoroughly scientific treatise would, in each article, simply show what the drug does when put into a healthy man, and afterwards point out to what diseases or morbid processes such action is able to afford relief." But in place of the lame excuse, "Unfortunately, in the great majority of cases, our knowledge is not complete enough for this, and the clinical method has to be used to supplement the scientific plan;" the homœopathic therapeutist would be able to say, "Fortunately, in the great majority of cases, our knowledge enables us to do this, and we are able to appeal to clinical experience to prove the practical truth of our scientific plan."

The great difference between the outworking of Hahnemann's method of obtaining the physiological action of drugs on the healthy body and that of the modern school of physiologico-therapeutists lies in this, that Hahnemann chiefly relied on the symptoms recorded by the experimenters, as perceived in their own bodies, while modern physiological experimenters rely on experiments, chiefly made upon animals, showing more exactly the anatomical seat of the lesions induced by toxical doses of the drugs.

Both schools avail themselves of accidental poisonings and their results. Neither of these methods is perfect, but the combination of the two gives us an immense advantage,

especially to that modern school of homœopaths who adopt the theory that disease affecting the functions of a special part, tract, or organ is, for the most part, caused by a depressed condition of one or other of the nerves distributed to the part, tract, or organ affected.

The knowledge that certain drugs act on the same part, tract, or organ, as that affected by a disease, is of great use to us as a guide for the selection of the class of drugs likely to prove of service, but it does not give us a definite rule for the selection of an individual drug. Hahnemann's record of symptoms, here, shows its superior practical utility, since it enables us to select one drug from the class, guided by its more exact correspondence in toxic power to the disease before us.

For example, Dr. H. C. Wood classes *Belladonna*, *Hyoscyamus*, *Stramonium* together as mydriatics, and having devoted much time to a consideration of the therapeutic indications of *Belladonna*, he says of *Stramonium* and of *Hyoscyamus*, that they may both *be used to meet precisely the same indications as Belladonna*.

The teachings of our lecturer on *Materia Medica* will give no such careless generalisations, but will show you not only from Hahnemann's more careful individualisation, but also from a comparison of the pathogenetic effects gathered from other sources, that you cannot use any one of these three remedies interchangeably with the others. Each remedy has a sphere very distinct from the other. It is not my place here to define these differences, but those among you who attend Dr. Hughes' lectures will have their characteristic differences pointed out in clear lines of demarcation. The general resemblance of many of the physiological effects of the three medicines, and the fact that in certain doses they all dilate the pupil, is a very insufficient guide for their administration. Moreover, the mydriasis is only characteristic of a special dose, for in another dose they contract the pupil. This fact alone shows the folly of giving these medicines a name characterising only one of these symptoms.

The action of *Belladonna* as a paralyser of the vaso-

subject without that total *bouleversement* of ideas and of thought which, at one time, was a necessity.

The first step towards a scientific examination into a new theory is the divesting oneself of all preconceived ideas—the bringing an unprejudiced and impartial spirit into the investigation. While, on the one hand, we defend ourselves against possible errors by a careful inspection of all the facts laid before us, and by an exhaustive criticism of the theories deduced from them, we must equally guard ourselves against falling from the lofty impartiality of the judge, to the lower level of the partizanship of the advocate. We must bring a calm judicial spirit to our aid if we wish to attain for ourselves real sound knowledge in medicine or in any other science.

In making these remarks I wish it to be fully understood that I apply them not merely to the student or practitioner who is inquiring into homœopathy. The true physician is always a student, and it is my earnest desire to see the same spirit of inquiry ever kept up, and the same calm judgment exercised, by the physicians who have mastered homœopathic therapeutics. It is equally a necessity for them that they should keep themselves, fully, *au courant* with all the advances of medical science in the other schools, and I believe we may claim for ourselves that a wider eclecticism is to be found in our ranks than in any other school. Recently the American physician, who is acting as agent for the sale of Ziemssen's *Cyclopædia*, told me that the work had a larger sale proportionately among homœopathic than among allopathic practitioners in America, and from the number of homœopathic practitioners whom I know to have subscribed for it here, I should think the same remark would hold good in England. It must always be our aim to perfect, as far as possible, the science of medicine, and this can only be done by our seizing on every new discovery and fitting it into its appropriate niche in our Æsculapian temple.

When we look back over the more than threescore years and ten—since Hahnemann first entered into the controversial field—we must not only claim for our own

school its great influence in the better state of things which exists in the healing art, but we must equally concede to the earnest labourers on the allopathic side an amount of good honest work in assuring a better foundation for medicine, as a science, such as no previous, similar period in the whole 2000 years—since the days of Hippocrates—is able to show. The advances in physiology, in pathology, and in therapeutics have been nobly planned and admirably executed. If there has been a hesitancy to advance in the last at the same pace as that which has characterised our school, we must remember what the medicine of the majority was seventy years back, and then we have reason to feel fairly satisfied with that which has been done and that which is being done.

Medicine had hitherto, before the reform which Hahnemann introduced into its practice and theory, been less a science than a series of recorded theoretical opinions, often at variance with one another, seldom coherent, and constantly changing as, one after another, a new medical genius arose; in fact, as one of their own writers expressed it in speaking of the allopathic system, "Medicine is a series of guesses, and he is the best physician who makes fewest blunders," or, as a Cambridge professor once said to me, "Medicine is not a science; physicians know little, but guess a great deal," and this was true as to the allopathic medicine of that day.

Now, Hahnemann attempted to erect medicine into a science:

Firstly, he claimed that all disease (excepting that belonging to manual surgery) is a derangement of vital force, and is non-material. This is true as regards a very large number of diseases, although it does not cover all.

Secondly, he claimed, for drugs, that they all act in one definite direction, in their curative sphere, which he formulated into the rule *similia similibus curantur*.

Unfortunately, Hahnemann was too dogmatic, too imperious, and many men, who might have been well wiser to look into his facts and theories by a moderate mode of their statement, were driven i

them by the dogmatism which repelled discussion. Hahnemann has, nevertheless, done real service to medicine by his practical and simple methods of reform. He found chaos, he left form and regularity. He found lawless disorder, he left a rule which contains the best indication for the treatment of a large number, in fact, for the majority of diseases. His genius of reform was thorough and severe. Looking on the various schemes for the classification of drugs by this or that writer on *Materia Medica* as open to many and grave objections, he swept away all attempt at classification altogether and adopted the simple alphabetical order of their names.

Having experimentally discovered the power of drugs to cause deviations from health in the previously healthy when given in sufficiently large doses, and that these same drugs, given in small doses, possess the power of curing diseases presenting similar symptoms, he formulated the rule of *similia similibus curantur*.

In describing the first of these propositions he says, "It is very evident that medicines could never cure diseases if they did not possess the power of altering man's health, which consists in sensations and functions; indeed, their curative efficacy must be owing solely to this power they possess of altering man's health."*

Experiments made, by the administration of drugs to the healthy, having shown him that they have the power to induce morbid states in persons previously free from disease (each drug according to its kind inducing a special train of symptoms, simulating those induced by some natural disease) Hahnemann next recognised that, in the administration of drugs to the sick, the two modes of treatment already laid down by Hippocrates were open to our choice; the one, that of using drugs having an action opposite to the symptoms; the other, that of using those having a similar action and inducing similar symptoms to those of the disease.

In deciding the point, as to which of these two methods is the best, Hahnemann rejects theory and appeals solely to

* *Organon*, Proposition XIX.

experiment, pointing out that it is simply a question of experience as to "whether the morbid symptoms are most readily, certainly, and permanently removed and changed into health by drugs capable of producing similar or opposite medicinal symptoms." Hahnemann affirms that the result of his experience shows that after transient apparent alleviation those diseases, which have been treated by the antipathic, enantiopathic, or palliative method, break forth again with increased intensity and become painfully aggravated, while he claims for the homœopathic method of employing drugs that it is truly curative and always beneficial provided it is carried out by the administration of doses sufficiently minute to insure the patient against medicinal aggravation.

This method of treatment, however, by choosing *similarity* in place of *antagonism* as the indication for treatment involves a total reversal of all former modes of thought to those, who have been brought up under the allopathic system.

We are no longer to meet constipation with such medicines as will purge a healthy man; on the contrary, we are to give him such medicines as will constipate a healthy man, if given in a sufficient dose to disturb his health.

We are no longer to cure fever or inflammation by antiphlogistic means, but, on the contrary, we are to give a medicine which would flush and heat a healthy man, if given in a pathogenetic dose.

We are no longer to cure diarrhœa by astringents and opiates, but are to give such means as would, in their large dose, purge a healthy man.

We are no longer to cure vomiting by sedative means, but are to give minute doses of medicine, which themselves are emetics to the healthy, when given in the large dose.

We are no longer to compel sleep by stunning the brain with narcotics, but are to give such drugs as would, in the large dose, prevent sleep in the healthy man, *e. g.* *Coffea cruda*.

The student of homœopathy must thoroughly learn to think thus before he enters his new path. Having

mastered this new idea of therapeutic indications, he will readily see how necessary the small dose becomes to him who practises it. The large dose of a purgative given in diarrhœa would obviously only increase the purging. The large dose of an emetic would only increase the vomiting. If we are to expect curative results from homœopathically administered drugs, we must therefore, diminish the dose to something very materially smaller than that which is needful and proper, when given antipathically or allopathically.

The large dose given homœopathically would be as futile, and more harmful, than would be the small dose if given allopathically. The small dose is as much a necessity to the proper administration of homœopathic medication, as is the large dose, needful, to induce the changes prescribed by allopathic indications.

The size of the dose in each case, allopathically or homœopathically, is determined in the same manner by experience, and by experience solely. Allopathically a purgative, such as *Colocynth*, must always be given in a dose large enough to purge; an emetic in a dose large enough to induce vomiting. But when the homœopath gives *Colocynth* to cure a painful griping diarrhœa, chiefly affecting the colon, he must avoid giving a large dose or he will increase the evil which he seeks to mitigate, and the 100th, the 1000th, or even the 1,000,000th of an allopathic dose may be the true curative quantity. So, when the homœopath gives *Ipecacuanha* to cure vomiting he must give a minute dose if he expects success, whereas the allopath, giving *Ipecacuanha*, must give it in ten or twenty-grain doses, or more, to induce vomiting.

A full appreciation of the fact, that the effects of the large dose of medicine, on a healthy man, and of the small dose on the sick man (if his illness correspond to the artificial disease induced by the drug) are precisely opposite the one to the other, is essential in the education of every physician desiring to experiment into homœopathy. This fact has been demonstrated by the most careful and repeated experimentation made by Hahnemann and by many of

his followers. Various explanations of this behaviour of medicinal drugs have been attempted by Hahnemann and others. To my mind the following is the most satisfactory and explanatory :

Hahnemann demonstrated the simple fact, that a drug possesses the power of curing a disease, which is characterised by similar pains and sensations to those which the drug has the power to induce, when given, in a health-disturbing dose, to a man previously healthy.

Dr. Sharp, in his *Organopathy*, goes a step further, and says—

Firstly. "That each cause of disease acts primarily or most powerfully upon certain tracts, parts, or organs of the body, the blood and fluids being parts."

Secondly. "That each medicinal drug, as a cause of disease, also acts upon certain tracts, parts, or organs of the body, solid or fluid."

Thirdly. "That, in sickness, the best remedy is a drug which acts upon the tracts, parts, or organs of the body invaded by the disease."

It is now generally conceded that, in that large class of diseases which depends on irregularity of function, the chief, if not the sole cause of the disease, is adynamic, and results from paralysis or depression, more or less complete, of one or other of the nerves of motion, of sensation, or of the sympathetic system.

The disease-inducing power of drugs (when it falls short of the chemical action of certain poisons, which action is outside the question altogether) appears also to be due entirely, or in great measure, to a similar action, *i. e.* the power to paralyse or depress the tract which it selects for its special action.

It has been further shown, that the small dose of a substance (such as alcohol) acts as a stimulant, where a large dose acts as a paralyser; this is also shown by electricity, where the small and gentle current stimulates, while the powerful shock paralyses and exhausts. These facts, which have been demonstrated by experiments both on the sick and on the healthy, point to this as a great law.

The first onset even of natural disease, if it invade the system gradually, is often characterised by stimulation, and the action of *Opium* and other known narcotics is that of a stimulator in the small dose.

Hence, when we meet with a disease in which some definite tract, part, or organ is partially paralysed and depressed we have not only to follow the indications given us by Hahnemann and Sharp, of selecting a drug which is homœopathic to the disease, and which acts on the part, tract, or organ affected, but we must also use it in such a dose as to stimulate the part, tract, or organ to be acted upon, and so to choose the dose as not either to over-stimulate or to depress (by narcotising) the tract diseased.

But even this explanation does not include a perfect theory of drug-action. There still remains the question, how do drugs act at all? Why is one substance a food to us, and why are other substances, possessing similar elements, though in slightly varying quantity, deadly poisons?

We are not, perhaps, in a position to solve this most interesting question, but I think some light may be thrown upon it by a consideration of the force which is evolved during metamorphosis. Our food, our drink, all carry with them latent force, which parts from them, within the body, during the slow metamorphosis involved in vital chemistry during the acts of digestion and assimilation. Rapid metamorphosis may mean danger to the tissues in which it takes place, just as severe over-stimulation means paralysis and death. In contemplating the changes which convert rock, air, and water into trees and herbage we see but the extraction of latent force from inorganic nature by organic nature. The force was in the rocks, in the air, and in the water, but the tree or the herb by slow trituration of the rock and by absorption of the air and water succeeds in extracting and appropriating the latent force hitherto utilised in another direction. In liberating the latent force from water by the action of heat we are able to produce motion in the steam-engine, thus imitating that which, before the age of steam, was the special prerogative of

organic life. Other illustrations of the rapid evolution of latent power are found in the explosion of gunpowder, gun-cotton, &c., on the application of the smallest spark. Now we can conceive that some such power to evolve latent force from drugs exists in the living body, that some drugs evolve their force slowly and safely, others with a dangerous rapidity, and that when the drug reaches the tract, part, or organ for which it has a natural selection, as shown by Hahnemann and Sharp, it there parts with its force. If the dose be exactly suited to the needs of the patient it gives just such stimulation as will restore the healthy balance to the deranged tract, part, or organ; if the dose be excessive, especially if the drug be one whose solubility is so great as to admit of rapid metamorphosis, it liberates too much force, and injures still further the part it ought to succour. Dr. Bence Jones says, in his *Lectures on Pathology and Therapeutics*, p. 304, "Physicians at some future time will estimate exactly the effect of the increased or diminished action of any one force upon all the other forces concerned in the production of general or local disease; and by adding to the resistance of one or more forces, or by liberating more energy by means of the powers that are latent in food and medicine, they will restore that equilibrium of action in the body upon which our health depends." That perfection in our means of adjusting the balance of forces, which Bence Jones prognosticated, is already in the hands of those physicians who intelligently practise homœopathy. Our knowledge that drugs select for their action certain tracts, parts, or organs; our further knowledge that they carry force to the parts to which they are thus drawn; our ability to exactly adjust the degree of force to the wants of the parts by the methodic subdivision of drugs into doses of definite fineness (and in doses varying from the strong drug up to the decillionth or even higher subdivisions still), place it in our power to fulfil the indications which Bence Jones foretold would be utilised by "physicians at some future time."

I fear that I may have appeared to have been somewhat discursive and to have kept but little to my text as to

“How best to Study Homœopathy,” but the points on which I have allowed myself to dilate, all of them demand more than the mere passing notice of the inquirer into homœopathy. Let us, however, consider more closely how homœopathy should be studied by two classes into which inquirers may be divided.

Firstly. Let me say a few words to those students who are entering the profession with the intention of practising homœopathy as soon as they have completed their studies.

To such men it is often a matter of regret that we do not possess a recognised university, or examining body, at which they could study, or from whom they could obtain their degrees. For my own part, I think this is no reason for regret. We are so few in numbers as compared with the work we already have to do, we are scattered widely, we possess few of that class from which the professors in the schools are recruited, *i. e.*, men of good education and of sufficient age, who have yet but few private patients, and who consequently have plenty of time on their hands. Owing to the small number of our physicians, as compared with the number of patients desiring to be treated homœopathically, the demands upon our time are so incessant that few of us have the time to devote to public work as teachers. This is one of our difficulties. But more weighty reasons still militate against the formation of a special medical school, which shall be solely homœopathic. To form such a school would perpetuate the division between us and the older school, which we at present deplore in the interests of science. We would rather work within the profession than outside it; we reject the sectarian position which the attitude of the profession towards us attempts to force us into, and we would do nothing to widen the distance which divides us. Excepting in our therapeutics, there now is no difference between our teachings and those of the most advanced of the allopathic school, and we hope that, sooner or later, a truer sense of what is due to the science of therapeutics will admit of the establishment of chairs of homœopathic therapeutics side by side with those of allopathic therapeutics, in the ordinary schools of medi-

cine. It is of immense advantage to those students who intend to practise homœopathy that they should study both systems, in fact all systems, of medical treatment. Therefore I would say to our medical students—Advance as far as you can in the ordinary medical schools, particularly acquaint yourselves with all the modern theories and modes of practice, examine well every new development of science, either directly or collaterally connected with your medical studies. Pay special attention to the therapeutics taught in your school, then go to the bedside, and well mark the clinical results; see how the two things fit one another, disease and remedy. Afterwards study electricity and hydropathy. These have both won their way, to some extent, into the best hospitals. Then, when you have learned all that is taught in the allopathic schools, turn your attention also to the other side, and acquaint yourselves with homœopathic therapeutics. Whatever mode of practice most commends itself to your mind by its greater success in the cure of disease, and therefore is ultimately adopted by you in your practice, the knowledge of both must prove of great service to you in after-life. When you find yourself in charge of an anxious case of acute disease, or of a lingering case of chronic ailment, the question will often occur to you, “Is there any other means by which I can obtain more relief or a more speedy cure for my patient?” If your knowledge of therapeutics were confined to one method of cure, you would be unable to solve this important inquiry to your own perfect satisfaction; and, to the conscientious physician, such uncertainty, as to whether he is doing that which is absolutely best for his patient, must bring him no little pain. But, to the man who is thoroughly acquainted with therapeutics all round, who has carefully studied allopathy with its antipathic, palliative, and varied means of cure, who has watched the method which attempts cure by varying temperatures, by elimination and by revulsion, included in hydropathy; who has seen the nerve stimulation of electricity, galvanism, and magnetism applied; who has acquainted himself with the curious powers of animal magnetism, of rubbings, of the ice-bag and hot-water bag (introduced by Dr. Chapman), and

who has added to these a study of the homœopathic action of drugs—to such a man, thoroughly furnished by the comparative knowledge, which he possesses, with such varied armamenta against disease, there comes a confidence in treatment which gives him calmness in the face of danger and yields him many resources, so that should the one means fail he has yet many others to which he can appeal for aid. Hence, while I would advise every physician to acquaint himself thoroughly with homœopathic therapeutics, I would equally urge him to study every other therapeutic means, and, as far as possible, to include, in his researches, a clinical study of each. When it is in his power, it would be advisable to visit the clinical practice of two or three systems concurrently. This could be accomplished by attending the practice of an allopathic hospital and that of this hospital (the London Homœopathic) on the same day, and there are now many hydropathic institutions within an easy range of London where a student desirous of so doing could see the practical working of that system. Or the student could spend his holiday at one or other of the large hydropathic establishments which are situated in so many healthy and beautiful spots, both in England, Scotland, Ireland, Switzerland, Italy, and other countries. If, before settling down into practice, the young physician has means which will enable him to visit Paris, Vienna, and Berlin (to watch the practice there), I would strongly urge him to do so. Once having entered into private practice much of the opportunity is lost, and it is impossible to overrate the importance of thoroughly investigating many modes of treatment, by which alone comparative knowledge of the advantage to be gained from the use of each can be attained. Broad, catholic views of medical treatment go, not only to make a good physician, but also give him that gentlemanly bearing which is born of a well-founded self-respect.

Let us now turn to the second class of inquirers, practitioners who have become dissatisfied with the ordinary routine practice of allopathic art, and who seek for some supplementary aid by extending their knowledge of thera-

peutics, or for a system founded on more definite and scientific indications.

To those inquirers who reside in London, or in some large town where hospitals and dispensaries are within their reach, their course is more easy than it is for those residing in the country. If there be a homœopathic hospital or dispensary, or if there be a physician of good standing acquainted with homœopathic therapeutics within reach, it would be better to seek the assistance of such physician in his studies, and to watch the practice at the hospital or dispensary. Many such institutions exist where able men would gladly give aid and instruction to those inclined to learn. Our London homœopathic hospital, with its talented staff, affords such an opportunity both in its wards and in its rooms for out-door patients. At Birmingham an admirably conducted small hospital, with an able medical and surgical staff, affords the same opportunity in that town.

At Bath a small hospital is well worked by Drs. Newman and Morgan. At Liverpool a large and admirably conducted dispensary already has been the means of teaching homœopathy to not a few practitioners. At Aberdeen, under the excellent teaching of Dr. Dyce Brown, many students are obtaining a knowledge of our system of therapeutics. Every large town has its dispensary, and good, self-reliant men are to be found in most of the large towns, well qualified to assist those who desire to inquire into the practice of homœopathy. So far, then, but little difficulty exists to him who has the courage to inquire. I have nothing to say to those who have not.*

It will be expected that I should say something as to the best works to consult in order to obtain such a knowledge of the theory and practice of homœopathy as will enable a man to form a correct estimate of its merits, and such as will

* A large number of those physicians now practising homœopathy have themselves been cured of some chronic ailment, by its means, after it had refused to yield to ordinary remedies; and an excellent way of testing a new system is to try it on oneself in any little ailments which may occur, or on the members of one's own family, because we are then able to watch the effects with minute care.

enable him to prescribe its remedies with success.*

* In entering upon this part of my subject I would premise that there are two modes in which to study homœopathy practically—the clinical and the therapeutical. Hahnemann strongly advocated the therapeutical as being the only truly scientific method in which to study medicine. In this Dr. H. C. Wood and the leading allopathic writers on materia medica are following Hahnemann. The clinical method, with its recorded experiences, has been tried for 2000 years, and, as Dr. Wood says (p. 7), “Yet with what a Babel of discordant voices does it celebrate its 2000 years of experience!”

The therapeutical method, no doubt, must be tested by careful clinical experience, but as no two individual cases are precisely alike, as they present such differences as are to be met between any two persons, it is essential, in the treatment of each case, to find a medicine whose symptoms afford a precisely similar individuality.

Let us take an example: before cholera had reached Hahnemann’s resident town its symptoms had been carefully noted by those physicians who had seen it in its fatal march westward. The futility of all ordinary means proposed for its cure was manifest in its large mortality. Hahnemann, sitting in his study, was able to predicate the medicine whose pathogenesis (toxic power) most closely assimilated to the general features of this dread disease, and pronounced that *Camphor* would prove its cure; and, to this day, no treatment has proved so successful as that of *Camphor* where properly administered. But when, in the presence of a number of cases, it is seen that individual morbid states are met with in cholera patients which do not closely correspond with *Camphor*, but are more similar to the toxic effects of *Arsenic*, of *Copper*, of *Veratrum album*, of *Iris versicolor*, of *Ipecacuanha*, of *Mercurius*, &c., and those cases (which would refuse to yield to *Camphor*) are best cured by one or other of the above medicines according to the symptoms present.

That Hahnemann in his study should have been able to foretell the beneficent use of *Camphor* in cholera is a clear proof of the scientific accuracy of his therapeutics; but the material dose in which it was ordered to be given proves still more the practical prescience which enabled him to prescribe such doses as would be likely to destroy the contagium vivum, whose development (although then unknown), it is now very generally conceded, is the true cause of cholera.

The clinical method, as taught in the homœopathic practices of medicine (whose name is legion), will never prove satisfactory to the philosophic physician. It does well enough for domestic practice, just to stop a gap till the physician appears. It may be of use as suggesting the names of several remedies to a beginner or to a busy practitioner from which to select those remedies for study among which the true *similar* may be found; but, in treating disease at the bedside, the finer shades of difference must be selected and appreciated, noted down with pencil, or engraven on the memory, and then compared with the finer shades of symptom-correspondence in the symptomatology.

In the correct appreciation of minute differences much of the art of medicine lies.

Perhaps the most complete introduction to the study of homoeopathy is to be found in Sharp's essays; but every one wishing seriously to study the system should read Hahnemann's *Organon*, his *Chronic Diseases*, and *Lesser Writings* in small, however, read them (as he would Hippocrates, Vesalius, or Sydenham) as the classics of the system he is about to investigate, and should remember that these works were written before pathology had a right to be called a science.

One of the best works to place in the hands of a beginner is out of print, but is to be found in most homoeopathic libraries; it is entitled *An Introduction to the Study of Homoeopathy*. Emerson's *Enquiry* and Dodgeon's *Lectures on the History of Homoeopathy* also are excellent books to place in the hands of the beginner, and should be well studied by all homoeopathic practitioners. But all these works still leave the actual practice at the bedside untouched. Here I would advise the beginner to study Hull's or Saellig's *Jahr*,* in its two volumes, the one containing the symptomatology, i. e. a record of the symptoms induced by each medicine, the medicinal drugs being catalogued in their alphabetical order; the other volume being the repertory, in which the diseases are named, and each drug which is likely to be useful in a disease is pointed out.* Few symptoms of disease ever come before us which are not to be found in these volumes, and, what is more, few combinations come before us which are not here set forth. In addition to these two volumes, *Hale's New Remedies* is an essential work. If to these the student adds the able and instructive works of our lecturer, Dr. R. Hughes, on *Materia Medica*, his *Pharmacodynamics*, and his *Therapeutics*, he will have a very workable and eminently practical library, sufficient to enable him to conduct his experiments to a satisfactory conclusion.

* The larger editions of the *Symptomatology* and Hahnemann's *Materia Medica Pura*, which are all useful as works of reference, are apt to confuse the beginner. There are a great many faults in the construction of these works, and their pathology is most imperfect; still, as a practical guide in the treatment of disease homoeopathically, no work with which I am acquainted is so concise and so practical.

In using Jahr's manual I would advise the beginner to study it first in the method laid down in the introduction to the symptomatology. This will give him a fair outline of the pathogenesis of those medicines called polychrests, from the number of diseased states and conditions to which they are homœopathic. In commencing to experiment on disease I would advise that simple cases of well-defined pathology and symptoms should be the first subjects for experiment, such as feverish cold, sore throat, pneumonia, or some other uncomplicated disease. Having diagnosed the case with care, then the disease, named, should be turned to in the repertory, and studied in section 1. Afterwards it should be followed through the other sections, and the remedy whose symptoms most simulate that of the morbid state present should be selected.

Lastly, the remedy thus chosen should be turned to in the symptomatology, and its effect on the part or organ, invaded by the disease, should be studied. If it present a fair picture of the morbid state present, then the medicine should be given in a small dose, more or less frequently according to the severity of the symptoms of the disease. In this scheme for the seeking out a homœopathic remedy we see that the first step is diagnosis. Diagnosis is as essential to the practical working of the homœopathic as it is to that of allopathic system of medicine. A treatment founded on the "totality of the symptoms" alone, must fail to give us the true indications for treatment. Simple symptom-treatment will fail to enable us to judge between pleurisy and rheumatism of the intercostal muscles; or between pneumonia and bronchitis. It will not give us any indication as to the true lesion in diabetes, nor of the real indication for treatment in Bright's disease. At the same time ordinary diagnosis alone will not suffice to enable us to treat a case successfully by homœopathic therapeutics, unless we also consider the symptoms presented by each individual case, *i. e.* we cannot treat disease by specific remedies, according to its name; but, having defined the disease, by an accurate diagnosis, we then turn to our repertory and find the varied morbid states which

The first step in the preparation of a medicine is the selection of the ingredients. These should be of the highest quality and should be obtained from reliable sources. The next step is the weighing of the ingredients, which should be done with great care and accuracy. The ingredients are then combined in a mortar and pestle, and the mixture is transferred to a suitable container. The container should be labeled with the name of the medicine and the directions for its use.

The second step is the preparation of the medicine. This involves the selection of the appropriate form of the medicine, such as a tablet, capsule, or liquid. The ingredients are then combined in a suitable manner, and the mixture is processed into the desired form. The final step is the packaging of the medicine, which should be done in a clean and hygienic environment. The package should be labeled with the name of the medicine and the directions for its use.

Drugs, which experimentally have proved to possess the power to paralyze or to depress these same tracts, parts, or organs, and which will induce these pains, spasms, or synapses, have an evident relation to, or correspondence with, the disease-cases.

Our knowledge that the power of a drug to paralyze on the one hand, or to stimulate on the other, is simply a question of "the dose," enables us, by adjusting the dose, to utilize the stimulating power of the drug (and to avoid its depressing action), and thus to restore the patient pleasantly, safely, and quickly to health.

I have said nothing as to dilution or as to dose. Probably the best dilution or trituration for a beginner to experiment with, is the third decimal, and the best dose from one to two drops or one to two grains. The question

of the dose will be found treated of in a practical manner in many monographs scattered through our periodical literature, and is also discussed in my little work entitled *Applied Homœopathy, or Specific Restorative Medicine*, in which I have recorded my personal experience during thirteen years of practice. My own feeling is, that an advanced knowledge of homœopathic therapeutics will show us that certain cases and certain individuals will be best treated by low dilutions, while other diseases will yield more readily to the higher, and that all dilutions, from the lowest to the very high, have their appropriate sphere.

And now the pleasing duty remains to me to announce to you that on Thursday next our talented lecturer on *Materia Medica* will resume his course of lectures, and will continue to deliver them on each succeeding Thursday at five o'clock in this room. At the conclusion of his course the medical officers of the hospital will give a series of lectures on practical medicine.

1. "Lectures on Diseases of the Digestive Organs," by Dr. MACKECHNIE, one of the Physicians to the London Homœopathic Hospital.

2. "Lectures on Diseases of Children," by Dr. DRURY, Physician to Diseases of Children at the London Homœopathic Hospital.

3. "Lectures on Diseases of the Chest," by Dr. R. DOUGLAS HALE, one of the Physicians to the London Homœopathic Hospital.

4. "Lectures on Diseases of Women," by Dr. DUNCAN MATHESON, Physician to Diseases of Women at the London Homœopathic Hospital.

5. "Lectures on the Theory of the Homœopathic Principle," by Dr. J. DRYSDALE.

These lectures will afford those physicians and students who desire to study homœopathy an opportunity of doing so in a manner at once practical and pleasing, and it is to be hoped that good results may accrue from this effort to afford instruction in homœopathic *materia medica*, therapeutics and clinical medicine.

With these few remarks, gentlemen, I conclude the

introductory lecture for this session; when we meet again, next year, as I sincerely hope we may, I trust that our work may have borne some good fruit, and that we may find that the knowledge of that great medical truth, of which we are the trustees and guardians, may have spread among physicians to an extent that will greatly benefit the public health and prove of inestimable benefit in relief of human suffering.

We must ever bear before our minds that it is not a fulfilment of our whole duty if we content ourselves with the mere personal attainment of a great truth. It is still our duty to spread the knowledge of truth among others. The first is a very high and solemn duty to ourselves, but the second includes part of our duty to our neighbour. In spreading a knowledge of that which we believe to be truth we must do so in such a manner as least of all to pain those who differ from us, and we must avoid all sectarian or partisan spirit. In therapeutics we must spread the knowledge of the great truth included in homœopathy, but we must never forget that other parallel lines of truth also exist which the true physician will, in their proper sphere, avail himself of. With these concluding words I commend you to your task which the succeeding lectures will open to you.

CASE OF PELVIC HÆMATOCELE, WITH REMARKS.

By D. DYCE BROWN, M.A., M.D.

ISABELLA M—, æt. 25, unmarried, came complaining that she was subject to too frequent and too profuse menstruation. For seven months she had had only an interval t between each menstruation, the menstrual

period lasting each time for five days at the least, and often for a week, and the discharge being profuse. In the interval she was troubled with leucorrhœa. She complained much of weakness, evidently the result of this condition. Judging by her general appearance, one would not have called her anæmic, but on examining the palpebral conjunctivæ, decided paleness gave evidence of an anæmic state.

On May 10th, 1873, *Crocus* was prescribed with the view of lessening the excessive discharge of menstrual fluid from which she was then suffering. After it stopped *China* was ordered to be taken in the interval, with an injection of *Alum* and *Sulphate of Zinc*, on account of the leucorrhœa.

She came again on June 3rd, saying that her illness had again returned, profusely as before. She was again prescribed *Crocus* as before.

I did not hear of her again for six days, when (June 9th) she sent for me. I found her in bed, and got the following history from her. The discharge had not abated till two days before, when it began to moderate. On the evening of the 8th, quite suddenly, acute pain came on in the lower part of the abdomen, and obliged her to go to bed. There was no previous shivering. She did not sleep that night, and was feverish. The discharge externally stopped the following day (9th). When I saw her on the 9th the pulse was 96, tongue rather dry and coated. She had headache, was thirsty, and had slept very little. She felt sick, and complained of much pain across the lower part of the abdomen. There was marked tenderness over the lower abdomen—all across, but chiefly towards the left side from about the mesial line. No tenderness at all above the umbilicus. On palpation there was marked fulness to be felt over the left iliac region and as far as the mesial line, and over this part there was dullness on percussion, as compared with the right side, for about three fingers' breadth above the level of the ramus of the pubes. She also had pain on micturition.

On making a vaginal examination, I did not detect any

marked fulness or tumour in either cul-de-sac, but there was very considerable tenderness on pressing the finger in the left cul-de-sac, and posteriorly. I prescribed *Aconite* and *Belladonna* alternately every hour, with poultice to the abdomen.

Next day (June 10th), on vaginal examination, there was distinct fulness and swelling posteriorly and to the left of the uterus, but the uterus was not displaced perceptibly. She had slept better. Pulse 88. She was still thirsty, headache had gone, and the bowels had opened without giving pain. The tenderness in the lower abdomen was decidedly less. To omit the *Aconite* and continue with the *Belladonna*.

11th.—To-day the pulse was 78 ; she had now no pain on micturition. She complained rather more of the abdominal tenderness, but her state was otherwise much the same. The headache had, however, come on again yesterday afternoon. She complained much of it, and said it had kept her from sleep. The headache was frontal, the pupils were dilated, and on inquiry says she has indistinctness of vision. These symptoms seemed to me clearly the effect of the *Belladonna*. [I had given, for a particular reason, drop-doses of the B. P. tincture, which, though of the same strength as our mother-tincture (1 in 10), is made from dried leaves, and is not nearly so powerful.] I therefore left off the *Bell.* and prescribed *Mercurius corr.* 3^r every three hours ; while to relieve the headache I compressed the pneumogastric in the neck for a few minutes. This had the effect of removing the headache entirely before I left the room.

12th.—She had slept well. Pulse 76. The headache was gone, and she said she had hardly felt any of it since the pressure in the neck. There was less thirst, and the tongue was clean. Tenderness in the lower abdomen much less, and none at all in the right side. The feeling of fulness externally on palpation is also less, and the swelling as felt *per vaginam* less distinct. To omit the medicine, but to continue the poultice, and, of course, keep in bed.

15th.—Dulness still present on percussion above the

pubes, but the tenderness is now very slight. The vaginal swelling is hardly distinguishable, but the cervix uteri points somewhat to the right. Bowels had opened again without pain; no white discharge. She has no appetite; complains only of feeling weak, and that she had felt sick on sitting up in bed. To have *Arnica* 3 every two hours.

17th.—Feels much better; abdominal tenderness quite gone; tongue clean; no thirst; is beginning to take her food. She was allowed to rise from bed for a short time.

The *Arnica* was continued for two days longer, and as she was then feeling quite well, except that she felt weak, I omitted it, giving her special directions to avoid any exertion whatever, and as soon as next menstruation came on to go to bed and send me word. This she did on the 27th of June, as the discharge had appeared the evening before. It was much the same in quantity as before, but otherwise she was feeling quite well. She was simply told to keep her bed, but to take no medicine. On examining the abdomen no fulness was perceptible on the left side, and the dulness on percussion was also gone; this was only nineteen days from the occurrence of the hæmatocele. (The vaginal swelling had, as previously reported, disappeared about the 15th.)

The discharge continued till the 1st of July (five days), when it so nearly disappeared that she, against my orders, rose from bed and dressed. This brought on the discharge again more profusely, and with it some pain in the old spot, on account of which she went back again to bed. The pain lasted some hours, but after the application of a poultice it disappeared. I learned this from her next day; the pulse was then quite quiet, there was no thirst, no tenderness or fulness in the abdomen, nor dulness. This being the case, as she was lying in the wrong position in bed for a vaginal examination, I was unwilling that she should move, as further examination seemed unnecessary, and perfect rest was of more importance.

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In such cases the hæmatocele occurs at the menstrual period, and though the discharge externally may be free or even profuse, yet the previous losses would seem to produce a relaxed state of the parts concerned, which, again, would seem to be the determining cause of the escape of blood through the Fallopian tubes into the abdominal cavity. My patient was one of this class of cases, and though comparatively slight, yet the symptoms were so clear as to render the diagnosis certain. It could only be mistaken for one other form of disease, namely, acute pelvi-peritonitis, or perimetritis; but, first, we had a history of menorrhagia, producing a certain amount of anæmia, which points to the one affection rather than the other. Next, we observe that the onset of the attack pointed clearly to hæmatocele and not to perimetritis. In the latter complaint we have a history of some exciting cause, such as cold, which causes stoppage of the menstrual discharge, followed or accompanied by shivering, fever, and abdominal pain. The shivering and the fever either precede or accompany the pain. Whereas in pelvic hæmatocele, as in the case of my patient, the discharge, though moderating gradually, did not stop till the day following the access of the pain; the patient had not been exposed to cold or other exciting cause, had no shivering, but in the evening, when at home, some pain came on *suddenly*, while the fever developed *subsequently*. Then, again, when seen by me, there was not only the tenderness in the lower abdomen which we would expect, but fulness externally, and dulness on percussion, whereas on the second day of pelvic peritonitis, there would have been tenderness, but no fulness or dulness. Again, I found swelling in the vagina behind and to the left of the uterus. This latter was not very distinct till next day, and then did not displace the uterus forwards, showing that the amount of blood in the peritoneal cavity was comparatively small. The fact of the vaginal swelling not being so distinct on the first day is known to occur in such cases. Bernutz states that it may be almost imperceptible for thirty-six hours, and from the patient having gone to bed as soon as the pain came on, the blood would not be so likely

to gravitate entirely into the retro-uterine cul-de-sac, but would be, especially if slight in amount, as it were spread out, causing little vaginal swelling. Of course, the symptoms of the slight vaginal swelling alone might arise as well from perimetritis if lymph were effused to any extent. Had the effused blood been to any extent, the uterus would have been pushed forwards against the pubes, whereas it was, in this case, only very slightly pushed to the opposite or right side, and that not at first. Again, instead of the vaginal swelling gradually disappearing in a few days, from the absorption of the blood, had it been a case of acute pelvi-peritonitis simply, the swelling would probably have become more distinct and harder from the adhesions formed. This, of course, is not to be made much of, as the pelvi-peritonitis might have resolved without any adhesions being formed. But the occurrence of adhesions in acute perimetritis is so frequent, that even though the case end in recovery, there is generally sufficient evidence of their existence, in the shape of firmness and hardness of the vaginal swelling which soon appears. If any adhesions occur in a case of hæmatocele, they encyst the blood, and when the latter is absorbed the evidence of the encysting adhesions is not perceptible. The gradual diminution of the external fulness and dulness on percussion showed that the blood was being absorbed. What I have been arguing for is the *primary* nature of the case—hæmatocele as distinguished from acute perimetritis, as, of course, the presence of the menstrual blood in the peritoneum causes limited peritonitis or perimetritis.

And, in fact, it is this pelvi-peritonitis which we have got to treat when called to such a case as mine. The tenderness, external and vaginal, with the fever present, show the already existence of pelvi-peritonitis, which is the real source of danger, as the limited peritonitis may become diffuse.

My treatment was accordingly directed to this; and the result was very satisfactory, the pulse having fallen to 88 the day after treatment was begun, while the recovery altogether, including the absorption of the blood, was unusually quick. The development of the phy-

biological symptoms of *Belladonna* was unexpected, and obliged me to stop it, and give *Mercurius corr.* instead. After the cure of the pelvi-peritonitis, *Arnica* was given with the view of promoting the absorption of the blood, which, as I have already observed, was accomplished unusually quickly. The employment of surgical interference in the shape of puncture is condemned by most gynæcologists, unless other treatment should have failed. It is, in fact, considered a *dernier ressort*, and is only justifiable when either the amount of blood effused is so large as to press much on the rectum behind and on the bladder in front, through the medium of the uterus which is driven against the pubes, or when instead of absorption occurring suppuration ensues with distinct fluctuation. The onset of suppuration is indicated, of course, by shivering and hectic fever, with its concomitants of loss of flesh and health.

Discussion on Dr. D. Dyce Brown's paper.

Dr. DECK thought the symptoms, as far as he could gather them, did not point positively to pelvic hæmatocele. The swelling was quite lateral, and did not occupy Douglas's pouch in the marked manner which is generally the case in hæmatocele taking place during the catamenial period. In cases where the swelling is not decidedly retro-uterine, there must be some doubt whether the symptoms are caused by a hæmatocele, or by the sudden occurrence of perimetric inflammation. As to the exhibition of *Belladonna* in the treatment of the case, he had found that medicine in old-school practice very serviceable in perimetric inflammation. In cases of pelvic cellulitis he had found *Extract of Belladonna* and *Extract of Opium* in small doses combined far more useful in treating the pain and inflammation, than much larger doses of *Extract of Opium* alone or of the combination of *Calomel* and *Opium*, which is so usually given.

Dr. DRURY had some doubts in his mind on first reading Dr. Brown's paper, which he had done before reading it to the Society, as to the nature of the case, being inclined to think it might have been one of congestion only, and that possibly the infection had something to say to this, but remembering that Dr. Brown had the advantage of seeing the case, and forming his judgment from actual observation, he was willing to surrender his doubts and accept Dr. Dyce Brown's

diagnosis as the correct one. He the more readily did this, as the author had shown in the very able paper that he had sent up that he was thoroughly conversant with his subject, and had carefully weighed the reasons for and against the opinion he had arrived at. Still the case was a slight one, and the possibility of error should not be left out of the account. The treatment would be much the same in either case, with the exception of the injection which he considered unsatisfactory, the treatment otherwise was good, and was successful; always a good argument when it exists.

Without following Dr. Cooper into a discussion not bearing on the point, he could not but say he thought he was advocating an unsafe mode of treatment, when he spoke as he did of *Logwood* and *Hamamelis*. What we had to do with in homœopathy was the actual symptoms known to be produced by a drug, and not a speculative practice founded on a conjectural physiological action. He quite admitted that in some difficult cases an experimental practice, in the absence of a more clear light, might be justifiable and might lead to the discovery of very valuable clinical facts, some medicines owing their high repute to results thus obtained, but we should not begin in this way. The well-established provings compared with the symptoms that presented themselves were the materials with which we should only be too glad to work, but failing these, their careful and well-reasoned-out ideas might help us a long way towards obtaining good results, and enriching our *Materia Medica*.

Dr. DUNN thought some of the speakers* had too confidently impugned the correctness of Dr. Dyce Brown's diagnosis. Considering the special character of Dr. Brown's studies, and considering that the case was carefully observed and examined by himself, he thought Dr. Brown was more likely to be right in his diagnosis than those who criticised him without having had an opportunity of examining the case, and without having made such affections a special study. For himself, he had listened with great pleasure, and he hoped with some profit, to Dr. Brown's very clear differential diagnosis between hæmatocele and pelvic cellulitis.

* Several other members spoke, but no report of what they said has been sent in.

ON SULPHATE OF ZINC IN NERVOUS,
HEADACHES.

By Dr. G. CLIFTON.

GENTLEMEN,—My reasons for bringing before you this evening an old-fashioned medicine, namely, *Sulphate of Zinc*, as a remedy in some forms of nervous headache, are twofold. First, from having found it very beneficial in such cases; and, secondly, because it has proved in my hands a more useful and active preparation than the other forms of *Zinc*.

Let me say that in the cases I shall lay before you I was not led to the use of this drug from any study of its pathogenetic effects as recorded in our homœopathic literature, which most of you know is very scant, Hull's *Jahr* only mentioning it as being used in "chorea," Hempel mentioning it in "chronic vomiting of food when jerked up."

We all know that it is used empirically in the old school in nervous diseases, but often in combination with *Valerian*, &c. (here, again, the *Sulphate* is used in the preparation). Pereira thinks that "the *Salts of Zinc* act dynamically upon the system, not chemically;" and that "the vomiting is due to the action of the *Zinc* on the nervous system."

Forbes, in his *Cyclopædia of Practical Medicine*, vol. iv, after mentioning the usual effects, viz. vomiting, says, "the vomiting is sometimes succeeded by diarrhœa, tenderness of the epigastrium, and abdominal pains. Symptoms rarely fatal, but in one recorded by Mertzdorf the stomach and intestines, particularly the latter, were found contracted, and the mucous membrane of each studded with several small spots of effused blood, their contents mostly fluid and greenish in colour."

Orfila, by detaining the salt in the stomach of a dog by

ligature of the œsophagus, shows that "it acts as an irritant and inflames the part to which it is applied, but that the *nausea* and *vomiting* are produced when the salt is applied to other mucous surfaces."

Hale, quoting from Stille, states, "that it has been used successfully; primarily in dyspepsia distinguished by constipation and flatulent colic, and occasionally in cases simulating secondary effects, as chronic diarrhœa and dysentery, spasmodic cough and asthma."

Dr. Hale, in vol. xiv, *American Journal of Homœopathy*, in an article on astringents, calls it more properly a desiccant or escharotic, like *Kreasote* or *Mercurius corrosivus*, and says, "that in small and repeated doses it causes indigestion (very vague) with constipation, and many of the nervous symptoms and morbid conditions as *Zinc. met.*" He goes on to say that he "is doubtful of the propriety of admitting into our pathogenesis the ultimate or more severe effects of these drugs which in massive doses are poisonous by virtue of their mechanical, chemical, or escharotic qualities."

I cannot, however, agree with Hale on this point; for has not the powerful medicinal action of other drugs led the careful worker to trace back these conditions to their primary pathogenetic action? This very salt itself Pereira and other observers have so proved to be the case. The same with *Ipecacuanha* on the stomach and many others. I believe the symptoms produced by this salt are not due altogether to its escharotic or astringent effects, but its dynamic action, rapid absorption, and thus its irritation of the nervous centres. In this I may be wrong, still I cannot but think that the specific action lies in its irritation, first of the vagus nerve and then its reflex action on the ultimate filaments through the fasciculi of the medulla to its nucleus below the fourth ventricle. This being granted it ought and will be found a more useful medicine in many of the ailments which come under the head of "Nervous Sick Headaches or Migraine." Most of you, I doubt not, have read the admirable papers in the *Practitioner* by the lamented Anstie and by Dr. Clifford

Allbut, both of whom, with Mrs. Garrett Anderson in her thesis for the doctorate of the Paris University, sustain the hypothesis that migraine has its origin in the brain, Anstie localising it more definitely in these words, "The remarkable course this disease runs, the important and suggestive group of occasional complications which are associated with it, almost compel us to look on the medulla oblongata as the starting-point of the disease, and to believe that migrainous pain means atrophic molecular irritation in the trigeminus roots; that migrainous vomiting means a similar process in the vagus nerve, &c."

It is to this latter form of headache this *Salt of Zinc* is specially applicable. If Dr. Sharp's theory of organopathy is correct, then I think this salt should act on all the nerve-filaments taking their origin from the medulla. This certainly is not the case; you all know how much more readily *Belladonna*, *Gelsemium*, *Chelidonium*, &c., act on the branches of the fifth pair than such a remedy as *Zinc*.

In the third case which I shall mention, of a child with hydrocephalus, I do not think *Zinc* or any other medicine would have done good had it been of purely tubercular origin, but it was probably an inflammatory process of the lining membrane of the ventricle. And the next which I shall also mention of a child, with no symptom of hydrocephalus, was most likely a case which would have developed into one of this kind, as the sickness and peculiar vomiting relieved by this salt would show that if the lining of the fourth ventricle was at all inflamed it would pour out lymph and thus irritate the origin of the vagus, namely, the grey nucleus at the lower part of the floor of the fourth ventricle. You may say why not be satisfied with the use of the *Salts of Zinc* which have been proved? Well, I was led to the use of this salt from noticing the similarity of some of the symptoms, both during its action as an emetic and subsequently to the form of vomiting we meet with under the common name of sick headache.

If the brief outline of these cases should with any of my remarks lead to a more careful study of it as a remedy and

the relief of some of those distinguishable forms of headache my time will not be ill-spent.

CASE I.—Miss A—, æt. 47, maiden lady; spare habit, but well nourished. Has suffered from girlhood with spinal irritation. Slight lateral curvature, which was arrested by mechanical means, then premature change of hair to grey; catamenia now scanty and irregular, appearing only at intervals of three or four months. Suffers from mental depression; when not suffering in this way has severe headaches compelling her to lie quiet and still. At times, extreme prostration and restlessness, burning pains in extremities, but no increase in feverish symptoms. Burning in mouth and fauces, relieved at times by *Arum mac.*; cross and irritable; cannot bear to be spoken to. When in this state inclined to be violent in speech, with deficient memory, like *Anacard.*, but, unlike that remedy, impatient; continually wanting to do something to relieve herself. When prostration is very bad the pain is better; mind in a kind of stupor; weariness in the eyes; dimness of sight. Pale, bloodless appearance of face, constriction of throat and stomach; feeling of bloatedness on taking the least food, with violent and sudden retching; this often produces, even when little food or liquid is ejected, dizziness for a few moments, and then relief of many symptoms. If no sickness, headache increases, then diarrhœa, with the same relief. Normal condition of bowels is obstinate constipation which *Platina 5* has at times relieved. All symptoms worse when more anxiety, and toward evening. Headaches and all symptoms increased after partaking of sweet, especially fruit jams. Heart's action depressed; pulse feeble; urine normal. Great lassitude in extremities when worse.

Medicines which have more or less relieved are *Arn.*, specially *Arum*, *Anac.*, *Phos.*, *Plat.*, *Plum.*, *Bella.*; *Zinc met.*, 3 and 6 at times, slight relief. Under *Zinc S.*, aqueous sol., 1st, 2-drop doses, headaches relieved.

Has taken this salt now in various dilutions from 1st to

12^x, and is much better in general health, and headaches much less severe.

CASE 2.—Miss O—, æt. 53, tall, dark complexion.

June, 1873.—Has suffered with right-sided cephalalgia, coming every week or ten days; more or less from girlhood; at that time, and up to thirty years of age, only every three or four weeks, *not* particularly at catamenial period. Has been worse last five years, since this ceased. Is generally better the day previous to an attack; the attacks sometimes last two or three days. Pain, when severe, causes violent retching, which seldom relieves the pain in forehead, but improves the general nervous depressed feeling and nervous irritation; constant chilliness, cannot bear exposure to cold air, head then worse. Bowels constipated; urine normal, but paler during an attack. Had had all kinds of treatment, with little benefit. After taking *Cheledonium* and *Iris versic.*, the severe headaches, especially frontal ones, were relieved, and the vomiting less, but this came on still at times, but more in fits. *Verat. a.* in various dilutions never gave relief even to the coldness; neither had *Sepia* or any other medicines made much impression. Still, with the above-named medicines the headaches continually returned. I am not sure also whether change of diet had not assisted also for some time, as she had been much too fastidious. Ordered small doses of *Cod-liver oil*, and pancreatic emulsion, and fat bacon, which she abhorred before, soon began to be enjoyed.

In November, after trying other remedies, I put her on *Zinc ox.* with some, but not permanent, relief. The latter end of the month she began with *Zinc sulph.*, 1^x ter die for three days, then 6^x in same way, then wait three days; here under this medicine she found her pains lessened and period of relief lengthened, and now finds that by taking this medicine with *Gelsemium* in 2-drop doses of the 1^x dil. alternately, she cuts short an attack with a minimum of suffering in as few hours as she formerly suffered days with that which made life a burden.

Case 3.—Matter 3.—At 1 a child was suffered earlier in life with symptoms of dyspepsia which gave way to the usual troubles, especially to *Zacrus* and 5 and *Arum* 2. Case under my care again in 1874 with occasional attacks of headache; child irascible. Fair complexion; well nourished; very energetic; easily made cross, takes very small. Complaints of pain in head, wanting to get heat over; relieved by striking. Face then red, takes pain. When headache had is always sick; always constipated. When these attacks are near *Chama-milla*, *Scolocimum*, *Phosphorus* gave relief, but the seizures became more frequent; *Zacrus* med., in various situations, gave no relief. *Zinc. sulph.*, 1ʳ, gave speedy relief, and by continuing the salt in the 3ʳ the child has quite recovered. Seen a fortnight since; no attack for six months.

Case 4.—A. E.—infant boy, 3 months old, weak and puny from birth, hand-fed. Saw it on January 14th, then six weeks old, very weak, head small, eyes sunken, was not thriving or getting flesh, bowels constipated. Managed to get good milk from one cow; this with *Sugar of Milk*, &c., and more cream added when bowels constipated, the child began to improve. Occasional doses of *Sulphur 6* were given.

On the eighth week child was not improving. I could not detect any glandular mischief, only that the child looked ill-nourished and puny, often cried, lay easiest with its head low. Food was ejected much curdled. *Aethusa Cynap.* 3ʳ relieved this symptom. (In poisoning from this plant the ventricles are found congested.) The child continued this medicine with benefit for a time, an occasional dose of *Bry.* 3 being given.

A fortnight later I again saw the child; certainly it had increased in weight, food seemed to nourish it, still there was more than usual ejection of food, with still the same condition of ease in lying. The child could not bear any noise or movement. I at once put it on half-drop doses of *Zinc. sulph.* every four hours three days, then every night and morning. With this remedy in a few days the child

improved rapidly, and has now become a strong and healthy babe. I might say there was no tubercular history in either parents.

CASE 5.—Mr. B—, æt. 45, father of child Case 3, farmer, has been subject from childhood to attacks of violent headache, coming on more frequently after a few days of more than average good health. Sanguine temperament. Is taken with sudden attacks of deep-seated pain in head, which soon brings on distressing vomiting, made worse by stimulants. Relief by continuous application of cold water. Pain affects sight of right eye, causing partial blindness; chilly, obliged to get over fire (opposite to *Phosphorus*); very depressed; almost beside himself; contemplating suicide (*Aurum* has these symptoms also, with partial loss of sight). Obligated to give up wine and all sweets, a symptom of *Zincum metal*. Is a great sportsman, and a better shot when slightly affected than when in usual health. Much wind on stomach; offensive when passing downwards.

This patient was at one time treated, whenever an attack threatened, by *Arnica*; this failing *Phosphorus*, *Aurum*, *Strontia carb.*, and *Pulsat.* all proved of no avail.

The similarity of some of these symptoms to those of his child led me to give this salt in a similar manner as to the child with the same beneficial result, the attacks lengthening in their intervals and much less severe.

CASE 6.—Mr. C—, æt. 25, cotton-spinner. Has suffered for some years with attacks of violent headache ending in bilious derangement and several times jaundice. Of a very nervous excitable temperament. Has been under several homœopathic and old-school practitioners, but never thoroughly cured. Found most relief from a long sea voyage.

These attacks generally come on with pain under left shoulder-blade. Stool lumpy and dark, showing obstruction; urine high coloured. Then headaches, deep-seated, left-sided; vomiting and mental depression. Cannot bear

to be contradicted. At one time I thought we had overcome their tendency and relieved the attack by *Plumb. met.*, intermediately *Podophyllum*, and *Bryonia* during the attack.

He had taken most of the usual homœopathic remedies for bilious derangement (*Phosphorus* at one time). These again failed.

I then made more strict inquiries ; found he could take beer, but not wine. Sugar always brought on attack. The vomiting, again, often relieved him. I put him on *Zinc ox.* 1 during an attack with no material change.

I might say these attacks lasted from two days to a week.

The next attack, in October, 1874, I put him on 1st dil. *Zinc sulph.*, and in twenty-four hours he was much better. From that attack he had freedom for a month. Repeated medicine night and morning for a month, then the 5th dilution night and morning. No attack till seventh week. Still continued medicine night and morning for another month, then alternate weeks without, and now four months have elapsed without a return.

Many of his symptoms come under *Phosphorus*, especially his general habit of body. But *Phosphorus* causes jaundice more by its action on the duodenum, also the coma and collapse belonging to atrophy and fatty degeneration, while *Plumbum*, although it has the similarity to *Zinc* in affecting the left lobe of the liver and causing induration here and there in the abdomen, has more action on the abdomen. The patient is not made worse by sugar, and the vomiting does not relieve.

Discussion on Dr. G. Clifton's paper.

Dr. R. HUGHES said that we must always be thankful for an additional remedy for migraine, whose protean forms require careful individualisation and copious resources. *Zinc* was an undoubted nervine, and Dr. Clifton's experience seemed to bear out that which he had heard Dr. Madden express as his own—that the sulphate was its most active form. The vomiting caused by this drug was undoubtedly specific, and not the result of mere local irritation. Mr. Ashburton Thompson's recent statements

relative to the value of *Phosphide of Zinc* in neuralgia pointed, he thought, in the same direction. Mr. Thompson considered its action due to its phosphorus; but he (Dr. Hughes) could not agree with him, as its physiological action had much more resemblance to *Zinc*. The author actually records a case in which doses of the 72nd of a grain of *Zinc phosphide* caused a neuralgia which *Phosphorus*, in $\frac{1}{12}$ -grain doses, removed. He felt that therapeutics were much indebted to Dr. Clifton for his contribution regarding the powers of *Zinc*.

Dr. J. G. BLACKLEY wished to ask if he (Dr. Clifton) had any reason to suspect a malarious influence in any of his cases. From the nature of the symptoms related in some of his cases he (Dr. Blackley) thought it very probable that the *Sulphate of Zinc* would prove of great service in the treatment of hemicrania following ague. He also mentioned a case of neuralgia of the supra- and infra-orbital nerves on the right side which had been greatly benefited by *Atrop. sulph.*

Dr. BAYES had no experience to record as to the use of *Zincum sulphuricum* in headaches, but the lucid paper of Dr. Clifton pointed out the sphere of its action as being applicable to headaches usually very intractable; and when similar cases in future fell under his care he should hope to utilise the hints so well drawn up by Dr. Clifton.

Dr. HALE considered that Dr. Clifton's success with *Sulphate of Zinc* has added to our list of remedies for migraine, which is an affection we often find it difficult to cure. Dr. Hale mentioned a case *à propos* to the subject of the paper: a lady, subject to the most severe attacks of migraine, which are often very capricious, but invariably induced by exposure to a cold wind, especially east wind, to whom he would certainly give *Sulphate of Zinc*, most other remedies having failed to prevent a recurrence of the pain. He expressed surprise that in the early provings of *Aurum*, *Cuprum*, *Plumbum*, and *Zincum*, the metals were chosen for experiment instead of their soluble oxides. It would not necessarily follow that the soluble oxides would be more efficacious, and in a case of suicidal mania under his treatment some time ago the metal itself (*Gold*) was more efficacious than the soluble muriate.

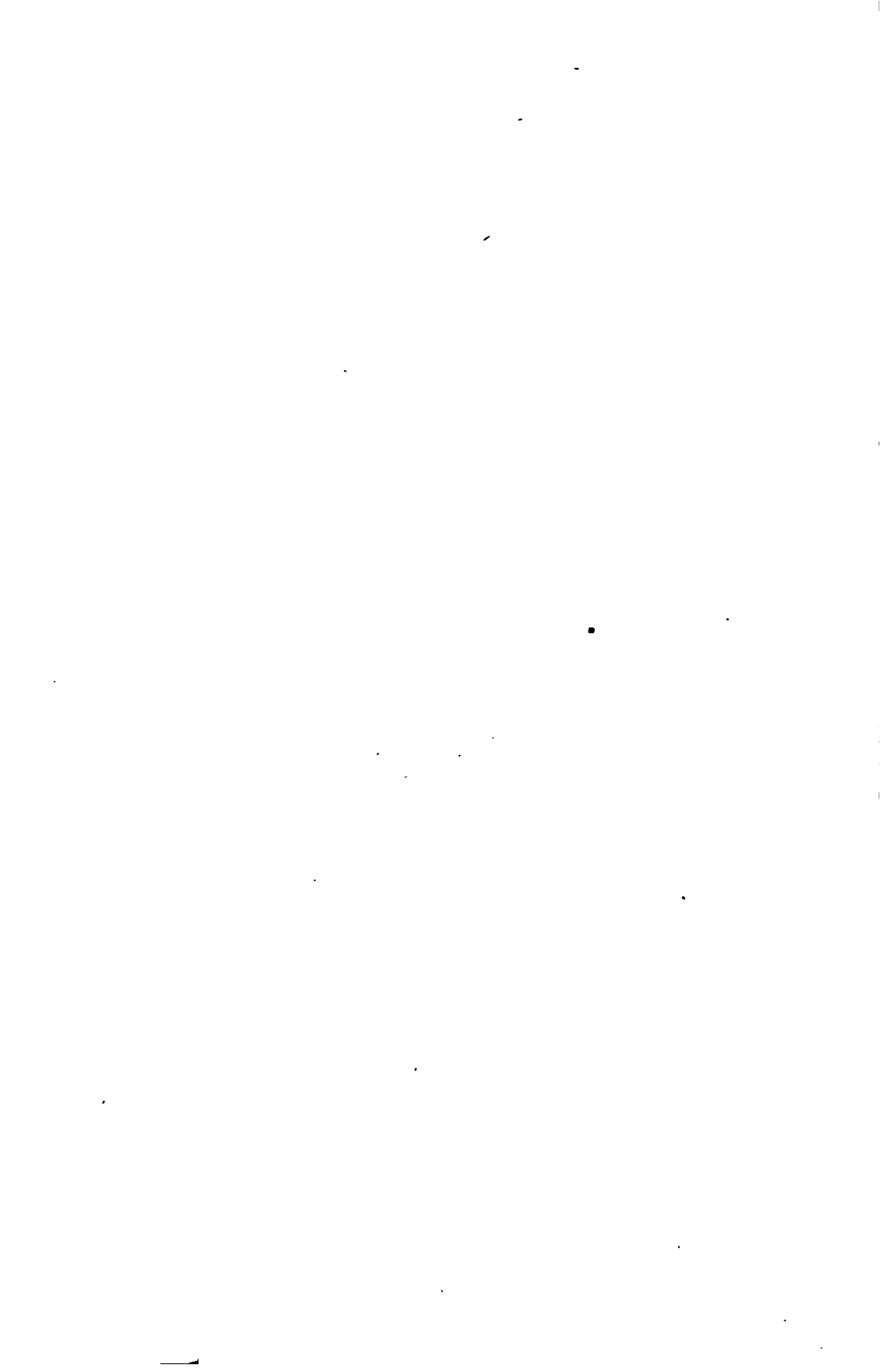
Dr. DRURY had to express his especial thanks to Dr. Clifton for extending his paper at his request instead of merely giving it in the form of a short notice. He hoped the encouragement he had received would induce him soon to give another. It was a matter of great importance that we should know which preparation of the drug was the best. It might often happen that the action of two might be very similar; if there was a proving to guide us it should certainly be followed; but when this was not the case it became a matter of some moment that the best selection of a compound drug should be made in order that our patients should have the benefit and future observers should know what medicine was best worth a trial. From the reception Dr.

Clifton's paper had met it was very evident that he was supplying a want that was very generally felt in the treatment of this form of headache, and had chosen the best preparation of *Zinc*. A help of this kind was valuable. For instance, in using *Quinine* he gave the preference to the muriate over the sulphate, because it was the most soluble, but he would far rather have some proving to guide him instead of such a reason as he gave. Experience, however, showed him that the *Muriate of Quinine* was a thoroughly reliable preparation, and he had no doubt that the reputation of *Sulphate of Zinc* could be maintained after further trial.

Dr. VERNON BELL said that he regarded nervous or so-called sick headache as simply the acute expression of a chronic dyscrasia. He believed it often had a hereditary origin, and pathologists attributed the proximate causes to some temporary depression or incompetence of the functions of the vagi and medulla oblongata, but he had seen instances in which the whole cerebellum and cerebrum also seemed to him to be involved. According to his experience, which was unlike that of Dr. Clifton's, he rarely succeeded in materially shortening or ameliorating the attack by the administration of drugs. If any permanent good was to be done it ought, he observed, to be accomplished during the intervals of freedom from pain. He had no knowledge of the power of *Sulphate of Zinc* in this affection, but from the recorded action of the metal on the nervous centres he imagined this salt ought to be useful if given during the intervals when the patient appeared to be in tolerable health. At all events, he was obliged to Dr. Clifton for suggesting it, and he should give it a fair trial in the next suitable case. With respect to the short but acute stage itself, he had tried most of the drugs in repute for this disorder, and he was bound to say, as he had said before, that the result had been, on the whole, unsatisfactory to himself and, he feared, also to his patients. When he happened to see the patient under the paroxysm he now adopted any means that promised even temporary relief. If there was sympathetic vomiting he encouraged it by hot drinks, and when the engorged and throbbing carotids were carrying blood rapidly to the head he practised firm digital compression on one or both sides of the neck for a few minutes, and sometimes with singular relief to the sufferer. A sharp attack of nervous headache had its period of exacerbation and its period of decline. A glass or two of wine and a mutton chop when it reached the acme often helped it down the hill wonderfully and curtailed its career; whereas the same food if forced down only a short while before the crisis intensified the suffering. Other means, such as the *Bisulphide of Carbon* applied topically and ozonic ether diffused through the room, he had occasionally found of considerable service.

Dr. CLIFTON thanked the members for the kind manner in which

they had received his paper, and in answer to Dr. Blackley's question, whether malarial influence had anything to do with these cases of migraine, he thought not, although Leicester's being situated low and on a clayey soil might cause more of this condition; but *Sulphate of Zinc* had failed like other medicines in this trying complaint. He thanked Dr. Bell for his suggestions as to the way of treating the more acute stages of the complaint. With regard to what Mr. Engall mentioned of these forms of headache being due to nervous exhaustion, he was doubtful if he was correct. This kind of headache came on after feeling more than usually well, and not after mental or physical exertion. The case Dr. Hale mentioned, he thought, would be probably more benefited by the *Sulphate of Quinine* or *Glonoine*.



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