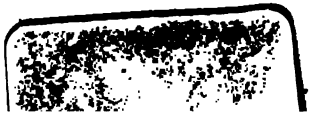

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE MONTHLY

HOMŒOPATHIC REVIEW.

RETROSPECT AND PROSPECT.

"Not in vain the distance beacons. Forward, forward let us range.
Let the great world spin for ever down the ringing grooves of change."

SELF-EXAMINATION is a wholesome discipline. To scan the past, that the product of our exertions in the future may be larger and better worth than aforetime, is essential to our prosperity. Feeling the truth of this principle, we shall, on this New Year's Day, pass in review the work that has been accomplished towards the development of homœopathy during the year that has just expended itself; the manner in, and the purpose to which our work has been done. Ere we commence our appointed task, let us briefly summarise the obligations resting upon us as members of the time-honoured profession of medicine, and as witnesses to the truth of a fundamental principle of therapeutic science.

It is our bounden duty to make known, as fully and as widely as our ability and influence may extend, the great fact, that the principle of drug-selection, *Similia similibus curantur*, is an actual verity. It is further incumbent upon us to assist in every effort made to render the practical application of this principle more and more available at the bedside; to do all that lies in our power to add to our knowledge of the physiological action of drugs; carefully to examine our theoretical views by the light of

modern researches—holding fast by that which is true, rejecting that which is erroneous; to be diligent in the study of every resource presented to us, which is capable of being turned to good account in the treatment of disease; and, finally, to devote our lives to the promotion of the well-being of the sick who commit themselves to our care. By such a standard as this should we, as individual physicians and as a body of men whose mission it is to effect the transference of therapeutics from an empirical to a sound and enduring scientific basis, estimate our past work. Up to this standard must all strive to attain in the future, if the great aims we have in view are to be fulfilled.

We may, we believe, fairly congratulate ourselves on the progress homœopathy has made during eighteen hundred and seventy, both at home and abroad. Our facilities for practising homœopathy have been materially added to by the publication of a PHARMACOPŒIA, on the preparation of which much time, much skill, and great devotion were brought to bear. It came to us, moreover, stamped with the authority of our oldest and largest medical society; and has been well received by those whose work it was specially intended to direct. To the homœopathic practitioner and to the homœopathic chemist it is a real gain—one indeed which it would be difficult to overestimate.

We can also look back with feelings of unfeigned satisfaction at the proceedings of our CONGRESS at Birmingham. This event is so recent, its details have been so fully set before our readers, and our own comments upon it were so lately delivered, that it is scarcely necessary to dwell upon it. The papers read were of that thoroughly practical character, which becomes men who are in earnest in the cultivation of therapeutics. The admirable address of the President will long be remembered as a complete

defence of our position as scientific investigators, as searchers after truth, and as a brilliant *exposé* of the injury done to science by the power of numbers, when acting under the influence of prejudice, ignorance, and an inflexible resolution to maintain the integrity of foregone conclusions, even after those conclusions have been abundantly proved to be erroneous. The power of numbers is great, but the power of truth is greater; and in this assurance we look forward, with the most perfect confidence, to the advent of the time when the practice of therapeutics shall rest upon the firm and solid basis of homœopathy. During the present year a similar gathering will be held at Oxford. We trust that the very marked success which attended the meeting of last autumn will characterise that we are anticipating, and that we may have the pleasure of meeting there with many who were prevented being present at Birmingham.

Of our SOCIETIES we are able to report favourably. The publication of the proceedings of the BRITISH HOMŒOPATHIC SOCIETY in the *British Journal of Homœopathy* has added much to their importance. Of the several papers that have been read and discussed at its meetings, Dr. Newton's on *Pelvic Cellulitis*, Dr. Madden's on *The True Place of Repertories in Homœopathic Practice*, and Dr. R. Hughes's on *Fifty Cases of Diphtheria* and on *The Action of Belladonna on the Bladder*, are, on account of their thoroughly sound and practically useful character, especially worthy of mention. The NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION has worthily sustained its position, as the foremost amongst the provincial societies. At the meeting of this association, held at Leeds in May last, the Secretary (Mr. Fraser, of Hull), stated that "its members now numbered upwards of "forty; and the meetings were always anticipated as "periods of pleasant social and medical intercourse, "when the communion of friends and fellow-workers

"cheered and brightened the toils of many who were "solitary workers in the persecuted field of homœopathy." This is perfectly true. The meetings of this association are, invariably, both profitable and pleasant; and that they are thoroughly appreciated is well testified to by the distance the members travel, and the sacrifice of time they readily make in order to attend them. The MIDLAND HOMŒOPATHIC MEDICAL SOCIETY is equally prosperous. Its half-yearly meetings have been well attended, and the papers read on each occasion have been both interesting and useful.

The HAHNEMANN PUBLISHING SOCIETY has shown a higher degree of vitality during the past few months than for many years previously. Did the practitioners of homœopathy but recognise how thoroughly identified the work undertaken by this society is with the real progress of therapeutics, the interest taken in its proceedings would be far greater than it is. Still, the meetings held during the past year in London and Birmingham have been highly gratifying. Dr. Herbert Nankivell has completed Chapter XVI. of the Repertory, and this is now at press. The chapter supplementary to those—on "Mind," "Disposition," and "Head"—are being prepared by Drs. Dudgeon and Stokes, and are nearly complete.

Dr. Edward Blake has presented the Society with a proving of the *nitrate of uranium*—making the fourth completed proving in its possession. Dr. Galloway has nearly finished the translation of the Austrian Society's proving of *natrum muriaticum*; and Dr. Richard Hughes has a report of the physiological action of *belladonna* in a forward state of preparation. So that, during the year on which we enter to-day, we may hope to derive a considerable amount of fruit from this very important society. The plan upon which to arrange *The Therapeutic Part of the Repertory* is still undecided. Much assistance would be afforded to the Committee appointed to devise such a plan, if practitioners of homœopathy would communicate

their wants in this direction. In the August number of this *Review* Dr. Richard Hughes published an essay on Bronchitis, arranged in accordance with a plan which the Therapeutic Committee had previously agreed on, but which has since been abandoned. The chief aim of a "therapeutic part" is to present the differential diagnosis of all medicines homœopathic to different cases of concrete diseases. The question for solution is, in what manner can this be best and most usefully accomplished. The Chairman of the Committee (Mr. A. C. Pope) will, we are sure, gladly welcome any communications which may tend to help the Committee in its discussions on this important question.

With the doings of our other Medical Societies we are not sufficiently acquainted to allow of any comment.

The young PHARMACEUTICAL SOCIETY is well deserving of much more support than it receives from homœopathic chemists. The pharmaceutical operations of those who prepare medicines to be used homœopathically present ample material for experimental research and discussion; and nowhere could such experiments be more appropriately detailed and discussed than at this society. The President (Mr. Ross) has inaugurated this session with an address full of spirit and right feeling, and we trust that, in his efforts to promote the scientific study of pharmacy, he will be well supported by his fellow-members. We believe that the future of homœopathic pharmacy is intimately associated with the prosperity of this society, and therefore do we hope, that its meetings will be more numerously attended, and that papers for discussion will be more plentiful than heretofore. Though its present condition affords no ground for discouragement, it certainly presents considerable room for improvement.

The condition of our HOSPITAL in Great Ormond Street is such as to afford us much pleasure in dwelling upon it. The Report issued last April was eminently gratifying.

The members of its medical staff are gentlemen in whose capacity to render our Institution valuable to homœopathy, we have abundant reason for placing the fullest confidence. To the homœopathic practitioners of the metropolis, especially to such as are connected with Dispensaries, or hold parochial medical appointments, we would suggest the propriety and advantage of their more frequently sending into the hospital cases of acute disease, cases calculated to illustrate the power of homœopathically-acting remedies. There are, as a rule, too many beds occupied by chronic cases; and though the improvement which takes place in the greater proportion of them is very striking, yet, from the length of time necessarily occupied in their treatment, they are not so serviceable for teaching homœopathy as are those of a severely acute character. The Dispensaries of London ought to be the feeders of the wards of our Hospital. We hope that, at no very distant day, the Board of Management may be able to appoint a stipendiary medical officer to visit the poor at their homes. We believe such a step to have been already contemplated by the Board, and we know of none that would be more likely to add to the usefulness of the Institution, none which would more certainly command a good supply of material for teaching homœopathy in the wards than this. And until the medical staff do undertake the duty of clinically and systematically teaching homœopathy, the Hospital cannot be said to have completely fulfilled the purpose of its existence.

HOMŒOPATHIC MEDICAL LITERATURE has, during the past year, received several additions worthy of remembrance. Dr. Ludlam, the Professor of Obstetric Medicine in the Hahnemann Medical College of Chicago, has presented us with the first fruits of what promises to be a thoroughly useful, practical and readable course of *Clinical Lectures on the Diseases of Women;* the indefatigable Hempel has supplied us with an excellent translation of

Dr. Bähr's valuable work on *The Science of Therapeutics, according to the Principles uf Homœopathy;* Dr. Angell has given us a very useful *Treatise on Diseases of the Eye;* Dr. Shipman has sent us a translation of Von Grauvogl's elaborate and original *Text Book of Homœopathy;* and we have also had the pleasure of welcoming a second edition of Dr. R. Hughes's *Pharmacodynamics.* In addition to these, many other books and pamphlets, more or less valuable, have been brought under our notice.

Abroad, while we have much reason to congratulate ourselves on the progress homœopathy has made, we have also to deplore the sudden cessation of much promising work, especially in France, in consequence of the desolating conflict of which so large a portion of the continent of Europe has been, and still is, the scene. The homœopathic hospitals at Paris and Lyons, which were to have been completed during last year, are still unfinished; and the lectures of Dr. Léon Simon at the Sorbonne have necessarily come to a temporary conclusion. In Germany a considerable number of homœopathic practitioners are serving as medical officers in the army; while those remaining at home are earnestly co-operating with their allopathic brethren in attending the wounded in the hospitals in their several towns. But, in spite of all the difficulties and drawbacks resulting from this unprecedented war, a lectureship in homœopathic therapeutics has been established, and is now in active operation, in the University of Leipsic. There Dr. Heinigke is lecturing on the Homœopathic Materia Medica. Two of his lectures, the one on *Ipecacuanha* and the other on *Veratrum*, have been published in the *Allgemeine Homöopathische Zeitung.* Dr. Shuldham of Croydon has kindly undertaken to translate them for this *Review*, and we hope shortly to place them before our readers. A similar lectureship has been established at the University of

Pesth, where we believe arrangements for erecting a homœopathic hospital are in progress.

From America, both North and South, we continue to receive most gratifying testimony that the knowledge and appreciation of our system are advancing. The annual meeting of the American Institute of Homœopathy, held in the prosperous city of Chicago, was opened by an address from Dr. Carroll Dunham, in every way worthy of its author and of the large and important Association he addressed; while the contributions of individual members were, in many instances, of great excellence. In the United States of Colombia homœopathy is making rapid strides. A hospital has been established, a periodical devoted to homœopathy is published monthly, and a homœopathic medical society has been completely organised.

One more abortive effort to promote professional organisation by Act of Parliament has occurred during eighteen hundred and seventy. The Bill introduced by the Lord President of the Privy Council provided for the repeal of section *23* of the *Medical Act of* 1858, without substituting for it any clause having a similar end in view, viz., the protection of candidates for a license to practise, who might be known to believe in homœopathy. A committee of the British Homœopathic Society, appointed to watch the progress of medical legislation, made a representation of this omission in the proper quarter, with the immediate result of obtaining the insertion of a clause capable of even more favourable construction than that in the Act of 1858. This clause was referred to by the *Medical Times and Gazette* as one of the "glaring "imperfections" of the Bill; and the same paper complained, in a tone evidencing the very bitterness of despair, that "the Government evinced not the slightest "inclination to modify this very objectionable provision." The simple fact is that no Medical Bill could pass either house of Parliament without such a clause! The *Lancet*

has evinced its appreciation of this fact in its recently published "*Medical Act* (1858) *Amendment Bill*," by not proposing to repeal the 23rd section of the Act of 1858, and by inserting, at the conclusion of a clause defining the grounds upon which names shall be erased from the Register, the following words:—"The name of "no person shall be erased on the ground of his adopting "any theory of medicine or surgery"! But a very few years ago the *Lancet* would have regarded any Bill which did *not* provide for the erasure of the name of a homœopath from the Register, as a very imperfect measure indeed! It appears, however, highly improbable that any Act, purporting to be one of medical reform, will be obtained during the coming session. Should a Bill of the kind be brought forward, our allopathic friends will most assuredly see the "very objectionable provision" introduced once more. We regret its necessity—but it is necessary, in order to prevent any of those "very objectionable" proceedings towards candidates for a medical license, which allopaths have shown themselves quite ready to perpetrate when they have the power. Therefore they must not be allowed to possess such a power.

The occasional attacks upon homœopathy which have occurred during the last twelve months are too unimportant to merit any especial notice. Such as they have been, they have added nothing new to the controversy. They have been mere outbursts of disappointed party zeal, expressing itself in terms very unworthy of the position of those who have given expression to them. On the other hand, the frequent, nay, constant evidence presented by the medical journals of the appropriation—without the slightest acknowledgment—of the results of our investigations, supplies abundant evidence of the truth of the principles we have endeavoured to sustain. The widespread professional popularity of such works as Dr. Ringer's *Manual of Therapeutics* and Dr. John Harley's

Old Vegetable Narcotics—works which, to a very large extent, teach practical homœopathy under cover of theoretical pathology—and of our own Dr. Richard Hughes's *Manual of Pharmacodynamics*, testifies to the large extent to which homœopathy has leavened the practice of the majority of the medical men of our time.

We have had to mourn the loss of several of our medical brethren during the past year. Dr. ALLSHORN of Dalston; the venerable Dr. PARTRIDGE; Dr. MARSTON of Reading, a frequent and valued contributor to our *Review;* Mr. OCKENDEN of Brighton; Mr. VARDY; Dr. KENNY; and, lastly, Dr. DAVIS, who, though not an actual practitioner of homœopathy, was only awaiting the termination of his hospital studies to declare those convictions of the superiority of homœopathy as a method of treating disease, which he had long entertained, when his short but brilliant and eminently useful career at Sédan was terminated by small-pox. Death has been busy, too, among distinguished men of the old school; and the loss of SYME, SIMPSON, CLARK and COPELAND has been sincerely deplored by the whole profession of medicine.

Such is the position in which, as the representatives of a therapeutic method—warmly cherished by all who have experienced its value; secretly yearned after by numbers who have some considerable perception of its truth, but lack the moral courage requisite to make known their convictions; bitterly detested by a still larger number, who, while refusing to investigate its claims, cannot shut their eyes to its ever-increasing range of influence—such is the position in which we find ourselves at the commencement of eighteen hundred and seventy-one. It is a position full of encouragement; one that urges us to press "forward" the work given us to do. Homœopathy has accomplished much alike for the medicine of to-day and for the medicine of the future. Her influence, rapidly

as it has grown, when the character and extent of the opposition she has encountered are fairly estimated, has yet much ground to cover. To extend this influence is the primary duty of all who believe in homœopathy. The avenues by which we may fulfil this duty are numerous.

Our HOSPITALS must not merely be sustained in their present state of efficiency, but their usefulness must be increased. Neither must we be in any degree satisfied until at least one metropolitan institution supplies a field for the teaching of practical homœopathic therapeutics.

Our SOCIETIES must be well supported. The opportunities they supply of critically examining the experience of one another at the bedside, tend largely to increase our success in practice, to develop our resources as physicians, and to correct the errors all who neglect association with their professional brethren are liable to contract.

Our LITERATURE must be diligently cultivated. Careful observations, honestly recorded, are of untold worth. Whether in the more pretentious and elaborate "volume," or the more modest "paper," all that is written should be written with a deep sense of the responsibility of writing. Our quarterly and monthly journals present mediums of communication, the importance of which must be clear to all. Their editors are anxious above all things to render them useful as exponents of homœopathy, useful as aids to the practitioner in his daily battle with disease. That they may fulfil both these ends, depends almost entirely upon the contributions to their pages of the reflection and experience of thoughtful and earnest physicians and surgeons. In looking back through the last twelve numbers of our *Review*, we find abundant reason to congratulate ourselves on the very gratifying way in which our efforts to promote the growth of homœopathic therapeutics have been seconded; and we trust that during the present year we shall be equally fortunate. We have had to regret the loss of the editorial aid of our colleague Dr. BAYES, but we may nevertheless congratulate our readers on the assu-

rance he has given us, that he will render us all the help his time and opportunities permit.

We purpose publishing, during this year, in each number of our *Review* a commentary on some well-proved remedy. Our Materia Medica—our provings *in corpore sano*—demand our most careful study. They are the very mainspring of homœopathy. While accuracy of practice, in intricate and obscure cases, is impossible without frequent reference to such works as *The Materia Medica Pura* and the *Chronic Diseases*, we believe that these treasure-houses of isolated facts will be more intelligently consulted after a preparation for their examination supplied by the study of essays on the chief modes of action of the remedies the pathogenetic phenomena of which they detail, than without such an introduction. Our series commences in this number with Dr. Dunham's excellent study of *Pulsatilla*.

Our retrospect is, we conclude, a gratifying one. We have moved forward during the year that is gone; be it ours to range still further forward during that on which we have entered. The prospect we have of doing good service in the cause of medicine is a cheering one. With our position as cultivators of therapeutic science well secured, our opportunities of acquiring and communicating scientific truth well organised and efficient, it remains for us to be but true to ourselves, faithful to our profession, unswerving in our devotion to the sick, in order that we may rest assured that, with the blessing of that Almighty Power without whose aid "nothing is strong," the future of therapeutic science and of therapeutic art will indeed be brilliant!

SEVEN CASES, ILLUSTRATING HOMŒOPATHIC CURE-WORK.

By Dr. Bayes.

The following cases are selected, six of them from my case-books at the Cambridgeshire Dispensary, and one from the London Homœopathic Hospital. I look upon them as good illustrations of the practical utility of the rule of similars.

58, Brook Street, Grosvenor Square, W.

Case 1.—*Illustrating the action of Graphites and of Sulphur.*

Emily More, æt. 5½; Sept. 9th, 1863. A fat, unhealthy-looking child, much disfigured by a herpetic, scabby eruption on both lips and chin, together with slight conjunctivitis; the eyelids were glued together in the morning. Ordered *graphites* 6, a pilule twice a day (from C. S. eruptions on the lips).

16th. Greatly better. Continue.

23rd. Nearly well. Ordered *sulphur* 12, a pilule twice a day (from C. S. swelling and inflammation of eyelids).

In a few days the eyes were well, and on 30th patient discharged cured.

Case 2.—*Palpitation of Heart cured by Arnica; Weak Eye cured by Sulphur.*

Sarah Prime, æt. 75; Sept. 9th, 1863. Has palpitation of the heart, which comes on after almost any exertion. It lasts about two hours, and goes off by resting. Bowels act well, and in every other respect she is well, except that her left eye is very weak, and waters. Ordered her *arnica* 3, a pilule twice a day (from C. S. palpitation, as above).

23rd. The palpitation is quite cured; the eye remains weak. Ordered *graphites* 6, twice a day.

30th. Eye not much better; in other respects well. Ordered *sulphur* 12, a pilule twice a day.

Oct. 7th. Eye better, but the eyelid is inflamed, and discharges matter. Omit *sulphur*, and apply every night, with a camel's-hair brush, an ointment composed of *sulphur* gr. 5, adipis ʒ ii.

14th. Quite cured.

It may be asked why I did not prescribe *sulphur* instead of *graphites* at first. I can only answer, "*Nemo omnibus horis sapit.*"

The topical application of a weak *sulphur* ointment I have found of great service in cases where there is an unhealthy condition of the eyelids, causing them to be glued together on waking, with dry scurf at the roots of the eyelashes during the day, causing great irritation.

Case 3.—*Rheumatism cured by Pulsatilla, followed by Bryonia.*

Sophia Turner, æt. 29; Sept. 9th, 1863. Has suffered from rheumatic pains for three or four years. The pains are chiefly in her knees, ankles, and feet; they are worse in windy and rainy weather, and are erratic in character —often so severe as to keep her awake and crying with pain all night. She has also severe pain in the left hypochondrium, which she has felt at times for three or four months. She suffers from indigestion with pyrosis and flatulence. Her bodily functions are all performed with regularity. Ordered *pulsatilla* 3, a pilule three times a day (from C. S. erratic pains, worse at night, with the pain in left hypochondrium).

16th. She was greatly better in every respect; the symptoms of indigestion had disappeared; there was no flatulence; but she still suffered from erratic pains, though they were less in degree. Ordered *pulsatilla* 12, three times a day.

She continued this treatment for a week, then, feeling well, took no medicine. On the 30th she returned with some slight rheumatic pains, increased by movement. For these she was ordered *bryonia* 3, a pilule three times a day, which in a few days completed her cure.

Case 4.—*Intermittent Spasmodic Pain in the Epigastrium, cured by Veratrum.*

Sarah Sherman, æt. 54; Sept. 11th, 1863. For twelve months has been subject to attacks of pain in the epigastrium. The pain comes on gradually, first in the epigastrium; then from this, as a centre, the pain radiates upwards and to both sides, reaching to the back between the lowest point of shoulder-blades. The pain increases in violence till it becomes agonizing, then gradually sub-

sides. As the pain comes on, she shakes with cold, and the hands and feet especially are cold. There is no subsequent fever nor perspiration. These attacks came on, at first, once a month, but latterly have become more frequent, and are now once a week. Ordered *veratrum* 3, six drops to half-a-pint of water; take a tablespoonful three times a day.

18th. She is altogether better. Had one slight attack on the 16th, but every symptom was of less violence. Continue *veratrum*.

30th. She has returned to say she has had no attack since 16th, and is perfectly well.

The pathological condition which gave rise to these symptoms was very obscure, but the case was not the less perfectly and thoroughly cured; thereby presenting an excellent illustration of the advantage of the homœopathic method of drug-selection.

CASE 5.—*Illustrating the action of Bryonia.*

Henry Ingle, æt. 19; Sept. 18th. Has a severe pain in the region of the spleen. It is increased by movement, and especially by walking, but subsides when he is at rest. Ordered *bryonia* 3, a pilule three times a day (from C. S. pain increased by movement).

30th. He returned to say he was cured.

This is a good illustration of the action of *bryonia*.

CASE 6.—*Case of Angina Pectoris cured by Cuprum acet.*

Ann Hoye, æt. 63; Oct. 2nd, 1863. Has frequent attacks of angina pectoris, coming on without any very apparent cause, but usually when exerting herself, or when she is excited.

She was a patient at the Dispensary last June; since then she appeared to be cured, and went through harvest work. Towards the end of harvest the angina again seized her, and she has had several severe attacks since.

Ordered *cuprum acet.* 6, a pilule twice a day.

14th. Has had no return of pain. Ordered *cuprum acet.* 12, twice a day.

She had no further return of the pain, and appears cured.

To the choice of *cuprum acet.* in this affection I was drawn by the favourable report of its action in angina, given me by Dr. Holland, of Bath. Though the heart symptoms of *cuprum acet.*, as reported in Jahr, are by no

means so severe as those of angina, they sufficiently poin to its power over the heart's action. They include "op pression of the heart;" "anxiety about the heart;" "suffo cative arrest of breathing." But in this case I confess I was directed in my choice by experience, and not by ou symptomatology. I may add that further experience ha fully borne out the value of *cuprum acet.* 6 in the treat ment of this terrible affection.

CASE 7.—*Tape-worm killed by Cina.*

F. Ferguson, æt. 20, a pale, unhealthy-looking girl came to the Hospital on Aug. 24th, with tape-worm. She had suffered from this entozoon for four years. She had been severely treated for it under allopathic care, twice with oil of male fern, afterwards with turpentine, with purgatives, &c., but with no lasting relief. Ordered *cina* 3, two pilules three times a day.

At her next visit she reported that the worm was passed in portions almost daily, and that the day before, nearly a foot of the worm had come down, but had gone up again

Sept. 14th. She has been free from pain for a fortnight A few days after her last visit a large pulpy mass passed away from her, which she supposes was the dead worm Probably it was the worm and a quantity of mucus. *Cina* 3x, 2 ter die.

20th. No further sign of worm, and is altogether better. *Cina* 6, 2 ter die.

Oct. 5th. No symptom of worm. *Cina* 12, 1 ter die

12th. Discharged well.

This case is a good illustration of how to meet a morbific cause, actively inducing disease in the body. The *cina* killed the worm, not by poisoning it, but by giving such tone to the intestinal canal that it, by its own healthy secretions, killed the worm and expelled it.

OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES WITH SUGGESTIONS FOR TREATMENT.

By JOHN ANDERSON, M.D., M.R.C.S.

IN the following series of papers it is proposed to consider the important subject of pulmonary consumption under certain special and distinctive departments of enquiry

The first department will comprise remarks on the minute anatomy of the lung, the nature of tubercle, the origin and development of tubercle, the locality of tubercle, and the effects of tubercle, premising the whole by a few general observations on the prevalence and mortality of phthisis.

Phthisis is a common disease in all parts of the world and under all latitudes, although it is more frequent in some countries than in others. Louis states that modern observers have shown by statistical evidence that phthisis prevails in all climates, the hottest and the coldest, but more especially the former. Dr. Journec's tables leave no doubt upon this point as regards the chief towns of Italy, where it is as common as in Paris. The south of Europe, the shores of the Mediterranean, the islands of Malta and Madeira, the West Indies, Australia, New Zealand, India, and South America are by no means free from this fatal disease, although Southey, in his *Observations on Pulmonary Consumption*, states that phthisis is rare in Sicily, Malta, and other islands in the Mediterranean. In Russia and the more northern regions, and among the inhabitants of lofty mountains, phthisis is a comparatively rare disease; and Dr. Waters states that in the Western Isles of Scotland, exposed though they are to cold, wet, and storms, the same immunity prevails. Dr. Livingstone testifies to the total absence of consumption among the native tribes of South Africa. The prevalence of phthisis in England is only too well known; it destroys about a ninth part of the whole population, and about a fifth part of all who attain the adult age. From the result of calculations founded on the last Report of the Registrar-General, and quoted in the 29th Annual Report of the Brompton Consumption Hospital, it appears that of the 65,000 deaths occurring every year in England and Wales, about 39,000 are probably due to pulmonary consumption; and supposing the average duration of the disease to be about two years, there would be about 78,000 persons constantly suffering from phthisis, being at the rate of four persons in every thousand of all ages, and eight in every thousand adults. In 1855 there were upwards of 52,000 deaths from phthisis in England and Wales; and reckoning the population at nineteen millions, the death-rate would be 1 in 359, or 143 every day, being nearly 6 deaths every hour throughout day and night. In London phthisis

causes about a seventh part of the deaths at all ages, and about a fourth part of the deaths of adults; in 1855 the deaths from this disease were 7,545. Dr. Farr, in his letter to the Registrar-General on the causes of death in England, says, "Consumption is the greatest, the most constant, and the most dreadful of the diseases that afflict mankind; it is the cause of nearly one-half the deaths that happen between the ages of 15 and 30 years, and in the year 1852 was fatal in 50,594 cases." Dr. Christison found in Glasgow that there were 385 deaths annually from phthisis to every 100,000 of the population; in the county of Berwickshire 104 to every 100,000; and in the Western Isles of Scotland only 16 to the proportion of every 100,000. The death-rate of phthisis has been reckoned at 236 in the 1,000 deaths from all causes for London, 200 for Paris, and 135 for Berne; and phthisis is said to attack a seventh part of the population at Nice and a tenth part of that at Rome." * Age is no exemption from the ravages of phthisis; tubercle has been found in the lungs of the fœtus, in newly-born children, in infants, and in the youngest children. According to Louis, after the age of 15 years, tubercle, if present in any tissue of the body, is always found in the lungs; at the same time, before that age, tubercular disease may attack every organ and leave the pulmonary structure intact. Dr. Pollock states "that tubercular consumption of the lungs is by no means uncommon in early life at the strumous age; and he shows that the ten years from 5 to 15 are those in which the affection is most common, the latter age being one of great peril in females." † Papavoine found, on examining 919 children from 5 to 15 years of age after death, that 518, or three-fifths, were tuberculous. It is, however, between the ages of 20 and 45 that phthisis is most prevalent, and especially between 20 and 30 years of age.

In the Second Report of the Consumptive Hospital, out of 6,134 cases, 2,708, or nearly one-half, were between 20 and 30 years of age. Still, many cases occur after 45, and some even up to 60 and 70 years of age; and Dr. Pollock refers to a recorded case of acute phthisis at 73, and another at 89 years of age. Dr. Addison says that

* Quoted from Dr. Waters, *On Diseases of the Chest.*
† *Elements of Prognosis in Consumption*, by Dr. Pollock.

tubercles are present in the lungs more frequently than is generally imagined. Having examined many apparently healthy lungs, he has found tubercles more or less abundantly in one-third.* Guillot states "that at least four-fifths of the old men whose organs he examined after death presented incontestible traces of tubercular disease in the lungs, not of recent disease, but of a former malady;" and Louis affirms that three-fifths of the patients dying in the Hospital of "La Charité" were tuberculous. Phthisis is said by some to occur more frequently in women than in men; but the following statistical returns tend to show the contrary. In the Registrar-General's report the proportion is 53 per cent. of males to 47 per cent. of females; in the first report of the Consumptive Hospital, 61 per cent. of males to 32 per cent. of females; and Dr. Pollock's analysis of 1,200 cases gives 60.75 per cent. of males to 39.25 per cent. of females; and in another record of 1,222 cases of all ages and durations, he gives the proportion of 668 males to 554 females; but of 286 of the gross number which were in the chronic first stage of phthisis, the proportions were 131 males to 155 females.† Sir James Clark suggests, in his article "On Tubercular Phthisis," in the *Cyclopædia of Practical Medicine*, that the prevalent opinion as to the preponderance of phthisis in females may have arisen from the fact that the statistical returns were taken chiefly from the French records of cases, and that in Paris the number of females attacked with this disease does greatly preponderate over that of the other sex. It may also be mentioned as a curious pathological fact that many of the lower animals die of tuberculous disease, some birds, and several of the mammalia, especially of the order *quadrumana*.

Such, then, is the melancholy picture presented to our notice by the fearful mortality of this world-wide disease. No age is exempt, no position in life enjoys an immunity, no locality is free from its ravages. The causes that produce it are more or less continually in operation, and innumerable households are daily plunged into the deepest distress by the early death of some one or other of its most promising or valued members.

In view of such a state of things, the question cannot but force itself on our attention—Can nothing more be

* *On Consumption and Scrofula.* By Dr. Addison. † Op. cit.

done to arrest or cure this formidable malady; cannc predisposition thereto, and the earliest symptoms th be more readily detected, so as to prolong a valuabl or successfully ward off impending danger?

It is a consideration of these circumstances that ha the writer for some time past to devote his atte chiefly, though not exclusively, to the study of ph and diseases of the chest; and although the impc questions of the possibility of prevention, arrest, and will come up for investigation in the sequel, unde heads of "Diagnosis, and Suggestions for Treatm yet it may serve to enhance the interest of the subje state thus early that the researches of modern scienc of highly-competent and trustworthy observers give a encouragement for further and continued successful s and investigation, seeing that in their record of cas prevention, arrest, and comparative cure, they par rescind the fearful death-warrant that some years ag wont to be written against almost every case of pulmc consumption, and hold out to the unfortunate suffere possibility of a greatly-lengthened span of life, if not e immunity from the disease.

These introductory remarks being premised, we pa the first subject for investigation, viz.:—

I.—The Minute Anatomy of the Lung.

In order to an intelligent appreciation of so formi a disease as pulmonary phthisis undoubtedly is, it wi necessary to consider with some degree of minutenes part of the human frame where it localizes itself, an its presence and spread produces such disastrous re The human lung, when microscopically examined, is f to be of complex structure, and admirably adapted fc function it has to perform in the animal economy. I interesting light is thrown on the mechanism of the hu lung by a consideration of the respiratory organs in lower animals, and also by the researches of compar and human embryology. Such investigations must, ever, necessarily be brief. Respiration is a function mon to all animals, and is inseparably connected circulation and digestion. The object of the respir function is to renovate and oxygenate the blood tha become deteriorated by circulation through the body thus air and the vital fluid must come in contact by

means or other, and the apparatus for respiration must be constituted so as to effect this particular object. There are two general models on which the respiratory apparatus seems to be constructed, viz., the aquatic and the terrestrial; and taking a general and comprehensive survey of the entire animal kingdom, there are six different forms of mechanism, all tending, however, to the same result, but varied so as to meet the special peculiarities or degree of development of each class.

There is, first, the respiration by the skin, as in the various classes of zoophytes, which, although special, and the only form in these lowest orders of animal life, is nevertheless common to all animals, even the very highest, under the form of cutaneous respiration; and this is a point to be particularly borne in mind when considering the treatment of pulmonary consumption.

There is, secondly, respiration by air-tubes and stigmata, as in the articulated classes; respiration by branchiæ and gills, as in the mollusca and fishes; respiration by air-sacs, as in the amphibia and reptilia; respiration by lungs and air-sacs, as in the birds; and lastly, respiration by true cellular lungs, as in the mammalia.

It would be foreign to the present investigation to dwell on the anatomical peculiarities of each type, although there exists a beautiful harmony of purpose in all, with a no less beautiful diversity in each. It will be sufficient briefly to describe those forms which approach most nearly in structure to the human lung, and thus, by their comparative simplicity and absence of complication, throw light on those which are more complex and perfect.

In the lower articulata, as the leech and earth-worm, respiration is effected chiefly by the skin; but there exists also a series of membranous sacs (a fold of an enteroid vessel), having an external opening in the skin. These sacculi are more or less vascular, and have been supposed to be concerned in the respiratory function, although they are now more generally regarded as organs of secretion. In the higher articulata, especially the insecta, there are distinct external apertures or stigmata opening into two great longitudinal vessels or air-sacs, from which are given off innumerable ramifications of tracheæ extending to all parts of the body, and thus circulating pure air through every part. Air is thus carried to the blood, and the whole body may be compared to one vast lung.

In the higher forms of arachnida the stigmata are lar and open each into a membranous sac, with internal lam læ or divisions, which Müller considers to be lun because they can be distended with air, and upon wh blood-vessels are distributed in very fine ramificatio In the terrestrial air-breathing mollusca, as the snail a slug, there is a large air-sac or cavity communicat directly with the external air by one special opening pore, and upon the walls of which cavity a complete r work of blood-vessels extends in minute and beauti ramifications.*

It is interesting to notice these simple and uncom cated forms of the respiratory apparatus in the low animals: a simple air-sac, with no internal divisions, g dually becoming more and more vascular, to which p air is admitted by an external opening (in no case comm nicating with the oral aperture), with an interesting mo fication in the case of the insect tribe adapted to th particular conformation and habits; as yet no approach a cellular division, but only a faint attempt at septa in higher pulmonary arachnida.

This simple air-sac is the analogue of the lunglet smallest lobule of the human lung, and stands in cl relation to the gland granules of the pulmonary lobules the human embryo at the second month; for, says K liker,† "in the human embryo the large pulmon lobules are formed in the second month, and besides the smaller segments (gland granules) may be distinguish which arise from the extremities of bronchia, after th have become already considerably ramified.‡

In the amphibia and reptilia the air-sac is more or l divided internally by septa; it is very vascular, and admits and expels atmospheric air through a trachea or tube now for the first time communicating with the mou

* In the Museum of the College of Surgeons there is a beautifu injected microscopic preparation of the respiratory air-sac of the s in which the extensive plexus of vessels is well shown. There also microscopic specimens of the respiratory air-sacs and air-tube the articulata.

† *Microscopic Human Anatomy.* By Professor Kölliker.

‡ In the Museum of the College of Surgeons there is a microsc preparation of the lung of the fœtal dog, at the fifth week, very an gous in appearance to the lung of the human embryo at the month, as figured and described by Ecker, in his "Icones Physi gicæ."

In the newt the air-sac is a simple cavity or bag; in the snake the air-sac is relatively larger, and the upper part of its internal structure is lamellated, being the first attempt at a division into cells. In the frog these cellular divisions are very evident, and in the turtle the dividing septa are numerous and large, the interior of the lung presenting quite a cancellated structure. In all these cases blood-vessels are distributed, with more or less minuteness, upon the interior of the air-sac, and also upon the dividing septa. In the birds the divisions of the original air-sac are so numerous that a true cellular lung is formed, although portions of the air-sac still remain undivided; whilst in the mammalia the divisions are extremely numerous, thus giving a lung minutely cellular, and furnishing an amazingly extensive surface in a comparatively limited space.*

We have now advanced to the highest stage of development of the respiratory apparatus, and have seen the simple air-sac of the lowest articulata gradually becoming more and more complicated by internal septa and lamellæ, at first large and rudimentary, but afterwards small and numerous, until a true cellular lung was formed, the analogue of the perfect human lung. Keeping pace with this gradual complication of structure in the lower animals has been the development in growth of the same organs in the human embryo, as the interesting researches of Kölliker and the plates of Ecker, already referred to, beautifully demonstrate.

The following is Kölliker's own description of pulmonary embryotic development:—"In the growth of the fœtus these gland granules become more and more numerous with the multiplication of the bronchial ramifications; and in the fifth month they touch each other and form small lobules, each of which has probably arisen from a single gland granule or bronchial termination of the second month. These small lobules at first correspond to the secondary lobules of the perfect lung; the primary or ultimate lobules, with the air vesicles themselves, are produced by a process of budding from the gland granule. The ultimate alveoli are first seen in the sixth month of

* There are fine specimens of the lungs of reptilia, birds, and mammalia in the College Museum, and I have in my own possession microscopic specimens of the lung of the frog, cat, sheep, and rabbit, in which the air-cells are well shown.

fœtal life, and new alveoli are continually being added up to the period of birth."

Rainey says that at birth the same arrangement of the air-cells and the other parts of the lungs exists as in after life.*

It was once thought that no air-cells existed in the fœtal lung; and Addison says that "the parenchyma of the lung in the embryo and fœtus is a corpuscular texture, but at birth it appears as a simple, eminently vascular membrane, prolonged from the ends of the air-tubes, each prolongation being distended by the inspired air into several cellular spaces or air-cells, not indiscriminately thrown together in the interior of the lungs; on the contrary, they are symmetrical prolongations of the air-tubes." †

Thus beautifully does comparative anatomy throw light on the delicate and perfect structures revealed by human anatomy, whilst the researches of embryology illustrate and confirm the whole.‡

We are now prepared to investigate the structure of the adult human lung, a correct acquaintance with the minute anatomy of which will throw considerable light on the pathology of tubercle and the treatment of consumptive disease. The chief point of difficulty in the minute anatomy of the human lungs is with respect to the relation of the air-sacs and air-cells to the terminations of the minute bronchial tubes. The researches of Kölliker, Ecker, Waters, Rainey, Jones and Sieveking, Hassall, Heale and others have thrown much light on this difficult subject, and to these authors the writer is largely indebted for many of the following descriptions.

The lungs in man consist of two conical organs called compound racemose glands by Kölliker, situated one on each side of the chest. Each lung is divided into two

* "The Minute Anatomy of the Lung," in *Medico-Chirurgical Transactions*, vol. 28.

† Op. cit.

‡ This interesting department of anatomical investigation was thoroughly worked out some years ago by the writer in reference to the nervous system. [See "Sketch of the Comparative Anatomy of the Nervous System, with remarks on its development in the human embryo, with plates and tables"], in which the remarkable analogies existing between the permanent condition of the brain in the lower animals and its transient condition in the human fœtus at certain stated periods of development are demonstrated."

lobes by a long and deep fissure, and in the right lung the upper lobe is subdivided by a second fissure; there is also a further division into small polyhedral portions called lobules, connected by areolar tissue. These lobules are again subdivided into smaller lobules or lunglets. In structure the lungs are composed of ramifications of the bronchial tubes with their terminal air-sacs and air-cells, intercellular passages, the pulmonary arteries and veins, bronchial arteries and veins, lymphatics and nerves—all these being held together by areolo-fibrous interstitial tissue, and constituting the parenchyma of the lungs. Dr. Addison speaks of the lung as "an aggregate of lobules, and a pulmonary lobule, though not larger than a pea, is a perfect respiratory organ by itself, having its own parenchyma, air-spaces and capillaries, its arteries, veins, air-tubes and indusium; in other words, its mucous, serous, fibrous and corpuscular textures:" and Kölliker considers that each pulmonary lobule may be viewed as an amphibian lung in miniature. The two bronchi, more or less cartilaginous in structure, proceeding from the bifurcation of the trachea and passing one to each lung, divide and subdivide like the branches of a tree, and diminish in size until they are no larger than the $^1/_{30}$th to the $^1/_{50}$th of an inch in diameter. Each bronchial tube is distinct the one from the other, and is lined by mucous membrane which is invested with a ciliated columnar epithelium. "These minute tubes each terminate in a slight dilatation, into which open a number of orifices leading into somewhat elongated cavities, termed by Waters 'air-sacs.' From six to eight or ten of these air-sacs, the size of each of which varies from the $^1/_{45}$th to the $^1/_{85}$th of an inch, are clustered round the extremity of every bronchial tube, forming a lobulette (lunglet). These air-sacs possess exceedingly delicate walls, and do not appear to communicate with one another, otherwise than by their common origin from the bronchial tube. They generally increase in size slightly towards their closed extremity, and often bifurcate. The internal surface of every air-sac, and even of the bronchial tube for a short distance before it terminates, presents an alveolated or honeycombed appearance. These minute shallow, cup-like depressions constitute the air-vesicles or air-cells of the lung, and from eight to twenty may be counted on the interior of each air-sac."* It will thus be seen that

* Condensed account from Waters, in Carpenter's *Physiology*.

each terminal bronchial tube is connected with an entire group of air-cells, and does not end in a single air-cell and that these fine terminal ramifications of the bronchial tubes never join each other. Jones and Sieveking, in their *Manual of Pathological Anatomy*, describe the air-vessels as solitary globular sacs, terminating a minute bronchule, and arranged along a larger bronchule like a bunch of currants, or presenting a corymbose or racemose appearance more analogous to a bunch of grapes. Rossignol was the first who pointed out the existence of a structure at the termination of the bronchial tubes, similar to that which exists in the air-sacs; referring evidently to the depressions or alveoli before mentioned, and concerning which Waters says,* "they resemble the alveoli of the air-sacs; they consist of little cup-like cavities resting upon the bronchial tube, and opening into its cavity; they are surrounded by walls, and their shape is oval or circular, quadrangular or polygonal. These alveoli are best seen in the lungs of some of the lower animals; in the cat they are very distinct, and are to be seen in the last ramifications of the air-tubes and their dilated extremities." In man, Waters has never seen them, except at the extremity of the tube, and sometimes not at all. With age these depressions or alveoli become obliterated; they are rare in the adult, never found in the aged. According to Rainey,† the minute bronchial tubes, when they arrive at within about $^1/_8$th of an inch of the surface of the lung, become changed in structure, and are continued onward under the name of intercellular passages, the walls of which are formed by the air-cells between which they pass and by which they are surrounded. "These bronchial inter-cellular passages are at first of a circular form, and, like the bronchial tubes, do not communicate with many air-cells; but as they approach to the surface of a lobule, the number keeps increasing, and at length these openings of communication are so numerous and so near together, that the inter-cellular passage loses altogether its circular figure, and becomes reduced to an irregularly-shaped passage running between the air-cells and communicating with them in all directions; lastly, having arrived close to the surface of a lobule, it terminates in an air-cell which is not dilated, but has about the

* Op. cit. † Op. cit.

same diameter as the passage of which it is the continuation. The ciliated epithelium does not extend to the inter-cellular passages nor air-cells; the smallest bronchial tube containing it is the 30th of an inch in diameter." It will be observed that there is an apparent discrepancy between the description of Rainey and Waters as regards the terminations of the bronchial tubes; but the statements of the latter are borne out by his description of the fœtal lung, for, says he, "if in a fœtal lung we follow out a bronchial tube, we find that the smaller branches of the tube have connected with them clusters of little pyriform red-coloured bodies, which look very much like a number of grapes attached to their stalks; these are the ready-formed groups of air-sacs or lobulettes, the pedicle with which each is connected is the terminal bronchial twig." This latter statement is fully borne out by Kölliker's description of the embryotic lung already referred to, also by the beautiful plates of Ecker in his *Icones Physiologicæ*, and the microscopic preparation of the lung of the fœtal dog just spoken of in a foot-note.

The diameter of the air-cells of the human lung varies from about the $^1/_{70}$th to the $^1/_{200}$th of an inch; their shape is described as being angular, globular, irregular. Kölliker says* that they are invariably polygonal, and that their external sides are almost always nearly plane. Jones and Sieveking say† that the vesicles are never angular nor polygonal until subjected to pressure from some pathological process. It has been calculated by Rochoux that the total number of air-cells in the human lung amounts to six hundred millions; Keil computes the number at three billions and four hundred and eighty-eight millions; and the expanse of membrane represented by them, Lieberkuhn reckons as equal in area to fifteen hundred square feet.‡ Each air-cell contains more or less pigmentary matter, and has a pavement epithelium without cilia, composed of minute polygonal cells, which forms a single layer, and rests immediately on the lining membrane which forms the true wall of the air-cell. These epithelial cells Radclyffe Hall describes as having "outlines less sharply defined than in most other varieties of pavement epithelium. In appearance they are thin, almost transparent, and have a slightly nebulous, some-

* Op. cit. † Op. cit ‡ Addison, op. cit.

what ill-defined nucleus; in size and shape varying greatly, being smaller and rounder when young, and becoming rather longer, flatter and more angular with age."* These epithelial cells derive additional interest from the fact that in them, by fatty degeneration, the first elements of tubercle are made manifest. A beautiful network of yellow, elastic, fibrous tissue, to which the elasticity of the whole lung is due, connects and yet separates the air-cells, forming in fact their defined and protecting framework, and giving support to the blood-vessels which form minute capillary plexuses (each air-cell having its own plexus), so arranged between the walls of each cell as that the contained air shall have the fullest opportunity thoroughly to aerate the blood.† Such is the respiratory apparatus in man—complicated, and yet, when unravelled by the aid of the microscope, and studied in the light of comparative anatomy and embryology, beautifully simple in structure. In its multitudinous air-sacs and air-cells it affords a very large amount of surface for the aeration of the blood in a comparatively small space; and so important is this apparatus in its relation to the well-being of the system generally, that the smallest alteration of its structure leads to the most serious functional disturbances, and eventually, if unchecked, to formidable disease and death.

* "On the Mode of Development of Tubercle in the Lungs in Chronic Phthisis," in the *British and Foreign Medico-Chirurgical Review* for April 1855.

† The writer has in his collection a portion of the lung of the frog and the cat, injected, in which the arrangement of the capillary vessels is well seen; also a thin section of the lung of the sheep and of the rabbit, showing the capillary plexuses and their relation to the walls of the air-cell; also a thin section of tuberculous human lung, showing most clearly the network of elastic fibrous tissue which forms the framework of the air-cells. In the College Museum there are some microscopic preparations of apoplexy of the human lung, in which the air-cells and plexuses of vessels are well shown.

(*To be continued.*)

CASES, WITH REMARKS.

By Herbert Nankivell, M.D.

The following cases illustrate well the action of single remedies in marked instances of disease:—

1. *Chronic Bronchitis—Phthisis.*

E. B., a girl of 18, consulted me first on August 11th, 1870. Her story was that she had caught a bad cold twelve months ago, which had settled on the chest. From this she recovered under allopathic treatment, but during the winter and spring the cold had been frequently renewed, and for the last six months she had been under no medical care whatever.

Present state.—Frequent cough, with muco-purulent and occasionally stringy expectoration, often aggravated on exertion, and at night; dyspnœa on exertion, especially on going up-hill, or up-stairs; asthmatic sensations at night, so that she has often to sit up in bed to breathe; appetite tolerable; pulse 88, weak; tongue slightly furred; catamenia still regular; slight night sweats. Physical examination disclosed flattening and decreased mobility of chest wall, beneath left clavicle; some dulness, too, on percussion. Auscultation revealed coarse crepitation in the same spot, while dry rhonchi and lengthened expiratory murmur obtained over the rest of the thorax.

The patient was warned against any extreme exercise, and against exposure to night air; generous living, without stimulants, and cod's-liver oil were ordered.

℞. *Ars. iod.* 3x, gr. i. ter die.

Aug. 18th. Very considerable improvement noted in the cough, expectoration and breathing. Sleeps well all night. Rep. bis in die.

25th. Chest examined. Posteriorly the rhonchus has disappeared; it is still to be heard beneath the right clavicle. The crepitation has considerably decreased beneath the left clavicle.

Sept. 14th. Had kept "well" till the last three or four days. She had then exposed herself to the night air, in order to see some fireworks, and the natural consequence was a recurrence of all the old symptoms, both subjective and *physical*. She was, however, not so thin as in August, and had continued the cod oil.

℞. *Ars. iod.* 3x, gr. i. ter in die.

21st. No improvement to speak of. Ordered grain doses of the *2nd decimal* trituration night and morning.

Oct. 17th. Called to report progress. She has now no cough, eats well and sleeps well. On examination no bronchial rhonchi or sibili were detected in any part of the chest; the flattening and dulness beneath the left clavicle were decidedly less apparent; there was no crepitation to be heard there, even with a deep inspiration, but there was, as might well be expected, a roughness and prolongation of the expiratory sound.

The future progress of this case depends, humanly speaking, on the care and discretion exercised by the patient.

Remarks.—It is very difficult, both on account of the subjective character of our provings and from the prominent physical signs of pulmonary disease, to differentiate readily the medicines indicated in each case of phthisis or pseudo-phthisis. But I think we may look upon *arsenic*, and more especially in the form of its *iodide*, as indicated in such cases as the preceding. The dulness and crepitation were most probably caused by the presence of tubercle and the incipient softening thereof, but historically these were consequent on the bronchitis; and where the bronchitis is primary, and the deposit of tubercle or the local congestion secondary to it; where there is a tendency to asthma, to nightly paroxysms of cough about 3 A.M., and where more especially the family history, as it was here, tends to bronchitis, asthma, and emphysema, rather than to tubercular deposit, we may not only prescribe *ars.* with propriety, but often with an expectation of fair, if not brilliant results.

It will be noticed that at first the *3rd decimal* answered well, but that the *2nd decimal* was needed after the relapse which had been due to the patient's carelessness. It is quite possible that a more massive dose may be beneficial in analogous cases, though I have never yet resorted to anything lower than the 2x trit. of *ars.*

2. *Sciatic Neuralgia.*

E. G., æt. 50, a lady of rather sedentary habits, has suffered for the last three months from excruciating neuralgia of the sciatic nerve and its peroneal branches. The

appetite is fair; the tongue slightly furred; the bowels rather irregular, but inclined to constipation. The pain is most acute, of a tearing, digging, boring character; the paroxysms are preceded by intense coldness and shivering; the pain lasts for about one hour or one hour and a half, and then slowly departs; the attacks come on both day and night, but are worse at night, so that she must get up and walk about the room; there are generally three or four each day and night. She had ague many years ago, when living in a fenny district. Has had no medical treatment for it, but has occasionally taken 40 drops of tincture of opium with temporary relief.

The symptoms were well marked, but I could find no satisfactory "simile" to this state of things. *Colocynth* of course suggested itself, but I was led to try *ignat.* chiefly on account of the depressed appearance of the patient.

Oct. 12th. ℞. *Ignat.* 1x, two drops every three hours. I called in two days, and was pleased to find that my patient had slept the whole of the last night, and was quite free from pain. She was ordered to continue the medicine three times daily for a week, then less oftener if she continues well. I find to-day (Nov. 12th) that there has been no return of the pain at all.

3. *Uterine Hæmorrhage.*

A. C., æt. 20, six weeks pregnant, fell down stairs Sept. 23rd, bruising the right loin and side severely, and inducing considerable bearing-down pain. There was no hæmorrhage. She got *arn.* 1x and *sabin.* 1x alternately, with rest in bed, and finally a lotion of *arnica.* She did well, and though pain and stiffness lasted some time, there was no miscarriage.

On Oct. 15th I was called to her, and found that for the three previous days the bearing-down had returned, with very considerable hæmorrhage, especially on motion. The discharges had not been preserved, and she would not allow an examination of the os uteri. Perfect rest was enjoined; *sabin.* 1x was given for two days, then *secale* 1x in drop doses. The pains were thus gradually checked, but the discharge continued. This, however, very slowly yielded to *puls.* ♁, one drop three times a day.

On Nov. 6th there was a sudden return of pains, with considerable flooding. *Sabin.* 1x again checked the pain,

but the hæmorrhage continued. Remembering how slowly it had left her the previous time, I cast about for a fresh remedy, and having lately read Dr. Dyce Brown's paper on the value of *hamamelis* in these cases, gave it in fractional doses of the mother tincture, The effect was immediate, and my patient was sitting up the next day, the discharge having ceased after two or three doses. I enjoined great prudence as being still necessary, and there has been no return hitherto.

Remarks.—The value of *hamamelis* in hæmoptysis and in internal hæmorrhage I had often seen; indeed I am inclined to rely upon it, either with or without *aconite*, in such cases. I am glad to add my mite to Dr. Dyce Brown's testimony as to its value also in uterine hæmorrhage; and I believe the indications which he gives of its use are correct.

Branksome Lodge, Bournemouth,
Nov. 12th, 1870.

REMARKS ON PULSATILLA.*

By CARROLL DUNHAM, M.D.

Sensorium.—*Pulsatilla* produces *vertigo* or dizziness, which occurs while sitting, but is relieved while walking or sitting in the open air; dizziness when directing the eyes upward, and especially when stooping, when it seems as though the head were too heavy; a drunken dizziness, the head feeling hot inwardly, and the face pale. The vertigo occurs or is worse in the evening or after eating. We here meet conditions which we shall find to pervade the *pulsatilla* proving, and to be characteristic of the drug, viz., occurrence or aggravation of the symptoms in the evening, after eating, during repose, and amelioration from motion and from being in the open air; also paleness of the face, even with sensation of internal heat.

Head.—The headache is chiefly in the forehead and supra-orbital region, and in the temples. The pains are a heaviness, a bursting sensation in the temples, and throbbing. These sensations are aggravated by stooping, by mental exertion, and in the evening, and by rolling the eyes upwards. Occasional stitching pains in different parts of the head, frequently confined to one half of the

* *United States Medical and Surgical Journal*, July 1870.

head. Indeed, this is a peculiarity of *pulsatilla* pains generally, that they are often confined to one half of the body, like those of *ignatia, thuja, spigelia, valeriana,* and *silicea.*

[*Helonias dioica* has a pressing pain in one or both temples (in a small spot), a "burning sensation" in top and front of head, which is *entirely dispelled* by motion and any mental exertion. It comes on immediately when either the motion or mental exercise is desisted from.—S. A. Jones, M.D.]

It may be added that a *pulsatilla* headache is generally coincident with disturbances in other regions of the body, as, for example, the digestive tract, or the genito-urinary organs, especially the latter in women.

Eyes, Eyelids.—Margins are inflamed; hordeola form upon them. Further, the lids are dry and scurfy—in the morning they are agglutinated. In the eyes themselves the pains are: stitching, and especially itching and severe aching, with a sensation as if a foreign body were in the eye, or a veil before it which could be winked away. There is great lachrymation in the open air, and considerable photophobia.

Vision is *obscured,* but it is to be noted that this obscuration is conjoined with vertigo and nausea, whence we may infer that it is functional and not dependent upon organic lesions of the eye. The same may be said of the other symptoms of vision; fiery circles, and starry apparitions, and double vision. Nevertheless, these symptoms are not to be ignored, for they individualize and characterize the disturbance in other organs and systems with which they coincide in occurrence.

Ears.—Internally, itching, stitching and tearing sensations; also, violent pain like a distending or outward-pressing ache. The external ear is hot, red and swollen. Discharge of pus from the ear.

Deafness as though the ear were stopped. Murmur and rushing noise, isochronous with the pulse.

In front of the ear an eczematoid eruption, with a burning-biting pain, and swelling of the cervical glands. Stitching pain in the parotid.

In ordinary catarrhal otitis, *pulsatilla* is our best remedy; *i.e.,* the symptoms of such cases most frequently indicate *pulsatilla. Silicea* resembles it closely.

In deeper-seated inflammation of the cellular tissue, *mere.*

or *silicea* or *rhus* is called for. *Tellurium* corresponds to a peculiar affection of the meatus aud. ext. and the external ear.

Chamomilla indications differ from those of *pulsatilla* in the symptoms of the disposition, and especially in the great intolerance and impatience of pain.

The same may be said of the *arsenicum* ear-indications.

Nose.—Superiorly near the inner canthus of the eye, an abscess like a lachrymal abscess. The alae nasi are ulcerated; so have the nares internally a sensation as if ulcerated. There is in the nose a smell as of an old catarrh. (It is perhaps this symptom which first induced a trial of *puls.* in ozæna simplex.)

Mouth.—*Tongue* covered with tenacious mucus. A *white-coatcd* tongue is an indication for *puls.*

Yellow coat at base of tongue, *merc. prot.*

Teeth.—Two varieties of pain—a stitching or digging, worse in the evening or early night; and a drawing, tearing sensation, as if the nerve were drawn tense and then suddenly let go.

The toothache is renewed *always after eating*, and whenever anything *quite warm* is taken into the mouth. Aggravation when *eating and by warmth.*

Chamomilla toothache is aggravated by *cold* or *warm* food or drink.

Coffea toothache is controlled by *ice water* constantly in the mouth. (Published by Hale, confirmed by me.)

Mercurius toothache aggravated by cold water in mouth, but relieved by warm.

Carbo. veg., the whole row of teeth too long and very tender; he cannot bite.

Causticum.—Gum swollen; feeling as if the tooth were being crowded out of the alveoli; tooth *too long*, aggravation evening and by eating.

Lachesis.—Swelling corresponding to external fangs of upper molar, with swelling of cheek; skin feels tense, hot and crisp, as if it would crack; throbbing in the cheek. Periodontitis.

Throat.—Sensation, on deglutition, as though the uvula were swollen. Apart from the deglutition, a feeling as if raw and sore in throat, as if the submaxillary glands pressed inwards and were sore. Sensation of great dryness of mouth, palate, and lips: these parts coated with tenacious mucus, and a bad taste in the mouth.

Digestion.—Manifold symptoms. The *taste* is variously perverted and altered—seldom *bitter*, except just after eating or drinking. More frequently a *sour* taste. But more characteristic of *pulsatilla* is the *taste* of the food returning to and remaining in the mouth long after eating. In fact, *pulsatilla* makes digestion very slow.

Hahnemann gives a symptom in parenthesis: (Food tastes as if *too salt.*) On the strength of this symptom I gave *puls.* 200th with entire success to a patient convalescent from Chagres fever who had become well enough to sit up and walk about his room, but had a slight chill every afternoon, followed by a great flush of fever and a sweat at night; no appetite, depression of spirits, little thirst, irritability and peevishness in place of his usual amiability, and a perverted taste, so that all food prepared for him tasted *as if saturated with salt.* A single dose of *puls.* removed the latter symptom, and within six days all the others had vanished, and he rapidly regained strength and vigour, and has as yet (ten years) had no return of fever.

Appetite.—Moderate; often a gnawing sensation in stomach as from hunger, and yet no desire for any special kind of food.

Thirst.—An almost complete absence of thirst is characteristic of *pulsatilla*; *sabadilla* resembles it in this absence of thirst.

Nausea or qualmishness at the thought or smell of food, especially of fat or rich food, or on attempting to eat. The sensation is somewhat as if a worm were crawling up the œsophagus; the nausea comes up from the stomach.

Vomiting of food, especially at night or evening; water-brash and gulping up of water or of food into the mouth (regurgitation).

Epigastrium.—Feeling as if a stone lay there. (*Bryonia* has the same.)

Throbbing in the epigastrium, perceptible to the hand laid thereon. A contracting sensation in the œsophagus, as if one had swallowed too large a morsel of food; the same sensation extends over the hypochondria, then up over the chest, and impedes respiration.

Abdomen.—Sensation of tension and fullness throughout the abdomen, and involving the thorax up to the mam-

mary region. Pinching and cutting pains, espec around the umbilicus, worse toward evening.

Much flatulence, as might be expected where di tion is so slow as under the action of *pulsatilla.* Fl moves about in the intestines, causing pinching p and with rumbling noise; worse on waking or just supper.

Externally.—The abdominal walls are tender to to when sitting, or when coughing, especially after an al evacuation.

Stool.—A twofold action (which yet we are hardly tified in designating as primary and secondary effe Difficult stool, with much backache and urgency, or quent desire for stool with insufficient evacuation o fæces, but instead thereof, yellowish mucus, somet mixed with blood. On the other hand, *pulsatilla* duces diarrhœa *at night;* stool consisting of green acrid burning mucus, preceded by commotion in bowels.

In the frequent desire and effort for stool, and the culty of evacuation, *puls.* resembles *nux vomica.* difference is found in the general symptoms.

The diarrhœa of green mucus occurring at night re bles that of *dulcamara,* which likewise is nocturnal, but slightly painful. It, however, is ascribable to da ness, and is accompanied by rheumatic symptoms; w that of *pulsatilla* follows errors *of diet,* especially and fat food generally. It is not a free purgation, rather a catarrh of the intestine, with spasmodic actic the muscular coat.

Pulsatilla has painful blind hemorrhoids, with itc and sticking pains and soreness.

Urinary Organs.—Pressure upon the bladder, as if flatus. Frequent pressure to urinate, and cutting *during the act of micturition.* (This differs from *ca rides* in that the latter has pain *after* micturition.) I luntary discharge of urine, drop by drop, at night, o making exertion, as walking, coughing, &c. Urine s times clear and abundant, and, again, scanty, and wi red or brownish deposit.

Burning in the urethra during micturition.

Genitals, Male.—Itching of prepuce and scro Testes swollen, hanging low, and painful; tensive tearing pains.

Mucus discharge from urethra, with burning during micturition. Increase of sexual desire.

Pulsatilla has been of service in hydrocele, also in gonorrhœal orchitis, but it is not so often called for in orchitis as *rhododendron, clematis, spongia, aurum,* or *belladonna.*

Genitals, Female.—The decided action of *pulsatilla* here has been shown by a large clinical experience. In the hypogastric zone, drawing, pressing, or constricting pains, like labour pains, converging towards the pudenda. Such pains are relieved by crouching forwards. They come, generally, just before the menstrual period, are attended by a feeling of weight, like a stone, in the hypogastrium, and accompanied by chilliness, stretching, and yawning. The menses are delayed, difficult, and scanty, or even fail altogether. Before the period, labour-like pains as above. *During* it, many symptoms, such as weight and downward pressure in abdomen and sacral region; nausea; getting black before the eyes; stomach-ache and faintings; all worse in the warm room and by much exertion, better in the open air.

Leucorrhœa, of a thick mucus. It is sometimes acrid, producing a burning pain, sometimes bland; most profuse after menstruation.

Pulsatilla has appeared to stimulate the action of the uterus during labour, when the pains diminish and become inefficient.

Comparisons.—*Cyclamen* and *sepia* resemble *pulsatilla* in relation to the menstrual function. *Nux vomica,* which is so analogous in many respects to *pulsatilla,* resembles it in the scantiness of the flow, but, true to the spasmodic character which distinguishes it, brings on the flow too early, and keeps it up for too many days, although the total amount of fluid lost is not excessive.

The aggravation of *sepia* is *before* menstruation; of *puls., during* menstruation.

Under *nitric acid,* menstruation gradually passes into a leucorrhœa which is brown and thick, and finally in a few days becomes a thin, watery, flesh-coloured, offensive discharge, sometimes acrid.

Kreosote has a leucorrhœa for five days succeeding menstruation, thick mucus, exceedingly acrid, causing the pudenda to swell and itch, and excoriating the thigh.

Micturition exceedingly painful. The leucorrhœa sm like fresh green corn.

Borax is indicated by leucorrhœa, acrid, just m way *between* the menstrual periods, with swelling labia and inflammation, and discharge from glands Duvernay.

Respiratory Organs.—Coryza.—From the first, a c charge of thick yellow mucus from the nose. Sometir it is green and offensive. Loss of taste and smell.

Throat.—Roughness and dryness. *Sudden hoarsene* without much oppression or cough, and equally sudc relief.

The hoarseness for which *puls.* is so efficacious is cap cious, coming and going, and without apparently adequ organic cause. That of *causticum* comes on, or is mu worse, from 5 P.M. to midnight, and is accompanied b teazing, dry cough. That of *phosphorus* is more consta and conjoined with soreness and rawness of larynx a behind sternum, and a weight upon the chest. That *carbo veg.* has ulcerative soreness in the larynx, and *burning pain in the lungs* AFTER a hard cough.

Pulsatilla produces two varieties of cough; one w abundant sputa, consisting of thick yellow mucus, son times bloody, often of a bitter taste; the other d occurring chiefly at night. The feeling which provol the cough is a tickling in the trachea. I have, for yea hesitated to give *pulsatilla* for a loose cough, even thou it seemed well indicated, it seeming to change the lo cough into the dry, hard night cough. It produces dy nœa and asthmatic oppression, especially at night, w palpitation, especially when lying on the left side.

The sensations in the chest are chiefly tension and c striction, in conjunction with the dyspnœa and asthm symptoms. In the middle of the thorax a pain, wh frequently occurs in the *pulsatilla* proving: that of internal ulcer.

Mammary glands swollen and tense. Itching of nipples.

Back.—In the *sacral region*, pains on assuming upright posture, or on bending backwards, as well after sitting, so that one can hardly stoop or straigh up. *Aching* as from fatigue, and a pressing as fr within outwards. Finally, in this region, a pain as if l

ated when moving; and when sitting, a bruised pain, relieved by motion.

Considering the action of *pulsatilla* upon the female sexual organs, causing weight and bearing down, with leucorrhœa, &c., it is reasonable to ascribe the aching and some other sacral pains to this action, and experience justifies this view. Other pains are analogous to the rheumatic pains of the extremities.

In the back, drawing, tensive, and stitching pains, which seem to impede respiration and interfere with free motion,

Extremities generally.—First we note *tearing pains*, as, for example, in the shoulder-joint, where it *compels one to move the arm*, and is relieved by lying on the painful side. Again, in the muscles and bones of the arm, and even in the fingers, where it seats itself in the tensor tendons. In the lower extremities it appears as a *jerking, tearing* pain, from the hip-joint to the knee when lying in bed, or only in the knees when sitting; or in the ankles and extending to the heel, the sole, and the great toe, where it is a tearing pain.

Observe the characteristic: compelling one to move the affected part, which is equivalent to relief by motion; and by *pressure*, which is analogous to motion.

Then, drawing pains, affecting the whole length of the extremities, occurring at night and during repose (often associated with chill.)

Stitching pains occur in the upper extremity, especially on moving the arm, as in the shoulder-joint and in the deltoid *muscle*. Likewise a feeling of heaviness and paralysis in the arm when trying to raise it. Indeed the tired, heavy, aching sensation, such as comes from fatigue and *yet is not relieved by repose*, but is rather *aggravated thereby*, is marked in the *puls.* proving.

Burning itching in the soles of the feet after getting warm in bed. This symptom led to the successful use of *puls* for effects of frost-bite. See *petroleum* and *agar*.

Fever.—*Pulsatilla* produces many symptoms akin to one or other stage of fever. *Chilliness predominates.* It accompanies the evening pains of whatever kind, as well as the abdominal pains, the gastric disturbances, and especially those of the female sexual system. It occurs frequently after a meal, and early in the morning. But, in

and by itself, as an independent symptom, chilliness occu generally in the *evening*. It may be general or *partia* affecting the *extremities*. When *heat* follows the chill ness, if it be only a *sensation* of heat with no objectiv warmth, there is no thirst; but if the heat be, as it some times is, both objective and subjective, it is then attende by *thirst*. Remember this, because absence of thirst i said to be a characteristic of *puls.*, and presence of thirst therefore, to contra-indicate. True, with the limitatio stated.

Frequently the fever symptoms are complex, and much mixed up; chilliness and heat rapidly succeeding each other, or occurring simultaneously in different parts of the body, or on the different sides of the body; but these complex symptoms occur almost always in the evening or at night.

Rückert calls attention to the fact that though the *puls.* symptoms generally are not attended by thirst, yet sometimes thirst is present when the *hot stage* is strongly marked; and he has had excellent success in puerperal fever and other fevers when thirst was present, the mass of the symptoms having indicated *pulsatilla.*

Moreover, the cheeks are often hot and red, while the back is chilly and the feet cold—a state of things often observed when the menses are retarded in young women. Again, flashes of heat over the whole body, producing great discomfort and anxiety. In short, a condition of erethism such as may co-exist with a depressed nutrition —an approach to the erethistic form of chlorosis.

Sweat is abundant, chiefly in the early morning, sometimes throughout the night; often, like other symptoms, the sweat is semilateral.

Sleep.—Certain peculiarities of sleepiness and sleep are very characteristic of *puls.* Sleepiness in the afternoon, such not being the habit of the prover. Sleepiness after even a moderate meal. The prover does not feel sleepy in the evening; on the contrary, *wide awake;* ideas throng, the fancy is brilliant; he (or she) does not wish to go to bed, and, on going to bed, does not fall asleep for a long time. The sleep is somewhat troubled and restless, with talking, frequent waking, with frightening dreams, until towards morning, when sleep is more quiet and profound, and is most sound just when the time is come to

get up. The prover wakens dull and inert, although not with aggravation of any other symptoms.

This is a great characteristic of *pulsatilla*, and is always present when *puls.* is clearly indicated by other symptoms. When, therefore, a doubt rests upon the selection of *puls.*, it is safe to be inclined toward it if the sleep symptoms are such as have been described, viz.: wide awake in the evening; don't want to go to bed; first sleep restless, sound asleep when it is time to get up; wakes languid and not refreshed.

Pulsatilla contrasts strongly with *nux vomica* in the sleep symptoms, as in some others. Under *nux vomica*, the prover is very sleepy and dull in the evening, can't sit up long; goes to bed early, and goes to sleep immediately; sleeps well until about 3 A.M., then wakes and lies awake, thinking, &c., with mind quite clear and active till 5 A.M.; then dozes and sleeps an hour, and wakes more tired than when he woke at 3 A.M., often with a headache.

Sulphur, again, has the evening sleepiness of *nux vomica*, but the night is full of unrest, tossing, nervous excitement, orgasm of blood; pains of various kinds, but little sleep throughout.

The sleeplessness of *cocculus* is from pure mental activity, chiefly of memory, and is well described by Sir Walter Scott (Lady of the Lake, I., 33.)

Disposition.—The disposition is affected by *puls.* in a very characteristic manner. The prover complains of anxiety or distress, as though some great evil were impending, and this distress appears to him to come from the epigastrium; and with these symptoms come palpitation, chattering of the teeth, and flashes of heat; also, undue anxiety about the health or household duties. In addition, there is a marked irresolution, the prover cannot determine which of two is the better course to pursue; this is akin to the well-known characteristic of *pulsatilla*, the yielding disposition, which gives way under slight opposition, and manifests its conscious feebleness by the readiness with which tears come to the eyes on slight provocation.

The disposition to weep is certainly a strong indication for *pulsatilla*, but two errors must be guarded against, in accepting and applying it. In the first place, it must not be considered that *a lively disposition*, and even a

considerable amount of spirits and will, contra-indic *pulsatilla;* laughter and tears come often with eq readiness.

Again, let us remember that the desolate sensation utter prostration which ushers in many a serious dyscra disease, disposes to tears, especially when it comes to a m or person in the midst of business or family cares, whi they know not how to neglect nor to delegate. If, then patient, in the incipience of a severe typhoid or a di theria, can hardly answer the doctor's questions for tears and choking, that come, these must be looked u as the physiological result of utter prostration of body desolation of soul, coinciding with the consciousness responsibilities and cares too heavy to bear and too p cious to neglect. They are not especial symptoms of morbid state, nor must they be taken as indications *pulsatilla.* I have dwelt upon these points, because error referred to is often made, and thus is wasted w can never be regained.

General Analysis.

1. The most marked disturbances of functional activ produced by *pulsatilla* are: In the digestive apparat the genito-urinary of both sexes, but more especially female; the respiratory, at least as regards the muc membrane; and the articular synovial surfaces. mucous membrane throughout the body is affected; for example, in the middle ear, the eye, nose, thr bronchi, stomach, intestines, bladder, urethra, vagina, uterus (probably).

2. Changes in the organic substance are effected chi in the secretions, and chiefly in those of the mucous m brane. The conjunctiva, chiefly the palpebral, secr copiously, and the tears are augmented if not modif The nasal membrane, after a brief period of unnat dryness, secretes abundant mucus, which becomes thi yellow or green, and offensive. It is probable that secretions of the stomach and small intestine are m fied, since digestion is so decidedly retarded by action of *pulsatilla,* and presents so many abnormal tures; such as perverted taste, regurgitation of food o flavour, flatus, pain, &c.; as well as that of the lower testine, as witness the stool covered with mucus, and mucous diarrhœa.

So, likewise, the mucous discharge from the bladder, as shown by the jelly-like sediment in the urine and the discharge from the urethra, as well as the leucorrhœa, attest the modification of secretion.

The special function of menstruation is retarded in *time*, and the secretion (?) diminished in quantity. We shall be better able to explain this when we understand more about the pathology of chlorosis.

The testes are the seat of inflammation, pain, and enlargement, and, although the ovaries were not similarly affected in any prover, yet, from analogy, *pulsatilla* has been successfully used in ovarian affection, the symptoms otherwise corresponding.

The swelling and heat of the knee and ankle-joints, as well as of the small joints of the fingers and toes, together with the drawing, tense pain in them, and the accompanying symptoms of the digestive tract, suggests that *pulsatilla* acts upon the synovial membranes and upon the nutrition much as one form of rheumatism does, and have led to its successful use, particularly in rheumatic gout, so-called. Itching and biting tingling of the skin resembles that of measles.

Peculiarities and Characteristics.—While, our knowledge of *pulsatilla* being derived wholly from provings on the healthy with moderate doses, we have no records of the effects of poisonous doses, and have therefore no data for constructing a theory of its pathological action on an anatomical basis; on the other hand, through the action of these moderate doses, under the clear observation of Hahnemann and his pupils, we have a quantity of characteristic symptoms, chiefly subjective, which furnish us indications for the selection of *pulsatilla* more positive and precise than those of almost any other remedy.

Character of Pains.—The pains are drawing, tearing pains, pains as of an internal ulcer, aggravated by touch; but the most peculiar pain is a tension, which increases until very acute, and then *lets up with a snap*. The pains occur or are much worse at night, before midnight.

They are accompanied by chilliness, but without thirst.

As the pains increase, the peculiar mental and moral *pulsatilla* state is more pronounced; the patient loses courage and gets despondent, and inclines to tears, and as pains diminish spirits rise.

Certain parts of the body become very red or purple,

without heat, the vessels becoming congested. This has led to the successful use of *puls.* in varicose conditions of veins.

As a general rule, the pains are relieved by motion and by *cool air*, but the abdominal pains are relieved by warmth.

The symptoms which occur when lying still on the back are relieved by sitting up and by motion. This relief is gradual, however, for the act of rising often for the moment increases the pain, and the more decidedly the longer one has been sitting still.

Long-continued motion also, like long sitting, provokes symptoms, which yet are, for a brief period, more evident on first coming to repose.

The general group of symptoms most characteristic of *puls.*, next to those of the disposition, is that of the *sleep*, which has been already detailed.

Clinical experience has shown *pulsatilla* to be an excellent remedy for disorders produced by eating pork and fat food generally.

It is often indicated when the menses are scanty and delayed. Very frequently, when it fails to bring them on, *sulphur* will succeed.

It is noteworthy that the pains of *pulsatilla* often occur on one side of the body only.

Remedies analogous to *pulsatilla* may be named as follows:—

As to its action on the eye, nose, bronchi, and skin—*Euphrasia, dulcamara, sulph.*

As to its action on the *digestive organs*—*Nux vomica, ignatia, silicia, sulphur.*

As to its action on the female sexual organs—*sepia, murex, cyclamen*, and, above all, *sulphur.*

As to its action on the joints and ligaments—*Rhus, sulphur, ledum pal.*

As to its action on the veins—*Hamamelis, zincum.*

PRACTICAL NOTES.

By Dr. Robert T. Cooper.

(Continued from Vol. XIV. page 275.)

Undoubtedly we owe it to Hahnemann and his followers, and to the powerful influence they have exerted upon modern medicine, that the most virulently poisonous sub-

stances are beginning to be employed to a much larger extent than it was thought prudent, or indeed possible, before their hidden virtues, developed by pathogenesy, became apparent when administered in attenuated forms to the healthy as well as to the sick. One of these substances is *phosphorus*, which used to be thought useless, owing to its exceedingly dangerous character, and the small quantity in which alone it can be safely prescribed —too minute, it was thought, to effect any real benefit— but which is now being largely prescribed when combined with various other substances. One of these combinations is the *phosphate of lime*, which is thought to be valuable whether used as food or medicine, and which, in the form of *calcarea phosphorica*, has for some years been prescribed, more or less extensively, by the Hahnemannian school of medicine. Whether its good effects in rachitis be due to its supplying a deficiency of this salt in the bones, seems, to say the least, problematical; while all are agreed that its anti-psoric properties are clearly manifest. Hering asserts that it facilitates union in bony structures, and with this object prescribes it in pretty considerable doses. The beneficial effects it exerts in enlargements of the tonsils I have already pointed out; and though I have never been able to determine whether it is really superior to the *calcarea iodidum* and other preparations, still I have every reason to be satisfied with its effects, and at present trust to it in preference to any remedy I am acquainted with. Nor do I consider that the fact of its having failed in some instances—as it has undoubtedly done—ought to militate against its employment; for, do we not find *iodine* and its various preparations absolutely inert in many cases of enlarged glands apparently similar? and we all know that the condition of the system of which these are symptomatic is often uneradicable, save by an entire change in the patient's mode of living. Its influence upon the tonsils has led me to use it, after other remedies had been fruitlessly given, in an allied disorder—relaxed sore-throat—and in every instance with more or less success. Another scrofulous condition it has shown itself useful in is corneal opacity following inflammation of the eyes in children. When no ulceration is present, the nebula being due entirely to superficial interstitial deposition of the cornea, it has acted most satisfactorily; once I found it cure a well-marked kera-

titis, and though I would by no means put it forward as a remedy for this disease, I think the following case, isolated though it be, worth recording :—

Eliz. Holloway, a girl of 16, whose face bore traces of an attack of small-pox she had had three years ago, was admitted a patient at the Southampton Homœopathic Dispensary, 1st August, 1867, with an evident keratitis, from which she said she had suffered off and on since the small-pox. The present eye affection showed itself three weeks ago ; the left eye is much inflamed, and there is a good deal of photophobia, with slight haziness of the cornea, particularly the upper portion of it, and it is traversed with red vessels ; there is a good deal of zonular redness. *Calcarea phosphorica* 3x completely restored this patient in about three weeks.

I have never found it of any use where the palpebral conjunctiva was much engaged.

The medicine that will now engage our attention is the *phosphate of iron.*

The debility of children is one of the commonest diseases the general practitioner is called upon to treat. We often hear anxious parents express themselves thus : " Our little boy has of late been growing so languid and weak as to cause us much anxiety ; his appetite is falling off, and from being sprightly, boyish, and gay, he is becoming dull, languid, and listless. He mopes over the fire, or, if the day is very warm, lies languidly on the sofa. He refuses to join in out-door amusements, that till a short time back were his especial liking. He does not converse as he used to do, and if pressed, admits that he feels some pain in the forehead or stomach; his bowels are inclined to be confined, and his tongue is generally slightly furred, but there is no evidence of worms or any apparent organic disease. He seems to be rapidly falling away both in weight and strength, and this, too, though his *flesh is firm,* and his complexion, though pale, is not altogether unnatural." In this detail there is drawn a picture of symptoms infallibly to be met by the *phosphate of iron.* I do not think it possible to prescribe any drug with greater certainty than this, for such symptoms. It is really truly astonishing what marvels it works.

To give one case out of many. A little boy of nine was brought to me some time back by his mother, suffering from the kind of debility above pictured. Sound in body and limb, and enjoying all the good things of this life, it was a matter of no small surprise and anxiety to his parents, his continuing to grow languid and morose. He had assuredly derived much benefit from the physician under whose care he had been, and who kindly referred his mother to me. Still his condition remained anything but satisfactory. On examining him, no organic lesion could be detected save a carious condition of the teeth, which is, generally speaking, the only palpable lesion to be met with in these cases. His mother accompanied him, and seemed quite prepared for a long course of treatment. I at once prescribed the *phosphate of iron*, and in a month received a message saying that from the time he had taken this medicine he had gone on steadily and surprisingly improving, and that her sole object in writing was to say he was suffering from a slight cold, and to ask medicine for it. This was all I heard of my patient, but am confident the improvement continued.

My object in selecting this case from among a host of others is simply because the patient had been under homœopathic treatment previous to my seeing him; and that I am profoundly convinced we do not, as homœopaths, sufficiently often prescribe the *phosphate of iron* in such cases, and that the fact of its being abused in the old school ought not to deter us, as partisans of the new, from using it.

If the flesh is fairly firm, the complexion delicate, and the hair light and curly, then *iron* is indicated; but if, on the other hand, the complexion is *dark*, the muscular system *flabby*, and the hair long and lanky, and the skin moist, then we have our remedy, *cæteris paribus*, in *sulphur*. I speak from experience gathered in contact with disease.

There are many other forms of weakness—a term more extended in its meaning than debility—requiring their appropriate remedies; but certainly in children I find the above by far the most frequent, if we except that met by *arsenicum*.

For further observations on the debility of children in contradistinction to their weaknesses, see a paper in the

Lancet, by Dr. Day, Octobor 30th, 1869, who there recommends the *phosphate of iron*, giving it in larger doses than I am in the habit of doing, and without individualisation. *Phosphate of iron* not only improves the strength but helps to increase the development of the body in no way no other remedy I am acquainted with does, and the bowels are confined it brings them into order. Sometimes it is necessary to interpolate *china* and *pulsatilla*, other remedies.

The next phosphate on our list is that of zinc. *Zincum* has been recommended by Dr. Elb, of Dresden, as a remedy for incipient paralysis of the brain, and I believe this recommendation has been confirmed by others; at all events, it has proved useful in my hands, when the cerebral affection was combined with nephritic irritation. I have found zinc curative in the case of a little girl whose mental powers had become enfeebled, evidenced by her looking vacant and talking sillily.

Phosphate of strychnine I place great dependance upon in rheumatic affections of the aged, where the muscles are stiff and weakened with a disposition to painful cramps.

Southampton, Nov. 1870.

SUCCESSFUL CASE OF TRACHEOTOMY IN DIPHTHERIA.

By E. Wynne Thomas, M.D., Lond.

Charlotte H., æt. 4½.

Her mother told me that the child had had a sore throat for about fourteen days. At the end of ten days she seemed well, but in a few hours she again became ill, and a Mr. V. was called in. He told the mother that it was a case of diphtheria, and continued to treat it for three days, when no improvement having begun, the parents wished to try homœopathy, and I took charge of the case.

The larynx was already implicated, as well as the pharynx, where the diphtheritic membrane was visible. She seemed to improve during the first twenty-four hours, but on the third day the breathing became greatly embarrassed, and (Nov. 17th, 1870) when I called in the evening it was clear that suffocation was imminent. I sent for Dr. Blake, and prepared instruments for tracheo-

tomy. When he came he agreed with me that nothing else could save the child's life.

The parents having given their consent, Dr. Blake administered chloroform, and I then, in the usual way, and without much trouble from bleeding, opened the trachea and inserted the tube. A violent fit of coughing, as usual, followed, which emptied the air-tubes, and the breathing became perfectly free and tranquil. Some trouble was experienced in keeping the tubes clear, and on Nov. 20 the swelling in the cellular tissue around the tube was so considerable that it lifted the tube out, and I had the utmost difficulty in replacing it, owing to the great depth of the trachea, resulting from the swelling.

Nov. 21. The tube was taken out.

„ 29. Wound in the trachea quite healed.

Dec. 10. Wound in the skin quite healed, and has left a wonderfully small cicatrix. For several days after the trachea had healed she could only speak in a whisper, and when I last saw her (Dec. 14) the voice had not quite recovered its tone, although the child is in very good health.

33, Paradise Street, Birmingham.

REVIEWS.

Lectures, Clinical and Didactic, on the Diseases of Women. By R. Ludlam, M.D., &c. Part I. Chicago: Halsey. 1870.

We regret that we have not had an earlier opportunity of noticing this very useful contribution of Dr. Ludlam's to the literature of that department of medicine of which he is the professor at the Hahnemann Medical College of Chicago. Dr. Ludlam has long been known, through his essays in the American homœopathic periodicals, as a successful cultivator of obstetric medicine and surgery. These lectures will certainly add to his reputation They are thoroughly sound and practical in their teachings, and will be read with advantage by all practitioners.

The work is being published in parts. We could wish that in future numbers Dr. Ludlam would correct one error in his method, which, we think, detracts much from the, otherwise, considerable value of his lectures. The lectures are clinical. But they are so to only a limited extent; they are not so in the sense in which those of Graves and Trousseau are clinical. A case comes under Dr. Ludlam's care in his clinique, and he forthwith gives a very fair and *full report* of the condition pre-

sented by the patient—and this, in the larger proportion of instances, is the last we hear of her. The nature of the disease and its treatment are well depicted, and the remarks made abound with instruction. But in a *published* clinical lecture we want to know somewhat of the course the disorder took while the patient was under treatment. A clinical lecture should be delivered at the termination of, rather than prior to treatment. The course of a case, the influence of the remedial measures adopted, the reasons which occur from time to time for deviation from the original plan of treatment, are all highly suggestive and ought to form a part of every real clinical lecture. In the clinique, an address on the leading features of the case of a recently-admitted patient is of course necessary—but before the patient is discharged, a retrospect of the treatment ought to be given; while in a published lecture the remarks should be based upon the entire course of the case.

Notwithstanding this drawback, Dr. Ludlam's book is, as we have said, very practical and very suggestive; and we are sure that those who will carefully study it will derive much advantage from having done so.

Diphtheria and Its Simple Treatment. By Dr. GUNST. Melbourne. 1870.

This little brochure has reached us. It appears, from the opening remarks of the author, that *diphtheria* has been so prevalent and so fatal in certain parts of the colony of Victoria that the Melbourne press has proposed the appointment of a Royal Commission of Enquiry into the causes and treatment of this disease, and it is on this account that Dr. Gunst has come forward to tell the people how he thinks diphtheria should be treated. He begins by denouncing caustics, and asserts that "in 99 cases out of 100 it is positively useless for the prevention or cure of diphtheria or diphtheritic sore throat." Then follows a very clear account of the symptoms of the disease, and next comes the treatment, which we will give in his own words:—

"And now for the treatment; and here let me say that what I am about to recommend is applicable to every form and variety of the malady, whatever name may be given to it—diphtheria, diphtheritic sore throat, etc., etc. At the outset, immediately on suspecting the presence of the poison, take of finely-powdered sulphur a teaspoonful: mix it well in a wineglassful of cold water, and gargle every ten minutes. In the case of infants, blow the powdered sulphur through a quill. In a few hours the spots and yellowish exudation will have disappeared, and the danger is over. Any remaining constitutional symptoms will

readily be met by a generous diet, and if your medical man is at hand, you have made his work comparatively easy for him. In his absence, however, I would recommend you to refrain from administering any drugs known as tonics, under the notion that you are hastening recovery or building up the impaired powers of the invalid. In cases where the exhaustion is very great, and life seems rapidly ebbing, you may give champagne by the mouth, or even enæmas of champagne when it can't be swallowed, beef-tea, and milken food flavoured with the best colonial wine or brandy. Arsenicum, trit. 3, in grain doses, three times a day, will prove a powerful constitutional after-restorative in all cases. In the milder forms, concurrently with the use of the sulphur, and after it is found to be no longer required, a gargle composed of one drachm of the tincture of phytolacca decandra in half a pint of water, exhibited every two hours, will materially relieve the patient and hasten the cure.

"In severe types the disease extends upwards into the nostrils or downwards into the windpipe, when we shall find the false membranes looking generally of a yellowish ashy colour. In these cases, as indeed in every case, use sulphur as before, and put 5 grains of the proto. iod. of mercury—2nd decimal trituration—in a tumbler of water, and gargle every two hours. When the throat is swollen and bleeds, and swallowing becomes difficult, put the sulphur on a hot iron plate or shovel, and let the patient inhale the fumes. Continue this from ten to twenty minutes. Then mix three grains of the first trit. of kali bichrom. in a tumbler of water, and give a teaspoonful every three hours; at the same time make a gargle of five grains of pure kali bichrom. in the same quantity of water, and gargle every half hour. In a couple of hours the bleeding of the gums will cease, and the malignant symptoms abate. Give the medicine every two hours, and the gargle every three or four.

"In complicated cases there may be putrid ulcerations, with a thin acrid offensive discharge, extreme prostration, and all the signs of putrid sore throat. The sulphur fumes will even here do good, and use a solution of ten grains of permang. of potash to a tumbler of water, applied with the æther-spray every 15 minutes. Take besides 2nd decimal trituration biniod. of mercury 3 grains in a tumbler of water, one teaspoonful every half hour. Discontinue the gargle when the fetid odour and discharge abate, and use the gargle of phytolacca in its place. For the after-prostration, take arsenicum, as directed above.

"This treatment I have employed with success in some 106 cases, during my five years residence in Melbourne, and 130 cases elsewhere, or 236 cases altogether; out of which I lost nine, and in those instances cauterization had been previously employed. I think, *therefore, I am entitled to recommend it*

... Roche, of Paris, in
... wrote me a record of its marvellous efficacy
dvantages of using it is that it never leaves
ffects, such as squinting, stammering, paralys
hich are the results of the application of nitrate
nd sulphuric acids. I do not deny that patients
nder such a system, but I maintain that the
eaths under it has been greater than that of
ie panic which diphtheria is just now creating am
roof that neither the profession nor the public
nfidence in it."

We give publicity to the above, and trust some
gues will test the value of this mode of using *sul*
t prove anything like as useful as Dr. Gunst insis
l boon to many an anxious parent.

Chemist and Druggist's Almanac and Diary, 1871
hemist and Druggist's Office, Cannon Street.

his is a useful annual for the chemist and druggi
information ordinarily contained in an almanac
umé of the progress of pharmaceutical chemis
by Professor Attfield, an article on *The Gravi*
e British Pharmacopœia by Mr. Tilden, and a
nsive one on *Chemical Tests for Medicinal Arti*

We find also lists of the principal analyti
ing and wholesale chemists, and also of ho
sts. The arrangement of the diary is on a
To the chemist and druggist the

Drs. WYNNE THOMAS and COLLINS Vice-Presidents for the ensuing year.

Dr. G. CRAIG was re-elected hon. secretary and treasurer.

The following paper, by Mr. MILLIN, of Worcester, entitled, "Notes of a Case of Peri-Typhlitis," was then read :—

On July 19th, 1870, I was summoned to see C. P., a little boy 8 years of age, residing sixteen miles from Worcester. On the 13th, six days previously, the little fellow had been at a pic-nic, had been much excited and heated with play, and during the day had, among other things, eaten some cherries, and was supposed to have swallowed the stones. Before the termination of the day he was caught in a heavy shower of rain and was drenched to the skin. On arriving at home his clothes were changed, and he went to bed. On the 15th, next day but one, he first complained of indisposition—headache, pain in the abdomen and vomiting, no diarrhœa, and his mother noticed that he was very feverish. For these symptoms he was prescribed for by a lady, a friend of the family, who gave him *aconite* and *belladonna*, then *mercurius*, and subsequently *colocynth*. On the afternoon of the 19th I first saw him. He is a tolerably well-grown boy, light hair, fair complexion, blue eyes, lymphatic temperament, and strumous diathesis. I found him in bed, lying on his back, legs extended, complaining of great pain, coming on in paroxysms, all over the abdomen, but most decided in the right iliac region. The abdomen was swollen and tympanitic, and very sensitive to pressure all over. The pain much aggravated by the slightest movement of the legs or turning the body ; hence the position was constrainedly supine. There was great nausea, but no *actual vomiting*, nor had there been since the first day of illness. Total disinclination for all food, but cold drink was earnestly craved for, the thirst being great. Bowels confined, but for how long a period could not be ascertained at this visit. Tongue white and dry, skin hot and parched, pulse 110 small. Prescription, tr. *bryonia*, 2nd dec., half drop every three hours ; diet, arrow root, milk and water. The mother had used assiduously hot fomentations to the abdomen night and day. The above-named medicine was left, with instructions to be sent for the following day if there were no signs of improvement, or if any fresh symptom should supervene.

21st. Abdomen not so tumid ; pain now more confined to the lower right side of the abdomen ; still great sensitiveness to pressure over the seat of pain ; bowels have acted once ; evacuation (which unfortunately had been thrown away), by report, was watery ; not quite so much nausea, but still disinclination for food ; skin cooler ; tongue not so dry, but thirst for cold water continues ; *pulse 98. The little* fellow expressed him-

self as feeling better. Continue *bryonia*, milk diet, and chicken broth.

23rd. On calling to-day was told by the mother, prior to entering the bedroom, that there was now a perceptible swelling in the part where the patient complained of pain. So, seating myself at the foot of the right side of the bed, and glancing my eye upward over the abdominal wall, there was seen an oblong swelling, corresponding to a portion of the ascending colon. This was the more perceptible from the fact of the rest of the abdomen having returned to its normal size. On carefully examining this swelling, and on making firm but gentle pressure, the feeling communicated to the hand was that of a hard body, analogous to that of phlegmonoid swelling, prior to the suppurative stage. The outline of the swollen bowel could be fairly traced with the points of the fingers through the abdominal parietes. There was still increase of pain on any movement of the body, and inability to lie on the left side. The patient states that when he takes his chicken-broth or milk, immediately afterwards he has pain in the affected part Still much thirst, drinking but little and often. The bowels have not acted since the 21st; tongue still slightly coated, skin cooler, pulse 98. To have tr. *arsenic*, 6th. dec., every four hours, and continue the same diet. The evacuations to be saved.

25th. Bowels have acted; nothing abnormal in the character of the evacuation; pulse 95. The swelling has diminished considerably, but yet can still be felt. Re-absorption is evidently going on rapidly. Patient can now move about without pain, and requests to be allowed to get up, and desires a more liberal diet. From this period convalescence fairly set in, and my visits were discontinued on the understanding that, in the event of any retrograde movement, medical advice should be sought.

The above case is not reported as being one of unusual severity, or presenting anything particularly novel; but yet there are one or two points about it, to my own mind, sufficiently striking to justify the opinion that they may for a few moments serve to interest this Society.

The following imperfect remarks involve the question of the diagnosis, therapeutics, and progress of the case. There was, I think, at the first visit, sufficient obscurity about the symptoms to have falsified a diagnosis that might have been too hastily arrived at, as the sequel proved. Had we here peritonitis, as evidenced by the swollen and tender abdomen, pain and constitutional symptoms, dread of slightest movement for fear of exciting pain? Was it enteric fever, the pathognomic symptom of which was so prominent—tenderness on pressure in the right iliac region? Although at this stage of the disease the whole

abdomen was sensitive to pressure, yet it was most marked in this locality, the pyrexia being quite consistent with the early stage of fever. Or, lastly, bearing in mind the probably exciting cause of the illness, exposure of the skin to a heavy shower of rain at the time when it was most likely perspiring, and the circulation excited by play, &c., was the present group of symptoms due to re-action, and was the case one merely of feverish cold, with rheumatic affection of the abdominal muscles and fasciæ? Here, however, the meteorismus and distension of the abdomen seemed to negative that opinion. These were the principal points that passed through my mind on the 19th, the first visit. I came, however, to the conclusion that the prescription had to be based upon three prominent features observed at this time, viz., abdominal pain, most marked in the right iliac region; aggravation by slightest movement; and fever. *Bryonia* was given. On the 21st, two days afterwards, there was, I thought, sufficient improvement to justify the continuance of the same medicine. On the 23rd the tumid abdomen had returned to its normal size, excepting that part of it occupied by a portion of the ascending colon, disclosing at this period the true nature of the case, the gravity of which was obvious, abscess threatening in the neighbourhood of the cœcum. As there had been no vomiting since the first day of illness, and as the skin was cooler and the pulse had fallen, my inference was that the exudation was limited to the cellular tissue surrounding the bowel. The aggravation after food, together with the character of the thirst (drinking little and often) led me at this visit to think of *arsenicum*. Convalescence commenced from this time, and no other medicine was required; the bowels acted normally, and re-absorption of the swelling rapidly took place. I must confess, Gentlemen, that in the selection of the latter medicine I was mostly influenced by the symptoms—I mean those generally understood as characteristic symptoms. Of course, when dealing with abdominal cases, we never fail, in our mental review at the bedside, of suitable medicines to include *arsenicum*. It was a satisfaction to me, however, on referring to Hempel's "Jahr," and turning to the pathological anatomy of *arsenicum*, to find the following paragraph:—"A few inches from the junction of the ileum and cœcum a portion of bowel of the size of two inches and a-half, is interstitially distended, the distension penetrating to about one-half of the thickness of the bowel." Here, then, we have a tolerably accurate approach to a pathological similimum. A recent author (Bähr), in his description of this disease, remarks that "idiopathic peri-typhlitis seems to be easily caused by a cold attended with violent exertions, and is principally observed in young persons; *whereas typhlitis-stercoralis* only occurs in

advanced age." He says, further, that "in favourable cases recovery may take place very speedily, the exudation being rapidly absorbed." The case I have now so slightly and imperfectly reported appears to bear out both of these statements.

Dr. WYNNE THOMAS had only one or two remarks to make upon the case, and was very sorry Mr. Millin was not there to reply to them. He inclined to think that the case would be more correctly named typhlitis than peri-typhlitis, for he conceived that the tumour was not due to the effusion of lymph either in the walls of the bowel or in the cellular tissue lying behind it. It would be presumptuous in him to say it could not be peri-typhlitis, but he threw out the suggestion for discussion. Mr. Millin started with the hypothesis that the case was one of peritonitis caused by cold. This is quite possible; but if it had been so, it was of a rheumatic character; and the sequel showed that the inflammation was confined to a portion of the ascending colon; but whether the disease was caused by cold, or, as in the majority of such cases, by some substance which had lodged either in the appendix cœci or in the cœcum itself, the explanation of the nature of the tumour would be the same. When a portion of intestine is inflamed it is paralysed and its peristaltic action ceasing, while that of the length of bowel alone continues, the inflamed portion becomes distended and can be seen and felt through the abdominal parietes as a distinct tumour. When the muscular tissue recovers, peristalsis recommences, empties the gut, and the tumour disappears. Dr. Thomas thought the history of the case showed that this had really been so, and that the swelling which so soon disappeared could not have been due to a large quantity of effused lymph and that hence the case was, as he said before, one of typhlitis not peri-typhlitis.

Dr. Thomas thought the following case, which he would read from his note-book, would be interesting, as being a case of peritonitis caused by disease of the appendix cœci.

I was called on Sunday morning, Sept. 4, 1870, to see M. F. M., æt. 18, who I was told had been ill since the previous Friday, and as the case was supposed to be one of simple colic such as he had had before, his mother had treated him herself. On the 3rd the vomiting had been troublesome.

I found him lying in bed with his left leg drawn up and the right one fully extended. He looked very pinched, his eyes sunken and surrounded by dark circles, the conjunctivæ injected, the pulse 94, so thready as to be hardly countable, the abdomen not swollen but tender, skin dry and rather hot. He continually tossed about, and complained much of flatulence. He vomited frequently a dark bilious fluid, and was unable to swallow the least food or drink. *Acon., bell.* Hot fomentations. 11 p.m.

Skin perspiring; pulse unchanged; has less flatulence; only vomited twice. On the whole feels better.

Sept. 5. Passed a very restless night; constantly tossing about, although the movement caused him pain; tormented with eructation; has sensation of a tumour in situation of larynx, and tenderness in front of the tragus of each ear. The same hollow eyes. The tenderness is most marked now in right side of abdomen, and he fancies there is a swelling in region of gall-bladder, though I cannot detect one. Has passed several small stools. Pulse very small.

Sept. 6. Has vomited several times very thick green bile; complains of a horrid taste. A nutritive injection immediately returned, and excited vomiting; abdomen not swollen, less tender; several stools; occasional griping pains; p. 94; delirious for a time; had a short sleep.

Sept. 7. Called to him very early in morning, and found him in agony from retention of urine; was easy after I drew it off. Tenderness now almost confined to the right iliac fossa; only vomited once; several stools; p. fallen.

Sept. 7, 6 P.M. Has passed water, but requires the use of the catheter again, after which a distinct tumour, like a distended bladder, was perceptible. P. quicker; tongue rather brown. Still troubled with flatulency; one vomit; several fluid stools; is thirsty; cannot now pass water except at stool,

Sept. 8. Seems better; p. 80, fuller and soft; thirsty; several healthy stools; is cheerful; swelling in hypogastrium larger. Has been able to take some fluid nourishment during last two days.

Sept. 9. Not so well; had some sleep; swelling larger; rest of the abdomen tympanitic for the first time; does not keep his knees raised; lies sometimes on his side; no increase of tenderness over the abdomen.

Sept. 10. Tongue has become very foul; evidently not so well, but wishes for food; no marked change through the day; in evening became extremely restless; would get out of bed; during the night sent for his father, and said his sight was failing. In a few minutes he expired.

P.M. Intestines glued together with strong bands of lymph, and in lower part of abdomen two or three pints of pus. The appendix gangrenous, contains a concretion measuring 1½ in. long and $^1/_2$ in. diameter. It had a superficial resemblance to a date stone, and I at first thought it was one, but a section showed that it was formed of concentric layers. It has no visible nucleus, is greyish, fibrous, and very friable.

After some remarks by other members, the Society adjourned until the last Friday in April, when a paper will be read by the President.

MEETING OF THE HOMŒOPATHIC PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

HELD NOV. 15TH, 1870.

The President in the chair. Present—Messrs. Parsons Heath, Peal, Sursham, and Steward. The minutes of last meeting having been read and confirmed,

The PRESIDENT called upon Mr. Peal to re-read his paper on *Causticum*, as determined at previous meeting; after which the following discussion ensued:—

The PRESIDENT agreed with the author of the paper that *causticum* was a very unsatisfactory preparation, as ordered to be prepared by Hahnemann. The properties alleged by Hahnemann to belong to *causticum* had not been confirmed by other chemists. That it contained ammonia in a free state there could not be a doubt; and the question naturally arose whether the medicinal value attached to the remedy was due to *ammonia* or *causticum*, or both. The old formula, *tinctura acris sine kali* was also faulty, for in its preparation Hahnemann made it a matter of indifference whether *acetic acid* or *sulphuric acid* were used, but if the former were used it would be clear that we should have an acetate; if the latter a sulphate of potash—two products which could not be said to be identical. It would be better, therefore, always to use *acetic acid* in the preparation of this medicament, or else to adopt the recommendation of Dr. Black, and use *potassic hydrate*. If rectified alcohol were used the impurities in potassic hydrate would not be taken up; and although in the first decimal dilution we have deepening of colour if exposed to the light, he did not know that this in any way affected the character of the solution. In the latter case we should have a preparation of a definite strength, instead of one of an unknown and indefinite strength.

The PRESIDENT then read a letter from Mr. Turner (the treasurer) apologising for his inability to be present in consequence of recent severe illness, in which he stated that "*causticum* was a medicine of which neither chemistry nor ordinary pharmacy take any cognisance. Also, that in trying, in his student's days to determine its composition, he had failed to detect anything but KO in solution."

The PRESIDENT thought a solution of caustic potash was used by several homœopathic chemists, and that liquor potassæ was used by others; that he had more than once made a solution of caustic potash in alcohol, which, though perfectly clear and colourless at first, gradually became of a deep straw colour.

Mr. PARSONS remarked that he had noticed certain specimens of spirits of wine turn a straw colour after being mixed with ammonia, and thought causticum might act upon spirits of wine in the same manner.

Mr. HEATH observed that possibly the action of light might account for the colour.

Mr. PEAL thought light was not the cause, as he had noticed the gradual deepening of colour in spirituous solutions of caustic potash, which had not been exposed to any strong light, and which had been kept in actinic bottles.

The PRESIDENT suggested that members present should, between this and the next meeting, make further experiments with this preparation, and that the discussion on causticum should again be renewed, in the hope of their arriving at some satisfactory conclusion with regard to it.

The subjects of papers to be read during the present session were then discussed, with the following results, viz. :—December meeting, a paper on "The Preservation of Mother Tinctures," by Mr. Ashton; January, "The Insects of the Pharmacopœia," by Mr. Ross; February, "The Gums and Resins of the Pharmacopœia," by Mr. Parsons; March, "Carbolic Acid," by Mr. Turner; and April, "Dispensing Requirements and Arrangements in relation to Homœopathic Pharmacy," by Mr. Peal.

The arrangements for the Library was the next business in order, and the following rules and regulations were submitted by the President. Title to be, "Library of the British Homœopathic Pharmaceutical Society."

Rule I.—Time allowed for the perusal of each book, seven days, renewable on application to the Librarian, if not previously enquired for.

II.—Books damaged or lost while lent to a member to be paid for, and books inked or pencil-marked to be regarded as damaged.

III.—The cost of carriage to and from the library to be defrayed by the member.

IV.—Books must be exchanged in sets, not oftener than once in three days.

V.—Periodicals in the library sent to members on application, but not to be detained more than two days.

VI.—Any book in the library may be sent to a member on receipt of postage-stamps to prepay the postage.

VII.—All communications on library business to be addressed to Mr. Heath, the librarian, 445, Strand, W.C.

The rules and regulations of the library to be subject to revision from time to time at the meetings of the society.

The above rules and regulations being approved by the meeting, the President was requested to submit a proof at the next meeting of the society for final adoption.

"In the town of Aächen I found plenty
received with great politeness by the phy
worst cases had been detained nearer to th

"The efforts which were put forth by
in providing for the immense number of w
brought amongst them, were worthy of ad
country seemed moved to act in unison
object; and young ladies wearing the re
Geneva were frequently seen. The Sister
they always are on such occasions, of gre
parisons are odious when all were equally z

"The plan adopted was as follows:—

"First, as many as could be convenient
the hospital of Maria Hilf were at once sent
as they arrived, were conveyed to the larg
superintendence of Drs. Brandis and Schum

"From this, as from a centre, small numb
in various directions, according as the libera
opening their houses to the wounded, kept
sities of the case.

"I visited some of the wounded in one o
was much pleased with the arrangements
interested with the so-called barrack hospit
wood, and erected outside the municipal b
these buildings had just been erected at a c
and each was intended to contain 28 cases,
racter of which rendered isolation desirable
above the ground on wooden beams, and are
of wood. Adequate

"With regard to the character of the wounds made by the Chassepot and needle-gun bullets respectively, I am of opinion that a good deal of the writing on the subject is purely sensational. At all events, they have much in common, as they both break bones when they strike them full, and are rather harder to find and extract than the old-fashioned bullets. A German soldier gave me one of his own bullets, but could not be induced to part with the Chassepot ball which had struck him, and evidently considered it in the light of a most interesting relic.

"Amongst other contrivances in common use for fracture cases are plaster of Paris splints, which leave the fractured part entirely open for dressings, whilst affording support to the limb; and india-rubber bags filled with ice, to keep down inflammation. Also cans with flexible tubing attached to the bottom, for irrigating wounds; and plenty of carbolic acid, to keep down fœtor and the tendency to gangrene.

"So far as I could judge, Prussian surgeons are quite as well up to their business as English ones; but I got a very different account from an eyewitness of the sort of men at the seat of war, many of the places to which the wounded were taken being most abominably ventilated, not from want of conveniences, but from want of knowledge of the value of ventilation. Of course, under such regulations the mortality was very high, until a better system could be adopted.

"I need hardly do more than allude to the *physique* of the Germans as compared with the French. On all hands it is agreed that they are bigger men, and as a race ought to be the conquerors, under equally good drilling and generalship; they are, in fact, very like Englishmen in character and behaviour, with the advantage of being a great deal more courteous. It may perhaps be one good result of this terrible war, that each nation may learn a little from its neighbours without lessening its own dignity."

SAN REMO.

Dr. Gustavus Pröll, Physician at the Thermal Waters of Bad-Gastein, sends us the following information regarding San Remo, a charming winter residence for invalids on the Riviera:

"Dr. Pröll first visited San Remo nine years ago, when he wrote an account of it in Professor Sigmund's *Südliche Klimatische Kurorte*. Since this time private and public enterprise have added greatly to the attractions of the locality. The town is cleaner, the villas more numerous, the accommodation for invalids in hotels and pensions more extensive and of an improved order. There are four good hotels, the best being *The Victoria* and the *Hôtel de Londres*—the former at the east and the latter at the west end of the town. The Victoria is nearer to the sea, its spacious grounds extending almost to the

shore; while the Hôtel de Londres is more elevated and furth removed from the sea. In the centre of the town are the *Hô Royale* and the *Hôtel d'Angleterre*. There is a good club-hous a *Cercle International*, well supplied with sources of interest ar amusement. English visitors appear to be especially well pr vided for, there being an English Protestant Church, Englis library, English bankers, English pharmacy, and three Englis physicians. Dr. Pröll will remain at San Remo during th winter, and practise homœopathically.

OBITUARY.

CHRISTOPHER J. DAVIS, M.D., C.M.

"Le Bon Docteur Noir."

Homœopathy, the medical profession, and, still more, t sufferers from the war now devastating France, have s tained a heavy loss in the removal of Dr. Davis, who di of small-pox at Pont Mangy, after four days' illness, on 27th November.

Dr. Davis was born at Bridgetown, Barbadoes, in 18· where he received his early education, and where also he w for some time an assistant to a homœopathic physician in la practice. He came to England in 1866, and studied medici at St. Bartholomew's Hospital, and, for a short term of re dence, at the University of Aberdeen. At the former institut he was well known and much respected, both from his strong pronounced religious views, his consistent Christian charact and his ability as a student. During his career at the hospi he received a dissection wound, which for a time placed his in considerable jeopardy, but, under the skilful and energe treatment of Dr. Kidd, he made a complete recovery. He g duated at Aberdeen at the close of last Winter Session, taki the highest class-honours in surgery. On his return to E land he was appointed house-physician to St. Bartholome Hospital.

In September he volunteered to take a share in the work attending the wounded, and of feeding the starving at Sédan. there took sole charge of an ambulance, containing 500 sick a wounded soldiers lying in a state of filth and destitution alm impossible for words to picture. This ambulance was clea by Dr. Davis, with the assistance of personal friends, at expense of £20 per diem. Before this heavy charge was off hands, he had formed and carried into execution the project opening gigantic soup-kitchens for the relief of the peasantry Pont Mangis and Balan, where the inhabitants were litera dying of starvation.

On his return from a flying visit to England, whither went to obtain funds wherewith to carry on his work, the poi

of small-pox marked him—unvaccinated and deeply prejudiced against vaccination—as a victim, and after four days' illness he breathed his last.

His death was indeed a terrible addition to the many afflictions under which the poor people of Sédan were labouring, and his loss was most acutely felt, as indeed it might well be.

Never having fairly emerged *ex statu pupillari*, Dr. Davis had not made his faith in homœopathy generally known. This faith we are assured he had; and had his life been spared we are equally sure he would have proved a valuable addition to the ranks of those who are endeavouring to diffuse a knowledge of the value of the homœopathic law of cure.

In person Dr. Davis was of a tall, commanding figure, with a broad chest and an open, pleasant countenance. Though very dark, he was not a pure African. He spoke fluently and with a very pleasaut accent, could modulate his voice to a remarkable degree, was singularly courteous and agreeable in manner, and was possessed of a considerable amount of *savoir faire*.

We will conclude our brief notice of one of the latest, as he was, we believe, one of the purest, additions to the long roll of medical worthies who have fallen martyrs to their devotion to professional duty, by quoting the words of Mr. Bullock, one of his sorrowing *confrères* in his work of mercy. Writing to the *Daily News* of the 5th ult., Mr. Bullock says:—

"Dr. Davis' memory will live in many hearts and in several lands, under various skies, but nowhere will it be more treasured than in the villages about Pont Mangis, whence for years to come, one may venture to prophesy, pilgrimages will be made to the grave of 'the good negro doctor,' in the quiet nook at Fond de Givonne, where he was laid yesterday. To that grave he was followed by a long stream of sorrowing peasantry, a most touching and eloquent tribute to the memory of him, whose devotion to them had cost Dr. Davis his life in the flower of his youth. There were not many dry eyes when M. Philipoteau, the Mayor of Sédan, concluded his address by the following words:—"Must it not be, that God recompenses those who, like you, fall victims to their charity and devotion? Have we not the right to affirm to this numerous assembly, that, dying at the age of 28 for the love of your kind, you have found there on high a bright immortality? May our ravaged districts not be long in finding a worthy successor of the good works of him, who was known to us, as 'Le Bon Docteur Noir?' Adieu, Dr. Davis, adieu; or rather, *au revoir*, if only, one day, God might grant us an ending, resembling yours, however slightly.'"

The Font de Givonne gates of Sédan, leading direct to the cemetery, were thrown open, which had not been done before, even for the Prussian officers. 2,000 persons were present at the funeral.

patient had had his leg amputated,
mass of chilblains, many places being muc
pain and itching so intense as entirely to
any rest at night. I recommended him to
quently with a lotion composed of equal
tincture and gin. In a week he was quite

I may also mention that in shingles I h
decimal dilution very beneficial both for th
accompanying intercostal neuralgia.

Yours obedi
AL

1, Leinster Square, Hyde Park,
Dec. 15, 1870.

NOTICES TO CORRESPON

Communications have been received from Dr.
Dr. EDMUNDS, London; Dr. BODMAN, Deviz
Plymouth; Mr. POTTAGE, Edinburgh; Dr. S
Dr. SCRIVEN, Dublin; Dr. ROTH, London;
London; Dr. H. NANKIVELL, Bournemouth; I
wood; Dr. PRÖLL, San Remo; Dr. GIBBS B
F. SMITH, Esq., Malvern; E. H. MILLIN, Esq.,
CRAIG, Birmingham; Dr. THOMAS, Birmingham;
York, &c.

BOOKS AND PERIODICALS R

Annals of the British Homœopathic Society and of
pathic Hospital, Nos. XXXI. & XXXII. L
The Food Journal, December 1870. London: J.
The Chemist and Druggist's Almanac and Diary,
The Chemist and Druggist's [illegible]

THE MONTHLY

HOMŒOPATHIC REVIEW.

SMALL-POX AND VACCINATION.

SMALL-POX is, we regret to learn, once more, epidemic in London. The recent weekly mortality has been more considerable than at any period since 1863. That an epidemic, of such virulence, could prevail, had vaccination and re-vaccination been properly performed, we do not believe. The history of vaccination abundantly proves its protective power against this loathsome disease. The evidence at hand comes to us not from this country alone, but from all countries where the operation has been obligatory; and where, at the same time, ample means have been supplied to ensure its careful and adequate performance. It is clear, therefore, that we are suffering from the neglect of an ordinary, safe and sufficient precaution against a disease, severe in its course, often fatal in its termination; and, where life is not forfeited, it but too frequently leaves it embittered by blindness, deafness, or some other constant source of misery, or of impaired health. Small-pox, it cannot be too frequently urged, is a preventible disease. It is one which it is our manifest duty to endeavour to avoid, not only in our own interest, but in that of our neighbours; for its contagious character is unquestioned.

Vaccination in early infancy is a nearly certain protective—we say "nearly certain," for it is not so abso-

of fifteenth year, has been proved,
render the occurrence of small-po
That isolated cases occur, where thi
person who may, from previous vacc
his freedom from a liability to con
But such cases are isolated, in the fi
second, are usually of a mild charac

In England we are supposed to h
cination enforced by law. Every chil
shall be vaccinated before he has att
months. Had this Act of Parliame
out, the mortality in London would
height it has done during the past
That it has not been fairly carrie
assured. The duty of enforcing it ha
Boards of Guardians. The pers
Boards are, as a rule, Gallios in the n
until small-pox makes itself promin
They are not—save very exceptiona
tinguished by their information on m
the public health, neither do they pos
degree of credit for being animated i
their functions by any breadth of v

fairly carried out by the exertions of the Anti-Compulsory Vaccination League. The business of this Association is very well expressed by Mr. Simon, in his recent circular addressed to the Metropolitan Boards of Guardians, as that of spreading false and mischievous statements among the poorer classes, with the view of exciting hostility to vaccination, and of promoting opposition to the law. It is precisely in these towns and districts where the stump-orators of the League have been most active, where they have had the largest amount of success in inducing the ill-informed—but equally self-sufficient — of the poorer classes to believe that the law, against which they inveigh, has been made for the purpose of restricting their liberty, and doing damage to the persons of their children—that small-pox is generally prevalent. Northampton, Sheffield, Manchester, Liverpool, and the east end of London, furnish the largest numbers of victims to small-pox, just as they also furnish the largest numbers of supporters to the Anti-Compulsory Vaccination League. "The weekly list of deaths from small-pox fixes," as *The Times* of a few weeks ago remarked, "a tremendous responsibility on such persons." We owe, we believe, more of the mortality from small-pox during the last few years to the existence of this League than we care to dwell on. Its members preach vaccination as one of the greatest of curses, while small-pox, itself, they appear to regard as rather a blessing than otherwise. It "purifies the blood, clears the system of noxious matters" — one of the prominent lecturers of this League has repeatedly assured his confiding hearers. We never hear such an one tell of the eyes blinded for ever by small-pox; of the skin diseases it provokes; of the dormant disorders it wakens up! Of vaccination they aver that it kindles the hectic flush of consumption; and that it has given rise to increased infantile mortality from chest diseases, measles and scarlatina! These assertions are roundly made, rarely indeed with any attempt at proving them, and when any

such effort is put forth, it is of a character calculated only to influence those who are ignorant of the facts and incapable of reasoning.

An Association of this kind is an obstacle in the way of promoting the health and comfort of the poor, first in proportion to the influence it can exert; and its influence, unfortunately, bears a very striking ratio to the noise, the unblushing effrontery, and the sensational style with which its orators declaim before their unhappy audiences.

While the neglect of Boards of Guardians to carry out the provisions of the Act, and the determined efforts of the League to induce the poor to regard its enforcement as oppressive, and to urge them to disobey its provisions have tended to increase the number of small-pox cases, we fear there is too much reason to believe that this result is also partly due to the imperfect manner in which the operation has been performed. The procedure is so simple, so apparently trivial, that due importance is scarcely accorded to it. But it should be remembered that if simple in its manner of performance, it is an operation which may be so slightly performed as to have little or no influence whatever. A successful vaccination invariably leaves a good and well foveated cicatrix. In the examination of some schools by officers of the Privy Council, the number of imperfect cicatrices strongly testified to the carelessness with which the children had been vaccinated, and the very partial protection the operation had provided. It should on all occasions be remembered by the operator, that upon the care he exerts in operating, in the completeness with which he induces vaccinia, depends, in all human probability, the immunity of the child, entrusted to his care, from one of the most loathsome and fatal forms of disease. In view of such a contingency, the responsibility of exercising every possible precaution is a serious one.

Purity of lymph is a matter of the first necessity. It should be taken about the seventh or eighth day, and ere

the characteristic areola has appeared. There is no more frequent source of failure, none more liable to give rise to irritation of the skin, than the inoculation of lymph which has become degenerated into pus. The lymph should be limpid and somewhat viscid in character. Thin serous lymph is as unreliable as that which has become purulent is noxious. Again, the lymph should be clean. Any that is blood-stained should be at once rejected. when it is possible, "arm to arm" vaccination is preferable to that where the lymph used has been preserved on ivory points, between glasses, or in hermetically sealed tubes; though the last-named method of keeping lymph is far better than either of the two first. If the lymph is inserted on the point of a lancet, five or six punctures should be made. Various methods of operation have been devised, the best, we believe, being that where a small rake is used, giving several scratches. The pustule formed is more thorough than the small puncture of the lancet; and two pocks made with the rake are regarded as sufficient. Let the instrument, however, be what it will, it should be scrupulously clean. The pustules should be carefully watched, and everything likely to interfere with their development avoided.

Let, then, vaccination be carefully and thoroughly performed upon every child born in the land, let the operation be again attempted after fourteen or fifteen years have elapsed, and small-pox will be most effectually "stamped out."

HABITAT OF THE INDIGENOUS PLANTS

Employed in the Preparation of Medicines by the British Homœopathic Pharmacopœia.

By Edward Hamilton, M.D., F.L.S., &c.

The following list of British plants may be found useful as a guide to the localities where the specimens may be found. It is compiled from Sowerby, Baxter, and other botanists, as well as from my own note-book. The Habitats

of the more rare plants are given in full, as far as kno present; there may be other localities, but these are cient for the purpose of collecting.

ACONITUM NAPELLUS.—Monk's Hood. Wolf's l —Found in a truly wild state on the borders of the l Teme at Little Hereford. Very abundant at Ford, Wiveliscomb, Somerset, and in watery grounds in neighbourhood; at Ogwell Mill, and below Stav Bridge, Devonshire.

Flowers, June and July.

N.B.—Acon. Nap. is cultivated in many flower gar as an ornamental plant.

ÆSCULUS HIPPOCASTANUM. Horse Chestnut.—Do ticated everywhere.

Flowers, May.

ÆTHUSA CYNAPIUM.—Fool's Parsley. Lesser l lock.—Found very abundantly in cultivated fields gardens all over the kingdom: a common weed.

Flowers, July and August.

AGARICUS MUSCARIUS.—Fly Agaric.—Found in fi other woods all over the kingdom. Very abundant Esher and Weybridge in Surrey, in the enclosed pl tions in Woolmer Forest, Hants, &c., &c.

Autumn.

ANAGALLIS ARVENSIS. Scarlet Pimpernell. Poor M Weather Glass.—Corn fields; very frequent.

Flowers, June and July.

ANTHEMIS NOBILIS. Wild Chamomile.—Corn and waste grounds; very frequent.

Flowers, August.

ARUM MACULATUM. Cuckoo Pink. Wake R Lords and Ladies.—Found in woods and thickets, under hedges, in every county in England. Plenti the hedges and woods around London.

Flowers, April and May.

ASARUM EUROPŒUM.—Asarabacca. Hazelwort.—F in mountainous woods; *rare.* Berkshire, between Ma head and Henley. Cumberland, about Ramskin, Ma dall, and Keswick. Huntingdonshire, in some woods

Kimbolton. Lancashire, in several woods. Northumberland, at Middleton, near Alnwick. Westmorland, rather plentiful about Kirby Lonsdale. Yorkshire, in many places near Halifax; in Broad Bottom Wood, near Mytholmroyd, six miles from Halifax; Harper-royd-clough, near Sowerby Bridge, three miles from Halifax; Hebden Bridge, near Halifax. In Scotland, at West Binny, near Linlithgow.

Flowers, April and May.

Atropa Belladonna. — Deadly Night-shade. — On waste grounds, more particularly on a calcareous soil. Oxfordshire, Witchwood Forest, near Witney; between Nettlebed and Henley; Wookstock Park, near the Monument. Berkshire, Tilehurst Common and Englefield. Worcestershire, in the ruins of Dudley Castle. Cambridgeshire, near Wisbeach; Triplow; Fulbourn. Suffolk, on the banks of the high road between Bury St. Edmunds and Newmarket. Northamptonshire, on the road-side near Peterborough, and at Kingscliff, in Blathewick Park. In the valley of Furness Abbey, called the Vale of Night-shade. At Cunstone, near Rochester, Kent. Surrey, about Reigate Hill, and near Dorking. Scotland, on Inchcolm Island, and near the ruins of Borthwick Castle.

Flowers, June, July, and August.

Bellis Perennis. Common Daisy.—Pastures everywhere.

Flowers, from spring to autumn.

Berberis Vulgaris.—Common Barberry.—In woods and hedges, on calcareous soils. Berkshire, in Bagley Wood; in hedges near Cumnor. Beds., Clapham Lane and Milton Ernys. Cambridgeshire, about Chesterton; Granchester; Triplow; Hinton and Hildersham. Devonshire, near Chudleigh; Ilsington; Plymouth. Essex, about Walden. Somersetshire, near Tadwick; at Lyncombe and Bradford. Warwickshire, Oversley, Grafton, and Belsley; Leek Wolton and Warwick; in hedges near Bolton Hall, and on the banks of the Avon, near Holbrook Grange, near Rugby. It is frequent in the hedgerows in Norfolk and Suffolk; also in many parts of Scotland and Ireland.

Flowers, May and June.

in England. It is rare in Scotland.
Flowers, from May to September.

CHAMOMILLA (Matricaria Chamom
momile. Bitter Chamomile. Corn F
fields, on light soils, on waste grounds
by the road sides. Very abundant in
Flowers, from May to August.

CHELIDONIUM MAJUS. Common
places near towns and villages; in ro
on rubbish and old walls.
Flowers, May, June, and July.

CICUTA VIROSA. Poisonous Cowba
bane. Long-leaved Watercress. Lo
Hemlock.—In ditches and on the bord
common. Bedfordshire, Oakley Springs
Fens, between Ely and Pickwillow; ir
Tiled House on Romney Bank; in the
above Trickwillow Bridge. Cheshire,
Moor, a mile from Stockport; in Brere
near Nantwich. Cumberland, Keswi
Irthing at Walton and Irthington. He
ford, on the river banks, in the wall
running water at Canterbury and Ashfo
in the East Fen, chiefly on the edg

Burtle Moor; in the canal near Bathampton. Staffordshire, Kingston Pool, near Stafford. Suffolk, near Temple Bridge, Cavenham; banks of the Waveney, between Eccles and St. Olaves; Oulton Dike. Surrey, Battersea. Yorkshire, by the river at Scroby Bridge. Scotland, in the counties of Berwick, Dumbarton, Dumfries, Edinburgh, &c.

Flowers, July and August.

Colchicum Autumnale. Common Meadow Saffron. Tuber Root. Naked Lady. Upstart.—In moist rich meadows. Berkshire, near Appleton and Cumnor. Oxfordshire, near Coombe; Heythorp; Stanton Harcourt; Ashford Mills; between Hardington and Barton, near Oxford; near Filkins and Bradwell. Suffolk, at Little Stoneham. Shropshire, valley of the Corve, near Ludlow. Staffordshire, in the valley of the Trent. Worcestershire, on the banks of the Severn. In the rich meadows of the Itchin, in Hampshire. Yorkshire, near Richmond, &c.

Flowers, September and October.

Conium Maculatum. Common Hemlock. Spotted Hemlock. Kex. Herb Bennet.—Common in hedges, orchards, and waste grounds, and on rubbish and old dung heaps.

Flowers, June and July.

N.B.—Distinguished from its allies by its spotted stem, fetid smell, and by the unilateral partial involucres (calyx) and the *waved* ridges of its fruit.

Cotyledon Umbilicus. Wall Pennywort.—On rocks and walls, and on old buildings, especially in sub-alpine districts. Berkshire, on walls near Abingdon. Cheshire, at Bidston, and near Knutsford. Cornwall, frequent about Penzance. Derbyshire, Dove Dale. Hampshire, between Southampton and Ringwood. Kent, Tenderton; on church wall at Canterbury, and on Folkestone road. Somerset, old walls at Clevedon, &c. In Scotland, in counties of Argyle, Ayr, and Inverness. Ireland, very frequent.

Flowers, from June to October.

Crocus Sativus. Saffron Crocus.—Naturalized in meadows, chiefly about Saffron Walden, in Essex, but also in other places. Its fragrant stigmas constitute saffron.

Flowers, September.

CYCLAMEN EUROPÆUM. Ivy-leaved Cyclamen. Bread.—In woods and thickets; rare. Kent, growin abundance in a wood near Alderdown Farm, near S hurst; between Hawkhurst and Newenden, on both s of the road. Notts., at Langar, near the seat of Howe. Suffolk, on a steep bank in the parish of B field. Ireland, near Drumcondra.

Flowers, April.

DIGITALIS PURPUREA. Purple Foxglove.—He banks, woods, and sides of hills on gravelly soil. Com in most counties, but rare in Suffolk and Norfolk. plentiful in Hertfordshire, Berkshire, Bucks and wickshire.

Flowers, June to August.

DROSERA ROTUNDIFOLIA. Round-leaf Sundew. Rot. Youth Wort. Moor Grass. Ros Solis.—Bogs moist, heathy ground; frequent. Plentiful in the l wet parts of Wimbledon Common. Very common i Western Highlands, and on all boggy moors.

Flowers, July and August.

DULCAMARA (Solanum Dulcamara). Woody N shade. Bitter-sweet. Felon Wood.—In hedges thickets, in almost every county in England. Rar Scotland. In Ireland, in the neighbourhood of Dub

Flowers, June to August.

EUPHRASIA OFFICINALIS. Common Eyebright.— beautiful little plant is common on every heath and d and in mountainous meadows.

Flowers, from June to September.

EVONYMUS EUROPÆUS. Common Spindle Tree. I Wood. Gutteridge Tree.—In woods and hedges, quent in England and South of Ireland; rare in Scot In Oxfordshire, near Shotover Plantations; on Woods Road, between Oxford and Summer Town. In Bed shire, near Cople and Apsley. Cambridgeshire, Mac ley Wood and Kingston Wood. Cumberland, in Gow row Park, Ullswater. Devonshire, Chudleigh; More Totness; frequent. Essex, near Woodford. Kent, Faversham Common. Somersetshire, frequent about I Scotland, the Queen's Park, and near Cragmillar C Ireland, common in the county of Cork; on limes rocks near Galway.

Flowers, May and June.

FILIX MAS (ASPIDIUM). Male Fern.—Common in every county in England.

HELLEBORUS NIGER.—Not indigenous, but much cultivated in gardens. The Helleborus Fœtidus often substituted for it.

HYOSCYAMUS NIGER. Black Henbane. Common Henbane. Hogbean.—On waste grounds, by roadsides, on banks and commons, especially near habitations on gravelly and chalky soils.

Flowers, June to August.

HYPERICUM PERFORATUM. Common perforated St. John's Wort.—Woods, thickets and hedges; very abundant on chalky soils. Distinguished by minute black spots on the lips of calyx, corolla, and often on the leaves.

Flowers, July.

LACTUCA VIROSA. Strong scented Lettuce. Cut Lettuce.—About old walls and banks, &c., on chalky soil. In Berkshire, near Maidenhead; Botley, on the road-side. Essex, near Woodford. Hampshire, near Southampton and Netley. Middlesex, World's End, near Stepney; between Blackwall and North Woolwich, on banks of Thames; on Hampstead Heath; and in nearly every county in England. Scotland, near Edinburgh Park; Roxburgh and Stirling.

Flowers, July and August.

LAMIUM ALBUM. White Deadnettle. Archangel.—Borders of fields, waste places and roadsides, commons throughout England.

Flowers, from April to November.

PRUNUS LAURO CERASUS. Common Cherry Laurel.—Naturalized in this country, and common in all gardens, &c.

Flowers, June.

LEDUM PALUSTRE. Marsh Ledum. Marsh Tea.—Not a native of England or Scotland, doubtful in Ireland; but it is found in the neighbourhood of Archilhead, on the north-west coast of Ireland.

Flowers, April to July.

LYCOPODIUM CLAVATUM. Club Moss. Wolf's Claw.—Dry heaths and pastures. Hampstead Heath. Common in Scotland.

MENYANTHES TRIFOLIATA. Common Buckbean. Bog bean. Marsh Trefoil.—In marshy and boggy places wet meadows, and on the margin of rivers, fords, and w ditches. Found in every county in England.

Flowers, May and June.

MERCURIALIS PERENNIS. Dogs' Mercury. Woods, ec pices, look for it in shady places.

Flowers, April and May.

MEZEREUM. Daphne Mezereum. Common Mezere Spurge Olive. Dwarf Bay.—In woods. Very rare. Berkshire, Appleton Common. Derbyshire, Matloc Chee Tor. Dorsetshire. in Cranbourne Chace. Durha Tonslate Hills; South of Sunderland. Gloucestersh stream side in a dingle above Ebsworth; Fish-pon Painswick. Hampshire, in Selborne Hanger; amo shrubs of S.E. end, above the cottages. In woods n Andover. Somersetshire, in Brassknocker Wood, n Bath. Staffordshire, in Needwood Forest. Wilts., ab Great Bedwyn. Worcestershire, Eastham and Stanfo Yorkshire, in Oldfield Wood, near Ripon; on an isl in the Swale.

Flowers, February and March.

MILLIFOLIUM. (Achillea). Common Yarrow or M foil.—Pastures and waysides; very common eve where.

Flowers, all the summer.

NUPHAR LUTEA. Common Yellow Water Lily. Yell Water Can. Brandy-bottles.—Very frequent in wat ditches, ponds, lakes, and slow rivers. Smells like Bran hence probably, with the shape of its seed vessels, t name Brandy-bottles.

Flowers, June and July.

PARIS QUADRIFOLIA. Herb Paris. True-love. One-ber In moist, shady woods and thickets in many parts England. Rare.—Berkshire, Wytham Wood. Herefo shire, woods near Eastnor Park. Warwickshire, Sper Park. Headington Wick Copse, near Oxford. Coss

near Norwich. Middlesex, in the Hanging Wood near Harefield; in a wood bordering Hampstead Heath. Hampshire, Selborne Hanger. Somerset., at Clifton. Scotland, near Dalkeith. Ireland, in the woods about the Lakes of Killarney.

Flowers, May and June.

PHELLANDRIUM AQUATICUM. Water Fennell. Fine-leaved Water Dropwort.—Ditches and pools. Common.

Flowers, July.

PIMPINELLA SAXIFRAGA. Burnet's Saxifrage.—Very frequent on dry pastures, and sandy, gravelly soil.

Flowers, July and Aagust.

PETROSELINUM SATIVUM. Common Parsley.—Naturalized. Frequent on old walls in the south-west of England. Blarney Castle, near Cork, Ireland. Cultivated in all gardens for domestic use.

Flowers, June and July.

PRUNUS SPINOSA. Black-thorn. Sloe tree.—Hedges and coppices in many parts of the kingdom.

Flowers, April and May.

PULSATILLA. Anemone Pulsatilla. Pasque Flower. Wind Flower. In dry, chalky pastures in several parts of England. Cambridgeshire. Hertfordshire. In the meadows bordering the Downs, near Tring. Oxfordshire. Norfolk. Wiltshire. In the meadows around Warminster, &c.

Flowers, April and May.

RANUNCULUS SCELERATUS. Celery-leaved Crowfoot.—Sides of pools and ditches.

Flowers, June. All the British Ranunculi flower June and July, and are common everywhere.

RUMEX CRISPUS. Curled Dock.—Very common on every way-side; and waste places near houses.

Flowers, June and July.

RUTA GRAVEOLENS. Common Garden Rue.—Domesticated in this country.

Flowers, June and September.

SAMBUCUS NIGRA.—Common Elder.—Woods and coppices, frequent. In Scotland, near Ayr.

Flowers, June.

apple.—Waste grounds in the n
and towns. Not indigenous.
meadow near Reading. Bucks.,
Cambridgeshire, Wisbech. Ch
and Chelford. Cumberland, V
Derbyshire, Derby and Pinston.
Ballast Hills; near Darlington.
Wight. Middlesex, waste grounds
on the roadside between Norwich
on Fritton Heath and adjoining h
near the church at Little Malvern.
Glamorganshire, about Swansea.
the River Lions.
Flowers, July and August.

TAMUS COMMUNIS. Black Bryon
Seal.—In most parts of England, i
soil. Not found in Scotland or Irel
Flowers, June.

TANACETUM VULGARE.—Borders
sides. Very common.
Flowers, July and August.

TARAXACUM LEONTODON. Dand
Pastures. Common everywhere.
Flowers, all the summer.

TEUCRIUM CHAMŒDRYS
Germ

Berry. Red-berried trailing Arbutus.—On dry heaths in mountainous and rocky places. Cheshire, on hills between Cheshire and Yorkshire. Cumberland, Marindale Dale Head, Ullswater. From Grass Moor to Crummoch Water. Derbyshire, on Kinder-Scout, near Hayfield. Durham, Cronkley Fell; Teesdale Forest. Northumberland, near Hexham. Shropshire, Devil's Arm Chair; Stiperstones Hills, near Church Stretton. Scotland, abundant on dry, heathy, rocky places in the Highlands and Western Isles. Ireland, very abundant on the limestone mountains, Barony of Burren; County of Clare; and on several mountains in Connemara; at Fair Head, county of Antrim.

Flowers, in June.

Valerian Officinalis. Great Wild Valerian.—Ditches, sides of rivers and moist woods. Very abundant.

Flowers, June and July.

Verbascum Thapsus. Great Mullein. Yellow Mullein.—Banks and waste grounds in a light, sandy, gravelly or chalky soil. Very frequent in Middlesex, Beds., Berks., Herts, and other counties.

Flowers, July and August.

Vinca Minor. Lesser Periwinkle.—Hedges and banks in woods.

Flowers, May and June.

The Vinca Major is not indigenous, and is a much larger plant.

Viola Odorata. Sweet Violet.—Woods, banks, and pastures. Very frequent in England; very rare in Scotland and Ireland.

Flowers, March and April.

Viola Tricolor. Pansy or Heartsease.—Very common.

Flowers, the whole summer.

... a former paper made some pre
on the prevalence and mortality of phth
gated the minute anatomy of the lung,
enquiry now will be

II.—The Nature of Tubercle and Matter.

The researches of the microscope hav
derable light on the true nature of tu
subject has been fully investigated by se
observers. J. C. Hall, with Jones and
sider tubercle, in its true nature, to be "
proteine material rapidly passing into the
never advancing beyond the lowest gra
ment." * Radclyffe Hall regards pulmon
a two-fold aspect, viz., "primarily a dege
isting structure, and secondarily an ex
corpusculates into very lowly organised ce
says: "Scrofulous diseases express the re
a special texture to some earlier cell-type,
tion is the retrogradation of the pulmonary
parenchyma." Rokitansky regards "tube
fication of fibrine, and concludes that the ar
—the arterial elaboration of the fibrine—co
all the cardinal feature of the tuberculou
fibrine being altered in nature, is affected
dyscrasia, and is thrown out in the form
The affinity between lymph and tuberc
A 11:

a viscous lymph or mucus. Laennec gives four principal varieties of the isolated tubercle, viz., miliary tubercles, crude tubercles, tuberculous granulations, and encysted tubercles; and three varieties of the tuberculous infiltration, viz., the amorphous, the grey, and the yellow. Hasse describes the following three varieties of distribution of tubercle through the lungs:—1. Single, isolated, uniform disseminated miliary tubercles; 2. Scattered groups, the tubercles loosely or closely connected together in regular mulberry shape, or in an indefinite form; 3. Aggregated tubercles densely crowded through a portion or the whole of a lobe, forming apparently one coherent mass—tuberculous infiltration. There are two principal varieties of tubercle known as grey and yellow. To these two others are added by Dr. A. Clarke, viz., the carbonaceous and the creamy; and the French physicians describe a very small kind of tubercle which they call poussière, or dust tubercle. The carbonaceous variety is referred to by Laennec, who gives an interesting illustrative case, in which a portion of the lung was everywhere infiltrated with a quantity of black matter, giving the appearance of a piece of black soap. Andral says that the lungs of persons who have worked in coal mines have been found of a deep black tint both on the surface and internally; and he mentions two cases in which the expectoration was black as ink, and cavities in the lungs containing black liquid similar to the matter expectorated. Bayle describes certain cases under the name of phthisis with melanosis; and Mr. Nankivell has an interesting paper on the tubercular lung disease of Cornish miners, which bears upon the subject.* Dr. A. Clarke describes the creamy variety of tubercle as "usually found occupying the interior of air vesicles in the neighbourhood of old and extensive tubercular deposits. It is of the colour and consistence of thick cream or soft butter, and unc-

* *British Journal of Homœopathy*, April, 1865.
In the College of Surgeons' Museum there is a microscopic specimen of the tuberculous lung of a child, in which black carbonaceous matter is seen to have broken down the air-cells, and to have destroyed the cell-walls with their plexuses of vessels and connective tissue. In the Museum of Guy's Hospital there are some specimens of carbonaceous lung; one of "chronic induration, with black carbonaceous deposit;" another, "portion of miner's black lung from Newcastle." The lung in both these instances is perfectly black.

sooner or lat
yellow tubercle, which latter has in
danger than the grey, and under
changes—one that of softening, the o
tion. Dr. A. Clarke infers from his
grey is only an early stage of the yell
which has been arrested in its growth
softening by the infiltration of its ele
coagulable lymph." Rokitansky cons
and yellow tubercle are always di
Laennec says that the softening proces
commences towards the centre of eac
culous matter daily becomes softer
unctuous, and then acquires the viscidi
pus. During softening, the space w
occupied becomes the cavity of a minut
tissue is destroyed. Andral says that
not from any spontaneous changes in
from the admixture of pus poured ou
textures immediately surrounding ther
great authority– says that " the matter
appear under two primary forms—that
and infiltrations." The process of cretif
involves an absolute alteration of struct
animal portion of the tubercle becomes
becoming a cretaceous concretion; and
siders this alteration " as the residuum
longed struggle against

"in its earliest form of a homogenous molecular blastema, with lighter particles of oval or circular shape, and non-nucleated corpuscles." * The elements of tubercle, according to Rokitansky, Lebert, and others, may be described as consisting of molecules, flocculent masses, rounded or oval nuclei, flattened angular granular corpuscles, rarely with a distinct nucleus, and cells with distinct nuclei. Radclyffe Hall gives, as the constant constituents of mature pulmonary tubercle, normal epithelial cells becoming fatty, fatty epithelial cells, many nucleated cells, free nuclei, granules, and matrix; and, as frequent constituents, small blood-vessels in a state of fatty degeneration. red blood corpuscles, and orange-brown pigment, black pigment, granule cells, and glomeruli and induration matter.† These microscopical appearances of tubercle acquire an additional interest and importance from the fact that they form important aids to diagnosis in certain difficult or doubtful cases. Tubercle is only capable of extension by an increase of the morbid matter exuded; it has no power of growth as cancer, and many high authorities are strongly of opinion that it is possible to remove tuberculous matter through the power of absorption. This last most important point will come fully under review when considering the treatment of pulmonary consumption.

Having considered the nature of tubercle, we pass now to the consideration of

III.—The Origin and Development of Tubercle.

This subject of enquiry is not only interesting in a scientific and pathological point of view, but it is of the highest importance in its relation to the treatment of pulmonary consumption, and this not merely as regards individual medicines to be administered, but in the general indications for the use of various hygienic and regimenal means and appliances. Here again the microscope has revealed much that was hitherto unknown, and many competent authorities have recorded their observations. It will be seen that the question of the constitutional origin, or the local and epithelial origin of tubercle, is involved in the present enquiry; and the following is a summary of the opinions held on the subject:—

* Jones and Sieveking, op. cit. † Op. cit.

developed by juxta position. Profes
states, in his "General Pathology,'
products of disease which appear at
diaphanous granules, after a time be
indurated; that a poor and crude st
as regards its formation and depu
causes to the formation of tubercle;
of tubercle does not depend upon i
mined organisation, but on a peculiar
consisting of an abnormal formation o
deposition; that the fat and albumen
duct of abnormal chyle taken into th
damental elements (albumen and fat)
being transformed into healthy blood
blood plasma, and which are therefore
blood as foreign elements. and again
organs as abnormal lymph. In the fo
it is the organising process that is at
lated matter cannot advance in the
formation. Tubercle accordingly ha
organisation; were it capable of as
form it would have done so in the
would have been converted into fibr
cles." Carswell states that tubercl
morbid changes

Förster has illustrated, in his "Atlas," the development of tubercle from the connective tissue corpuscles in pulmonary tuberculosis. Atkinson says,* "that the earliest stage of tuberculosis consists in a diminished vital power, produced by various external depressing agents; in fact, whatever tends to depress and lower the system, renders it eminently liable to a deposition of tubercle." Bennett states that "tubercle is a new formation in an exuded blood plasma;" Addison, that it is a modification of a pre-existing texture; Rokitansky, that it is a fibrinosis: and Hassall, that "a tubercle is an accumulation of epithelial scales, the imperfect and degenerate representatives of the true epithelial cells of the organ or part in which the tubercle itself is developed."† On the other hand, Addison, in his work already quoted, conceives that the imperfect and degenerated epithelial cells are derived immediately from the blood itself, and that tubercles are composed of objects originating from blood corpuscles, which have been arrested in their circulation through the minutest vessels of the structure of the air-cells, and that no more elementary particles are formed to constitute a tubercle. Dr. Radclyffe Hall, in his elaborate paper already quoted, states "that tuberculization of the lungs commences as a degeneration of a normal tissue, proceeds as a production of this tissue in a depraved form, and then as an exudation capable of following only the lowliest process of organisation up to maturity, and even after maturity its changes are still those of the degeneration of a lowly-organised product. The steps of the local morbid process are these: the pavement epithelium of the air vesicles (previously normal) becomes in a state of fatty degeneration; this epithelium being shed, is replaced by fresh epithelium degenerate from the first, and rapidly becoming fatty; this being shed, is replaced by large cells containing several nuclei; these being shed, are replaced by free nuclei and granules embedded in a structureless matrix. Up to this stage the tubercle is intra-vesicular only. Then the pulmonic fibres are enclosed and separated by the morbid exudation, and free nuclei and granules are formed between and amongst them, and thus the tubercle is completed." Thus, the earliest local process consists in the enlargement and fatty degeneration of

* *Observations on the Cause of Tuberculosis.* *Lancet*, Feb., 1854.
† *Microscopic Anatomy of the Human Body.*

... fairly summed up in
Pollock asks*—" Is tubercle in the
origin, taking its rise from some er
organ, a false growth, superadded
of existing tissue, or is tubercle in
a general character, which has onl
advanced stage when we are able to
in the lung ?" and he replies (not
tical arguments in favour of the fir
existing disorder of health is inv
there is any evidence of deposit in th
there are symptoms before there are
symptoms not being referable to any
so far as the function of respiratic
clearly indicative of a general disor
And again, " that, whilst a pneumo
unhealthy subject undoubtedly often
pneumonia and bronchitis in their si
give rise to tubercle, and therefore th
its origin in purely inflammatory
structure." To this may be append
Dr. Alison, that " whilst phthisis ir
quently appears as a consequence of in
yet that it sometimes shows itself
chiefly in those most strongly predis
indications of inflammation precedir
From a review of the foregoing ev
careful consideration of "

to tuberculous deposit must have relation to such an improvement of the general condition of the system by various means, medicinal, dietetic, and hygienic, as shall, if possible, alter the condition of the vital fluid, and arrest its tendency to promote morbid changes and deposits in those tissues that should otherwise be nourished and preserved in their integrity.

The next subject for investigation will be

IV.—The Locality of Pulmonary Tubercle.

The precise point involved in this department of enquiry resolves itself into the following most important question, one not merely of pathological interest, but also of great practical importance in its bearing upon the treatment of pulmonary consumption, viz.:—"What is the particular tissue of the lung in which the tuberculous deposit takes place?" A great deal of discussion has arisen on this subject, and various writers have assigned the special locality to be the terminal branches of the pulmonary arteries, the interstitial tissue of the lungs, the minute bronchial tubes, and the air-cells themselves. Dr. J. C. Hall says, in his work already quoted, "that with regard to the seat of tubercle in the lungs, tuberculous matter is deposited primarily on the free surface of the lining membrane of the air vesicles, the inter-vesicular passages, or the lobular bronchi." This is shown to be the case by Dr. Clarke, in his preparations illustrative of the seat of tubercle, who further shows that the tubercular deposit extends to the walls of the air vesicles, the areolar tissue around the blood vessels and bronchi, and between the lobules only at an advanced period of growth, when such retrogressive changes have set in as involve destruction of the structural elements of the lung, and that it does not occur indifferently at any point external to the blood vessels.* Dr. Barlow observes "that the opaque, crude, and yellow tubercle is deposited in the lining membrane of the smaller tubes and in the air-cells with which they communicate, and that the grey tubercle is deposited in the cell or on the cell wall."† Dobell speaks of interstitial tuberculous granulations outside the

* *Preparations Illustrative of the Seat of Tubercular Matter in the Lungs and Testes.* By Dr. A. Clarke. *Transactions of the Pathological Society*, vol. vi. p. 90.

† *Manual of the Practice of Medicine.*

... themselves. The observatio
king lead them to believe that "
invariably at the point of smallest re
the first instance always into the
these are filled the morbid plasma
deposited in the interstitial parencl
deposit of tubercle takes place in a
the vesicular cavity, which it distei
round point of the size of a small
the naked eye. It forms a trans
entirely blocks up the cavity, stoppi
entrance of the ultimate bronchule,
exactly fits its mould. When whole c
cells are at once charged with tube
interstitial spaces can no longer be d
teration of the pulmonary tissues prog
the rounded form of the vesicular str
destroyed, by mutual pressure they as
or polygonal shape, a mere line indic
separation; the bronchules leading to
are seen to be obliterated, dwindlii
tubercular aggregation to a point, and
tured artery in a mere thread."† Tw
scopic drawings are given in the "M
gical Anatomy," by Jones and Sievek
the foregoing statements, one showing
tubercle has taken place in an air ve
tended into a ...

membrane into the interior of the air-cells; the pale colour of the tuberculous matter contrasts so strikingly with the red capillaries that the exact form and limit of the former can be seen if only one or part of one cell be filled. The deposit of tuberculous matter takes place in the bronchial inter-cellular passages at the same time and in the same way as in the air-cells; and their walls, which are in reality the air-cells between which they pass, disappear in the same manner as those which separate one cell from another." In proof of this a good microscopic drawing is given, showing the white tuberculous matter situated in the air-cells with the remains of the red capillary vessels between the cells. From the foregoing statements it will be evident that the deposit of tuberculous matter takes place first and chiefly in the air-cells, first on the lining membrane and then gradually blocking up the entire cell, so that the perfect oxidation of the blood is hindered, the function of respiration is impeded, and various important and serious effects are produced which require to be severally examined. An important practical question may very fairly be raised by this view of the locality of pulmonary tubercle, viz., how far may remedial agents, introduced into the lungs by the process of inhalation, be likely to prove serviceable in the arrest or cure of phthisis, seeing that by this means the disease and the remedy are brought into close and direct communication and contact the one with the other?

(To be continued.)

ON THE THERAPEUTIC PORTION OF THE REPERTORY.

By J. Gibbs Blake, M.D. Lond.,

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As the Cypher Repertory approaches completion, it becomes necessary to settle the plan of the therapeutic part, which is to form a supplement to it; and at the recent Congress at Birmingham it was suggested that the subject should be ventilated in our periodical literature.

The clinical remarks which commence each chapter in Hull's and Curie's editions of Jahr have been most useful, especially to beginners of the practice of homœopathy; and if these clinical remarks were more strictly what they profess to be—bedside observations—they would be still

more useful, especially if they were made more complete and the nomenclature modernised. In some respects they anticipate the suggestions of Dr. Bayes in an article on Nosology in the *Brit. Jour. of Homœopathy* (Jan. 187 inasmuch as the divisions of disease are made to depe upon treatment and causation; but if this principle division be thoroughly carried out, it would be found th the number of divisions would equal the number of me cines, and then it would come to the same thing as en merating the medicines, and putting the characteristi symptoms of each medicine as the definition of the su division.

To return to the plan of the Repertory. That Rückert has been suggested. In his *Klinische Erfah rungen* he has collected with great diligence a larg number of cases from German homœopathic literature given the references to each, and tabulated the results in various ways. The whole forms, with Oehme's Supplement, five 8vo volumes, making a total of 4060 pages up to the year 1858. This translated into English, completed on the same plan up to the present time, would form a most useful book; but it would be far too voluminous to take the place of the clinical remarks and form a Clinical Repertory.

As Rückert's article on Bronchitis does not do justice to his plan, I have selected the one on Jaundice and Chronic Liver Disease, and I have attempted to give an idea of its arrangement by translating and putting together parts of it, curtailing it for the sake of brevity.

RÜCKERT'S CLINICAL EXPERIENCE,

Vol. I. p. 687; Chapter 48.

Chronic Liver Diseases and Jaundice.

Literature: Allg. H. Ztg. 2, 5, 6, 8, 10, 13, 18, 19, 21, 28, 30, 33, 34, 38, 39.—Annal. 1, 2.—Arch. 6, 3; 8, 1; 8, 3; 10, 2: 13, 3; 15, 1; 16, 1; 17, 1.—N. Arch. 3, 1; 3, 3.—Chron. Krankh. 1, 5.—Hyg. 5, 22.—Prakt. Beitr. 3.—Hartm. Ther. 1.—Kreuss. Ther.—Rummel.—Rückert.—Schwarze.—Vehsem 3.

Observers: B . . . . g, Barte, Bönningh., Emmerich, Eulenberg, Frank, Gross, Hahn., Hartm., Haustein, Heichelheim, Kallenbach, Kammerer, Knorre, Kreuss., L. in Z., Lobeth., Marenzeller, Mühlenbein, Nehrer, Rentsch, Rummel, Schmid,

Schmidt, Schüler, Schwarze, Sommer, Spohr, Strecker, Thorer, Tietze, Vehsem.

As jaundice does not occur without accompanying disorder of the liver, and most chronic diseases of the liver cause some discoloration of the skin, it is thought better to include all these forms of disease in one chapter.

Forms of Diseases.

1. *Jaundice*, approaching (A) acute spastic jaundice in No. 9, 25, 26, 28, 30, 31, 32*a*, 40, 41*a*,*b*, 46;—B, common chronic jaundice in No. 1*b*, 2, 3.—8, 10, 15, 17, 33, 34, 42, 44.
2. Rheumatic and chronic inflammatory conditions of the liver in No. 1*a*, 13, 21, 22, 27, 45.
3. Chronic enlargement and hardening of liver in No. 12, 14, 18, 19, 23, 24, 29, 37, 38, 39.
4. Abscess of liver (phthisis hepatica) in No. 20, 35, 43.
5. Hepatalgia in No. 32*b*.

Medicines for jaundice:—Acon., Aur., Bell., Dig., Nux vom., Phosph.. Sep., Sulph.
„ rheumatic and chronic inflammation:—Acon., Bell., Chin., Nux vom.
„ enlargement and induration:—Calc. c., Con., Dig., Ferr., Laurocer., Mag. mur., Nux vom., Sulph.
„ phthisis hepatica:—Kal. c., Lach. (in alternation with Merc. and Hep.), Silic.
„ hepatalgia:—Nux vom.
N.B.—Compare the general resumé.

1.—Aconite.

A & B.—*General Remarks and Individual Cases.*

a. Aconite gets rid of the jaundice, *when not of long standing, often in a few days.*—Allg. H. Ztg. 28, 265. Rummel.

b. If the rheumatic process has its seat in the serous coverings of the stomach, of the intestines, or of the liver, the pain arising from the inflammation has this peculiarity: that it readily changes its place. At one time it is violent in the neighbourhood of the stomach, at another in the right hypochondrium, at another it appears violently round about the umbilicus. In such cases Aconite is a medicine to be relied upon.—Hug. 22, 253, Eulenberg.

Compare No 1A.

1A. A blooming maiden, aged 18, suffered for several months from a painful feeling which came on more violently at one time

in the epigastrium, at another time in the right hypochondriu[illegible], and at another round about the umbilicus.

Symptoms.—The pain was fixed in the epigastrium, and th[illegible]re were present a distension and tightness at the epigastrium, w[illegible]th a bad bitter taste; pressure on that region increased the pa[illegible]in. Tongue thinly coated or reddish, with great thirst. Gu[illegible]m swollen, scorbutic, at times bleeding. Vomiting of food. C[illegible] stipation or diarrhœa. C. regular, copious. At another ti[illegible] pain in the left lobe of liver, increased by pressure. Conjunc[illegible] and sclerotic of yellowish colour. Intercurrent rheumatic [illegible] flammation of the right eye, with photophobia. Giddiness w[illegible] stooping or moving the head. There was pain in the abdom[illegible] with diarrhœa at one time and constipation at another.

Prescription.—After four months' ineffectual treatment, [illegible] Aconite, 5 drops four times a day. After the use of ℥ss she w[illegible] restored.—Hyg. 22, 353, Eulenberg.

1B. A boy of about 12 became jaundiced, after an erupti[illegible] disease, for fourteen days.

Symptoms.—The whole body was sulphur-yellow with th[illegible] exception of the cheeks, nose, and upper lip. No fever; tongu[illegible] *clean;* taste of mouth and food (pure) natural. In the *forenoo*[illegible] violent, bitter risings; later, bitter vomitings, especially afte[illegible] eating (mid-day and evening he can eat without difficulty). Neighbourhood of epigastrium swollen, sensitive to pressure. (The right hypochondrium not sensitive to pressure.) The abdomen distended, hard; burning round about the navel; stool scanty and uniformly yellow; urine yellow; constant burning in the forehead.

Ordered Acon. 3, one drop in solution morning and evening. After three days cured, except the distended abdomen.

C. Resumé.

C. Resumé. Besides Nos. 1A and 1B, Aconite was used with advantage in Nos. 13, 20 and 38.

The patients were between 6 and 18 years years of age, 2 male, 3 female. Aconite alone cured in 1A chronic rheumatic inflammation of the serous covering of the liver, and in 1B Jaundice. In recent Jaundice, Rummell saw Jaundice cured often in a few days. In Nos. 13, 20, and 38, Aconite was used as an occasional medicine in chronic diseases of the liver for intercurrent attacks of inflammation. Compare Chap. 47, Acon. *C.*

Indications for the use of Aconite.

Conjunctivæ yellowish (1B).
Taste natural (1B)—bad—bitter (1A).

Tongue slightly coated, with great thirst, 1A.
Eructation, frequent, bitter, 1B.
Vomiting of food and bitter substances, 1A.
Epigastrium distended, tense, swollen, 1A.
Abdomen hard, distended, 1B.
Burning around navel, 1B.
Pain in left lobe of liver, 1A.
Stool at one time loose, at another time constipated, 1A.
„ yellow, 1B.
Urine yellow, 1B.
Body sulphur yellow, 1B.
Aggravation by touch, pressure, and after eating.

Dose tincture, 5 drops 4 times a day in one case.
Aconite, 3 in solution in one case. Acon., 24 and 30 in 3 cases.
(Here follow other medicines, with cases in detail, which occupy 18 pages).

Page 700.—*Cases cured by several medicines.*

40. Kopp. Cured rapidly a quickly commencing jaundice, but saw no result in important cases with violent pains in the abdomen. In 3 cases which he cured he gave Nux vom., Merc., Puls. and Digit., used in succession. P. 348, 349, Kopp.

41A. A man æt 30. Jaundice after vexation cured in 12 days by Cham. 9, Puls. 12, ½ drop, Nux vom., 30. Ann. 3, 203.

41B. A girl æt. 22. Jaundice cured by Nux vom., 30, Ignatia 12, Nux vom. 30, in 12 days.

42. Ivanovich cured a jaundice which had existed 2 years, within 2 months, by Silic and Lycop. 18, four days of each in turn. Arch. 18, 3, 90.

43. A 50 yr. old sufferer from phthisis hepatica, after preceding inflammation of liver, given up by allopaths, was cured by Lachesis 30, in several doses in alternation, with Hepar 5 and Merc. 30. Arch. 19, 1, 53, Grosse.

44. A woman æt. 52. Chronic Jaundice cured in 6 weeks by Nux vom., Sulph., Rhus., and Nux vomica. Jahrb. 2, 150.

45. A man æt. 60. Asthma and chronic hepatitis, Nux v. 3, Lycop. 18 and Graph. 18, in turn. Arch. 20, 3, 57, Goullon.

46. A woman æt. 20. Jaundice after passion. Cham. 12, after two days, Merc. 12. Afterwards 8 days, Sulph. 30, 4 doses, 4 days at a time. Pr. Beitr. 2, 203. Schultz, Senr.

General Résumé.

In the foregoing we find 5 principal groups of disease.

1. *Jaundice.*

Males	9
Females (æt. 22—52)—(two pregnant) ...	13
Children (æt. 4—10)	5
No record	2
	29

Principal medicines, Aur. and Nux v. 5 times, Bell. 4 tim Dig. 3 times, Aconite, Phosp., Sep., Sulph., once, and in N 42, Silic and Dig. used alternately.

Besides general remarks on Ars., Carb., Cham., Iod., Merc. s

According to form. Individual cases of Ict. neonat. a wanting. But Sulphur is mentioned, especially in heredita strumous diathesis.

In acute spastic jaundice, Bell., Cham., Bry., *N. vom.* Al Merc., Puls., Sulph. In common chronic jaundice, Ac., Aur Bell., Dig., Phosph., Sep., Sulph., also Lyc. and Silic.

In chronic inflammatory conditions, with jaundice, Chin Dig. Compare Chap. 47, table 2.

For Icteric signs which accompany chronic diseases of the liver, in some cases, swelling; in others, hardening of the liver Ars., Bel., Calc., Iod., Kal. c., Magn. m., N. v., Sep.

Generalization.—Bartl cured most cases where no deep-seated organic fault existed (except, perhaps, strumous) quickly with Sulph. Böning recommends Sepia in jaundice, where the pain confines itself to the liver. Hartmann found Carb. v. suitable in chronic forms in scorbutic cachexia, and Merc., in many cases of jaundice, a specific. Kopp. quickly cured jaundice which came on rapidly, but saw no result in serious cases with violent pains in the abdomen. Rummell cured recent jaundice with Amm. in a few days. The table at the end of the chronic diseases of the liver shows, at a glance, the peculiar indications for jaundice, as well as the accompanying pains.

Analysis of doses used.—*Vide* end of chapter.

Result.—Cure of acute jaundice in 8 cases, from 5 to 12 days, out of 11 cases of chronic jaundice, 9 were cured in 2, 4, 8, up to 14 days. Two in which the disease had lasted 2 years, were cured in 6 to 8 weeks, consequently more rapid in proportion in the chronic forms than in the acute.

2. *Rheumatism, and chronic inflammatory condition of the liver.*

Out of six cases, 2 males from 30 to 60 yrs. old, 4 females, 3 were 18 to 24, one aged 6.

In rheumatic inflammation of the serous covering of the stomach, intestines and liver, chronic, quickly changing its seat, Acon.

In chronic inflammatory conditions of the liver, Bell., Nux Vom., Magn. mur.

The table shows, at a glance, peculiar indications and concomitant symptoms. Analysis of dose.—*Vide* end of chapter.

Result very satisfactory. Disease lasting 3 to 5 years, the recovery quick, the latest being 11 weeks.

3. *Chronic Swelling, and induration of liver.*

10 cases, 3 male and 6 female. *(sic)*. Age, 36 to 53, and 2 children, 6 to 9.

Medicines.—Calc. c., Conium, Dig., Ferr., (Laurocer., N. 3, 1,) Magn. mur., N. Vom., Sulph.

In enlargement of the liver in women, Lobethal and Rummel look especially to Magn., Mur., and Schwarze saw the same medicine do well in many cases of induration of the liver, after Sulphur. Cimex lect. deserves especial attention in chronic diseases of the liver, and portal system. See table and analysis of dose at the end of chapter.

The result was here also satisfactory, and diseases which had lasted 2, 7, even 10 years, were cured in 2, 4, and 6 weeks.

Of most importance is the cure of—

4. *Suppuration of the liver—Phthisis Hepatica,*

by Kal. c,, Silic. and Lach., in change with Hep and Merc. (Nos. 20, 35, 45). The symptoms of these cases are not given in the accompanying tables because they are to be read by themselves.

5. *Hepatalgia.*

Only one case cured by N. Vomica.

The collected observations in this chapter are derived from 31 physicians.

Analysis of dose in 62 observations.

		Whole Drop.	Divided by Solution.	Glob.	No record.
0	4 times	4 times	1 time	...	7
1—3	10 „	2 „	...	...	10
6—12	16 „	6 „	...	11 times	14
15—30	29 „	4 „	...	2 „	1
200—1000	3 „	—	—	—	—
	—	16	1	13	32
	62				

62

I have chosen Rückert's chapter on Jaundice becau it is an average one, and well illustrates his pla whereas that upon Bronchitis is meagre, and is witho analytical tables.

I now propose to arrange the information given in th chapter of Rückert upon another plan. The object this is to condense the cases as much as possible, and give in a small compass all the indications that are afford by the clinical records.

It is intended that all cases of jaundice reported homœopathic journals should be inserted, with the refe ence to each, or perhaps the reference only, so that t physician who uses this part of the Repertory may fi some cases in the journals that he possesses. It w be, therefore, more a clinical index than a collection cases.

It will be obvious, too, that it is not intended to mal this therapeutic part of the Repertory take the place of practice of medicine. The Materia Medica must be use to select the right remedy, and the Clinical Index may b used after the Cypher Repertory, so as to see if the sele tion of the remedy is strengthened by practical proc All symptoms *ex usu in morbis* should have been ke distinct from the proving, and those with the mark ° ha no more right to a place in the Materia Medica Pura th all those which are found in Rückert and not in t Materia Medica as it now exists in Jahr's Symptom Codex.

For the sake of uniformity I would suggest that t names of diseases be taken from the English column the nomenclature of the College of Physicians, whi every qualified practitioner is supposed to possess; a the division into chapters varies little from our own Jah The Latin synonym, and perhaps the German and Frenc might be added. Then the disease should be defined, a the author's name added, and the varieties of the disea enumerated, with the medicines for each.

JAUNDICE (Syn. Icterus).—"A yellowness of the integumen and conjunctiva, and of the tissues and secretions generally, fro impregnation with bile pigments."—(Murchison, Liver, p. 279.

CE.

	Dig.	Ferr.	Iod.	Kal. c.	Magn. m.	Merc.	Nux v.	Puls.	Phosph.	Sep.	Silic.	Sulph.
Giddine												
Conjunc	2	...	...	...	...	...	1, 3	...	2	2	1, 2	...
Underlic	1	...	...	1	...	...	1	...	...	...	...	1
Face yel	...	...	...	...	1	...	...	...	...	...	...	...
Want of	...	...	1, 3	3	2	...	...	...	...	...	...	1
Thirst (1	...	...	...	1	1	...	1	...	...	...	1	1
Taste pu	1	...	1	...	1	...	...	...	...	1	...	...
Tongue	2	...	...	...	...	...	2	...	...	...	...	...
yell	1,2,3	...	5	...	6	...	2, 5	...	...	...	...	...
Cavity o												
Nausea (	...	...	...	...	...	...	1	...	...	...	...	...
Rising of	1, 2	...	1	...	...	...	1	...	...	...	...	1
Vomiting	1	..	...	...	1	...	1	...	...	...	...	1
Empty re	2, 3	...	...	...	...	...	4	...	...	...	...	1
The regio	1	...	...	...	...	...	1	..	...	...	...	...
sion	1, 2	...	...	...	...	...	2, 3	...	...	...	3	2, 3
Epigastri												
Region o	1, 3	...	...	...	...	...	2	...	...	...	...	...
oppr	1, 2	...	...	...	3, 4	...	...	...	...	...	...	2
Liver se												
thou	...	1, 3	...	2,3,4	4, 5	...	2, 4	...	...	...	...	2,3,4
Liver dis												
Abdomen	...	...	1	3	...	...	...	2	...	...	3	...
Stool har	3	...	...	2, 3	...	1	...	...	...	...	...	1,2,3
Diarrhœa	1	...	1	...	1	...	1	...	...	...	1	1
Stool whi	...	...	...	2	...	...	...	...	...	...	...	...
Urine sca	1,3,4	...	...	...	3	...	1	...	...	...	...	...
Urine like	1	...	...	3	1	...	3	...	...	...	...	3
green	2,3,4	...	2, 5	...	1	...	2,5,6	...	...	2	...	...
Difficulty												
heart	...	...	...	...	1, 3	...	..	...	2	...	...	1, 2
Lassitude,												
Swollen fe	1	...	...	...	1	...	1	...	...	1	...	1
Skin yello	...	...	...	...	1	...	...	...	...	...	...	...
ish ye	1	...	1	...	...	1	1	...	1	1	...	4
Skin spott												
Sleep littl	...	...	...	...	...	...	2	...	...	...	...	2
Coldness (	...	...	...	...	1	...	2	...	...	...	...	1
Mind anx	1,2,4	...	3	3	...	...	...	...	...	...	3	1, 3
,, peev	...	..	...	...	...	...	1, 2	...	...	...	...	...
,, fearf	...	...	...	...	2	...	2	...	...	...	...	...
,, dow	...	...	...	...	...	...	2	...	...	...	...	...
,, nerv	...	...	1	...	1	...	...	...	...	...	...	...
	...	...	...	...	1	...	...	...	...	...	...	...

To f

Caused by Obstruction of Bile Duct by Gall Stones. MERC., PODO., Card.
" " " by hydatids ?
" " " Swelling of mucous membrane. Acon., Merc.
" " " Stricture from perihepitis ?
" " " Spasmodic stricture ?
" " " Tumours ?
Caused by Poisons of Specific Form :—
" " " Yellow fever ?
" " " Remittent and intermittent ?
" " " Relapsing ?
" " " Typhus ?
" " " Typhoid (enteric) ?
" " " Scarlatina ?
" " " Epidemic jaundice. Dig. ?
Caused by Animal Poisons :— Pyæmia ?
Snake Poison ?
Caused by Mineral Poisons :—Phosphorus ? Mercury, Chin., Hep. sulph., Lach., Copper ? Antimony ?
" Acute atrophy of liver. Phosph. ?
" Mental emotions. Bell., Cham., Nux.
" Concussion of brain ?
" Congestion of liver. Mechanical.
Active.
Passive. Nx. v. 1x.
Jaundice of new-born children. Chin., Sulph.
Acute Jaundice. Ac., Bell., Bry., Cham., MERC., NUX. v., Puls., Sulph.
Chronic " Uncomplicated. Ac., Aur., Bell., Dig., Lyc., Chelid., Card., Phos., Sep., Sulph., Silic.
" " Complicated, with rheumatic inflammation of the serous membrane. Acon.
" " " with chronic inflammation of liver. Bell., Nux. v., Magn. mur.
" " " with enlargement and hardening of liver. Berb., Calc., Carb., Con., Digit., Magn. mur., Nux. v., Sulph.

ACON. Jaundice in a rheumatic subject. Hyg. 22, 353, Eulenberg.
♀ Bitter taste; tongue coated; thirst great; vomiting; painful tenderness of left lobe; stools diarrhœic or constipated; aggravation by movement, pressure, and eating.

3	Acute Jaundice after an eruption; no fever; tongue clean; in forenoon bitter risings and vomiting—not in afternoon; epigastrium swollen and tender; abdomen distended; burning around about naval; small yellow stool; concomitant burning in the forehead.	Allg. H. Ztg. 30, 331, Sommer.
2	*Acute Jaundice.* Thickly-coated tongue; tenderness of liver; tympanitis, constipation, &c.	Pr. M.S. 1, 107, Kafka.
Aurum F. 3	Chronic Jaundice. Tongue white; taste bitter; no appetite; pressure in epigastrium and right hypochondrium; constipation; urine dark yellow or greenish brown—thick: feet painfully tired and swelled to the knees; skin very dark-yellow; cough and short breath.	Allg. H. Ztg. 8, 52, Hartmann. Allg. H. Ztg. 10, 4, Hartmann.
Bell. 30	Chronic Jaundice. Painful swelling of abdomen, with excessive weakness, caused by vexation.	Hyg. 5, 212, Heichelheim.
36	In conjunction with Nux v. and Bry.	Arch. 6, 3, 70, Mühlenbein.
Bryonia 30	Chronic Case of Congestion of Portal System and Abdomen generally. Pains in limbs; constipation; hardness and enlargement of liver, &c.; painful liver.	Hyg. 5, 215, Heichelheim.
BERB. 3	Chronic Enlargement of Liver, with faulty secretion of bile, slow digestion, alternate hunger and want of appetite; thirst and dislike for drinks; distension with flatulence, which is expelled with great noise.	Allg. H. Ztg. 47, 176, Buchner.
Calc.carb. 3	Chronic (2 years) Jaundice, with visible enlargement of liver, in a young person, stout, with quiet, cheerful disposition, and weak digestion.	Allg. H. Ztg. 6, 308, Schmidt.

Carb. veg. ?	Chronic Jaundice, complicated with scabies and diabetes (? insipidas), also in scorbutic cachexia. Hasty temper; disgust for meat, butter, fat; constipation: white stools; urine dark red, as if mixed with blood.	Arch. 10, 2, 82, Marmzell. Hartm.Ther. 1, 465.
Card.mar. ♃	Chronic Jaundice in a man, æt. 56, who had had scabies and intermittent fever, and whose liver had been disordered for years. Bilious colour of face; colicky pains; salivation; vomiting of green bile; green, bloody, slimy stool; great sensitiveness of the head to cold; loss of memory and smell; emaciation; tenderness of 3rd or 4th dorsal vertebræ (Comp. Nx.)	Hersch. Ztschr. 2, 46. Allg. H. Ztg. 45, 157, Liedbeck. Hersch. Ztschr. 1, 71, Reil.
Cham.	Jaundice depending upon errors of diet, violent emotions, or chill.	Arch. 8, 3, 67, Hartmann.
Chelid. ?	Acute and Chronic Jaundice, with enlargement of liver and *pain shooting from the neighbourhood of the liver* through to the back. Vomiting of bile; retching; giddiness.	Allg. H. Ztg. 45, 27, Liedbeck. Allg. H. Ztg. 49, 23, Neidhard.
China	Jaundice, with catarrh of duodenum.	
6		Pr.M.S.3, 74, Teller.
1	A child, two weeks old, weak. Intensely jaundiced skin and conjunctivæ; cried much and slept little; took breast eagerly, but had violent diarrhœa.	Allg. H. Ztg. 52, 119, Schleicher.
Conium 30	Liver enlargement with pressing pain; tenderness; swelling extending to epigast. and crest of ilium. Stool sometimes regular, hard and sluggish, or greenish and loose; urine scanty, brown, or yeast-like, Small, scattered, flat, wart-	Allg. H. Ztg. 38, 90, Rentsch.

	like, grey-brown thickenings of the epidermis, easily detached, lying between the enlarged papillæ of the skin.	
30	*Difficulty of hearing.*	Allg. H. Ztg. 3 92, Rentsch.
Dig.	"Icterus Spasticus." Continued	Allg. H. Ztg.
12	nausea. Chalky stools.	197, Lobeth.
?	During cholera epidemic, 1831, many cases of jaundice with cramps, shivering, alternating with heat.	Allg. H. Ztg. 161, Knorre.
15	Jaundice following inflammation of liver; sleepless, with much emotional disturbance.	Allg. H. Ztg. 233, Knorre.
15	Enlargement of liver; slow pulse · headache as if the head would fall off.	Arch. 8, 1, 1 Kammerer.
200	Liver region hard; pulse 50.	
		N. Arch., 3, 1, 7
Iodium	After the abuse of Mercury;	Nehrer.
	also an organic metamorphoses of liver with hectic fever.	Hast. Ther., 1,46
MERC. S	Jaundice with great weakness; pain in right hypochondrium.	Pr. M. S. 3, 7
2	Constipation; grey-green stools. Urine dark brown. Gall stones forming.	Teller.
	There are few cases in which Merc. is not indicated in some stage.	Hartm. bei Rü 2, 47.
NUX V.	Giddiness; heat of head; loss	
6	of appetite; bitter taste. Tongue coated yellow; slimy	Allg. H. Ztg. 294, Frank.
18	mouth eructations; nausea;	Allg. H. Ztg.,
	vomiting of food and bile;	L. in L.
6	retching; epigastrium swollen	Allg. H. Ztg.
	tender; also liver, of which	51, Haustim.
32	the border is hardened; abdomen painful if drawn in; stool white; itching oppressive in rectum. Urine, dark-yellow sediment, at first light, afterwards dense.	Arch. 63, 74, M lenb.

2	Knee-pains; weakness of limb; itching of skin in the evening; sleep disturbed by distressing dreams; anxious.	Hyg. 22, 103, Elwert.
30	With Puls. 12.	Annat. 3, 202, Tietze.
12	With Puls. 12 and China 9.	Ann. 1, 150, Sphor.
30	With Ign. 12.	„ 3, 204, Tietze
Puls.	In chronic inflammation of liver and disturbance of bile secretions and tendency to general weakness.	Allg. H. Ztg. 18, 208, Lobeth.
Phos. 1000	A woman 5 months' pregnant, jaundice, with dry cough on the least movement; headache; involuntary emission of urine; sensitive to cold; thirsty.	N. Arch. 3, 3, 34, Gross.
Sepia. 30	Pain in forehead, epigastrium and back; tearing in the knee and joints of the foot; sleepless; restless.	Allg. H. Ztg. 10, 202, Schmidt in K.
Silic. 18	4 days alternating with 4 days of Lycop., 18., cured a case of jaundice of 2 yrs. standing.	Arch. 18, 3, 90, Ivanovitch.
Sulph. 30	Face and eyes jaundiced; earthy; no appetite; vomiting of food or blood; distended epigastrium and liver region, which is hard and tender; spleen enlarged; abdomen greatly swollen, with prickings in	Arch. 13, 3, 155, B . . . . g.
♃	side. Stool constipated; reddish, pale; red sediment in urine; dry cough, or with expectoration; short breath; weakness great; sleepless;	Arch. 16, 1, 109, Schüler.
30	itching of skin, especially at night; flushes; hectic fever;	Allg. H. Ztg. 6, 68, Stricker.
Trit. I.	previous scabies, &c.	Allg. H. Zgt. 2, 157, Bartl.

In the left hand column the most useful medicines are indicated by the use of small capitals, and the next in degree of usefulness by italics. The numbers in the same

column refer to the dilution of medicines used in the c[illegible] the reference to which is found in the same line, bu[illegible] the right hand column.

I shall be glad to receive any suggestions by letter[illegible] read any criticisms in the pages of the *Review*, with [illegible] hope that all the chapters of the therapeutic part will [illegible] taken up and the work completed by the time the n[illegible] Congress meets at Oxford in the autumn.

A STUDY OF IPECACUANHA.

By Dr. Carl Heinigke of Leipsic.*

Ipecacuanha acts primarily upon the nerve fibres a[illegible] cells of the cerebro-spinal and ganglionic system. B[illegible] affecting the medulla oblongata as the vasomotor centre[illegible] the arterial vascular system is especially influenced, so a[illegible] to bring about the conditions of ischæmia and hyperæmi[illegible] in single vascular tracts. The abnormal functions of the same, that go hand in hand with the hyperæmic and anæmic conditions of the central organ of the nervous system, are further manifested in the sphere of the muscular tissues and mucous membranes. The results of intoxication produced in dogs with *ipecacuanha*, by Démarquay and Lecomte, place the hyperæmic conditions of the nervous centres and the mucous membrane of the lower bowel beyond doubt.

The duration of action varies according to the size of the dose, from two hours to a couple of days.

Although we assume that the united specific changes of their vital conditions brought about by *ipecacuanha* in the tissues of the organism only come to pass through one and the same modification of nervous functions, yet to facilitate supervision we divide the whole material into *two chief groups*, of which one shall embrace the perceptible phenomena of its action in the sphere of the nervous and muscular system, the other those belonging to the skin and mucous membrane.

* The following lecture forms one of a course now in process of delivery at the University of Leipsic. It appeared in the *Allgemeine Homöopathische Zeitung*, and is here translated by Dr. Shuldham of Croydon.

I. *Cerebro-spinal and Ganglionic Nervous System.*

The hyperæmic conditions caused by *ipecacuanha* in these parts of the body are substantially different to those excited by *aconite, belladonna, mercurius,* and *apis.* With these remedies we notice, after their introduction into the system, an engorgement of the large and small vessels, in the whole extent of the organ; it is the picture of an inflammatory process that is presented to us, including the formation of lymph, together with increased excitation and action of the whole vascular system. The hyperæmic process caused by *ipecacuanha* is of quite a different character. In this case we found only solitary parts of the central organ overloaded with blood—that is, suffering from temporary congestion—whilst other parts of the same organ remained anæmic. They are the phenomena of alternating ischæmia and hyperæmia in the smaller vascular tracts, induced by tetanic and paralytic conditions of the muscular structure of the vessels, which already, on account of the remarkable absence of important feverish movements, allow of no other supposition than the presence of an alteration of the constitution of the blood connected with an inflammatory process, and the consequent formation of lymph. This, at least, after a transitory action.

Apart from the conditions of abnormal distribution of blood in the nerve-centres and the consequent functional anomalies, we should scarcely err in supposing that the molecules of *ipecacuanha,* as soon as they come in contact with the ganglionic cells and fibres of the brain and spinal chord, are able to modify specially the peculiar functions of sensibility and irritability, though we can get no insight into the details of these processes, that will give sufficient grounds for such an assumption. These modifications of function are manifested in the motor tract as tonic contractions of the affected muscular fibres, and in the sensory tract as hyperæsthesia, actual pain, and paræsthesia. Here are ranged the perceptible alterations in the sphere of the reproductive (vegetative) system, and these chiefly in the mucous membrane.

The following groups of symptoms give the individual features and shades of this picture, sketched in general outline.

Pressive stabbing pain in the crown of th
In short attacks a fine and violent stabl
developes in an hour's time into a pressure
A fine stabbing pain in the forehead,
increased by touching the part.
5. External pain on the parietal bone,
with a blunt point. (5 *a.*)
Headache: Stabbing and heaviness.
Tearing pain in the forehead that is excit
touch.
Headache as if the brain and skull we
which presses down through all the cranial
the tongue, with nausea.
Pressive headache.
10. Tensive headache. (10 *a.*)
An outward pressing and almost boring
the temples, at another on a little spot abc
disappears with external pressure, and is
the eyes. (After one hour.) (11 *a.*)
On stooping, sharp stitches over the eye
it were swollen. (After twenty hours.) (12
Giddiness, as though he must stagger
momentary loss of consciousness, even in wall
in turning round. (After two hours.) (1 *b.*)
Giddiness in the evening in walking out o
faction of head. (After ten hours.) (2 *b.*)
15. Painful heaviness in the head. (After
Heaviness

Sleep. (Immediately; 100 *a.*)

Sleep with half-opened eyes.

25. Sleep full of restlessness and lamenting.

When she wishes to sleep she has shocks in all her limbs.

He starts up in sleep.

Sleep broken by frequent waking and fearful dreams. (After ten hours.) (105 *a.*)

Sleepiness and weariness in all the limbs. (After two hours.) (71 *b.*)

30. Sleepiness and fatigue. (After two hours.) (73 *b.*)

Restless sleep. (74 *b.*)

Lively and memorable dreams, with frequent waking in the night. (75 *b.*)

Dryness of the eyelids with sleepiness. (After eight hours.) (16 *a.*)

Easily dilating pupils. (After sixteen hours.) (16 *a.*)

35. Dilatation of the pupils. (After two hours and a half.) (10 *b.*)

Paralytic condition of the motor nerve of the eye in the ciliary ganglion.

In the tract of the Trigeminal Nerve.

Pressing pain from the muscle of the ear to the membrana tympani, which goes as far as the occipital protuberance. (After twenty-eight hours. (14 *b.*)

Violent pain in a hollow tooth during and after eating, as if it was being torn out. (After one hour.) (20 *a.*)

Pain in the teeth, as if they were being torn out, coming on in fits. (After one hour.) (20 *a.*)

Excessive and almost painful sensitiveness of every part of the mouth.

40. A biting sensation at the edge of the tongue.

Biting sensation at the back part of the tongue and on the roof of the palate. (24 *a.*)

Biting at the borders of the lips, the tip of the tongue and the sides of the tongue, with flow of watery saliva in the mouth and some pain in the abdomen. (20 *b.*)

A feeling in the muscles of the lips as if they were wounded by touching and moving them. (18 *a.*)

A biting sensation in the lips. (19 *a.*)

45. He is obliged to be constantly swallowing the saliva. (After one hour.) (25 *a.*)

Frequent flow of saliva, lasting some hours. (21 *a.*)

When he lies down, the saliva runs out of the mouth. (22 *a.*)

Flow of saliva. (21 *b.*)

Profuse flow of saliva in the mouth. (After two hours and a half.) (22 *b.*)

50. *Absence of thirst. (33 a.)*

The increased secretion of the salivary glands differs materially from the ptyalism caused by *mercury*, which consists for the great part in the increased secretion of mucus of the morbidly altered mucous membrane of the whole buccal cavity. Whilst the loosened membrane tends to ulceration under the action of *mercury*. The texture condition of the buccal membrane undergoes no important alteration. This same condition predominates in the action of *veratrum album*.—

Deafness of the right ear, with pressure inside. (15 *b.*)

Bleeding from the nose. (16 *b.*)

Sensation of heat in the cheeks, perceptible even externally but without redness. (After three hours.) (17 *b.*)

These three symptoms of abnormal innervation and circulation most adequately complete the picture of drug action in this spot.

Affections of the hypoglossal and glossopharyngeal nerves in the muscular and mucous tissues, together with the distribution of the lingual nerve.

Dull stitches across, through the neck, to the inner ear. (28 *c*

55. A fine stitching sensation in the gullet. (After one hour. (29 *a.*)

Pain in swallowing, as if there were an abscess at the base of the gullet. (After one hour.) (30 *a.*)

Difficulty of swallowing, as from paralysis of the tongue and gullet. (After eight hours) (31 *a.*)

Pain in the gullet, as if it was too dry, rough and sore, which is only alleviated for a short time by swallowing the saliva, any usual beverage. (After one hour.) (32 *a.*)

Insipid taste in the mouth. (34 *a.*)

60. During the act of swallowing, a taste in the mouth of rancid oil. (After a quarter of an hour.) (35 *a.*)

Beer tastes flat. (After two hours.) (36 *a.*)

Dryness and roughness in the mouth, especially in the back of the gullet. (After half an hour.) (25 *b.*)

The usual tobacco tastes nauseous when smoked, and excites vomiting. (26 *b.*)

Spinal Nerves.

Pains of short duration in the right breast under the shoulder. (25 *a.*)

65. Pinching pains in the right arm. (After three hours (87 *a.*)

Pains in the knee, as if the tendons and ligaments were fatigued from violent exercise. (90 *a.*)

Weariness of the ancles and lower limbs. (After eight hours.) (91 *a.*)

A quivering and crawling sensation, as when a limb has gone to sleep. (92*a.*)

Pinching pain in the right foot. (After a quarter of an hour.) (93 *a.*)

70. Drawing pains in the bones of the upper arm and thigh, in the evening after lying down. (After five hours. (94 *a.*)

Cracking and creaking in the limbs. (95 *a.*)

This symptom can certainly be referred to a diminished secretion of the synovial membranes, but perhaps more accurately in this spot, to an abnormal degree of extension and of lexion of the affected muscle.

Pains in all the bones, as if they had been crushed. (After three hours.) (97 *a.*)

Pain in the joints, as is customary when the joints have gone to sleep. (After three hours.) (98 *a.*)

After eating, yawning and stretching. (37 *a.*)

75. In the forenoon, oppression at the chest, and shortness of breath, as if he were enveloped in dust and could not breathe in it. (71 *a.*)

Asthmatical feeling. (72 *a.*)

Asthmatical feeling, lasting for some hours. (73 *a.*)

Asthmatical feeling in the evening. (74 *a.*)

Oppression at the chest, after eating. (75 *a.*)

80. Symptoms of emprosthotonos and opisthotonos. (After ten hours.) (108 *a.*)

Asthmatical feeling. (59 *b.*)

Spasmodic asthma, with a violent contraction in the neck and in the chest, when a peculiar kind of gasping noise is heard. (60 *b.*)

Yearly attacks of difficult shortness of breathing, with a gasping noise in the air tubes. (61 *b.*)

Contraction of the chest, with shortness of breath, and gasping breath, she is obliged to gasp for fresh air at the open window with pallor of the face, scarcely perceptible pulse, and danger of suffocation, from the evening to nine o'clock in the morning. (62 *b.*)

85. Renewal of the asthmatical sensation after twenty hours from ten o'clock at night to ten o'clock in the morning, lasting eight days. (63 *b.*)

An attack of suffocation lasting two or three days. (64 *b.*)

The distribution of the vagus and phrenic nerve, together *with the affection of the* anterior and posterior

...se attacks of illness, even w
named remedies is indicated.

The child's body is stretched out st
Stiff extension of the whole body,
contraction of the arms. (After a qua
Shuddering, with yawning. (115 *a*
Shuddering, with eructation. (116

II. *Epidermis and Muco*

While we notice that the smalle
the body undergo tetanic contract
ipecacuanha, and, in consequence o
blood than when their condition i
convey none at all, whereby the syn
coldness of the skin; coldness of
heightened irritability and sensibil
dermis to impressions of temperat
On the other hand we find the mu
various swervings, as it were, in t
marked hyperæmia, which from th
capillaries, under the abnormal pres
violent hœmorrhage. There mus
sumption that such a considerable, t
congestion of the extended capill
place in the mucous membranes
function of the mucous surface being
thereby. We find however

After a short action of small and large doses of *ipecacuanha*, the abnormal functions of the above-named organs and tissues return to the channel of their wonted activity; and we must not assume that, after a short use of *ipecacuanha*, for the purpose of proving, or of cure, the constitutional state of the person acted on undergoes any remarkable change thereby. Very different, however, is the state under the long and methodical use of *ipecacuanha* in small doses. Coinciding with all the pharmacological and therapeutical facts known to us, and recognised by us as standard ones, we must assume that, even after as small and rarely repeated doses of *ipecacuanha* as one can exhibit for the purpose of experiment, without exciting violent or disturbing symptoms, nevertheless the cerebro-spinal and ganglionic nervous system (admitting the presence of individual reciprocity,) will resolve the medicinal stimulus received into a specific functional disturbance of the connected organs and tissues. This will follow, as already pointed out, even without the appearance of strikingly objective symptoms to the observer, at least to that kind of observer who only considers such symptoms as important that admit of control by measure and weight, so that every doubt as to their presence is combated by quantity, and quality, and relation. We can reckon then upon the fact, seeing the development of decided symptoms in sensitive individuals with the methodical exhibition of small doses of *ipecacuanha*, without the evidence of all the disturbing influences, which demonstrate to us that, by influencing the functions of certain organs and tissues, a material change has taken place in the normal condition of the whole organism. Merely the following symptoms will suffice for the purpose, (irrelevant to the physiological school,) as diminished strength, weariness, depression of spirits and ill humour. Poor appetite, loss of relish for food, unusual loathing for many kinds of food. Sleepiness by day, and restless sleep by night. Here and there painful drawing in the limbs, great disposition to get chilled, chilliness in a warm temperature, with temporary improvement and aggravation; feet constantly cold, or transitory sensation of burning in them. An attentive observer will find further, that when well-marked variations follow in reference to the coming on and intensity of these symptoms, they partially improve in warm and dry weather; become more oppressive and more perceptible in moist and *cold air.*

Let but a few doses of *ipecacuanha* follow when o this constitutional disturbance is set up, the intermitt type of unmistakeable feverish attacks will come pro nently forward, and pathology has a name for this comp array of symptoms: intermittent fever is ready to ha masked or not, it matters little. A name, however, available for this child. We see thus, through continu use of small doses of this medicine, a certain given con tution gradually deviates more and more from its otherw usual functions, and finally presents symptoms which be covered by a pathological idea. This has come to p without our being able to notice any striking disturba in the functions of the cerebro-spinal system in the dir tion of irritability and sensibility. The frequent ano lies of individual provers were found to be, however, the more sensitively delicate in the reproductive sphe for the extreme limits of relative health were overstepp and the whole individual form of the organic functi suffered such material and lasting alteration that it mately presented itself to us as diseased. The therape test of the correctness of our proving is granted to us the curative results gained from the universal applica of *ipecacuanha* in the province of affections and fe bearing the intermittent type.

I will just observe that, from motives of expediency shall bring single symptoms of the group "Fever" un the head of "Epidermis."

1. *Epidermis.*

Pale face, with blue margins round the eyes, and great w ness, as if after recovery from a severe illness. (12 *a.*)

One hand is cold. (87 *a.*)

He has no warmth in the body. (116 *a.*)

Chilliness; he cannot bear the slightest cold. (117 *a.*)

95. Chilliness under the skin, and all the greater when sits in the warmth. (118 *a.*)

Great sensitiveness to cold and warmth. (119 *a.*)

He was cold all night in bed, and could not sleep for ch ness. (120 *a.*)

He becomes cold in the body. (121 *a.*)

First shuddering, then chilliness, without thirst. (After hours.) (122 *a.*)

100. Hands and feet are icy-cold, and drip with cold sw during which the one cheek is red and the other is pale, feels intensely miserable and weary in body and mind, v dilated pupils. (After ten hours.) (123 *a.*)

External coldness and internal heat. (124 *a.*)

Cold shuddering in the limbs, as if one was alarmed at something. (76 *b.*)

A violent, increasing, almost burning heat in the head and the whole body, but still with cold hands and feet. When the heat had reached its highest pitch, there was some perspiration on the trunk and head, with a biting itching, especially on the neck. (77 *b.*)

In the afternoon and evening feeling of heat, almost burning in the head, in the brow and cheeks, without thirst. (After six hours.) (78 *b.*)

105. In the evening heat of the whole body. (127 *a.*)

In the afternoon sudden general heat, with sweat on the arms and feet. (128 *a.*)

Sweat about midnight. (After twelve hours.) (129 *a.*)

Sweat. (79 *b.*)

Nightly sweat. (80 *b.*)

110. Sweat lasting some hours. (81 *b.*)

Sour-smelling sweat. (82 *b.*)

Strong, sour sweat, with clouded urine. (83 *b.*)

2. *Mucous Membrane.*

Dry catarrh in the nose, as if the nasal cavities were too dry. (After three hours.) (67 *a.*)

Feeling of dryness in the nose and frontal sinuses. (After three hours.) (68 *a.*)

115. Catarrh, with drawing pains in all the limbs. (69 *a.*)

Violent repeated sneezing. (58 *b.*)

Rattling sound in the branches of the respiratory tubes in drawing a breath. (70 *a.*)

Pain in the chest as if it were sore. (76 *a.*)

A cough which checks the breathing, even to suffocation. (77 *a.*)

120. Suffocating cough, during which the child becomes quite stiff, and blue in the face. (After ten hours.) (78 *a.*)

Dry cough from a tickling in the larynx. (After two, three, five hours.) (97 *a.*)

Cough, which arises from a compressive tickling feeling, extending from the upper part of the larynx to the lowest extremity of the bronchial tubes. (80 *a.*)

An incipient cough, excited by deep inspiration after going into the cold air and on lying down, in the morning and evening. Simultaneously with a pain in the abdomen, as if the navel would be torn out, heat in the face and sweat on the brow. (81 *a.*)

Pain in the hypogastrium during coughing, as if there was an urging to urinate and the water could not pass, as in retention of urine. (82 *a.*)

In the evening, about seven o'clock, half an hour suffocating, extremely weakening cough, with c extremities.

As in the specific asthmatic symptoms, so s of catarrh of the larynx and bronchi, do we f nent affection of the branches of the vagus n manifests itself as hyperæsthesia of the nerve course over the respiratory mucous membr larynx and the larger bronchial tubes. The irritability of the medulla oblongata in cau spasms is noticeable. In spite of the catarrhal this part of the mucous membrane, which ca length of bronchial hæmorrhage, only a very sli of exudation is poured forth. The exudation i so insignificant that it would scarcely occasi coughing, were these paroxysms not favou hyperæsthesia of the bronchial and larynge membrane. Furthermore, it is worthy of not paroxysms of coughing, like the asthmatical come on principally in the evening.

We will take this opportunity of casting a comparison at some other remedies that also ex attacks of coughing. These are:—

Aconite.—Fits of coughing with [illegible]

tetanus or convulsions, and so congestion of blood to the brain.

Bryonia.—The proving gives the symptoms of catarrh of the finer branches of the bronchi, with copious exudation of mucus and inflammatory symptoms; the fits of coughing are excited by the accumulating mucus. Besides this, pleurodynia, painfulness of the intercostal and abdominal muscles, together with dyspepsia.

Cuprum.—Attacks of coughing, with obstructed breathing and hoarseness, with slight expectoration (bronchitis and broncho-pneumonia), and also convulsions in children.

Drosera.—Nightly convulsive cough, with vomiting of mucus and epistaxis.

Hepar sulphuris.—Laryngeal catarrh, with hoarseness; considerable aggravation in the evening; incessant coughing, with feeling of roughness and soreness of the larynx; slight sero-mucous expectoration.

Hyoscyamus.—Hyperæmia of the laryngeal and tracheal mucous membrane, with slight exudation, but marked hyperæsthesia. The attacks of coughing are favoured by the horizontal posture, and pass away by raising the body.

Kali Bichromicum.—With symptoms of blood dyscrasia, obstinate bronchial catarrh, with exudation of glue-like secretion. The attacks of coughing are long-lasting and painful, and end with difficult expectoration of a tough, stringy mass of phlegm.

Mercurius.—Copious expectoration of sero-mucous and frothy masses, which, while they fill the bronchial tubes, excite coughing and expectoration; together with great weakness and malaise, nightly restlessness, sweats, thirst, loss of appetite, aggravation at night.

Nux vomica causes hyperæmia of the laryngeal, tracheal, and bronchial mucous membrane, with slight amount of exudation, but increased hyperæsthesia of this tissue. The attacks of coughing wake him from sleep early in the morning between four and five o'clock, whilst they last for about an hour's time in a rough, dry manner and violent in character, followed afterwards by rest and sleep.

Phosphorus causes deeper disturbances in the condition of the blood and the nerves; the developing capillary bronchitis comes on with material injury to the general state of the body. *Great weakness*, tired feeling and

sleeplessness, pale face, great disposition to be chil shivering fit; towards morning sweats accompany t cough, which causes by night and by day the expect ration of muco-purulent exudation masses, tinged wi blood.

Pulsatilla causes bronchial catarrh, with exudation loose masses of phlegm, which are easily brought up l attacks of coughing. Aggravation before midnight, a considerable improvement of this symptom in the mornin In certain constitutions it only comes to slight exudatio the cough assumes a rougher and dryer character; the is also transitory hoarseness. The attacks of coughin which are most frequent before midnight and whilst lyin down in bed, diminish by raising the body.

Veratrum album excites convulsive paroxysms of coug ing with vomiting; the pulse at the same time is sma and intermittent, the skin and extremities are cold, the is a disposition to faint, cold sweat, desire for cool drink

Digestive Organs.

Inclination to vomit, and vomiting. (38 *a.*)

A feeling as if the stomach hung down loosely, with loss appetite. (After one hour.) (40 *a.*)

A feeling of emptiness and relaxation of the stomach. (41

135. Restless feeling in the body. (After half an hou (42 *a.*)

A feeling of contraction under the short ribs. (43 *a.*)

After smoking the usual tobacco, nausea with hiccough, wh only passed away with frequent pappy evacuations. (27 *b.*)

Nausea and weak feeling. (28 *b.*)

Loathing, nausea, and retching. (29 *b.*)

140. Troublesome nausea. (30 *b.*)

Weak feeling in abdomen, with commencing pain. (31 *b.*)

Nausea, with empty retching and copious flow of saliva. (Af half an hour.) (32 *b.*)

Retching every eight or ten minutes; on the following d also, with rumbling in the abdomen. (33 *b.*)

Whilst stooping, vomiting and feeling as if he must fall dow (34 *c.*)

145. Vomiting of a yellow mass of phlegm. (36 *b.*)

Whilst stooping, vomiting of the previously taken food witho previous retching. (35 *b.*)

Vomiting of large masses of phlegm. (37 *b.*)

Vomiting of large, offensive masses of phlegm. (38 *b.*)

Vomiting of grey, gelatinous phlegm. (39 *b.*)

150. Vomiting of grass-green mucus. (40 *b.*)

Violent pain in the stomach. (41 *b.*)

Frightful pains in the stomach. (42 *b.*)

A dull sticking pain in the epigastrium. (44 *b.*)

Violent sticking in the right hypochondrium, lasting some minutes. (45 *b.*)

155. Frequent gluish evacuations, with relaxed feeling in the abdomen. (45 *b.*)

Purging. (47 *b.*)

Grass-green evacuations. (48 *b.*)

Bloody evacuations. (49 *b.*)

Sharp stitches in the left hypochondrium. (After half an hour.) (44 *a.*)

160. A feeling of extreme expansion and puffiness of the abdomen. (46 *a.*)

Flatulent colic. (46 *a.*)

A snatching pinching in the abdomen, as if one was seized by a hand. (47 *a.*)

Pinching abdominal pain in both hypochondria, and in the neighbourhood of the epigastrium. (After three hours.) (48 *a*).

Cutting abdominal pain round the navel, with shuddering. (49 *a.*)

165. Cutting abdominal pain in the side in the region of the navel, which is increased by pressure, with white foaming saliva in the mouth, and dilated pupils. (50 *a.*)

Cutting abdominal pain round the navel, as if the monthly flow would set in, with shivering and coldness of the body, whilst there is a feeling of inward heat mounting to the head. (After two hours.) (51 *a.*)

Tearing abdominal pains round the navel. (52 *a.*)

Relaxed and fermented stools. (57 *a.*)

Offensive stools. (58 *a.*)

170. Evacuations streaked with red bloody mucus. (59 *a.*)

Stabbing, cutting, burning pains at the margin of the anus, as from obstinate piles. (60 *a.*)

Sharp stitches in the anus. (61 *a.*)

Tickling in the anus, as from thread-worms. (50 *b.*)

Uropoietic and Sexual Organs.

Scanty, red urine. (62 *a.*)

175. For some days there is a discharge of purulent fluid from the urethra of the child. (63 *a.*)

A twisting, drawing pain in the testicles. (After from eight to ten hours.) (64 *a.*)

Bloody urine. (51 *b.*)

Frequent desire to urinate, with passing only a small quantity. (After two hours.) (53 *b.*)

Urine, with brick-dust sediment. (54 *b.*)

180. Stitching pain in the testicles in crossing the thigh. (After two hours.) (55 *b.*)

Voluptuous itching in the glans. (56 *b.*)

Menstrual flow; return of the catamenia that had been present a fortnight previously. (57 *b.*)

Pressure and forcing towards the uterus and anus. (65 *a.*)

The blood that passes off at the end of the monthly period is suppressed. (66 *a.*)

We may mention here, to complete the picture, symptoms belonging to the sphere of the vagus nerve and of the vascular system:

185. Palpitation of the heart. (112 *a.*)

Palpitation of the heart, almost without anxiety. (113 *a.*)

State of the mind as reflex of physiological impressions on the psychical sphere.

He does not speak a word. (130 *a.*)

His flow of ideas is very slow.

He has no pleasure in anything; he cares for nothing.

190. Everything is contrary to him.

Still, inward moroseness, that despises everything.

Morose disposition, which despises everything, and wishes that others also should despise and undervalue everything. (135 *a.*)

Moroseness; he considers himself unhappy.

He is thoughtful, timid, and attaches importance to trifles. (After six hours.)

195. He is ill-humoured, and vexes himself because his business is not despatched quickly enough.

He is helpless and clumsy, and knocks up against everything.

Extreme impatience. (140 *a.*)

He lets his courage sink, and is extremely prone to anger.

The mind is full of wishes and longings of a purposeless character.

200. Very often he gets angry about the least trifle, and as easily and quickly becomes composed again.

He is irritated at the least noise.

He is extremely inclined to be disobliging and angry. (145 *a.*)

Dislike for work. (84 *b.*)

Dislike for literary work; his thoughts fail him. (85 *b.*)

205. Ill-humour the whole day; no desire to talk; disposition to cry. (86 *b.*)

These symptoms characterise a condition of impaired energy of the intellectual powers, still more a general depressed condition of the psychical qualities comprehended under the expression, (Gemüth) disposition. An increased irritability is, however, peculiar to this gene-

state of depression; and also the strong temporary effort to contend against unpleasant impressions.

After this sifting of the development of the peculiar action of *ipecacuanha* in various tissues of the human organism on which this action is specific, the following criteria, for its application in the direct cure of morbid states, present themselves:—

1. The rapid appearance, and the transitory duration of the *ipecacuanha* symptoms, speaks for its application in acute illnesses of recent origin.

2. The slight feverish symptoms of mild character perceptible after its incorporation into the organism, show that it can only, with fitness, be used in attacks of illness which run their course with light feverish symptoms.

3. It is principally adapted for the cure of affections of the respiratory and digestive organs, (with perhaps the general exception of solitary cases of metrorrhagia). What holds good of other remedies is also to be expected of *ipecacuanha*; it will show its curative power in full measure where the accessory symptoms and conditions, that accompany the pathological state, most closely correspond to the provings in similarity. In this respect, the following merit our especial attention: the paroxysmal appearance of many symptoms, the nervous convulsive element of many symptoms predominating, and, finally, the cool skin and coldness of the limbs during solitary phases of excitement in the picture of disease. The use of *ipecacuanha* in certain kinds of intermittent fever, has already been brought prominently forward; of special note, however, is its importance for altering the whole constitution during its methodical and long continued use with alternate doses of *nux vomica*. Dr. v. Grauvogl was, it is well known, the first to point out the excellent curative power of this method of alternating the use of medicines in diseases with the hydrogenoid constitution for a basis, the results of this therapeutic experiment has met with repeated confirmation by Dr. Bojanus, in the most recent literature. Probably enough other practitioners also have obtained favourable results, observing Dr. v. Grauvogl's conditions, laid down for the practicability of this procedure. This "discovery," for the accuracy of the fact has been established, is, at any rate, too important to be passed over in silence. Experiment decides; let the trial be made, *therefore, having regard* to all doubtful conditions, *and the truth will soon* come to light.

...years, in this *Review*
of *Impressions and Facts drawn from Fourteen*
thic Practice, and under that of *Cure Work*
Modern Medicine. The thoroughly practical
racter of these papers, and the appreciation th
from medical men practising homœopathy, a
their reproduction in their present form, and
anticipating for this volume a very conside
popularity.

Dr. Bayes divides his essay into two parts.
gives the title of *Specific Restorative Stimulati*
retains that, which the observations it consist
Review.

In his opening chapter, Dr. Bayes points out
trine of 'specific restorative medicine' is b
theory that disease is a loss of tone or power in
or organ invaded by morbific influence; that t
physician is to ascertain the exact seat of such
or power, and to administer such an amount of
shall restore the tract, part, or organ to its l
power, and thus bring back the whole body
balance of healthy material composition, and of
functional activity."

This passage conveys as accurate a view of
disease on the one hand, and of the direction w
ment of the patient should take on the other, as i
can be given. The problem to be solved is—h
required stimulation so as, in the first place, to
—*i.e.*, specific—and secondly, so as to avoid an
tion, and consequently any revulsion. The

doses, are narcotics and paralysers, while in lesser quantities they are stimulants and excitants. What the exact degree of stimulation required may be, where is the precise line of demarcation between the stimulating power of a drug on the one hand, and its paralysing action on the other, differs so widely in different cases, and in different drugs, that any precise answer to the question, based upon a generalisation, is at present not within our knowledge, albeit individual experience practically decides the matter for individual practitioners in a manner sufficiently satisfactory.

In the next twelve pages Dr. Bayes discusses the nature of force, and its relation to the action of drugs. Into this subject we have not space to enter, but can assure our readers that they will find the questions involved stated with much clearness and in an attractive manner. The chapter concludes with a passage giving so just an estimate of the value and sphere of drugs in the treatment of disease that we cannot refrain from quoting it :—

"We must, therefore," says Dr. Bayes, "bear in mind that drugs are only temporary stimulants, strengthening the tract, part, or organ, probably through the nerve or sets of nerves, depressed or partially paralysed by the causes of disease. Their action is temporary only, and we must look to air, food, drink, and other surrounding circumstances to enable us to complete the cure, and to render the means by which we have tided over the difficulty permanently beneficial."

The second chapter bears the following question as its title : "*Are we to direct our medicinal treatment to the morbific causes or the morbid changes?*"

After having in the first chapter not only expressed his concurrence in, but based a theory of drug action upon the almost universally received doctrine that disease is a loss of healthy tone or power in the part, tract, or organ invaded by morbific influence, we are somewhat surprised to find Dr. Bayes stating that "diseases having a definite course or period of incubation within the body, a period of gradual development, of maturity and of decay, surely are entities." (P. 28.) This statement is inferred apparently from the following proposition (p. 27) :—"In certain diseases we see the body invaded by a morbific cause which is an entity, and whose presence is the primary cause of the loss of balance." Dr. Bayes then adds :—"Scarlet fever, small-pox, and measles are just as much entities as belladonna, tartar emetic, or pulsatilla."

We believe the line of argument here adopted to be entirely fallacious. The causes of disease may be—and probably all are—more or less palpable, and therefore susceptible of being brought within *a correct definition* of the word "entity." But

the morbid process—the disease itself—that which we have to check or control, as the case may be—is quite incapable of being so regarded. That which will induce the series of changes in the functions of the mucous membrane and skin which we call scarlatina, is not scarlatina itself, any more than the sore throat, to which an over-dose of belladonna will give rise, is belladonna. That which modifies life is one thing—the modification itself is quite another. And thus we have the causes of disease, which may be properly called "entities;" we have the process of disease, which is no entity at all, but simple modification of the life of some "parts, tracts, organs;" and the results of this modification in the form of certain products, which again are palpable enough. This, be observed, is no mere matter of fruitless speculation: it has important bearing on treatment. It is manifestly our prime aim to destroy or to avoid the causes of disease. But this must be done ere they have had an opportunity of operating. We accomplish the former, for example, when we use antiseptics to render harmless the excreta of a scarlatina patient; the latter when we enjoin appropriate dietetic rules for those who are liable to dyspepsia. But when once the morbific cause has invaded the body it is beyond our control, and attempts at its extermination is hopeless, as the entire history of allopathic medication shows. We must now, by stimulating the disordered "parts, tracts, or organs" which may have come under the influence of the morbific cause, endeavour to strengthen them. And so, too, in the case of tissues engaged in eliminating the products of disease, we must in a similar manner strengthen them, unless indeed such products as simple tumours come within the range of more summary vengeance in the shape of the knife. Were it otherwise—were disease really an entity—diaphoretics and purgatives would be indicated to accomplish their extrusion by the ordinary emunctories.

In his third chapter Dr. Bayes thus sums up the advantage of the rule *Similia similibus curantur*:—It "may be used most advantageously when the full daylight of medical science enables us to see and appreciate the whole danger of the disease before us. It is still an efficient guide to us, when twilight only allows us to follow the case step by step. And lastly, when we are quite in the dark as to the nature of the disease, it gives us ample light very often to effect a good cure."

The remainder of this work is occupied with a series of practical observations on the uses of 118 well-proved remedies—observations, be it noted, derived from clinical experience in prescribing each in accordance with the homœopathic law. Scattered through these pages are many hints of great value—hints the truth of which our own experience in very many instances fully corroborates. Dr. Bayes bears witness to that

which he has himself seen, and does not draw, save very exceptionally, upon the experience of others.

As the record of the personal experience of a thoughtful and painstaking physician, who has enjoyed considerable opportunities for the observation of disease, Dr. Bayes's book is both interesting and valuable; and will, we are sure, render efficient aid to all who are engaged in the practice of medicine. As such, we cordially thank him for it.

The Homœopathic Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature. 1871. Henry Turner & Co., London and Manchester.

This very useful and, to the Homœopathic practitioner, indispensable Annual comes to us giving abundant evidence of much care having been taken in its compilation. It also presents one or two new features. Of these, the most important is the list of medical men practising homœopathy in foreign parts. Of the accuracy of this list, the editor is, of course, unable to give any guarantee. The information has been derived from a list published by Messrs. Boericke and Tafel, of New York; that from Switzerland, however, has been revised by Dr. Gibbs Blake, who has had special opportunities for ensuring its correctness. Probably we shall set the precise value on the entire list, if we regard it as more or less reliable.

There is, also for the first time, a Clinical Index to the Abstracts of former Directories. It is intended to issue an Index of the abstracts of articles in Materia Medica one year, and one of those on Diseases in the following year. With this arrangement in force, we shall have an Index of the abstracts of papers on Materia Medica next year. We think this matter would be much simplified, and the editorial labour not very considerably increased, if we had a full Index to each volume as it comes out. The addition of an Index is an immense improvement to the Directory, but in its present mode of issue, the improvement is not so great as it might be.

The list of practitioners contains several new names. We can only regret that there are so many who shrink from making that public avowal of their confidence in the homœopathic law which the insertion of their names in this Directory involves, that it is impossible to estimate, from the list here given, the number of medical men at present practising homœopathy in this country.

We have carefully looked through the abstracts of papers published in our Journals during the past year, and can safely congratulate Dr. Nankivell on his success in extracting the important features of each, and giving, in a concise form, a fair idea of the line of argument, and the chief facts of each writer.

The editorial notice at the commencement is a well-writ and interesting paper on the chief points in the progress homœopathy during 1870 which call for some special referen

In this article, Dr. Nankivell, in referring to the facts, they are unquestionably facts, that the "Medical men of " last half of the 19th century are rediscovering the law wh " SAMUEL HAHNEMANN declared fifty years ago to be, " *excellence*, the therapeutic law; that men who shrink w " 'holy horror' from a 'homœopathic' consultation, are " prescribing homœopathic remedies, and in small doses, evolvi " anew the homœopathic formula, clothing it in the scienti " language of the day, but nevertheless explaining it as scor " and hundreds of physicians have done for the last generati " and a half," says that "there can be but two explanations " such conduct: first, entire and wilful ignorance of the labou " of the homœopathic school, and, if this be the case, it ca " loudly for correction; or, secondly, an obliquity of the mor " sense which prefers hospital appointments and high places " medical synagogues to the claims of justice and historic " truth; and which forgets that such borrowed plumes, thou " they may attract the fancy of the present moment, will nev " stand the rough weather of historical criticism." Upon th passage Dr. Nankivell remarks: "We cannot doubt that it " the first error that most generally obtains."—Well, "Chari " suffereth long and is kind;" and we will hope—almost again hope—that our very charitable friend, Dr. Nankivell, is righ but we cannot refrain from expressing a lingering doubt th " loaves and fishes," in the shape of hospital appointments, a the like, have a powerfully deterrent effect upon many men the fulfilment of their duty to medicine and homœopathy!

Transactions of the British Homœopathic Congress, 1870. Londo Turner & Co. Pp. 63.

WE have so frequently had to refer, in terms of commendatic to the address of Dr. Drysdale, and the four papers read at t Birmingham Congress, that it is unnecessary to do more th mention their publication in the form of the small volu before us. They are essays which, as the Secretaries rema in the preface, "cannot fail to assist the student of homœopath " medicine in his investigations, and to aid in correcting sor " of the erroneous notions, which are but too widely spre " regarding the principles upon which the practice of homœ " pathy is based." We therefore hope that they will recei that wide circulation they so thoroughly deserve.

Our attention has been drawn to a clerical error, which v are glad of the opportunity of correcting. On line 22 of pa 24, for "of poisons," read "of diseases."

MEETINGS OF SOCIETIES.

THE HOMŒOPATHIC PHARMACEUTICAL SOCIETY OF GREAT BRITAIN,

Held Jan. 17th, 1871, Mr. Ross, the President, in the Chair. Present, Messrs. TURNER, HEATH, PEAL, SURSHAM, STEWARD, and PARSONS. The minutes of last meeting were read and confirmed. The President read a letter from Mr. Ashton, expressing his regret that severe illness prevented him being present.*

Mr. TURNER reported that the American books for the library might be expected before the next meeting. He also had much pleasure in informing the meeting that Mr. Pottage had sent a copy of Thompson's *Dispensatory* as a donation to the library, and he (Mr. T.,) would also contribute a copy of Bowman's *Practical Chemistry*, and an index to the first 27 vols. of the *British Journal*. A vote of thanks for these donations was proposed and carried unanimously.

Two new members were elected.

Mr. Ross then read a paper on "*Glycerine, and its Employment in Homœopathic Pharmacy*," in which he gave the name of its discoverer, its history, and its application to pharmacy. The various processes by which it was obtained: tests by which its purity might be ascertained. Dwelt, more especially, upon its great solvent power; showed, by numerous specimens, how it might be used, in preference to any other agent, in making attenuations of the alkalies, and several metallic oxides and salts, more especially those which are known to deliquesce in the air. Examples were submitted of the following substances in solution, viz., *quinæ sulph.*, the *salts of morphia, bromium, kali bichromicum, argentum nitratis, cuprum sulphuricum, ferrous sulphate, kali bromidi, kali hydriod, chloral hydrate, merc. corr., iodium*, &c., &c. He dwelt also upon its antiseptic properties, showing that animal and vegetable substances placed in it, might be preserved for a great length of time; showed a sample of *bryonia nigr.*, which had been thus preserved for more than twelve months, and still retained all the characteristics of the newly gathered root. Advised its use in making solutions of the Resinoids of Messrs. Keith and Co., mixed with alcohol; dwelt also upon its solvent power upon some gums, and gum-resins. Advised its use, mixed with alcohol, in preparing some of the vegetable tinctures; and also as an agent in preserving the expressed juice of fresh plants; and for obtaining solutions of the triturations. The paper was well received, and Mr. Ross was requested to allow it to be printed for circulation among the members.

* Since this report was forwarded to us, we have heard with much regret of the death of Mr. ASHTON, one of the most active members of this Society, *and one of the most promising* of the younger homœopathic *chemists.—EDS. M. H. R.*

one, mercury was the best known, n
remedy? To any one acquainted with
the homœopathic principle of drug selec
simple one. To those who, either kno
principle, or being somewhat acquainte
validity, the explanation was not so readil

Some ingenious persons suggested "th
some specific power of exciting the bilia
on the orifice of the common bile duct, a
secretion through the nerves which conn
just as pyrethrum or vinegar stimulates
when they are applied to the orifices of the

To test the plausibility of this theory,
to work once more, and by a series of exp
and results of which are recorded in the *B*
of the 7th ult.), endeavoured to determine
lation of the gall duct in the duodenum i
bile." The experiments were varied and n
sively showed—1. That mercurial preparat
stomach do not irritate the orifice of the
duodenum, or induce any flow of bile into it
kind of local irritation causes increased sec
into the duodenum. 3. That the gall-bladd
and that, consequently, no irritation, direct
kind of reflex action, influence it. 4.
the gall-bladder or liver, in consequence
tractions of the muscles surrounding the
flow of bile into the duodenum—a result w
the well-known beneficial influence of

have the pleasure of welcoming another illustration of the truth of our therapeutic principle from the University of Edinburgh!

A PRACTICAL ANSWER TO OBJECTIONS AGAINST VACCINATION.

THE advantages of compulsory vaccination are often questioned by people very imperfectly versed in their subject. The following statistics are commended to the notice of those who undervalue or malign vaccination:—

The deaths from small-pox in Ireland were—

From 1830 to 1841	58,006
„ 1842 to 1851	38,275
„ 1852 to 1861	12,725

The Compulsory Act was passed in 1864.

In 1866	187
In 1867	20
Up to August, 1868	0

The lessened mortality in the second two decennial periods was owing to the compulsory extension of vaccination.

HOMŒOPATHY AT ST. MARY'S HOSPITAL.

THE *Lancet* of the 7th ult., relates the particulars of a case of acute tonsillitis successfully treated with *belladonna*, at St. Mary's Hospital, by Dr. Handfield Jones. Its report is introduced with the following observation: "Although many of the standard works on medicine, and therapeutics, omit to make any mention of the value of full doses of *belladonna* as a remedy in severe tonsillitis, its employment in this affection is not by any means novel"! Most true, it is not "novel"!! In the introduction to the pathogenesis of *belladonna*, in the *Materia Medica Pura*, published in 1811, HAHNEMANN writes of its especial power over the "most acute forms of quinsey"! From that day to this, those physicians who have been guided by the homœopathic law in selecting medicines, have constantly depended on *belladonna* in tonsillitis—alike to their own and their patient's satisfaction. Seeing that tonsillary inflammation is one of the most prominent results of the toxical action of *belladonna*, it is not a little singular that Dr. Jones—always presuming his ignorance of homœopathic practice—should have been led to prescribe so thoroughly homœopathic a remedy. Possibly he may have arrived at the same conclusion as Mr. Goodhart has done in the case of *nitrite of amyl*. (*Practitioner*, January, 1871). After stating that this substance quickens the pulse of a healthy person, in a few seconds, from 70 to 140 beats per minute, he observes that "in published cases of the action

of the *nitrite* in disease, a diminution in the frequency of the puls has generally been noticed,"—adding: "In the case of a health person, the opposite seems to hold good." So, also, while *bell donna* excites tonsillitis in the healthy, it cures tonsillitis wh arising from the ordinary causes of that affection. This exactly the conclusion a homœopathic physician would come and it is that which Dr. H. Jones appears to have arrived at.

HOW TO STAMP OUT SCARLATINA.

Mr. Frederick Smith, of Great Malvern, has adopted the p of advertising the presence of scarlatina in his family, in local papers. No more effectual method could be taken preventing a household becoming the centre whence contag might spread, than this. We have heard, with much pleasu that Mr. Smith's children have made good recoveries. T following is the advertisement, which we print here for t benefit of those who may be disposed to follow so very lauda an example.

MR. FREDERICK SMITH,
OF LEESTON,

ANNOUNCES that his two youngest Children have SCARLET FEVER; his four elder Boys were removed, after disinfection of their persons and clothes, into lodgings on the day on which the disease in the litle ones was pronounced.

N.B.—This advertisement will be continued till the Medical Attendant shall certify that there can be no risk to visitors and others.

THE LATE DR. MARSTON.

We have been requested to insert the following communicatio

"The widow of Dr. Marston, late of Devizes and Readin desires to express her grateful appreciation of the kindness s has received from various members of the profession; m especially of the gift forwarded to her through Dr. Madden, the subscribers to which she tenders her best thanks. S gladly accepts this expression of their goodness, believing t it has been bestowed in token of the estimation in which husband was held by the members of the profession, the intere of which he delighted to serve and to promote."

CORRESPONDENCE.

RE-VACCINATION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In a leading article in the *Lancet* of Saturda Jan. 14th, based on Mr. Simon's "Instructions" for the pr vention of small-pox, the following sentence occurs:—"It evident that re-vaccination is almost as necessary as vaccinatio

if the public is to be saved from such epidemics as the present." What does this mean? At first sight it would seem to imply that the whole population of these isles—to speak only of our own country—should be re-vaccinated! The writer would scarcely venture to recommend so extreme a measure. But if not the whole, then what proportion? Who are the proper subjects for re-vaccination? How often, and how many times, should it be repeated? At what period of life does it cease to be necessary? What evidence have we on these points? By what data are we to be guided? To such questions as these, no satisfactory answer has yet been given.

I cannot help thinking that a good deal of fallacy is mixed up with this question of re-vaccination, as it is commonly entertained. Examine it for a moment. One attack of small-pox, scarlet fever, or measles is very justly looked upon as rendering the system proof against subsequent attacks. There are exceptions to this rule, but only enough to prove its truth. Now, if vaccination is really a substitute for small-pox, it should be as permanent as that disease in its preventive effects upon the system. And, in truth, it is so. Here, also, the exceptions, compared with the whole number of persons vaccinated, are exceedingly few and far between. I have long been convinced that *unsuccessful primary vaccination* is the only valid plea for re-vaccination. The question of success or non-success must, of course, be determined by inspection of the arms. If these present no marks at all, or only very faint and imperfect ones, let the patient be re-vaccinated. If the marks are distinct and good, I hold that the operation is unnecessary and useless. Here, then, is the simplest possible rule, of the simplest possible application; and I believe it to be the only one sanctioned by science or common sense. Of late years I have invariably acted upon it, in my own practice. If a patient applies to me for re-vaccination, and I find a perfect cicatrix, I explain to him that, with such evidence before me of previous successful vaccination, he would derive no additional immunity from small-pox, by re-vaccination. If, after this, he persists in being operated on, the responsibility rests with him, of the introduction into his system of an agent of which it stands in no need, and from which, consequently, unpleasant results may ensue.

This appears to me to be the sound logic of the case; and it is not unsupported by facts. Take my own experience in evidence. In no single instance that I can remember, out of a large number of cases of re-vaccination, extending over many years, have I seen a perfect vesicle produced where a well-marked vaccine cicatrix already existed. Sores and pustules, and excessive inflammation I have often seen; but never a vesicle so nearly approaching the normal standard as to justify the use of its lymph in vaccinating an infant, clearly showing

that the previous operation had not lost its protective power. What is wanted to prevent the outbreak of small-pox epidemics is, not general re-vaccination, which is all but an impossibility, but universal and careful primary vaccination. If this can be enforced, the deaths from small-pox will soon sink to an insignificant figure in the Registrar General's returns: for, it is beyond dispute, that if vaccination does not infallibly prevent small-pox, it robs it, in the vast majority of cases, of its virulence and fatality.

I am, yours obediently,

S. YELDHAM.

28, Moorgate Street, January 1871,

NOTICES TO CORRESPONDENTS.

Communications have been received from F. SMITH, Esq., Great Malvern; J. H. NANKIVELL, Esq., York; Dr. GIBBS BLAKE, Birmingham; Dr. EDWARD BLAKE, Plymouth; A. C. CLIFTON, Esq., Northampton; Dr. SHULDHAM, Croydon; Dr. BAYES, London; Dr. STAMMERS MORRISSON, Clapham; Dr. SHARP, Rugby; C. H. BLACKLEY, Esq., Manchester; Dr. YELDHAM, London; Mr. ROSS, London; Mrs. MARSTON, Reading.

BOOKS AND PERIODICALS RECEIVED.

Transactions of the British Homœopathic Congress, 1870. Turner and Co.

Notes on the Dioptrics of Vision. By R. E. DUDGEON, M.D.

The Homœopathic Directory of Great Britain and Ireland, and Annual Abstract of Homœopathic Literature, 1871. Turner & Co.

The Homœopathic Register and Chemists' Handbook for 1871. London: J. Smith & Co.

The Cough Repertory. By Dr. SIMMONS. Liverpool: Thompson and Capper.

Report of the York Homœopathic Dispensary, 1870.

The Doctor, January 1871. London: Baillière; Tinsdale & Cox.

The Food Journal, January. London: J. M. Johnson & Sons.

The Chemist and Druggist, Dec. 1870 and Jan. 1871.

The Chemist and Druggist's Advocate, January 1871.

Notes on Homœopathy, October 1870. Hobart Town.

A Medical Controversy. By Dr. SALZER. Calcutta, 1870.

The New England Medical Gazette, Nov. and Dec. 1870.

The American Journal of Hom. Mat. Med., Nov. and Dec. 1870. Philadelphia.

American Observer, Dec. 1870 and Jan. 1871. Detroit.

Allgemeine Homöopathische Zeitung. Leipsic.

La Reforma Médica. November 1870. Madrid.

Rivista Omiopatica, December 1870. Rome.

La Scuola Medica Italiana, January 1870. Rome.

La Homœopatia, October 1870. Bogota.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., or to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

RE-VACCINATION.

THE widely-spread and fatal character of the present epidemic of small-pox has created something very like a panic among all classes of people. The rush for vaccination and re-vaccination during the past month has been almost without a precedent in medical history. One satisfactory inference may be drawn from this fact, viz., that however great may have been the mischief effected by the Anti-Compulsory Vaccination League, in inducing neglect of the only means of obtaining protection against small-pox, the influence of this body has no permanence about it. The sudden appearance of the pestilence, for the presence of which they are so considerably responsible, brings with it their complete discomfiture. We trust that one lesson left by this epidemic will be the imperative necessity of early vaccination, and subsequent re-vaccination. It has been doubted whether re-vaccination is ever necessary; and it has further been asked under what circumstances does it become advisable; what are the indications, guided by which, we can confidently assert that re-vaccination is unnecessary?

Two physicians, perhaps more largely experienced in the practice of vaccination than any others—Drs. Seaton and Ballard—have assured us—and their assurance is based on careful investigation—that vaccination in infancy

and re-vaccination at puberty constitute as efficient a pr tection against small-pox, as an attack of the disease itse is against its repetition. That this conclusion is sound amply borne out by the experience of the medical office of the Small-Pox Hospital, and by that of milita surgeons.

In the Medical Report of the Small-Pox Hospit recently presented to the Annual General Court of Gove nors, Dr. Munk and Mr. Marson stated that " for upwar " of thirty years all the nurses and servants at the Sma " Pox Hospital, who had not previously had small-po " have been re-vaccinated before entering on their r " spective duties, and in no one instance has it failed " preserve them from small-pox."

It would be difficult to adduce any evidence pointi more strongly to the value of re-vaccination than th Here we find a number of people living in an atmosphe constantly charged with the contagious effluvium of sma pox; and yet for thirty years not one of them has suffer from the disease. Primary vaccination alone is so f from affording absolute immunity from an attack of sma pox, that, during the present epidemic, four-fifths of t cases admitted to the hospital had had the advantage of It is, indeed, so far protective, that while in the unvac nated the mortality has been 38 per cent., in the vaccinat it has not exceeded 12 per cent. It is likely enough th in most instances the operation had been imperfectly p formed, the cicatrices having been small and few in nu ber. But, on the other hand, we do not find the rec of one case in which vaccination has been underg twice.

So, too, in the army. Small-pox is a comparatively r disease among our soldiers. It is so because every recr whether pitted by small-pox, showing good cicatrices, bearing no evidence whatever of vaccination, is submit to the operation. When it is borne in mind that in ev case where vaccination is successful a liability to small-p

exists, the following table, published in the *Lancet* of the 12th ult., by Mr. Batho, a staff assistant-surgeon, gives much support to our advocacy of re-vaccination:—

	Totals.	Results of Re-Vaccination. Perfect Vesicles.	Modified Vesicles.	Failures.
Recruits bearing no marks of vaccination	75	68	7	0
Recruits bearing marks of small-pox	29	8	7	14
Recruits with perfect cicatrices of former vaccination	693	280	206	204
Totals	797	356	220	218

In three instances the results were unknown, owing to the desertion of the recruits.

Here we see that half of those who had already had small-pox were in a condition rendering them liable to another attack of the disease; while rather more than two-thirds of those exhibiting good evidences of previous complete vaccination were still but imperfectly protected.

While Mr. Batho's table shows the widely-spread necessity for re-vaccination among those who had already been vaccinated, the evidence of the medical officers of the Small-Pox Hospital is conclusive as to the complete degree of protection afforded by re-vaccination.

The circumstances under which re-vaccination become advisable are chiefly two. First, after a certain number of years have elapsed from the period of the first vaccination, the protection it afforded appears to have, in some measure, died out. At the age of 14 or 15 years the body receives an increased development, and the fact of this increased development seems to suggest it as a fitting period for the repetition of the operation. This conclusion receives support also from the large proportion of those in whom perfect vesicles are obtained as the result of secondary vaccination at this age. Secondly, the presence of an

epidemic. It may be, and indeed is true, that we know very little of the nature of that which we term "epidemic influence." But it is certain that when a contagious disease exists to a very large extent, and in an unusually virulent form, the liability of all to come within its range is increased, and the influence of prophylactics is proportionately diminished. The protection which is efficient in the case of an endemic disease may not be adequate when the same disease assumes the magnitude of an epidemic. That such is the case, is borne out by the fact of the very small number of failures in vaccinating persons, of all ages, who bear marks of previous vaccination.

It has been held by some and, in our last number, was urged by Dr. Yeldham, that the appearance of a good cicatrix is evidence of sufficient protection to justify a surgeon in assuring his patient of the needlessness of a repetition of the operation. Dr. Yeldham added that his own experience, which we know to have been very considerable, and to have extended over many years, supported him in this conclusion.

But when we return to the statistics of Mr. Batho, and find that among 693 men who had perfect cicatrices, there was only a per centage of 29·3 failures, the conclusion is forced upon us that Dr. Yeldham's experience is exceptional. That it is so, the fact that among the admissions to the Small-Pox Hospital it was found that 80 per cent. bore marks of previous vaccination, still further convinces us, while the general experience of medical men who have been busily occupied in re-vaccinating during the last five or six weeks, confirms the view we desire to impress—that *a good cicatrix is of itself no certain index of protection.*

We have been furnished by a surgeon in family practice with a table showing the results which have followed all the vaccine operations he has performed, from the 26th January to the 16th ult. It is as follows:—

Age.	Sex.	Indication of Previous Vaccination.	Results.
15 ...	F. ...	Two good marks.	Successful.
11 ...	M. ...	Do.	Failure.
25 ...	F. ...	Do.	Successful.
12 ...	M. ...	Three small marks.	Do.
30 ...	F. ...	Three good marks.	Do.
50 ...	F. ...	No marks.	Do.
14 ...	M. ...	Three good marks.	Do.
7 ...	M. ...	Four good marks.	Failure.
8 ...	F. ...	Three good marks.	Do.
21 ...	M. ...	Two good marks.	Do.
17 ...	M. ...	Do.	Do.
44 ...	F. ...	One faint mark.	Successful. Was vaccinated in infancy, and twice since with partial success.
16 ...	M. ...	Two good marks.	Successful.
10 ...	M. ...	Do.	Do.
15 ...	F. ...	Do.	Do.
41 ...	F. ...	One faint mark,	Do.
45 ...	M. ...	Two good marks.	Do.
19 ...	F. ...	One good mark.	Do.
11 ...	F. ...	Two good marks.	Do.
14 ...	F. ...	One good mark.	Do.
25 ...	F. ...	No mark visible.	Do.
44 ...	F. ...	Do.	Failure. Vaccinated in infancy, and twice since—the last time eight years ago—successfully.
23 ...	F. ...	Four good marks.	Failure.
26 ...	F. ...	Two good marks.	Do.
24 ...	F. ...	Four good marks.	Do.
24 ...	F. ...	Do.	Do.
19 ...	F. ...	One faint mark.	Successful.
39 ...	F. ...	Two small marks.	Do.
29 ...	F. ...	Two good marks.	Do.
40 ...	M. ...	Do.	Do. Vaccinated in infancy, and re-vaccinated ten years since.

Age.	Sex.	Indication of Previous Vaccination.	Results.
52	F.	Four faint marks.	Successful.
21	F.	Two good marks.	Failure.
17	M.	One good mark.	Do.
50	M.	Two faint marks.	Successful.
50	M.	Three good marks.	Do.
18	F.	Four good marks.	Do.
30	F.	Four faint marks.	Do. Re-vaccinated 8 years ago.
18	F.	Two faint marks.	Successful. Re-vaccinated 7 years ago.
65	M.	No mark.	Successful. Was inoculated when a child, and has repeatedly been vaccinated since, but always without success.
17	M.	Two good marks.	Successful.
23	F.	Two small marks.	Failure.
26	M.	Two good marks.	Do.
42	F.	No marks.	Do. Says she was vaccinated in childhood.
4	M.	One good mark.	Failure.
25	F.	Four good marks.	Do.
23	F.	Three good and four faint marks.	Do. Was vaccinated when 11 years of age.

Of these forty-six cases twenty-eight were successfully re-vaccinated. Of these twenty-three gave no evidence of having been previously vaccinated; five had one cicatrix; thirteen, two, and three, four cicatrices. Five, moreover, had not only been successfully vaccinated during infancy, but had been re-vaccinated, one on two occasions, and the others once.

These numbers are, of course, far too small whence to draw any positive inferences; but from enquiries we have made of many who are actively engaged in re-vaccinating, we believe that they fairly represent the character of the results which are being met with generally. Added also

to Mr. Batho's returns, they give much support to the practice of general re-vaccination, at any rate once; while it is impossible not to remark that, in several instances where success followed the operation, the person had *already* been re-vaccinated.

There is, moreover, no reason to allege against the performance of re-vaccination. If the person is not susceptible to the influence of vaccine lymph he receives no injury—the operation is one entirely devoid of danger; and the fact of its having failed is *pro tanto* evidence that the person in whom it has done so is not liable to be affected by the contagion of small-pox—a very pleasant assurance for any one to be able to entertain.

In conclusion, we would once more urge the great importance not only of vaccination, but of re-vaccination, once in a lifetime; and the possible advantage to be derived from a repetition of the operation at a time when the pestilence of small-pox is around us.

We sincerely trust that this epidemic will not pass away without leaving this lesson firmly impressed upon the public mind.

RECORDS OF DISPENSARY PRACTICE DURING THE YEAR 1870.

By J. H. Nankivell, Esq.

Jan. 1st. Mary T., aged 47. Her statement was simply this—that "while" the past week she had suffered great pain in her stomach, that she felt no appetite whatever, and if she did take food was soon after "sick to death;" she could give no further history of the case. I have rarely failed to relieve those patients with *nux vomica*, who use the strong expression, "sick to death." She took this medicine in the third dilution, and was promptly cured. As a corollary to the above one reads in our M. M. aversion to food:—Eats without appetite, vomiting, with pressure in the pit of the stomach, violent vomiting, vomiting after a meal, periodical, &c., &c.

...sumption, that a slight blus
was seen about the centre of the sw
and very palpable fluctuation of th
no doubt as to the nature of the disease.
allowed the matter to escape, but a sec
and established a communication wi
opened, and both having discharged
case ended well. The patient was o
stitution, and took sulphur in differe
liberal diet.

Jan. 5th. Mary W., aged 12. Is
attacks of epilepsy, during which sh
vulsed, and bites her tongue. The fits
very prolonged heavy sleep. She gets
three times in the course of a month.
under treatment during the whole yea
period the patient had *ignatia* 30 (whic
useful in the hands of Mr. Pope), *hyo*
phoric acid, 3; indeed, every medicine
her any aid. She then took *bromide*
grain doses, three times a day, sinc
attacks have been of a milder character
of sudden stupor or unconsciousness,
lowed by extreme irritability and unrea
mother of the patient is hopeful that t
kept off altogether. I am not very sang
will be so propitious. In all

them an example of honesty which they would do well to imitate. The *bromide of potassium* is probably the best palliative of epilepsy (if it does not prove to be even something better than this) which has been discovered.

Jan. 10. Phthisis (amelioration of). J. L., aged 29. This case of recurrent tuberculosis is somewhat interesting. In the winter of 1868 this man, who was a waiter at a hotel, was under my care for a few weeks, with very evident tubercular disease of the lungs, but especially of the right lung. The crepitation caused by the softening of tubercle was heard over a considerable part of the apex of this lung. He was harassed with a miserable cough, and became so weak and ill that he was compelled to relinquish his situation. A noble-hearted lady offered to supply him the means of trying the effect of change of air, and I advised the patient to try the climate of Bournmouth. In this charming place he was under the care of Dr. Herbert Nankivell. The restoration of the patient was so satisfactory that he returned to York, and resumed his situation, and held it until January, 1870. From one cause and another, exposure to draughts in the passages and galleries of the hotel in which he lived being the principal, he again fell ill, his cough was severe, he often spat small quantities of blood, and he had ever and anon a sensation at the "pit of the throat," as if there was something which wanted to come up.* He had for one week *hepar sulp. 3*, and for two weeks *iod. calc. 3*, in powder, with most satisfactory results, and since that time has not had medical treatment, that I am aware of.

Laryngeal cough, with great emaciation. Rose M., aged 11 months, had been for three weeks under treatment, without benefit. The account received about this child was that she had severe cough, which was so urgent and frequent that it prevented her from swallowing food in sufficient quantity to nourish her, and consequently had become lean and emaciated to an alarming extent. The child appears to be always hungry, but the cough, which is of a croupy character, is excited by every attempt to satisfy the craving appetite. The temperature

* The stethescopic signs were much the same as during his first illness.

recovery. She was under treatment fi

There can be no doubt but that in t epiglottis, as well as the edges of th principal seat of disorder, judging fro tress caused by the act of swallowing. this symptom—*cough when eating, an when drinking;* but as after four days not appeared to have made a satisfac the disease, and as, moreover, the chi irritable, and was thus, with its cryi just doing all that could be done to neu the remedy, it was thought best to give *milla,* because of its well-known effec taught in moderating excessive sensitiv also as it is indicated for *catarrhal trachea, hoarseness and cough, burning* This having produced a good effect, *phos.* 3, for the *continual cough with i of the larynx inducing cough, debility, &c., &c.* Although, by aid of these me diminished in frequency and intensity, a of the infant was improved, there stil irritability of the larynx. *Spongia* se well, and was then given with quick reli troubles.

Bootham, York,
February, 1871.

difference in the symptoms ascribed to them by provers. For ten years I have used them interchangeably in my practice, and have remarked no differences in their action. I shall therefore speak of them as identical.

The *rhus* is a native of North America. It was known to the Indians as a medicine. Dufresnoy, a French army surgeon, published, in 1788, "an account of its supposed virtues in the cure of cutaneous eruptions and of nervous paralysis." He also, as well as the traveller Kalm, described its property of causing inflammatory swelling of the skin, followed by vesicles, in persons who touch the leaves and even in susceptible persons who are exposed to its exhalations at night.

Indeed it is well known that contact with the leaves of the *rhus radicans* or "*poison-vine*" produces, not merely in the parts touched, but also often in other parts of the body, as the neck and face, a swelling, with redness, œdema and vesicles, that bears a marvellous resemblance to vesicular erysipelas. This eruption is attended by constitutional symptoms which resemble those of erysipelas.

It is, likewise, well known that, in this form of erysipelas (the vesicular) homœopathic physicians long ago found good reason to look upon *rhus* as their most valuable remedy. The striking confirmation of the homœopathic law of cure which these facts afford, has caused some bitter opponents of homœopathy actually to thrust *rhus* out from the Materia Medica. Thus we find Dr. Stille, after giving a very imperfect summary of the effects of *rhus*, and of the opinions held concerning it, coolly remarking: "It, however, does not really appear to deserve sufficient confidence as a medicine to entitle it to retain a place in the Materia Medica!"

Very different are the judgment and method of Trousseau, who, though no friend to Homœopathy, is yet too wise and too honest a man to refuse to learn from his opponents. He relates an interesting proving of *rhus*: "Dr. Lavini applied two drops of the tincture of *rhus radicans* to the first phalanx of his fore-finger; he left it there only two minutes, and yet, at the end of an hour, it had produced two black spots. Twenty-five days afterwards, the following symptoms suddenly manifested themselves; great heat in the mouth and gullet; rapidly increasing swelling of the fore-arm: the skin was rough, the itching intolerable, the heat very great, &c."

...appeared in medical periodicals, able physicians have confirmed Dufresi

"We have ourselves," proceeds Trou *rhus radicans* for paralysis, but the ex made in skin diseases are too few and t to admit of our referring to them here."

"The only forms of paralysis whi treated by M. Bretonneau, of Tours, a ourselves treated, are those of the lower succeeded a concussion of the spinal ma that organ which did not destroy its tiss we have collected facts enough to plac the therapeutic efficacy of *rhus radican Pidoux. Traité de Therapeutique et M* 787, 788.

We shall by and by see that the path clearly point to the use of *rhus* in paral extremities. This powerful testimony o

ENDORSEMENT OF OUR LAW FOR TH REMEDIES.

Our knowledge of the positive effects human organism is derived from the pr mann and his pupils, published in the *Pura*, vol. II, and from the proving conducted by the late Dr. Joslin and pu the *Philadelphia Journal of Homœopa New Manual*, also later in *The Americ Review*

symptoms of *bryonia* will observe a great similarity in them to the symptoms of *rhus* and, at the same time, a great contrariety. Thus, for example, how remarkable is the *aggravation*, under *bryonia, by motion*, and the *amelioration during repose*, of the very same symptoms, which, under *rhus*, are *ameliorated by motion* and *aggravated during repose.*"

Taking first a general survey of the action of *rhus* we find:

1. The SPHERE OF ACTION of *rhus* is extensive. The entire vegetative system is affected, its functions being more or less modified both quantitatively and qualitatively. The secretion of the mucous membrane is altered and increased; this is shown by the diarrhœa, as well as by the sputa which attend the cough and by the discharges from other mucous membranes.

The lymphatic glands are affected throughout the body, as for example, the cervical, the inguinal and the mesenteric, which are enlarged and inflamed.

Emaciation is produced.

Perspiration is abundant. It is SOUR.

From the character of the *rhus* fever symptoms, it would be reasonable to conclude that *rhus* decidedly and primarily affects the composition of the blood.

But, its action upon the system of animal life is quite as marked. The sensorium is depressed; and the capability of the mind for continuous thought is absolutely destroyed. Thus, a patient wishing to write the number twelve, will write the figure one, but cannot recollect the figure two which should follow it (like the typhus patient, who begins his sentence coherently and intelligibly, but allows it to dwindle away into an inarticulate murmur.)

Listlessness and a horrible depression possess the mind. This marks a more profound depression than that produced by *bryonia*, for the latter results in fretful peevishness and irritability. *Rhus*, on the other hand, produces listlessness, a feeling of helplessness and profound despondency.

A similar condition seems to obtain in the entire apparatus of voluntary motion, expressing itself in a sense of physical prostration, of inability to move, of powerlessness, approaching paralysis. So great is this prostration, that when the prover first attempts to move, after a repose of some length of time, the limbs tremble, the joints are stiff and there seems to be actual inability to move. This con-

and on the skin. To this list must be
that compose the joints.

2. The action on the ORGANIC SUB
noticed in the preceding remarks.

3. The SENSATIONS that are character
soreness, as if beaten, which is felt in the
the neighbourhood of the joints; *heavine*
which are felt in the head, eyes, eye
lassitude, languor and *weight,* which ar
tremities, especially the lower.

4. PERIODICITY is not very strongly n

5. PECULIARITIES. The great and ch
liarity of the symptoms produced by *rh*
few exceptions, they *occur* and *are ag*
repose, and are *ameliorated* during *motion*

But this statement requires modificat
some explanation.

In addition to those symptoms of *rhus*
paralysis, there are also groups of symp
semble *muscular* and *articular rheumatism*

These *rheumatic* symptoms come on with
repose and they *increase* so long as the
quiet, until, at length, their severity c
move.

Now, on first attempting to move, he fi
stiff and the very *first* movement is exce
But as he continues to move the stiffness
the pains decidedly

grateful, for it relieves, not the aching and severe pains (these were relieved by the motion), but the sense of prostration, the paralytic sensation.

Before a great while, the severe, aching pains come on again during this repose, and the patient is forced to move as before.

This statement may serve to explain certain apparent contradictions in the symptoms of *rhus*. The amount of it is: that the *pains* of *rhus* are aggravated by repose and relieved by motion; but the *paralysis* and *languor* of *rhus*, like all analogous symptoms (when genuine and not hysterical) are *always* relieved by repose and aggravated by long-continued motion.

6. Resume. The action of *rhus* may be summed up as follows: It produces a kind of rheumatic affection of the muscles and ligaments, alleviated by motion; a paralysis, aggravated by motion; an apparently passive congestion of the head, relieved by repose; a debility of the organs of nutrition, marked by deficient and depraved appetite and by tympanitis; a serous infiltration of the cellular tissue in various parts of the body, as the face, fauces, genitals, feet; a vesicular eruption, generally; an acrid state of the secretions, generally, as, the tears, nasal mucus, gastric mucus, intestinal mucus, urine, menstrual flow, contents of cutaneous vesicles; a general depression of the sensorium.

These generalizations will be confirmed by the special analysis to which we now proceed.

Special Analysis.—The *sensorium* is affected as follows:

There is vertigo, which occurs when standing or walking, but also when sitting, and even comes on when lying down. In this particular it corresponds with the *conditions* of the rheumatic pains of *rhus tox*. It is described as if something kept going around in the head—one feels as if drunken, as though one would fall forwards or backwards. On rising in the morning, one can hardly support oneself. This is not only from dizziness but also from the paralytic condition and from the stiffness and lassitude which follow long repose.

Excessive vertigo on lying down, with fear of dying.

Memory is markedly impaired even for most familiar facts. The thinking power impaired, with absence of mind. Head confused, he can not write nor remember what he *wishes to write*.

ness, which is felt in this way: that v
stoops it seems as though he could not ri
is a sensation as if a quantity of blood sh
as if a weight fell forwards in the forehe
head downwards, or as if the head we
asunder.

Sometimes there is a *tearing* in the h
and direction, or, on awaking and ope
violent headache, as if the brain were
opening the eyes.

A singular sensation, characteristic of
shaking the head and when walking; w
body, &c., viz., a sensation of swashing a
brain and each step concusses the brai
similar symptom.

Externally the *scalp* is sore to the t
itching on the scalp, face and lips, and th
vesicular eruption.

To recapitulate.—The vertigo occurs
and walking, is worse when lying down t
tottering when walking, with which probal
is connected.

The pains in the head are pressure, he
and swashing. They affect chiefly the fo
and post orbital regions, and unlike the
are generally worse on motion, although
vased by repose.

Eyes.—In the eyes a *burning, pressing* pain; they itch and bite. The white of the eye is reddened, they lachrymate and are agglutinated in the morning. The lids smart, as if excoriated by the tears or else they have a sensation of dryness. There is often a sensation of heaviness or of paralysis in the lids, so that they can hardly be kept open.

As regards the sense of vision, there seems to be something like a veil before the eyes preventing distinct vision.

Ears.—Earache and a feeling as if some one were blowing into the ear. There is a whistling, a squealing noise heard, or a ringing when walking, which change to a loud resonance when lying down, as if the membrana tympani were burst.

Nose.—Nose bleeding, the blood being dark, it occurs at night; also when stooping and when clearing the throat. A scabby eruption about the nares, with itching, burning pain.

Cheeks and Jaws.—A peculiar phenomenon is noteworthy. A cramp-like pain in the maxillary joint as if beaten, as if it would break and on each motion of the jaw it cracks and snaps audibly. There is a constant desire to yawn until it seems as though the jaw would break. (This corresponds with and is analogous to the stretching and twisting so characteristic of *rhus.*)

The *toothache* of *rhus* is a jerking pain, extending into the head. It is relieved by applying the *cold hand.* The gums burn and are sore. The teeth are loose.

In the *mouth* a sensation of dryness, which persists notwithstanding all the patient may drink.

In the *throat* a sensation of *swelling,* with aching pain when *speaking* and, *independently* of, but attended by *sticking* on attempting to *swallow.*

There are also sticking pains when swallowing saliva or food, sensations of soreness in the muscles of the root of the tongue and when yawning. Pressure on empty swallowing.

The action of *rhus* on the digestive organs is not very characteristic. It produces a bitter-sour or a coppery taste—a total loss of appetite—a sensation as if the stomach were always full; nothing tastes good. Or, on the other hand, a kind of canine hunger, along with which there is a soapy, slimy condition of the mouth; everything tastes like straw, and there is an immediate feeling of fulness.

Frequent eructations. Occasional nausea; relieved by lying down and by eating; sometimes nausea and retching at night.

Pressing in the epigastrium as if swollen. Throbbing, cutting, pinching pains in the abdomen. Great accumulations of flatus in the abdomen, with great distention.

Stool.—As regards the stool, we notice, constant tenesmus, with nausea; tearing and pinching in the intestines; the stool is scanty, consisting of mucus, or a watery, jelly-like substance, yellow or streaked with white, frothy and often mixed with blood. Before stool, a burning in the rectum; after stool, all pains are relieved. Itching and burning in the rectum, with smarting; blind hæmorrhoids.

The urine is dark, soon becomes turbid, with a white sediment (probably urate of ammonia). It is evacuated frequently with a sticking pain in the bladder.

With regard to the genital organs we find, as in various other distensible parts of the body, the characteristic effect of *rhus*, viz., swelling, produced by serous infiltration of the cellular tissue, redness of the cutis, followed by vesicular eruption which forms a light scab or small white scabs. The moisture exuded is limpid and acrid. Moreover the natural secretions are acrid. Hence the menstrual flow which *rhus* makes to appear earlier and more copiously than is normal, is *acrid.*

Respiratory Organs.—Sneezing; free nasal secretion. Hoarseness.

Respiration impeded; cough dry, hacking, worse in the evening and before midnight, or in the morning after waking.

Sensation of heat in the chest and of weakness there, hindering speech. Stitching pains here and there.

It cannot fail to be remarked how much less action in the respiratory organs *rhus* has than *bryonia.*

Sometimes violent palpitation; sometimes weakness in the cardiac region and a feeling of trembling in the heart.

Neck and Back.—In the region of the neck and back we find stiffness in the nape and entire neck, with tensive pain and crying out on moving. The sacral region stiff, when he *moves* but *pains* when sitting, as if he had been stooping and bending the back too much. Stitching and pressing pains.

In the extremities we have, most frequently, sticking pains. They may occur in all parts. Also tearing pain

aggravated by hard labor. On pressure the bones feel sore. The salient osseous processes, condyles, olecranon, &c., are sore to pressure.

Drawing pains are frequent. They go from the elbow to the hand. In Dr. Joslin's proving of *rhus radicans* a pain is described as following the ulnar nerve. I have twice met this in patients, and relieved it permanently with a dose of *rhus radicans*.

Tensive pain; aching and pains as if luxated are common under *rhus*. They affect all parts of the extremities and all the joints.

Besides the above pains and sensations, there is a feeling of creeping, formication and numbness, as if the fingers were asleep. This is allied to the paralysis.

Also a sensation of great weakness in the limbs; a trembling of the arms and fingers on moderate exertion; a heaviness and lassitude of the lower extremities, so that one can hardly move.

There is painless swelling of the feet at evening, evidently œdematous.

Also swelling and pain of the axillary glands.

Sleep.—There is great sleepiness during the day, and also early in the morning with indisposition to rise and dress; constant desire to lie down. Incessant yawning, spasmodic, fatiguing and almost breaking the jaw. Yet the patient cannot get asleep before midnight, partly from sheer wakefulness, partly from heat and restlessness, or anxiety and tumultuous coursing of the blood; without *thirst*.

On going asleep, shuddering and twitching in the body. The sleep is restless, with tossing and unpleasant thoughts, and dreams about the business of the day or of things recently done or heard. The gastric symptoms are apt to be felt or to be worse at night.

Fever.—The proving of *rhus* is rich in fever-symptoms. The cold fresh air is not tolerated; it seems to make the skin painful. (This symptom is of inestimable value in treating rheumatic patients.)

The chill occurs early in the morning. It is characteristic of the chill that it is accompanied by cough, dry and fatiguing. I have often cured intermittent with *rhus*, guided by this symptom alone. More frequently the paroxysm is mixed up. External chill with internal heat, without thirst, followed by general sweat. The sweat

often appears on the whole body, except the hea face. In this respect the opposite of Silicea.

As regards the disposition, it is depressed an spondent, averse to all exertion, full of sad anxiet care-taking, depressed, lonesome, and prone to anxiety is so great, he thinks he shall die or lose his the forces sink, he gets fits of trembling; then come lessness—the patient can not sit still, but must a keep moving; becomes fearful, thinks he has bee soned; the anxiety goes to such an extent that he f though he should take his own life—at the same t sense of dyspnœa and yet relief from deep inspiratio

A better picture than this of the mental and mora dition which ushers in one form of typhoid or n fever, the erethistic, as distinguished from the torpid could hardly be conceived.

We come now to the practical applications of *rh* which department, for lack of space, we shall restric selves to its application in fevers, in rheumatism, in lysis and in cutaneous diseases, including the exanth and glandular affections.

Practical Applications.—In fevers *rhus* has most successful and extensive application. As the toms indicate. the forms of fever which require it ca be what used to be called *nervous* fevers, and ar known as *typhoid* or *typhus*.

Comparing it with *bryonia* and *eupatorium*, we n once the whole train of gastro-hepatic symptom vomiting of bile, soreness and pain at the pit stomach, constriction around the epigastric zone, f and tenderness of the hepatic region, &c.—which ind those remedies in bilious remittent fevers. On the hand, we find *rhus* producing some degree of tend of the abdomen, great flatulent distention of the men, amounting to tympanitis — occasional wat mucous diarrhœa—symptoms which, though not so st pronounced as similar symptoms are under *phosphori* yet decidedly resemble symptoms of *typhoid fever* the Germans call it, *abdominal typhus*, and indica use of *rhus* in that disease.

With this indication, the depressed and collapsed rium, the absent mindedness, the inability to think o one wishes to do or say, to remember even famili cumstances; the depression of spirits, the lassitud

actual muscular feebleness, exactly coincide. So do the restless nights and sleepy days, the mixed up fever and the partial sweats which give no relief.

Hahnemann in writing of the *epidemic* of 1813, gave the following directions for selecting *rhus*: "This fever has two principal stages. *In the first period* (which is all the shorter, the worse the disease is to be) there are present, full, increased sensation of the pains usually present, with intolerably bad humour, sensation of heat in the body and especially in the head, dry feeling or actual dryness in the mouth, causing constant thirst, bruised feeling in the limbs, restlessness, &c.; but, in the *second period*, that of delirium (a quasi metastasis of the whole disease upon the mental organs) no complaint is made of all those symptoms—the patient is hot, does not desire to drink, he knows not whether to take this or that, he does not know those about him, or he abuses them; he makes irrelevant answers, talks nonsense with his eyes open, does foolish things, wishes to run away, cries aloud or whines, without being able to say why he does so, has a rattling in the throat, the countenance is distorted, the eyes squinting, he plays with his hands, behaves like a mad man, passes fœces and urine involuntary, &c.

"In the first period of pain and consciousness, two remedies are of use and generally quite remove the disease at its commencement: *bryonia alba* and *rhus toxicodendron*.

"If, for instance, the patient complain of dizziness, shooting *pains* in the head, throat, chest, abdomen, &c., which are felt particularly on *moving* the part; in addition to the other symptoms; the hæmorrhages, the vomiting, the heat, the thirst, the nocturnal restlessness, &c., we give him a dose of *bryonia*, and give no other medicine, nor can repeat the same as long as he continue to improve."

"If now," he proceeds, "if now, the amendment produced by the *bryonia* goes off in the course of a few days —if the patient then complains of shooting pains in one or other part of the body whilst the part is *at rest*; if the prostration and anorexia are greater, if there is harassing cough, or such a debility of certain parts as to threaten paralysis, we give a single drop of the *rhus tox.*

"Or the *rhus* may be given at the commencement, if the symptoms I have just described occur at the com-

mencement of the attack. Indeed *rhus* is suita frequently than *bryonia* in this disease, and h more frequently be used first and alone in treatin

Observe, first, the clear and sharp distinctic Hahnemann draws between the indications for and *rhus* respectively; how carefully he advises u each remedy only when the symptoms which spe for it are present in the case, and how differ symptoms are! Could you gather from this that Hahnemann advises the giving of *rhus* and in alternation in typhoid fever? It would see impossible. And yet the majority of Homœop will tell you, and the majority of works on pra teach you, that the standard prescription in typh is "*bryonia* and *rhus* in alternation," and that recommended and used by Hahnemann!

There is no better foundation for alternation in than there is for this assertion.

Dr. Wurmb, in his "Clinical Studies of Typhoi has given us some exceedingly valuable summari action of *rhus* and its cognate remedies, so valua cannot do better than to quote freely from Speaking generally of the therapeutics of fevers,

"In typhoid epidemics, inasmuch as the case at given times and in given localities, apart special peculiarities of individual cases, a determ distinct general character, and are thereby cl tinguishable from those which occur at other pe in other localities, we must regard it as our first to get an accurate knowledge of the character of vailing epidemic.

"When we have done this, the second problen for solution, viz.: the discovery of the group of which most closely correspond in the similarity effects upon the healthy to the character of the If we succeed in this, then is the most difficult p labour done; for the number of remedies con this group cannot be very large, and it cann quently be very difficult to select from it the mos remedy, that is to say, the remedy of which the i peculiarities coincide most nearly with those of t be treated."

Acting upon this, Dr. Wurmb has described liarities of several groups of drugs and pointed

adaptations to different forms of typhoid fever. The first of these groups consists of *rhus tox.* and *phosphoric acid*, the similarities and peculiar differences of which are finely depicted by him. He remarks first, that the cases of fever in which these drugs are required and were used by him, are not very grave and severe forms; the epidemic could not be called a malignant one. "The disturbances in the vascular and nervous systems, though often tolerably severe, were never excessive and the tendency to decomposition of the organic substance, although it existed and was developed, was not very striking. The appropriate remedies, consequently, were such as, in large doses, in healthy subjects, act powerfully, it is true, on the life of blood and nerve; pervert the latter, but do not completely suspend it; cause disturbances in the vital chemistry but do not entirely supersede it!"

Rhus tox. and *phosphoric acid* being drugs which act in an equal degree upon both the vital force and the organic substance, and which act powerfully but not destructively —are suitable to an epidemic of this character.

Now, the distinction between these two drugs, may in a word be stated as follows: *Rhus* is characterised by symptoms of *erethism*, excitement, orgasm; *phosphoric acid* by symptoms of *sluggishness*, torpor, collapse. This is the proportion which, in so far as *rhus* is concerned, we proceed to elaborate in the words of Dr. Wurmb, "Indications for *rhus*."

"The patients are generally strongly built persons who have hitherto been healthy; the typhoid, for the most part, comes on suddenly, runs a rapid course, and reaches in the course of a few days a high degree of development. At the same time with the disturbances in the vascular system, there is felt a strong sensation of illness, which advances at a more rapid rate than the other symptoms do; for example, the actual debility is not so great as the sensation of debility, inasmuch as tolerably rapid and forcible motions are still capable of being made. (N.B. During convalescence, the contrary condition obtains; the patients take themselves to be stronger than they really are.)

"Soon, however, the forces fail; movements become difficult and feeble and the patients are constrained to lie quietly in bed, in one place. They complain of aching in the limbs and, sometimes, of violent pain in some joint or other, as in rheumatism.

"These disturbances in the general condition do n long continue alone; there are soon associated with the irregularities of the vascular system, viz.: in the beginnin gentle fugitive chills and heat, but especially heat of th head; at a later period the heat predominates, and at last becomes continuous and is very violent; there is a tenden to a rush of blood to the head; the temperature is elevate the face is burning hot to the touch; the eyes shine a are moderately injected; the cheeks, lips and tongue a of a deep red color; the thirst is very great; the pul 110 to 112 in a minute.

"Even at the very beginning of the vascular exciteme hæmorrhages occur, especially from the nose and, women, from the genitals. The former almost alw afford relief; the latter, which are generally mistaken the menstrual flow, last but a few hours, or, at the m a day, and produce no change in the condition of patient.

"The symptoms of a change in the composition of blood [of a sort of decomposition, being the first evide of action upon the organic substance] appear in a moder degree only and somewhat later. There appear upon t skin, small ecchymoses; the expectoration has a bloo tinge; the stools rarely contain blood.

"The nervous functions are always powerfully affecte they are oppressed and restricted. The organs of se are, in the beginning, in a condition of over excitabili There is a great sensibility to light, noise, &c.

"At a later period, the opposite condition obtains; t patients become insensible to external influences, co plain of nothing whatever, and lie in a condition atony.

"The sensorium is oppressed and ratiocination is di cult even in the very beginning of the disease. T patients are aware of this fact, but endeavour to preve being observed; and to this end, when a question is to them, they evidently gather themselves up and re hastily, but correctly; at a later period, when their ima nation has become too lively, they cannot quite succeed this and hence their answers are in part correct, in p incoherent; finally the incoherence increases; the patie murmur and keep talking to themselves, or they are d gusted by very lively phantasies of the most various sor especially at night. Sleep for the most part, fails entirel

or when for a moment it visits the patient there comes in its train a host of disgusting and burthensome dreams."

The abnormal condition of the vascular system is distinctly reflected upon the external skin. This is at first reddened, dry and hot; spots appear, resembling rubeola or measles, upon the throax and abdomen; if the vascular excitement has subsided, copious sweats occur; along with them, almost always, a miliary eruption.

The mucous membranes are always involved. The tongue is more or less coated, becomes rough, dry, cracked and woody; the lips and teeth are sometimes covered with brown sordes; the taste is gone.

The condition of the gastric and intestinal mucous membrane is such as to produce: want of appetite; aversion to food; nausea; retching; vomiting. Gases are developed in the intestinal canal, which distend the abdomen. The abdomen becomes sensitive to external pressure under the margins of the left ribs and in the right iliac region.

The stools are at first scanty and infrequent, indeed there may be none for several days; generally, however, they soon become fluid and occur three or four times daily without tenesmus or other discomforts, and at a later period, when they are still more frequent, they pass involuntarily. They consist of serum and of a greenish-brown substance, which at a later period of the disease is mixed with white floculi.

Resulting from the affection of the mucous membrane of the air-passages, there is a sensation of dryness in the trachea; the somewhat accelerated respiration is, at first, louder, sharper, the expiration audible; at a later period, mucous râles or large crepitation set in. The cough, which, at first, is moderate and dry, becomes gradually more violent and looser in sound, but accompanied by only a very little tenacious sputa, now and then streaked with blood.

The parenchyma of the lungs is congested with blood, especially in the lower lobes and pneumonic infiltrations often form there, which explain the following symptoms, not infrequent in typhoid; constriction of the chest; short anxious respiration; sticking pains in the sides, &c.

The spleen is almost always enlarged.

The urine is scanty; it is deficient in chloride of sodium and in urea; rich in sulphates, phosphates and other salts which are always abundant in diseases characterized by a

tendency to decomposition of the blood. The urine, over, is turbid, looks like whey, deposits an abı white sediment, and shows, by the albumen which tains, the hyperæmic condition of the kidneys.

"The condition above described may last many The patient may pass from it into a state of health, a still higher grade of *erethism* or into the opposit dition of *torpor*.

"In the *former* case, viz., that of a return to heal febrile movements slacken; sleep again visits the p the sensorial phenomena becomes less abnormal; the gets his appetite again and congratulates himself fine condition; the diarrhœa and tympanitis may few days longer than the other symptoms, but they vanish and there remain only a moderate degree of ness and emaciation, and paleness of the skin.

"In the event, however, of the development disease to a still higher grade of erethism, we hav generally, long to wait. In this case, it is possibl *arsenicum* will be our remedy"—for *arsenicum*, shall see by and by, affects both the vascular and n life on the one hand and the blood composition other; it acts, with almost equal energy on th forces and on the organic substance. It is hence priate for such a form of fever as that described as req *rhus*. *But arsenicum* acts with greater energy, wider swing and deeper penetration than *rhus*. verts more thoroughly, excites more profoundly th functions—it alters more extensively and more com the blood and the organic substance than *rhus* do is therefore appropriate for more malignant epiden fever than *rhus*, for more severe cases of the same f fever as that usually indicating *rhus*.

Thus, as regards the erethistic form of typhoid fe group is formed consisting of *rhus* and *arsenic*, wl instead of being contrasted as *rhus* and *phosph. acic* —are analogous and allied. They stand related t other as *less* and *greater*—*rhus* being the *less* and *a* the *greater*.

But if the fever change from the erethistic int torpid form, then *phosphoric acid* will probably be re as the correlative of *rhus*, or if, the torpor be ex *carbo veg.* may be required, as the correlative of *ars*

To show, now, the applicability of *rhus tox.*,

form of fever which has been described, Wurmb proceeds to say:

"If we hold up, beside this picture of the disease, the picture of the action of *rhus tox.*, so striking is the similarity that it will not be easy to mistake it. They agree not alone in this: that, in both, the same symptoms and groups of symptoms appear, but also that they have, in both, the same significance. The similarity is therefore not simply apparent; it is real. For as in typhus the blood-life is especially affected, the same is the case in the *rhus* disease. As in typhus, by reason of the changes in the blood, a violent excitement occurs in the vascular system, the same is the case with *rhus*. As in typhus the sensorial functions are depressed, and in consequence of this depression the imagination is unchained and set loose to work its fancy, and the representations of the general perceptive faculty no longer correspond to the phenomena upon which this faculty is exercised; as in typhus, the mucous membranes, especially those of the intestinal canal, in which deposits and irritations never fail, are especially involved; in short, just as typhus, in spite of the erethism which is present, is an *adynamic* morbid process, in the exact sense of the word, and tends to produce, even in the beginning, a decomposition of the blood and an exhaustion of the vital force—the very same is true, in all these respects, of the morbid affection produced on the healthy subject by *rhus tox.*"

Having thus treated very fully the subject of *rhus* in fevers, I should perhaps, in strict deference to the unity of the subject, proceed to treat of *rhus* in relation to other diseased conditions.

But, it will perhaps be more practically profitable to introduce here an episode on the use of *phosphoric acid*, the correlative of *rhus tox.* in typhoid. In this, as before, I follow and quote Dr. Wurmb:

Indications for *phosphoric acid* in Typhoid.

"The morbid condition corresponding to *phosphoric acid* agrees in essential points with that which requires *rhus*. In both we find the same relations to the blood and nerve-life: the same tendency to decomposition of the blood and to waste of the forces: the same changes in the mucous membranes generally, but especially in that of the intestinal canal, &c."

The difference between them consists in this, that in the

functions of *animal* life, we see in
affection simultaneous and *immedia*
functions of both of these departm
organism. Generally this depression
beginning of the sickness, though n
times partial phenomena of excitement
these, however, are of short duration
intensity and after their disappearance
of the attack is all the more distinctly

Cases of this kind are most freq
debilitated subjects who have passed
they require a longer time for their
distinct form of disease. Thus, for
often noticed loss of appetite, feeling o
of other preliminary symptoms which i
ing illness but give no clue to its p
character—these, for weeks together, l
and really important symptoms set in
diagnosis. When these latter have
appearance we observe the following:

The sensations of illness and prostra
a very high grade, and *pari passu* wit
goes an actual want of power and h
even in the very beginning of the mal
lie quiet, because every movement is
them

r example from the nose, are much more frequent, but ey afford no relief; nay, they commonly aggravate the ndition of the patient. Ecchymoses are likewise com-n occurrences, and they are particularly apt to occur the spots on which the patients lie, livid spots, which a later period become sloughing bed-sores.

The patients, for the most part, lie in a constant slumber, ich is apt to pass into a higher grade of stupor; the pression of the face is stupid; the sensorium is op-ssed; the delirium, if it exist, is never lively or active; akes only the form of an unintelligible murmuring. If patient be aroused from his stupor, it takes him a long e to come to his senses, he looks around him in a kind dull stupid wonder, answers slowly, even though it be rectly, and soon sinks back again into his former thetic condition.

The special senses become dull, but especially the sense hearing. The patients are influenced and affected by hing. They complain of nothing but weakness and fusion of the head.

The skin soon loses its plumpness, takes on a shrivelled ect and is loose and wrinkled; the cheeks become ken; the nose pointed; the skin is constantly clammy, ist, and even often covered with a copious sweat and h countless miliary vesicles.

The affection of the mucous membrane is evidenced efly by increased secretions; the tongue is moist but e.

n the throax are heard large crepitation and rhonchus. ugh is rare, because the need to expel the *mucus is not* by the patient. A similar condition obtains in the cous membrane of the stomach and intestines; the ols are copious, often involuntary and passed uncon-usly. They are very liquid, contain but little sediment l show sometimes traces of blood.

The pneumonic infiltration is not *rare*, but it is by no ans so frequent as the hypostatic congestion.

Enlargement of the spleen never fails; the diarrhœa, n when it is ever so copious, has no influence upon s symptom.

The urine contains many protein compounds, much umen, but few salts.

This state of things may pass off into health or may rge in a still higher grade of torpor. If the former

seen in the erethistic form of typl
arsenic bear to each other the relatio
so in the *torpid* form of the disease dc
carbo veg. bear to each other the sam
greater. And the proving of *carb*
remark, is the very type and represer
and *torpid pathogenesis.*

These remarks will suffice to give
cation of *rhus* in fevers. They hav
except that of *typhoid* fever—but s
this hour, remind the reader that, no
may be the names that are applied to
the conditions be similar the remed
Now it often happens that in the co
matous fevers, measles and scarlatin
symptoms to those already described n
and calls for *rhus.* Especially is this t
a disease in which the value of *rhus* is
by the profession.

The indication for *rhus* in scarlatin
in addition to symptoms already de
œdematous condition of the fauces, so
with vesicles upon these parts and a
itching, smarting and burning.

Independently of scarlatina, epidemi
occur presenting this œdematous condi
of the fauces and pharynx and even
glottidis. [illegible]

an important remedy. But the paralysis for which it is appropriate is not that form which results from a lesion of the spinal cord. It is rather of the motor than of the sensitive nerves, for I believe sensation is not much impaired. In the form known as *rheumatic* paralysis where the paralysis has supervened upon rheumatism, *rhus* is especially called for. So likewise, as would be expected, in cases resulting from undue exposure to cold and dampness, especially exposure of the back or limbs.

This explains the value of *rhus* in a form of paralysis not rare in very young children. It affects only the lower extremities and comes, I am persuaded, though it is difficult to trace these things, from nurses allowing children to sit down on cold stone steps. If these paralyses last long they produce deformity by arrest of development. They are in general easily cured with *rhus* and an occasional dose of *sulphur*.

As regards the application of *rhus* in rheumatism, I believe, enough has been said of the characteristic action of *rhus* to solve all doubts on this subject. Just as *rhus* produces in the mucous membranes an inflammation which is not phlegmonous *only* inasmuch as it does not go on to suppuration, so does it act on the serous membranes of the joints and muscles. The serous secretions are increased and œdematous swellings are produced. The local manifestations, therefore, resemble those of rheumatism.

The fever has been described. The general condition must be of an erethistic typhoid character. The joints are swollen, œdematous, the pains worse during repose and stimulating the patient to constant exertion and motion of the part, both day and night (restlessness only at night requires *causticum*.)

The condyles and sailent points of bone are sore. The pains and soreness are relieved by warmth. Perspiration is copious and does not relieve.

The skin is the part most obviously affected by *rhus*. It produces a most remarkable imitation of vesicular erysipelas and is our most valued remedy in this affection. Any one who has seen a case of *rhus*-poisoning (for which, by the way, the best remedy is *sepia*) will recognise the similarity to eczema, of which, in its various forms, *rhus* is a most valuable remedy. But its grand role is in the treatment of the pustular form; Impetigo Eczematodes or Eczema Impetiginodes—or Baker's Itch as it is called.

remarks on the prevalence and mc
investigated the minute anatomy
with the nature of tubercle and t
origin and development of tuberc
pulmonary tubercle, the subject i
will be—

V.—The Effects of Pulmoi

It will be obvious at once that so
as tubercle could not be deposite
tissues of the lungs without many i
being produced, all more or less c
seeing that the organs attacked are e
These effects may be classed under
There will be (*a*) *structural chang*
where tubercle is primarily manife
immediate vicinity of that spot; the
alterations in the *functional powers*
the structural changes are taking pla
(*c*) some absolute manifestations of
obscure, recognisable, or very marke
foregoing structural changes and fu
the obscurity or markedness of these
on the extent to which the aforesaid
ances have taken place.

(*a*). *Structural changes.*—Some of
a minute and microscopic character

crammed with desquamated cells and with tuberculous exudation, this exudation gradually infiltrating amongst the pulmonic fibres, and corpusculating in their interstices into free nuclei, which are the small single cells that make up the bulk of every variety of mature tubercle." A very remarkable change occurs also in the vascular system of the lungs; and the minute examinations of Schröeder van der Kolk and Guillot, as quoted by Dr. Addison,* have shown that as the respiratory capillaries of the walls of the air-spaces and the branches of the pulmonary artery supplying them are obliterated and plugged up, they are replaced by a new vascular system, supplied not by dark venous blood, but with bright arterial blood, derived from new capillaries in connexion with the bronchial arteries and the vessels of the mucous textures of the air-tubes. In proportion as this new vascular system extends, so the tubercles soften, and the branches of the pulmonary artery are more and more replaced by the new-formed vessels. These vessels, which at a certain period of the disease become incalculably numerous, do not penetrate into the substance of the tubercles, but they do extend into the prominences on the surface of cavities, and ramify abundantly in the bands so frequently stretched from one point to another of their walls. Radclyffe Hall also notices, amongst other minute structural changes, the existence of small blood-vessels in a state of fatty degeneration, not vessels belonging essentially to the tubercle, but those which originally belonged to the lung. The more obvious and observable structural changes would be—the air-spaces of the lungs filled up, and the vascular parenchyma of the lung destroyed by the tuberculous matter; the substance of the lungs permeated by a morbid deposit; cavities and excavations of various shapes and sizes, containing a thick, apparently puriform fluid, and lined by a layer of fibrinous matter; the portion of the lung surrounding these cavities very frequently condensed and solid; and other portions of lung tissue dense, humid, and impermeable to air, presenting, when cut, a smooth, polished surface.

(*b*). *Functional alterations.*—The extent of these functional disturbances will greatly depend on the amount of tubercular deposit in the lungs, the stage to which the

* *On Consumption and Scrofula.*

the blood poor and deficient in nutriti
ill-formed, a comparatively small amo
change will be sufficient to induce most s
sive functional disturbances. Some of th
functional alterations will be—a greater
ence with the due decarbonization of th
the respiratory process being more or les
mechanical obstruction existing in the
tubes from the presence of the tubercula
a blood too high in its percentage of
sufficiently oxygenated, is circulated thr
and the tissues are not properly nourishe
waste, degeneration, and decay. But
blood not sufficiently purified, its circul
lungs is impeded, and so, the heart's a
fered with, the vital fluid is not sent v
and regularity through the larger vesse
ries, there to deposit its precious life-
and powers for the nourishment of t
Again, the return of the blood is interf
congestions occur, and more particularly
through the portal vessels impeded, and
the liver and kidneys is interfered with
there will be signs of hepatic congestio
often turbid urine. In the female the u
more or less impaired, and there may b
more frequently amenorrhœa, as evidenc
condition of the system. The digestive

ich one will require careful consideration under the ecial department of "Diagnosis." In the early stage of ie disease there will be dyspepsia, headache, debility, urried pulse, slight hæmoptysis, palpitation, cough, dys-nœa. As the disease advances, the cough will increase, id be accompanied by expectoration, varying in degree id character, pains in the chest, emaciation, night per-irations more or less profuse, hæmoptysis varying in ctent, hoarseness of voice, diarrhœa, hectic, and as the sease approaches its termination all these symptoms ;gravated in intensity, with the physical powers prostrated id the emaciation extreme, but the mind retaining much its wonted energy and vigour. During the course of e disease, especially if the duration be long, there may occasional intercurrent attacks of pneumonia, pleuro-neumonia or bronchitis, the symptoms of which do not aterially vary from those recognized in ordinary un-mplicated cases of these particular maladies.

The following brief description of microscopic prepara-ns of tubercle and tuberculous lung, made by the writer ith the exception of No. 5), will appropriately close this st department of enquiry in connexion with "Observa-ns on Phthisis:"—

No. 1.—Section of tuberculous lung from a female, who d of phthisis. The air-cells are seen to be perfect in ne places, in others partially ruptured, and in others ite broken down. The elastic connective tissue, with longitudinal fibres, is very perfect in some places, in ers torn; pigmentary and granular matter is seen in ndance; also tubercle cells and irregular lines of pig-ntary matter, and small masses of black pigment ongst the pulmonary fibres.

No. 2.—Tuberculous matter from the same patient. ee tubercle corpuscles of various forms and sizes are n, and some with jagged outlines; also many-nucleated ls, isolated and united cells, free molecules and masses pigmentary matter.

No. 3.—Tuberculous matter taken from the interior of e lung of a man who died recently of phthisis. The -cells are broken down, with the exception of one or o, which are perfect, in one instance the cell wall partly maining, with granular deposit, or probably exudation tubercular blastema; lines and small masses of pig-entary matter in abundance.

No. 4.—Tuberculous matter taken from the interior a vomica in the lung of the same patient as No. Remnants of air-cells are seen, the elastic fibre torn a projecting forward in all directions. (I have a microscop specimen of *clavate sponge spicules in situ*, presenting very similar appearance.) Lines and masses of da granular matter are seen, and a few free tubercle c puscles.

No. 5.—Section of a pulmonary tubercle, with the s rounding lung tissue, showing the relation of the tuber to the tissue. Immediately around the tubercle the air-c are seen to be contracted and flattened; beyond this th are dilated and irregular in shape. One air-cell reta its vascularity. The outer margin of the tubercle sho the remains of lung tissue obscured and gradually stroyed by the corpuscular substance of the tubercle.

Microscopic preparations of sections of the lungs of frog, cat, sheep, and rabbit, have been already referred as illustrative of the minute anatomy of the lung.

The following is a brief summary of the more import and practical facts elicited by the investigations in this the two preceding papers:—

1.—That pulmonary consumption is a very prevale wide spread, and almost universal disease, very fatal in results; no age, and scarcely any locality, forming exemption from its ravages.

2.—That as regards the minute structure of the hun lung, each terminal bronchial tube is shown to be c nected with an entire group of air-cells, not ending i single air-cell, nor the tubes themselves anastomosing v each other; also that the ciliated epithelium of the b chial tubes does not extend to the air-cells, but that e air-cell has a single layer of pavement epithelium, c posed of minute polygonal cells.

3.—That tubercle in structure is non-vascular, of organization, consisting of a basis substance and cer corpuscular elements, only susceptible of extension by increase of the morbid matter exuded, and capable p bably, under favourable circumstances, of removal absorption.

4.—That as regards the origin and development tubercle, the primary mischief is in the blood itself deterioration of which arises from various morbific cau inherent or acquired, and that the first local mischief v

probably consists in the degenerate condition of the epithelial cells of the air vesicles.

5.—That the deposit of pulmonary tuberculous matter takes place primarily and chiefly in the air-cells, first on their lining membrane or wall, and then gradnally extending to the entire cell, and probably to the minute bronchial tubes and the interstitial tissue of the lungs.

6.—That the manifested effects of pulmonary tubercle are evidenced in the blocking up of the air-cells by foreign matter, and in the induration of the adjoining lung tissue, thus preventing the due æration of the blood, hindering the proper nutrition of the system generally, and giving rise to certain definite symptoms of disease requiring the skill of the physician to arrest, alleviate, or cure.

(*To be continued.*)

NOTES ON NEW REMEDIES.

By Edward T. Blake, M.B., M.R.C.S.

No. 1.—McBoundon or Incaja, the Ordeal Poison of the Gaboon.

This substance was introduced into Europe in 1869, and its physiological qualities were investigated by Rabuteau and Peyre.

The roots which were employed for experiment were dug in a humid soil, near the River Como, about thirty leagues inland.

Experiment I.—Three milligrams were injected under the skin of a frog. In ten minutes shocks and tetanic convulsions, excited by touching or vibrating the animal.

Experiment II.—One centigram administered to a frog. It was convulsed sooner; rigidity, but not to the extent of opisthotonos or emprosthotonos—there was less stiffening than with strychnia; no *post-mortem* rigidity; death in ¾ hour.

Experiment III.—Ten centigrams caused death in 20 minutes. In 5 or 10 minutes there were electric shocks, then paraplegia, followed by death from exhaustion.

Experiment IV.—The same symptoms were observed in dogs, viz., powerful shocks; breath panting; pelvic limbs paralysed.

A dog, which swallowed 40 centigrams of extra called to mind the bar, which the Gaboonese desire the who have taken the ordeal beverage to jump over. Th animal, sensible to caresses and obeying the voice, cou not clear steps 18 centimetres high. At every effort do so, it trembled with violent, tetanic convulsions. the end of 60 minutes, convulsions still existed and cou be induced at will by the influence of fear: 60 minu later the animal was nearly well.

Experiment V.—Forty centigrams were administe to a dog, which died of asphyxia with convulsions, a relaxed sphincters. Epistaxis was present: this sympt has also been observed in the Gaboonese, when pass the ordeal.

This drug acts on the medulla spinalis; unlike *toba* and *curare*, it is not a muscular poison. A good provi of this substance on the human subject would be of servi as unfortunately for the employment of the drug a remedy by homœopaths, only rough and primary syn toms have been hitherto recorded.

Epistaxis seems to be a "key-note."

It is probable that the *incaja* will prove useful epilepsy, in centric paraplegia, and in bleeding from nose.

There is an analogy with *strychnia*, but it is still m allied to *brucia;* but it has not produced the hoarsen which *brucia* causes in dogs.

According to *Rabuteau* and *Peyre*, this poison caus

1st. Paralysis,
2nd. Convulsions,
3rd. Death,

But according to *Pécholier* and *Saint Pierre*, the order

1st. Tetanic convulsions,
2nd. Insensibility,
3rd. Paralysis,
4th. Death.

For further details, see *Comptes Rendus*, 1870; *Jou d'Anat. et de Physiologie*, and the *Pharmaceuti Journal*, No. 10, Sept. 3, 1870.

No. 2.—Nitrite of Amyl.

However much the great mass of "general prac tioners" belonging to the "orthodox body" may dou

the practical utility of modern chemico-physiological research, the homœopath has no ground for debate on that score; he knows that, daily, discoveries utterly valueless to their discoverers, are being turned to good account by him, as precious weapons in the warfare waged against disease and death. Facts and phenomena, vague and anomalous to the mind of the "dominant school," find an easy solution with the homœopath, and naturally dove-tail together, forming themselves into harmonies, neither incongruous nor incoherent.

There is an amber-coloured fluid, the *nitrite of amyl*, made known to us by Belard, more fully investigated by F. Guthrie, that is possessed of a singularly certain and invariable physiological property, viz., that of causing *flushing of the face and neck; throbbing of the carotids; acceleration of the pulse; increased cardiac action*, in fact, to such a degree that Richardson credits this drug with "*the power of quickening the heart's action more than any known agent.*"

Here is a fact that no allopath can render really available in practice, on account of the false stand-point he has assumed; to the homœopath, *per contra*, this same fact is not only of interest, but it is of the utmost practical value, and can be utilized at once, even without the prior test of clinical experience. And it is of the more value, that the above characteristics of its action on the healthy economy are so invariably present.

I have myself frequently verified the above-named facts, both on my own person and upon those of my medical friends:—

Exp. I.—Thus Dr. S., of —— Asylum, was sitting with my brother and myself, when I called his attention to the drug, and showed him a specimen of it. Dr. S. inhaled the vapour twice from a ʒ ss bottle; in a few seconds a bright, florid flush spread over his face, there was slight vertigo, and then in a few seconds more all symptoms had passed away.

Exp. II.—Oct. 18th, 1870. Dr. T., of Yeovil, smelt once from the same bottle; soon the face flushed, the flushing being followed by turgidity of the facial veins, then vertigo and a peculiar sensation of choking. A few minutes later there were cardiac oppression and tumultuous heart action, with complete obliviousness of our recent conversation. *[Sensorium.]*

Exp. III.—Dec. 15th, 1870. On myself at 7.30 having dined at 5.30. Pulse being 66, and resp. inhaled the drug strongly for 30 seconds; after the of a second or two my ears began to throb and my seemed to swim round. In 25 seconds, p. 130, r. 20 *facial flush* with vertical hammering; then the sen seemed to travel back, and I felt throbbing in the o —objects began to look yellow. Then came b behind ears. After the expiration of two minut palpable effect of the drug had disappeared, the pul 70, and the breathing 24. One hour afterwards, still conscious I had a heart, and a bruised sensat the brain had been left behind. But then I had, the six hours, four times induced the physiological of the drug on myself, by as many inhalations.

Exp. IV.—On myself, Dec. 19th, 1870, 8.1 Inhaled from the bottle during 30 seconds, the having been noted before by my brother. The will be best seen in a tabular form:—

	Pulse.	Resp.
Normal	60	18
After 90 seconds	130	20
„ 150 „	80	20

Exp. V.—Dec. 19th, 1870, 8 P.M. J. N. B., dark, of middle size, spare habit, bilio-sanguine te rament, having dined at 5.30.

Inhaled freely for 30 seconds. At the end minute there were precordial anxiety; accelerated action; frontal humming; hot, red face; desire t convulsively; sensation of a piston working up and in the ears; primrose halo, even with the eyes clos shaded. During the third minute there were burs the forehead and vertigo.

	Pulse.	Resp.
Normal	64	16
After 90 seconds	106	20
„ 150 „	68	20

It will strike the reader as singular that the should be doubled, without corresponding accelera the respiratory rate.

The physiological action of the *nitrite* may b veniently expressed thus:—

Primary effect:—*Crimson, facial flush.*
Secondary effect:—*Dyspnœa, as from violent exercise.*

Those allopaths who have employed this drug recommend it in colic, in angina pectoris, in rheumatic disease of the heart and in traumatic tetanus.

It is, however, far more likely to prove useful in paralysis of that portion of the ganglionic system which lies above the diaphragmatic line; in the pareses of the sympathetic so common at the climacteric period; in painful or immoderate blushing; and in the flushing which occasionally forms a troublesome sequela or complication of certain neurotic disorders.*

Cases treated by the Nitrite of Amyl.

Case I.—Miss M. S., æt. 25. Aug. 26th, 1870. Six years ago had an attack of encephalitis, which ran its usual course, and she became convalescent; but ever since then she has been subject to flushes of the head and face, and to vertical "hammering."

These symptoms are greatly benefited by the 3x of *nitrite of amyl.*

Case II.—Mrs. K., æt. 35; married fifteen years; three severe miscarriages. Has for many years suffered from symptoms of uterine congestion.

Nov. 27th, 1870.—Three weeks ago the sudden loss of her mother produced a very serious disturbance of the system.

Present symptoms.—Whatever is effected with regard to any object, she imagines is done in the same way to herself: thus, if a handle is turned, she feels a screwing sensation, &c. Photophobia, and dread of noise; *flushing of the face;* pain over the whole anterior wall of the chest, with marked hyperæsthesia [relieved by heat], extending next day to the infra-scapular spaces; severe palpitation, with feeling "as if a large box were inside," so that she could not inspire; no sense of constriction, but of extreme thoracic distension; flatulence; pain from nape of neck to vertex; feet cold.

* Dr. Richard Hughes writes to me to the following effect:—"*Nitrite of amyl* I tried in a case of *petit mal.* It had some immediate influence over the attacks; bnt no permanent good was effected."—Dec. 30th, 1870.

[illegible] to fall back upon in emergency.

For the details of this and the foll indebted to my brother, J. N. Blake, of

Case III.—Mrs. B., æt. 57. Like the has for many years suffered from chro the uterus and its appendages. Catam years ago. Never pregnant. Has had m of hemiplegia; a severe [left] "stroke" t

Present state.—Dec. 6th, 1870. Ner words; much agitated, with intolerance sound; feeling "as if a large nail were b the top of the head to the eyes;" lachrym *face marked*, generally followed by pers left parietal region, extending down th dirty-white, and much coated; great fee on sternum; slight palpitation; cuttin ovary; urine frequent, copious and pa fined; partial paralysis of left arm, which hot then cold; pain from the left should which is retracted across the palm; feeli and bursting" in the feet. *Amyl nitrit.* 1 were taken by olfaction in half an hou benefit to the *flushing* and the head sy drop doses were administered on sugar ev

7th. Much better. Repeat medicine

8th. Much better. Repeat medicine ev

Oth. [illegible]

Dec. 15th, 1870. Took cold last November. Pain in loins and great trochanters; palpitation, lessened when recumbent; flushing of the whole body. ℞. *Ars.* 3, t. d., and to use *amyl. nit.* 1x by olfaction when the palpitation and flushing are troublesome.

Dec. 22nd. Much better. She says that smelling the medicine relieves her very quickly, and "strengthens her nerves."

The *nitrite of amyl* is an amber-coloured liquid, with a powerful oppressive odour, slightly resembling that of the pear.* It may be diluted with alcohol, but is so volatile that it should be dispensed in bottles only, and should not be mixed with water. I have administered it on loaf-sugar, or by olfaction.

The specimen of the drug that was employed in the preceding experiments and cases was manufactured by Hopkin and Williams of 5, New Cavendish Street.

Its analogues are *acon.*, *lach.*, *naja*, *glon.*, *nux*, *bell.*, *cocc.*, *cham.*, *ver. a.*, *croc.*, *stram.*, *tab.*, *sulph.*, and *plat.*

The literature of this highly interesting drug is very limited:—

Jour. of Chemical Soc., v. xi. p. 245, 1859.

Med. Times and Gazette, v. ii. p. 334, 1863; v. ii. p. 335, 1864; v. i. p. 320, 1870; v. ii. pp. 154—271, 1870.

Lancet, v. i. p. 97, 1867; March 5th, 1870; April 9th, 1870.

Pharm. Journal, Sept. 10th, p. 209, 1870; Nov. 26th, p. 422, 1870.

Glasgow Med. Journ., August 1869.

Edin. Med. Journ., July 1870.

Practitioner, v. iii. p. 181, 1869; v. iv. p. 238, 1870.

REVIEWS.

Essays by Members of the Birmingham Speculative Club. London: Williams and Norgate, 1870.

In this interesting volume of essays there are two which relate to medical matters, the sixth and seventh.

Under the euphonious title, "Euthanasia," Mr. S. D. Williams

* There are some very impure specimens in the market; *vide Pharmaceutical Journal*, Nov. 26th, 1870, p. 422. Boiling point should be 98°—99° C.

[illegible] or question, that the
" at the express wish of the patient."

It would be impossible to carry out Mr
without the risk of frequent homicide, and v
so obvious that we must look upon this ele
as conceived in the spirit of Swift and De Q
a companion to the essay of the latter autho
sidered as one of the Fine Arts." Delicate
reader away, and covers the playful satires d
therapeutics of the day. By a curious coinci
lecturer is another Mr. Williams.

In the seventh and last essay, " Method a
Balthazar Foster attempts to show that the
statements of MM. Claude Bernard and Néla
medicine and surgery do not exist, are not acc

Dr. Foster traces the progress of the hea
earliest times down to the present day; he
method has retarded the progress of medici
have added, still does retard it. However, our a
and proposes some remedies for this unsat
things, and it is this part that is most inte
homœopathic practitioners.

After quoting a portion of Sir T. Watson
Clinical Society, in 1868, Dr. Foster says (p. 2

" If words have any meaning, surely these
years ago by a great living authority, in an ac
sent state of practical medicine, offer the stro
of Bernard's statement—that scientific medici
at all events, the [illegible]

Here we have the defects of the practice of medicine freely acknowledged, and the principal remedy hinted at, viz., experimental physiology, which includes the proving of medicines upon the healthy body. In the following paragraph we have other remedies suggested (p. 287):—

"The development of medicine as a science is slow, because the knowledge on which it must be raised is slow to come. The base of a pyramid must be constructed first, and stone by stone the building raised, till the crowning glory of its apex is completed. But while some are busy in giving form to the first parts of the edifice, other workmen are well employed in making ready the stones which shall find a place nearer to the apex, or compose the apex itself. So it is with medicine: physiology must form the base, pathology the middle, and therapeutics the apex. But while the foundations are being well laid, materials may be prepared for the construction of the later parts, if the hands of the workers have only enough of skill and method to fit them for the work."

Here we have a high place assigned to the workers at therapeutics, and we think that Hahnemann was one of those workers with skilled hands, who formed stones for the apex, although he necessarily left the stones for the middle and base to be furnished by other workers.

Dr. Foster says:—"When once the cause or initial phenomena of the morbid series is identified, the mechanism of disease will be mastered, and its rational treatment will follow." Now the mechanism of pneumonia has been observed closely, and its initial phenomena identified; but has it helped the treatment? No; not in the true sense of treatment. It did not require the research of a pathologist to show that good nursing is better than bleeding in a case of pneumonia. The pathologist has not suggested a remedy. Nor are we willing to allow that the destruction of a parasite (which is given as an example of the initial phenomenon) is a good example of scientific therapeutics—it is no more so than is the removal of a splinter from the finger a therapeutic cure of the abscess that is on the point of being formed.

Let us take the converse suggested by the author:—"The "active principle of Jesuits' bark has cured ague ever since "1639, but the manner in which the cure is effected is still "unknown, because the mechanism of the disease still baffles "our attempts at analysis." If the mechanism of ague were perfectly well known, the action of quinine might be as great a mystery as is the action of mercury on a sluggish liver.

The manner in which a drug effects a cure may never be ex-

plained further than by being referred to a general law of actio The equilibrium of a balance may be obtained by adding weigh to the lighter scale, and we are satisfied by saying that it is obedience to the law of gravitation. The way in which t arms of the balance work on the fulcrum, the relative length the arms, or the mechanism employed to add weight to t lighter scale, may be interesting and important matters for i vestigation and research, but they are comparatively unimp tant so long as equilibrium is gained. So the state of equ brium of the body, which we call health, may be restored medicines which will act according to good practical rules, wi out our being able to say anything more than that, because t act upon certain tissues in health, and disturb the balance one direction, that they must be used when disease has produ a similar disturbance upon those tissues in the same directi

And now we come to the most important suggestion in essay. "Before a drug can be scientifically applied to "relief of sickness, the modifications which it produces "healthy functions must be known; and the difficulty "obtaining trustworthy data in so complex an enquiry is "dent." This is the great discovery which is to regene therapeutics, and which is now suggested by many, quite for ting that homœopaths have been insisting upon it for generations. Dr. Foster says nothing about the fact that H nemann followed this plan for fifteen years, and as a result led to the elaboration of the law of similars.

Dr. Foster omits all mention of mixing medicines, and there is probably no greater cause of the backwardness of th peutics than the admixture of drugs and the confusion results. Could a chemist have any claim to scientific chara if he were to mix three or more of his tests, and then pro to use them together upon a solution which required analy Could he draw conclusions from the complex phenomena wh would result? The answer we will leave to Dr. Foster in next edition, and at the same time suggest that he should Hahnemann some credit for priority with regard to the pro of drugs.

Cough Repertory. By B. Simmons, M.D. Liverpool: Thc son & Capper. 1870. Pp. 25.

We quite agree with Dr. Simmons that there is, at pres in English homœopathic literature, no complete Repertor Cough, and we must thank him for this attempt to supply want. We hope that he will follow out the course he has c menced, and, by taking up the Chest Chapter of the Cy Repertory, help to make that as complete as possible.

order to test Dr. Simmons' small Repertory we referred to help in a case of bronchitis, in which the principal concomitant was nocturnal perspiration. We are accustomed to *lc. carb.* 30, or *phosphorus* 3x, for cough with this concomitant a characteristic symptom, and are justified in so doing reference to the Materia Medica and successful results. ever, neither of these medicines appears under the heading, piration at night."

Simmons' reference to German Repertories makes us r the completeness characteristic of Teutonic work. Let e that, before many years have elapsed, we too may have plete Repertory to the provings that exist, so that in all s we may select the similimum, and have no excuse for practice.

Notes on Fear and Fright, and the Diseases they Cause and . By Dr. M. Roth. Turner & Co., 77, Fleet Street, E.C. this pamphlet—reprinted from *The British Journal of pathy*—Dr. Roth brings forward a considerable collection ances in which fear and sudden excitement of a painful ter have been, in some cases, the cause of disease, and in have resulted in its cure. His aim is to gather together ed facts of this character, in the hope that, viewed collec- they may suggest some appropriate mode of treatment in l effects of fear and fright during pregnancy. We com- his pamphlet, on a subject of much interest, to the atten- our readers. As we understand that Dr. Roth is anxious to his repertory of facts of this type, he will, we feel sure, ged by any being brought under his notice.

CLINICAL REPORTS.

ITHOXANTHUM IN BRONCHITIC ASTHMA.

Reported by George Moore, M.D.

., aged 28, fell ill in April, 1869. He is well built, and eviously enjoyed robust health. No hereditary tendency st disease exists in his family. The first attack began cute nasal catarrh, followed by sore throat, and subse- r by severe cough, nocturnal dyspnœa, and purulent ex- tion. The usual homœopathic treatment was carried ith doubtful results. This illness slowly subsided, but mer health was not fully reestablished before another seized him. Up to last Christmas he had a succession acks, manifesting the same character and sequence of ms. On an emergency an allopath was called in, and he

adopted all kinds of treatments, including expectorants a sedatives, mustard poultices, alteratives, tonics, &c. This illne was protracted over several weeks; and, as the position affairs was not at all satisfactory, one of the most emine physicians and stethescopists of the day attended. He diagnos emphysema, and prescribed carbolic acid inhalations, and fifte drop doses of indian hemp several times a day, but they co pletely failed. The patient fell into my hands again at the e of last year, after, as his allopathic attendant said: "He h nearly gone the round of the Pharmacopœia." He was we and thin, and he had little appetite, a soft pulse above 1 mucous râles over the entire chest, a severe head-ache giv cough, sticky mattery phlegm, inability to sleep, save wh propped up; and occasional fits of dyspnœa, beginning ab two o'clock in the morning, and generally lasting three or f hours. Inhalations of oxygen gas, from Robbins' powder, ou Beigel's inhaler relieved, or appeared to relieve, the dyspn and to arrest threatened attacks. Salt water spray, 10 gr of *Na. Cl.* to ounce of water, had a soothing and expector effect. Small doses of *Ipec.* *Nux.* and muriated tincture iron were also given, internally, from time to time. expectoration gradually diminished under the use of a sp solution composed of silver nitrate, at first five, and then grains to the ounce. He gradually picked up, got fat strong, and went about as usual. This year, so far, he had four attacks, but none so severe, nor so long continued preceding ones. They ran the following course: at first, tig ness across the bridge of the nose, stuffing of one nost repeated attacks of sneezing, copious discharge of thin wat secretion; then, sore throat, tickling in the larynx, caus cough; next, tightness of the chest, crampy feeling beh sternum, thin gummy expectoration, fits of asthma occurring the night for several nights in succession, loud rattling all o the chest; in the last stage, expectoration decidedly mu purulent, or even purulent. The chief medicines given w Ant., Tart., Ipec., Phos., Bryon., Arsen., Samb., Merc., I Bichrom., common Caust., &c.; but I do not undertake to as that any one of them has been of unquestionable utility allaying distress, or in curbing the natural course of the dise Only one thing has produced striking and unequivocal bene During the last attack, he wrote, complaining that his breath was very bad, that he had not slept for several nights, and t none of the medicines did him any good. I ordered him to some Anthoxanthum Tincture from Messrs. Epps and Co., to inhale the spray of it frequently, at the same time swallow five-drop doses every two or three hours. Two days afterwa under date of Sep. 29th., he sent me the following report: "V

much better; in fact, if you were to see me now, you would scarcely think I had been so ill; slept from 10.45 p.m., to 6.30 a.m., without interruption; no wheezing, nor difficulty of breathing; coughed only three times since awaking; phlegm thick, white, easy to get up; used spray several times yesterday, also took it in five drop doses. I am sure the medicine has done me a deal of good at present." When I saw him a week afterwards, he was quite well. He said that when the medicine reached him, he was sitting on the edge of the bed, with his hands planted on his knees, leaning forwards and breathing fast and laboriously; that, owing to the difficult breathing, he could not take more than four inhalations of the spray (twenty were prescribed) at a time, and that the effect was almost instantaneous. The dyspnœa speedily ceased, and has not returned since. The bronchitic symptoms likewise subsided much quicker than on previous occasions.

This is an isolated observation. Further clinical experience will decide whether Anthoxanthum can, or can not, be depended upon in other cases like the one whose history has been just rapidly sketched. Certainly nothing that the patient has taken gave him such prompt and welcome relief. Being a member of the veterinary profession, he is not unfamiliar with the action of drugs on disease, and therefore his own evidence, quoted above, is entitled to more heed than if he were a non-expert.

3, Hertford St., Mayfair.

CHRONIC TONSILLITIS.

Reported by Dr. W. Roche.

John H. came with his mother to consult me on the 6th of July. The mother states that he has been ill for some months with sore throat, and unable to follow his usual work on the farm. He has been under his club doctor, who has evidently treated him "energetically," using caustic applications frequently, painting with iodine, at last applying blisters externally. The result is, increasing swelling, and diminishing power of swallowing, the medical attendant finally declaring the case incurable.

His appearance was as follows:—Aged 18, fairly robust, but much weakened from want of nourishment. Throat swollen, red, and dry, with much pricking pain. No perceptible chink between the tonsils, and much "throat deafness." Both mother and son came quite in despair, hardly hoping for help.

Ordered a pill of *merc. sol.* 6, 3 times a day.

Came the following week, in great spirits, "looking" better. Swallows readily; much less deafness; throat much improved; tonsils smaller, and knotty; less congestion.

Ordered *baryta carb.* 12 ; a pill three times a day.

The mother, in giving me her report, tells me that for the first three days of the medicine he complained much of his mouth being sore, pains in his teeth, with feeling of looseness, and slight salivation. These symptoms subsided on the fourth day, and were followed by the marked improvement before mentioned.

He continued the baryta for three weeks, the throat steadily improving. He then took cold, and the throat became very sore again. I gave him the merc. sol. again, with the same good effect as before. The mother taxed me with giving the "first pills," as she called them, saying they had caused the same soreness of the mouth as before.

This case is a very hard nut for those "scientific" men to crack, who can detect no appreciable quantity of medicine in our 6th dilutions, and consequently somewhat hastily proclaim them inert and useless "deceptions."

Ipswich, October, 1870.

CASE

Reported by Dr. SIMMONS.

A. M., æt. 32, slender, consulted me, Feb. 1870, for what she supposed to be weakness of the womb. She stated that she had been suffering about four years. During that time she had been, with the exception of the last few months, continually under treatment. She had been successively, before coming to this town, under the care of allopathy, hydropathy, and homœopathy, without any beneficial result.

The symptoms were as follows :—Great feeling of languor, lowness of spirits, loss of appetite ; after taking a short walk, she suffered from a *most painful feeling of weakness across the whole abdomen, and especially in the hypogastric region, obliging her to lie down for some hours to obtain relief.* After *any extra exertion*, or a *moderate walk*, she would have to observe the recumbent posture for many hours, and sometimes, more or less, for days. The menses were irregular as to time and quantity.

In the pathogenesis of phosphorus we find *Relaxed feeling in the abdomen. Great feeling of weakness in the abdomen and back. She had to lie down.*

The patient took phosphorus 200, a dose every night till there was improvement. She then waited till some slight return of the symptoms occurred, when the remedy was repeated, and so on during about three months, when she was fully restored to health, gained flesh, and recovered the somewhat ruddy complexion she had years ago. No change of diet or mode of life was observed.

Phosphorus has, in my hands, cured several cases of disease where this feeling of distressing sinking or weakness in the *abdomen* is a prominent symptom.

Liverpool, October, 1870.

SULPHUR IN DIPHTHERITIC SORE THROAT.

By J. E. Norton, M.D.

M. J., æt. 30, a maid-servant of mine, who had been in close attendance upon a relative who died of partially-developed scarlet fever, complained of sore throat. On examining the fauces, two white patches, each the size of a shilling, were observed on the right tonsil, with a red and inflamed surface around them. A teaspoonful of powdered sulphur was mixed with a wineglassful of water, and the throat frequently gargled with the mixture. Twelve hours after the patches were much smaller, the throat less painful, and the general state improved. Next day she was still better; the gargling was continued during the second day, and on the third she was comparatively well. During the time her throat was so painful she had aconite and belladonna at frequent intervals, and each night at bed-time hot fomentations for about two hours. Abundant nourishment was also given.

Chester, Feb. 14th, 1871.

CLINICAL ILLUSTRATION OF THE PHYSIOLOGICAL ACTION OF CIMICIFUGA RACEMOSA.

By R. T. Cooper, M.D.

"For those obstinate *pains in the left side*, which females so often complain of, this remedy is as nearly a specific as anything can be."—*E. M. Hale. New Remedies. 2nd ed. P.* 233.

In a woman of 35, in whom the catamenia had not appeared since she was 20 years old, the 1st decimal dilution of *cimicifuga* produced, after she had taken it for about ten days, "a catching pain in the left side, just where the heart is" (*i.e.* at the apicial region of the heart), which comes on when she bends her body forward, sometimes when sitting still at dinner and after dinner. Throat is rather sore also, and she has been passing a great quantity of clear urine, which makes her feel very weak. This patient never had symptoms like the above before.

Southampton.

NOTABILIA.

DRUG-PROVINGS AND HOMŒOPATHY.

In the course of an appreciative notice of Dr. Rogers' work, on *The Present State of Therapeutics* (a review of which will be found at p. 361 of our last volume), *The Medical Times and Gazette*, of the 4th ult., has the following remarks on drug-proving:—

"Of the practice of testing remedies in the living subject, provided the trials be carried out fairly and sensibly, we have nothing to say but good. Some people think the practice is part and parcel of homœopathy; it is nothing of the kind. And it is extremely questionable if their repertories contain a single proving into which the imaginative faculties do not largely enter. Baron Stoerck was the first to introduce this mode of ascertaining the action of remedies, and from him Hahnemann borrowed it. There is no reason why we should not resume the practice."

A year or two back this same journal told its readers that the principle *similia similibus curantur* was "a very little part of homœopathy." Now we have it on the same authority (such as it is) that drug-proving, so far from being, as "some people think," "part and parcel of homœopathy," is "nothing of the kind!" In fact, every principle for which homœopathists have done battle, every practice for enforcing which they have been denounced in language drawn from Billingsgate times without number during many years are being so rapidly absorbed by their vituperators, that in order to maintain a show of consistency it has become needful to deny that their principles and their practices have anything whatever to do with homœopathy. How largely the principle of similars is acted upon, how closely the quantity of medicine given in many instances approaches the safe and sufficient dose contended for by us, how frequently the practice of giving medicines singly and uncombined is urged upon practitioners, we have repeatedly had occasion to notice. The physiological study of drugs has been already adopted to some extent—notably in the instances of *mercury*, by Dr. Hughes Bennett, and *belladonna*, by Dr. John Harley—in both cases the results proving the truth of homœopathic practice. Now *The Medical Times and Gazette* comes forward, and has "nothing to say but good" of this method of testing remedies! But it is a method which has nothing to do with homœopathy. Hahnemann borrowed it from Stoerck, and so on. In reply to all this, we have simply to say that without these drug-provings homœopathy could have no existence. It is impossible to put the principle of *similars* into practice without a previous ascertainment of the action of drugs upon the healthy body. The first

to propose this mode of studying the action of drugs was Von Haller, the greatest physiologist of his day. This proposal was made in 1763. Haller never put it into practice. Baron Stoerck did so to a limited extent. His experiments bore little or no fruit, and in no long time were forgotten—the key to the use of such experiments not being known. It remained for Hahnemann to discover this key, to turn Stoerck's experiments to account, and to repeat them systematically in a hundred different drugs. If Hahnemann was not the first to investigate the properties of medicinal substances in this way, he was most unquestionably the first to turn what had been made to a practical account, the first to enter on a thorough and complete course of experimentation of this nature. Had it not been for Hahnemann the physiological method of investigating drugs would in all probability have been unknown to this hour, and the only way in which this method can be utilized would likewise have been undiscovered. Nothing can more forcibly display the littleness, the contemptible meanness of such persons as the writers in *The Medical Times and Gazette*, than the systematic way in which they invariably endeavour to deprive Hahnemann of the credit due to him as a reformer of drug-therapeutics; and their silent adoption of the cardinal principles and distinctive practice of homœopathic physicians, while they persistently misrepresent homœopathy, and traduce those to whom they stand indebted for what knowledge they possess of the application of some excellent remedies.

STONE-THROWING,

By an Allopathic Editor occupying a Glass House.

We are so thoroughly inured to finding in the allopathic medical journals of the day utterly truthless statements, set forth for the simple purposes of injuring the professional reputation of medical men who practice homœopathically, and of misrepresenting homœopathy, that no ebullition of malice or falsehood in either one of them ever takes us by surprise.

The editor of the *Medical Times and Gazette*, of the 11th ult., gives the particulars of an error in diagnosis, in a case which terminated fatally, after having been under the care of two homœopathic practitioners. That a patient, who had had the advantage of homœopathic treatment, should die, may appear strange to our contemporary; but such an event does occur occasionally. His aim in this very ungenerous and obviously malicious course appears to be, to disseminate the notion that errors in diagnosis are peculiar to homœopathists, and that homœopathic treatment, where such an error has been made, is

especially disastrous to the patient. We will first give th ticulars furnished by the *Medical Times and Gazette*, and proceed to show how utterly baseless are the ideas, the pr tion of which has led this editor to hold up to contempt a f to detect the nature of about as obscure a case as coul occur in practice.

We are told that a lady "approaching the age of 50," "youngest child was born about ten years ago," "came "town to consult the practitioners of the homœpathic s "account of general *malaise*, lumbar pains, some abd "swelling, and slight jaundice." Turkish baths and me were ordered; but failing to afford relief, another homœo physician was called in, whose view of the nature of th differed from that of his predecessor. "The premature b a still-born child was the startling revelation of the true of the case to all concerned, and the death of the mother comment on its diagnosis and treatment by the homœo attendants." After admitting that "the age of the patie interval since the birth of her last child, and her long res in India might, for the time, have diverted the minds attendants from the suspicion of pregnancy," this sapient goes on to "maintain that if the usual means of p diagnosis of that condition had been carefully employe nature of the abdominal swelling would have been detecte the pregnancy would, in all probability, have advance natural and safe termination."

How does the writer of this deliverance know that "th means of careful physical diagnosis" had not been emp The child was still-born, he says, and therefore one imp piece of evidence which might have suggested pregnan gone. No fœtal heart could have been heard, no mo have been felt by the mother. These indications being w we "maintain" that the fact of the age of the patient, a long interval since the birth of her last child, render hypothesis of pregnancy a highly improbable one. Of wh patient actually died, the narrator carefully avoids stat order, we presume, to be the better able to cast a slu homœopathic treatment. If such a case ever did occ have little doubt but that 999 medical men out of ever would have been led astray in its diagnosis; while the tre adopted by an allopath would have been infinitely mo astrous than any a homœopath would direct.

But not so the editor of the *Medical Times and Gazette* says that persons who resign themselves to homœopathic ment do so "on their own judgment and at their own and then, as though in horror, adds, "How immensely th "is increased where careless, incorrect diagnosis is super

"the case which we have mentioned affords abundant evidence." It affords no evidence of the kind. We are not even told the cause of death. When an incorrect diagnosis is made, the risk incurred by such an error is, as we shall proceed to show, immensely added to by allopathic treatment.

We well remember the late Sir James Simpson giving an account to his class of a lady who had been sent up to see him on account of a supposed ovarian dropsy. She was pregnant. The error of this allopathic diagnosis had, however, involved mercurial and iodine inunction to an extent which left the patients health irretrievably damaged.

Let anyone read the details of a case reported by Dr. Druitt in the *Medical Times and Gazette* for the 14th January, and say whether the error of diagnosis in this case was not aggravated by the treatment adopted? Here was a case of paralysis preceding confinement, which again was followed by convulsions, the patient dying in ten days. What was the diagnosis? Dr. Farre and Dr. Druitt suspected an apoplectic clot; Sir Charles Locock and Dr. Beale regarded the case as more probably functional and hysterical—a difference of opinion which Dr. Druite adds is "an instructive comment on the difficulties of diagnosis." But what about the treatment of this "obscure case?" It consisted in free purgatives with podophyllin, coloynth, senna and scammony; repeated blistering; camphor; liquor cinchonæ; brandy and sherry. If the diagnosis was dubious, the treatment was anything but negative. Though Dr. Druitt expresses his unabated confidence in the value of purgatives in the treatment of puerperal convulsions, he admits that "certainly the last dose of medicine did not act kindly, and "the irritation of the bowels, aggravated by the impossibility of "giving other than liquid food, seemed to enhance the tendency "to convulsions." If ever the risks incident to ignorance of the real nature of a case were added to by the treatment adopted, they were so in this; and that treatment was allopathic with a vengeance!

The only end to be answered by the publication of such a paragraph as this, is to circulate a notion that diagnostic errors are peculiar to homœopathic practitioners. That they are not so we have already shown. We will, however, here give two or three more illustrations to the same end.

Some two or three years ago a hospital physician, of fair repute, a lecturer in a London medical school, was in attendance for six weeks on a lady suffering, according to his diagnosis, from an abdominal tumour. Whether "the usual means of "physical diagnosis in such cases were carefully employed" we do not know; but this is certain, the patient and her friends grew weary of the daily visits of the physician. A consultation

ne was passing his bistoury into an absces
our knowledge that two medical men, one
Professor, were in attendance on a lady
paroxysms of abdominal pain. The pati
was with her, declared that the pains w
Whether "the usual means of physical d
we did not learn; but with or without th
assured their patient that she was not in
contrary, she was suffering from peritoni
placed twenty-four leeches on the abdomen
were sucking her life-blood a baby was born

One more instance of "allopathic diagn
A metropolitan physician paid two visi
watering-place in the West of England, to
of an abdominal tumour, and suggest the m
of relieving it. He came, shook his hea
could be done, pocketed his sixty guineas
returned home. A violent paroxysm of pain
to send for his local doctor. Happily he w
and his substitute, having no preconceived
examined it, passed a catheter into the bladd
sipated the tumour and relieved the pain!
bladder had been mistaken for a malignant
by a physician of the highest reputation!

We might fill a whole number with ill
pathic diagnosis" of this blundering type w
But we have no desire to parade the errors
brethren, and there is no object to be g
Errors of diagnosis have been made

THE IMPORTANCE OF CLINICAL STUDY.

Dr. Gull, in his recent address at the Clinical Society, made the following observations on the importance of clinically investigating disease :—

"It seems probable that in a good deal of our clinical pathology we have mistaken the end for the beginning; and, being impressed chiefly by the more prominent, or more easily demonstrable, lesion have regarded it as a cause, when it was but part of another and antecedent state. It is from clinical study alone that we can learn the beginnings of disease. Often when the gathered clouds of the final storm have filled the atmosphere, it is in vain that we look round to see from what point of the heavens it began. The apparently trifling ailments of to-day may, when we are able rightly to interpret them, foreshadow the coming of much graver events.

"For these inquiries private practice affords the only opportunities. The record of individual cases, illustrative of the early traces of pathological change, would be of great value. Perhaps, as a rule, we have looked too exclusively to the wards of our hospitals, and to the records of post-mortem examinations, to teach us our clinical lessons. . . . The opportunities of private practice, if carefully utilised, might soon solve for us many obscure problems. Take, for instance, the onset of infectious diseases. By a more accurate study of this stage, which can rarely occur in hospitals, we might learn through what ways the infection invades the organism, and thus might be enabled, if not to obviate its progress, at least to learn something more of the means for controlling it. . . . Any new fact, however apparently useless and disconnected, is worthy of a record. It may be, to use the language of embryology, the *primitive trace* in the department of a new form of thought and knowledge; or, to alter the simile, its meaning may not appear till the context is discovered."

EXPERIENTIA FALLAX.

Experience in medicine is fallacious, because it is limited and imperfect—limited to the few observations gleaned in some narrow area, limited to some season or short period of time, limited by the prejudice, or interest, or incapacity of the observer, or by defects in his methods of examination; and imperfect through our ignorance of the natural course of events, which leads us to attribute results to some accidental interference on our part rather than to the essential course of things; imperfect also because we are satisfied with that sort of experience which affords satisfaction to ourselves, and supplies some ready explanation to those who are dependant upon us."—Dr. Gull, in his *Address at the Clinical Society.*

THE PROTECTIVE POWER OF VACCINATION.

A "MIDDLESEX VICAR," writing in the *Times* of the 1st ul gives the following illustration of his method of dealing with epidemic of small-pox. It is worthy—well worthy—of imitati We heartily commend the Vicar's pluck, in meeting the pre dices which the persistent detractors of vaccination have s ceeded in surrounding the operation, to those to whom has b committed the administration of "*The Elementary Educa Act*:"—

"About twelve years ago, I was incumbent of a parish taining about 10,000 people, chiefly of the poorer classes. small-pox was raging among us, when the parish author communicated confidentially with the managers of the var schools in our neighbourhood. I will give the result of communication, as it affected my own schools. On an appoi day two surgeons appeared at ten o'clock a.m. at the door o schoolmaster's residence, and were taken quietly into a c room adjoining the Infant School-room, the infants being, on morning, massed with the elder girls in the Girls' School-r As soon as all was arranged the children were called out, on one, from the various classes, and were examined by the doc Those who were presumed to be sufficiently vaccinated passed into the playground, while the unvaccinated were in diately operated upon, and were passed with bleeding arms the Infants' School-room. None were allowed to return to t classes till all was over. Of course, a mob of anxious and a mothers, breathing out a hurricane of invectives against beset the schools as soon as the dinner hour permitted the of the morning to become known, but by that time it wa 'established fact,' and could not be undone. Since that the epidemic rapidly abated among us. Nearly half the chil were found to be unvaccinated, but our *coup d'etat* overrod superstition and prejudice."

In a letter to the *Times* (January 31) Dr. DOMETT S adduces the following statistics in evidence of the pow vaccination to prevent, or greatly diminish, the liability to s pox:—

"That vaccination is a sure preventative of small-pox been proved by 'the inexorable logic of facts.' National stati show, as mentioned by Dr. A. B. Steele at a meeting o Liverpool Medical Institution, that the mortality from disease for thirty years prior to vaccination was 3,000 per mi of population per annum; the present death rate from the cause amounts only to 200 per million. Previous to the e sion of the Vaccination Act in Scotland the average y

deaths from small-pox were 1,054, and in Ireland from 2,000 to 5,000. Since vaccination has been systematically carried out the mortality from this disease in both countries has progressively decreased, and last year was entirely abolished. The population of Marseilles, at the time of an epidemic there in 1828, was estimated at 40,000—30,000 vaccinated, 2,000 variolated, and 8,000 unprotected. Among the 30,000 vaccinated about 2,000 were attacked and 20 perished—one, namely, in 100. Of the 8,000 unprotected 4,000 were attacked and 1,000, or one in every four, died; and out of the 2,000 variolated 20 took the disease a second time, and four died, or one in five."

DE JONGH'S COD'S LIVER OIL.

We have been asked to express an opinion as to the value of this specimen of the cod's liver oil. From a careful investigation of its composition, undertaken a short time since for our own satisfaction, we concluded that it was of marked purity. We have since, when ordering cod's liver oil for patients, generally recommended De Jongh's, and have been fully satisfied with the results.

THE PHÆTON PEN.

A year ago we tested the Waverley pens introduced by the firm of Macniven and Cameron, and found them very satisfactory. We have now received a specimen of a pen constructed on somewhat similar principles, and called the *Phæton Pen*. The use we have made of it assures us that it will hold a high place in the estimation of all who have much writing to get through and wish to do so rapidly.

OBITUARY.

JOHN NORBERT CASANOVA, M.D.

Dr. Casanova, whose name will be familiar to the readers of this and other homœopathic periodicals, died at Cliftonville, near Brighton, on the 29th January, in the 70th year of his age.

He was born at Pontevedra, in the province of Galicia, Spain. When a boy at school, he, with a companion, was an eye-witness of the battle of Corunna, and subsequently campaigned with the French for some time.

He took his degree in medicine at Havana in 1825, and in surgery at Cadiz in 1827. He shortly left for India, where, as an operating surgeon, he acquired a considerable reputation and realised, though, through the failure of the Calcutta banks, he subsequently lost, a large fortune. In disgust at his losses he left India for South America, where he succeeded in largely

[illegible] soon afterwards, he was inc
to the Cape, where he remained for som
himself with diffusing a knowledge of
colony.

On his return to England he was for a s
the Isle of Man, and subsequently at Sout
His health, which had for some years beer
down completely, and for several winters h
towns in the south of France. Whereve
voured carefully to study the character of
locality, and its effects upon the invalids wi
contact. He came, we believe, to the conc
rior comforts of living in England more t
the large majority of instances, for the col
winters and spring. Climate was the chie
years, and his papers on this subject in the
Homœopathy will be known to many of our
will also be remembered in connection with
Simaruba Cedron—of which he published a
and 6th volumes of this *Review*, to which
some interesting observations on the physiol
Harrogate waters.

He was an amiable, kind-hearted gentlema
experience, gathered in all parts of the w
practitioner, and an earnest advocate of hom
tics. His name will be remembered gratefull
by many who had the advantage of his prof
he was in the enjoyment of health and streng

treatment, he resolved on entering the medical profession. He consequently became a student at University College Hospital, where he devoted especial attention to therapeutics, and in due course was admitted a member of the College of Surgeons. He at once commenced practice in Camden Town, and in no long time acquired the esteem and confidence of a considerable circle of patients.

Mr. Buck has contributed somewhat to homœopathic medical literature. His little manual on *Infant Life and How to Preserve It*, has gone through five editions since the date of its first publication in 1862. He also published a work entitled *Outlines of Materia Medica*—a useful synopsis of the chief indications for the employment of our best-proved remedies. Under the *nom de plume* of "Omega," he wrote a pamphlet bearing the title of *Conservative Medicine*. More recently he undertook a revision of the late Dr. Joseph Laurie's well-known work on *Domestic Medicine*. Shortly after the commencement of his task symptoms of paraplegia and of generally failing health compelled him to desist from it. During the last eight months steadily-advancing cerebro-spinal disease necessitated his retirement from all professional duties. He died on the 5th ult., in the 56th year of his age.

A painstaking and careful practitioner, a kindly and considerate medical attendant, and a most estimable man, Mr. Buck's long and painful illness excited the sympathy, as his death has occasioned the deep sorrow of all his many friends and patients.

WALTER WILLIAMSON, M.D.

We have learned, with deep regret, from the American journals, that the death of this well known and hard working homœopathic physician took place at Philadelphia on the 19th of last December.

Dr. Williamson was born at Newtown, in Delaware County, Pennsylvania, in 1811. After receiving a good education he entered on commercial pursuits, which his scientific predilections induced him very early to relinquish. He studied medicine at the University of Pensylvania, graduated thereat in 1833, and commenced practice in his native town. Three years later he devoted twelve months to an experimental study of homœopathy, and being thoroughly satisfied of its superiority as a method of treating disease, he, in 1836, avowed himself a disciple of Hahnemann. In 1839 he removed to Philadelphia, being at the time the ninth homœopathic physician in that city. He rapidly rose in public esteem, and has ever held a foremost position among homœopathic physicians in the United States. He was one *of the founders of the* Homœopathic Medical

College of Pennsylvania, and was from its opening, until the time when he was taken ill, one of the professors of that institution. Dr. Williamson has, throughout his professional life, been a constant contributor to homœopathic literature; and to him we are indebted for our knowledge of the physiological action of several drugs, and notably of *podophyllum*. He was one of those who took an active part in the drawing up of the excellent code of medical ethics of the American Institute of Homœopathy.

Known to us solely through the work he has accomplished—and this has been excellent—those who enjoyed his personal acquaintance describe him as possessing a genial, warm-hearted earnestness, which gave him an influence few can command. "Sincere, earnest, faithful and true," writes the editor of the *New England Medical Gazette*, "his sympathies were always extended to any good cause; but for homœopathy, which he felt was such a blessing to humanity, he stood ready to lay down his life."

Dr. Williamson's death arose from typhoid fever supervening on a severe cold taken when in feeble health. We sincerely sympathise with our American brethren in the very severe loss they have sustained in the death of so honourable, so excellent, and so useful a fellow worker.

CORRESPONDENCE.

AGENTS FOR HOMŒOPATHIC MEDICINE

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Mr. Thompson, of Liverpool, in a paper in t last number of the *British Journal of Homœopathy*, tells us of allopathic druggist, an agent for the sale of homœopathic me cines, who, on application for *lachesis* 2, supplied a bottle c taining a fluid purporting to be this preparation. I fear tha similar request would be as readily complied with in but t many similar instances. Quite lately *lachesis* 2 was asked for an agent for the sale of homœopathic medicines prepared by firm of homœopathic chemists in the city—who is an allopath druggist in this town—and a bottle of fluid labelled *lachesis* was at once handed to the customer. At the same shop mother tincture of *antimonium crudum* was recently asked fo and a bottle of liquid labelled *antim. crud.* ϕ was at once pro duced! The carelessness and indifference, occasionally, at least displayed by allopathic chemists, who have no interest in homœo pathy beyond one purely commercial, who know nothing of homœophatic pharmacy, is also illustrated by the fact that, at this same shop, three bottles of different medicines in dilutions were ordered and sent home unlabelled, and on being returned

r identification were at once labelled with the name of a medi-
ne and a figure indicating a dilution!

When we consider that the second dilution of *lachesis* has
ver been sold in this country, that a mother tincture of *anti-
onium crudum* is a physical impossibility, and that no one is
mpetent, from a mere glance, to distinguish one dilution from
other, we find in the instances related a most unpleasant
ustration of the uncertainty of the preparations sold as homœo-
thic medicines by those whose knowledge of pharmacy is
ited to that of the British Pharmacopœia, and whose know-
ge of homœopathy is about on a par with the information
y possess respecting the preparations commonly termed
mœopathic.

The above facts cannot fail to suggest to the profession the
at injury sustained by homœopathy—in the long run—
ough such agents, and it would be well if the question of
ncies was discussed by the "Homœopathic Pharmaceutical
iety." Agents for homœopathic medicines are now estab-
ed far and wide; and that, too, in towns where there are
lar and old-established homœopathic pharmacies. In one
a having no less than three homœopathic establishments
of twenty-two years standing), three agencies have been
blished by London houses within the last four years. This
ıfair to homœopathy, and to its representatives, and those
establish such agencies must have overlooked the injustice
are doing, or being regardless of the interests of homœo-
y and homœopathic chemists, have merely their personal
mercial interests at heart.

I am, gentlemen, your obedient servant,

ALFRED HEADLAND.

, Harmer street, Gravesend.

RE-VACCINATION.

have received, but unfortunately too late for publication, a
r on this important subject from Dr. BAYES in reply to Dr.
DHAM'S, which appeared last month. Dr. Bayes differs from
conclusion arrived at by Dr. Yeldham, on the ground that he
seen small-pox occur in persons bearing good cicatrices as the
ains of primary vaccination, and because he has seen many
s of successful re-vaccination when good cicatrices have been
ent; and on the other hand he has seen perfect protection
nst re-vaccination when the cicatrices had been almost oblite-
d. In the absence, then, of any safe guide, or rule, whereby
stimate the necessity for re-vaccination, he thinks that the only
thing to do in the presence of such an epidemic as that now
he metropolis is to *re-vaccinate*. Dr. Bayes further illustrates

his conclusion by the result of his experience in re-vaccinati during the last few weeks.

We have also a letter from Dr. HAUGHTON, for which we a unable to find room. Dr. Haughton, while admitting that t fact that vaccination does diminish small-pox is well establish thinks the statistics brought forward to prove its value be imperfect. He objects to the Compulsory Vaccination A chiefly on the ground that the poor have no power to select t infants from which their children shall be vaccinated. He a suggests that "white-wash" will probably prove more effecti in checking an epidemic of small-pox than vaccination. Go as lime-washing and all methods of cleanliness are, they will our opinion never protect an unvaccinated person against t contagious influence of small-pox.

NOTICES TO CORRESPONDENTS.

"AN OLD AND STAUNCH HOMŒOPATH" ought to have sent name and address, not necessarily for publication, but as evidence *bona fides*. We cannot insert letters, of the writers of which we a ignorant. Further, the proper medium through which to ma known such a want as that of our unknown correspondent, is a advertising sheet.

Communications have been received from Mr. BRAGG, Stro Dr. BAYES, London; Dr. MADDEN, London; Dr. HAUGHTON, Lond Dr. SALZER, Calcutta; Dr. NEWTON, Cambridge; Dr. MASSY, Bri ton; Dr. GIBBS BLAKE, Birmingham; J. H. NANKIVELL, Esq., Yo Dr. ANDERSON, Norwood; Dr. PROELL, Nice; Dr. ROTH, Lond A. H. BUCK, Esq., London; Dr. BERRIDGE, London.

BOOKS AND PERIODICALS RECEIVED.

A Few Notes on Fear and Fright. By Dr. ROTH. London: Tu and Co. 1871.

Hydrate of Chloral and Nitrous Oxide Gas as Anesthetics. C. KIDD, M.D.

First Annual Report of the Melbourne Homœopathic Dispensary.

Annual Report of the Tunbridge Wells and West Kent Homœop Dispensary.

The Chemist and Druggist, February. London.

The Chemist and Druggist's Advocate, February. London.

The Calcutta Journal of Medicine, May and June, 1870.

Australian Homœopathic Progress, Nos. 1—4. Melbourne.

Notes on Homœopathy. Hobart Town, Nov. 1870.

The New England Medical Gazette, Jan. 1871. Boston.

The Medical Investigator, Dec. 1870 and Jan. 1871. Chicago.

Allgemeine Homöopathische Zeitung. Leipsic.

Rivista Omiopatica, Jan. 1871. Rome.

La Reforma Médica, Dec. 1871. Madrid.

El Criterio Médico, August 1870 to January 1871. Madrid.

Papers, Dispensary Reports and Books for Review to be sen Dr. RYAN, 2A, West Street, Finsbury, E.C., or to A. C. PC Esq., Moselle Villa, Lee, Kent, S.E. Business Communications Advertisements to H. TURNER and Co., 77, Fleet Street, London, E

THE MONTHLY

HOMŒOPATHIC REVIEW.

EMPIRICISM

versus

"SCIENTIFIC THERAPEUTICS."

THE phrase "scientific therapeutics" is one far more commonly used than appropriately applied. In the days of Sir John Forbes we were accustomed to hear of "rational medicine" as the distinguishing characteristic of the physician, who, on the one hand, was not homœopathic, and, on the other, had forsaken the routine paths of mercurialism, purgation, vesication, and so forth. More recently, earnest investigators of the relics of disease, men who are great in "scopes," the appearance of whose consulting rooms bears some resemblance to that of the shop of a philosophical instrument maker, those to whom the chief end of the practice of medicine is diagnosis, have lectured largely, written freely, and talked loudly of what they term "scientific therapeutics." We gratefully acknowledge the services rendered to practical medicine by physicians of this type; but we deny, *in toto*, that these services have taken the direction of bringing the treatment of disease into harmony with true science. On the contrary, they have much to answer for in having so widely diffused a notion that alcohol, in some form or other, is the remedy for disease in well nigh all its varieties. These physicians, who have, we admit, earned a

claim to having rendered our knowledge of disease more scientific, and therefore more precise and accurate, have done nothing for therapeutics, they have, in reality, accomplished nothing, save the discovery of a few substance which they know not how to handle when the opportunity for doing so presents itself. A result, so barren of remedial power as this, has arisen, we take it, from their reliance upon a pathological theory in selecting medicines, rather than upon one which is therapeutic. Though their view of a morbid process in action are sound and clear, their knowledge of the physiological action of drugs is imperfect; while of the link which connects the two departments of medical inquiry they are ignorant. Hence it follows that the speculations of men who look to theoretic pathology *alone* to help them at the bedside are, for the most part, useless, and in many instances serious injurious.

Within the camp of those who thus complacently regard themselves as "scientific therapeutists," a bombshell has burst, hurled from one of the great guns of Guy's! Empiricism is, we are told, the only practical method of the day; scientific treatment!—it is a shadowy impossibility! a dream of the future!!* Such is the doctrine Dr. WILKS endeavours to impress upon the minds of his pupils.

The fame of Guy's Hospital, and the reputation of its lecturer in practical medicine, render all uttered theories especially worthy of note; and when Dr. Wilks deliberately, and after much premeditation, makes statements of this kind, and others we are about to notice, the intrinsic importance of the assertions themselves must be added to that of the circumstances under which they were set forth. We have read Dr. Wilks' lecture on *Scientific Therapeutics* very carefully, and with mixed feelings, in which, however, satisfaction has largely exceeded any other sentiment.

* *The Lancet*, Feb. 18 and 25, 1871.

When the great teachers of the day frankly and boldly declare the utter rottenness of the state of scientific medicine, those among their students who really take an interest in their future occupation, will be the more ready to listen to such as can point them to *the better way*. Dr. Wilks informs his students that he shall teach "empiricism," and shall not—for the very sufficient reason that he knows not how—attempt to explain the mode of action of the remedies he prescribes. He then proceeds as follows:

"Neither shall I attempt to lay down any fixed principles of treatment, except such as experience has shown us can be safely adopted. For, on the belief that all our best treatment is empirical, it would be only a waste of time to make any effort to theorise. I should have preferred to offer you some principles based on true scientific grounds, and on which you could act in particular cases,—to have explained to you how we are possessed of various drugs having distinctive properties, and under what circumstances these may be employed in disease. I believe, however, that at the present day this cannot be done, nor is it wise to speak of principles when framed from conclusions whose premises are altogether false. To say that I have no principles is a humiliating confession, and in declaring it I am conscious of running counter to the opinion of the greater number in our profession; and in acting upon it probably should be opposed by an overwhelming majority. I mean by this, that probably the larger proportion of practitioners associate some theory with the administration of their medicines. For my own part I believe that we know next to nothing of the action of medicines and other therapeutic agents; that experience alone has informed us of their value in particular diseases; that we have no especial indications whereby we can be certain of their action; or, in other words, that the individual symptoms afford us but little aid in the proper use of a drug, but that we are rather guided by the totality of the symptoms, or by what is called "the disease." We must indeed treat the disease, and not the symptoms. I know, in stating this, that I

am carrying you back to a former therapeutic age, and am disturbing the very foundation of the therapeutic art. There was a time when I scarcely dared to confess these opinions to myself; and this is the first occasion on which I have been bold enough to assert them before my class. I do so now, and wish to enforce them; for I believe an attempt to theorise with superficial knowledge has been the great bane of therapeutics for the last twenty or thirty years."

It is pleasant to find Dr. Wilks publicly acknowledging that he has "no principles." With Mr. Hosea Biglow's "Candid 8" for the Presidency of the United States, he can say—and that truly, too—

> "Ez to my principles, I glory
> In hevin' nothin' o' the sort;
> I aint a Wig, I aint a Tory—
> I'm jest a candidate, in short;
> Thet's fair and square and parpendicler."

The fact that Dr. Wilks had discarded all therapeutic principle was clear enough long ago! We knew, for example, that he employed *aconite* to subdue inflammatory fever; and that he published a thoroughly homœopathic article on the subject.* In our review of that article we observed that "but for the moral cowardice of the author it might have adorned the pages of our *Review*." We now see that we were mistaken. One who avowedly has "no principles" to guide him, may of course use any and every remedy, and so long as it serves his purpose in curing his patient, need not enquire into its mode of action.

Whether the fact of his stumbling upon homœopathic relationships, between drug-action and the diseased conditions they cured, too frequently to be agreeable, has had anything to do with his public confession of want of principles, we care not to enquire. Once more we can

* Vide *The Practitioner*, Vol. 1, p. 329, and our remarks on the article at p. 44 of this *Review* for 1869.

imagine Dr. Wilks using the words of the would-be chosen of Jaalam, and saying :—

> "I'm an eclectic; ez to choosin'
> 'Twixt this an' that, I'm plaguy lawth;
> I leave a side that looks like losin',
> But (wile there's doubt) I stick to both."

We accept his acknowledgment, and henceforth look upon Dr. Wilks as a teacher blindly groping about for any useful bit of practice that he can lay his hands upon, and, by inference, utterly at a loss how to treat patients if they show symptoms indicating some new, or to him unknown, pathological condition. We must confess, that for our own part, we had rather give up practice altogether than run the risk of finding ourselves standing face to face with dangerous disease, and being obliged to acknowledge that we had no principles to guide us in our remedial measures; and that, accordingly, whenever we met with a new or an obscure case, we must make it the subject of blind experiment.

Most fortunately Dr. Wilks illustrates his meaning by referring to certain cases, and these throw a flood of light upon the reason why he had drifted into this most unhappy state of scepticism. Thus, for example, he proceeds :—

> "I may better explain my position by a few illustrations, and then leave to you the whole range of medicine to confirm it. First of all, remember that most of our valuable remedies have come to us from unknown sources, and were never suggested by any theoretic considerations whatever. Turn over the pages of the Pharmacopœia, and see how few and valueless are those drugs which theory has proposed compared with others brought us from barbarous times and nations, such as digitalis, bark, arsenic, or ipecacuanha. Then, again, when we have found a valuable drug, and have some knowledge of its action in the healthy body, this assists us very little in the treatment of disease; for example, those which have a peculiar physiological action on the nervous system, such as opium, conium or chloro-

form, are found to be of far less value in nervous d
quinine, zinc, or iron; whilst, on the other hand,
nux vomica are of more avail in any other than nerv
I do not want you, therefore, to continue to do wh
done ten thousand times before—to give opium, ch
conium in such diseases as tetanus, mania, or ch
because you think they are suggested by the syr
is because there is an apparent natural suggest
use, and yet they are found valueless on trial, and
the more beneficial remedies, such as zinc, or iro
have never had their action satisfactorily explai
employ this language; the only indication for the
drugs being the existence of a particular disease,
presence of any particular symptom. Moreover, co
symptoms, or influence them by our remedies, it h
follows that it should be our aim to do so. Becaus
delirious or maniacal, you are not necessarily to n
condition by stupefying him with opium or chlorofo
the greatest harm frequently results from such a su
of practice."

What does all this prove, except the fact, th
tried so long and so hard to impress upon th
school, viz., that the knowledge of the specifi
drugs is useless to them so long as they
employing them on the principle of "*contraria*
What appears to them "an apparent natural s
for the use of a drug, is its power to induce
opposed to that manifested by the patient. F
hypnotics for sleeplessness, purgatives for c
calmatives for mental excitement, and so on.
know to be wrong; and, hence, we are fully j
agree with Dr. Wilks, that nothing but disa
will ensue from following such a course.
however, to make up one's mind that the actio
is inexplicable because it lends no support t
conceptions? When Hahnemann found that
current in his day regarding the action of medi

to explain the facts of practice, what did he do? Did he rest contented with the easy confession that he was baffled, and could not explain their "*methodus medendi*"? No. He examined carefully all the records of medicinal action upon which he could lay his hand, and then compared these together; he thus discovered, with reference to every single drug upon which he could get information, that if one author credited it with *curing* any particular morbid condition, some other writer declared it capable of *producing such* a morbid condition. He very naturally, therefore, concluded that there existed some necessary association between these two factors; and experience soon proved to him, what his followers have verified, and continue to verify in thousands of instances every day of their lives, that the only certain and direct method of removing a morbid condition, is to give a drug capable of producing that condition in a healthy person. But why should we repeat this oft-told tale? Simply because some men will not heed what we have said; and will persist in asserting that a "natural suggestion" for the use of a drug is its power to produce a condition opposite to that from which the patient suffers. It seems never to be remembered that *health stands mid-way between a morbid condition and its opposite;* and, hence, to produce the opposite of any morbid state, is simply to produce another equally morbid. The sleep of an opiate is just as morbid as the sleeplessness of excitement. The diarrhœa of a purgative is quite as abnormal as constipation. The anæsthesia produced by a calmative is just as morbid as the hyperæsthesia of mental excitement. The *beau ideal* of cure consists in the removal of the morbid state, and the restoration of equilibrium, not the production of an abnormal opposite condition; and this *beau ideal* is exactly what homœopathic remedies accomplish. When we correct constipation we do not purge, but restore the natural action of the bowels. When we treat sleeplessness, we simply remove the cause of the want of

sleep, and then the patient reposes naturally and re ingly. So long as the false notion prevails, that rem should be applied for the removal of conditions op to those they are capable of producing, so long wi result prove disappointing.

No wonder then if Dr. Wilks, or any other thou and observant physician, should be dissatisfied wi action of drugs thus selected. We cannot, however ceive why he should rush to the opposite extrem reject all principle, because that on which he was v rely has failed him.

But Dr. Wilks' method of treating disease le other baneful results. For example, he bids his st to treat concrete diseases, and not symptoms as th them. We will again quote from his lecture :—

"What many of us have heard orally and from boo doctrine which you would all accept without hesitation to propound it to you as a most reasonable and just on unfortunately, it is the very opposite to that which I have declared, and am bound to teach you as the more corr You have heard, for instance, such a speech as this: go into the wards, and, examining the bed-card, observe th 'pneumonia' written on it, and then take a note of the tr to guide you in future cases, for this would be but tre name; rather study the symptoms, so that each case treated on its own merits. I had myself at one time belief that this was true, but I now know that, even if it the feat cannot be accomplished; indeed, my strong co is, that this vain attempt to treat a case on its merits grand cause of all the bad therapeutics of the present day been the cause of the too prevalent discarding of drugs, an great modern heresy—the administration of stimulants i all diseases. It seems to be taking you a retrograde c instruct you to regard the diseases rather than the sy and lead you back to pure empiricism. But when you re that we have at present but little knowledge of the me particular symptoms, that we are ignorant of the action

cines, and that we have not satisfactorily proved to ourselves that we ought to treat symptoms, we had better have done with theory until we get a larger insight into morbid phenomena. Pope's oftquoted lines certainly apply here;

> A little learning is a dangerous thing;
> Drink deep, or taste not the Pierian spring.

"I will now try to show you the hazard you incur by attempting to treat symptoms rather than by regarding the disease as a whole, and treating it in the manner which experience has dictated to be the best. I think I can show you, also, the incorrectness of the opinion that a disease is nothing more than the totality of the symptoms. This by-the-by, is the homœopathic theory. I may remind you of my every-day remark, that there are few pathognomonic signs of disease, but that diagnosis is founded on probabilities. Therefore that man forms the most correct opinion who has the best acquaintance with these probabilities; he, indeed, who has his mind most replete with pathological knowledge, who is familiar with all the diseases to which mankind is liable as observed in the sick-room or the deadhouse. Thus the acutest man often fails in diagnosis because he is ignorant of the existence of certain diseases, or at least of their frequency. This he himself will sometimes admit, declaring at the same time that the want of knowledge is of no importance, as his business is with symptoms only. Now, let us see the result of this doctrine; and you will agree with me that it is often a very melancholy one. Suppose two cases of paraplegia come before you presenting much the same symptoms. One of these you cure by tonic medicines and galvanism; for the patient has (what has been called) an exhausted state of the cord, induced by excesses, or perhaps by a railway shock, whereby the tone of the nerve-centre has been lowered. You adopt the same treatment in the other case, with complete failure, but afterwards cure it by iodide of potassium. Why? Because, not content with observing the symptoms, you have discovered the cause of the disease to be syphilis, and then you cure him. The medicine would have been the same and the result equally satisfactory, had the symptoms been different. Again you cure an enlarged aguish spleen by quinine; but you administer it in vain in the hypertrophy of leucocythæmia. I have records of more than

twenty cases of this affection which show the utter inutility of the drug; but it will still be given long after you and I have done with physic, for spleen and quinine stick as closely to one another as do liver and mercury. Now, I will tell you of a case where a disregard of the cause of the disease is fraught with more serious consequence. A young girl is seized with pain in the right iliac region, accompanied by swelling and some febrile disturbance. Post-mortem experience, and nothing else, informs you that this inflammation of the bowel is very probably due to some ulceration of the appendix cæci; and the same experience will also inform you that the lymph which is thrown out around it may, by gluing the opening to a neighbouring part of intestine, prevent further egress of fæcal matter, and limit the inflammation to a corner of the abdomen. Absolute rest, therefore, is necessary, both for the body generally and the bowel in particular. Nature attempts this by temporarily paralysing the movements of the intestine, and taking away all desire for food. Now let us see the course pursued by one who does not care to recognise the disease (after homœopathic fashion), but declares that his business is with symptoms alone. He observes that the bowels are confined, that there is sickness, and that there is abdominal pain. He thereupon turns to in order to relieve these symptoms; so he first gives a purge to excite the bowels to action; and secondly, to aid in the operation of the drug, he orders a stimulating injection; thirdly, to check the sickness, he fills the patient out with gaseous effervescing mixtures; and fourthly he, advises the nurse to rub the abdomen with a liniment, to relieve the pain and flatulence. When he has adopted the fou very best means which could be devised to undo what natur was attempting to perform, and set up fatal peritonitis, he r ceives with the most perfect satisfaction the thanks of the frie for not having left a stone unturned to subdue the compla I wish I were relating to you an imaginary case; but fortunately, I have the reality in my mind's eye. Such a tastrophe as this arises from treating the symptoms rather t the disease."

No better reply can be given to the main point this paragraph than the following, which appeared in t

arch number of *The Practitioner*, at page 169. Dr. nstie remarks :—

"It is when he speaks of the treatment of *diseases rather than ptoms*, however, that Dr. Wilks seems to us most thoroughly ong. He is, in the first place, labouring under an entire conception. He speaks of the treatment of mere symptoms, if it were the great characteristic of recent medicine. Now, it quite true that the treatment of symptoms *is* the prominent racteristic of *homœopathy*, as Dr. Wilks remarks. But that he very reason, or at least one of the most powerful reasons, y the homœopathic system has been decisively rejected by the representative workers in modern therapeutics. To h men the fallacy of such a system is obvious, for its method ts upon a diagnosis which is a mere *inductio per enumeram simplicem*. But Dr. Wilks is in error when he confounds homœopathic system of treating *symptoms*, with the modern ctice of treating the *individual patient*. He chooses to assume t the "fussy" practitioner who prescribes a mass of different gs all at once, because he thinks that every prominent ure of the illness must be actively dealt with, is carrying out latter practice; but nothing could be further from the fact. men who have most strenuously insisted that the individuality of the patient must be considered no less than his inal disease, have also been among the foremost to denounce "fussiness" in question. Their argument is this: that it ot enough for the practitioner to make up his mind that ents A and B have each of them pneumonia, and then oceed with calm equanimity to administer to each certain osed anti-pneumonic drugs; for although both persons may uffering from nearly the same degree of hepatisation of the gs, and both may even have been made ill by the same ediate cause (*e.g.* exposure to cold), the diseases may be as rent as possible, by reason of the different vital states of the individuals. For example, A may be a previously healthy ect; B may be the subject of fatty heart; and how strous would be the results of any attempt to treat these upon the same plan! Yet this is substantially what Dr. ks proposes. He asks us to adopt the principle of treating ases according to their formal designations, and he speaks as

actions evoked in the body by the
certain external influences, and certain
of structure."

There is, however, another point
these quotations which concerns us
which we must make a few observatio
and Dr. Anstie speak of the homo
treating symptoms in a most disparagi
evidently taking for granted that it
different from the individualizing of
refers, and of which he decidedly appr

Now the fact is that this description
should be individualized, might have b
well-educated homœopathic physician
our holding views of symptom-treatin
tioned by Drs. Wilks and Anstie, we
opportunity of censuring it. We
further than Dr. Anstie would in
dividualizing, and that for a reason
refer presently. The radical error in
our opponents have fallen, is the ign
"totality" when referring to symptom

remedy, we were directed to use one which was homœopathic to those morbid conditions which were dominant at the moment. This is something totally different from what Drs. Wilks and Anstie refer to as treating symptoms: and this it is which characterises all *true* homœopathy.

Our opponents forget, or probably are unaware of the fact, that the very idea of specific drug treatment involves the necessity of a two-fold diagnosis. 1st, a diagnosis of the pathological condition, 2nd, a diagnosis of the therapeutic indications. For example, to take Dr. Anstie's case, it is not enough to ascertain that A and B have pneumonia, or that they both became so afflicted from a chill, we must also know their previous state of health; but when we know all this we have only determined in which *group of remedies* we shall find the proper medicine. This we call the first diagnosis. We must, however, go further, and more minutely to work. We must analyse the symptoms by which we have determined the pathological condition; and we must also consider all those additional symptoms of whose pathological meaning we probably know nothing, but which, nevertheless, are essential phenomena of *that particular case of pneumonia*; and we thus effect a second diagnosis, viz., one that will indicate to us which medicine of the group of pneumonic remedies will be most useful to our patient. To know that a person has pneumonia, will enable a homœopathist to decide the class of remedies required, viz., those which have been *proved* to act directly on the lungs. To know, in addition, the antecedent state of the patient's health, will enable him still further to reduce the number of medicines to be examined; but before he can, with perfect confidence, select the one remedy which is most suited for that individual patient, he must ascertain the points, however minute, wherein that patient differs from others suffering from the same disease. Of course many cases, especially in such a marked disease as pneu-

remedy were to depend upon a certai
pathology, all specific treatment
practicable; and it is in these very c
or therapeutic diagnosis, comes in
perfectly possible that a homœopath
after a most careful examination of
pathology of this case is very obscur
for a certain remedy is so marked th
will benefit the patient," and the resu
expectation. Surely we have here an
over the dominant school, since we
enabled to go beyond them, and to t
a large class of cases where they
speculate as to the pathological cor
treat their guess by "apparent natura

One passage in this lecture, we r
clusion, illustrates the intense satisfa
like Dr. Wilks, a part of whose busin
and misrepresent homœopathy on eve
display when a circumstance comes
proving to them that the resources of
perfect; that every homœopathic p
complete master of the art of practisi

of that *nimia diligentia*, which is but too common among medical men of all shades of opinion. The degree of purity attained in the practice of homœopathy is dependent on personal ability, and is proportionate to the individual acquaintance with the Materia Medica, and the power of discriminating points of difference between several medicines more or less allied in their action. Resorts to expedients for destroying the power of feeling pain, rather than to remedies removing its cause, are the consequence either of ignorance, or of an imperfectly developed Materia Medica, or of encountering a disease where organic structures are so invaded as to render any hope of cure impossible. Dr. Wilks says that in the case quoted he too would have given quinine; that he would have done so in total ignorance of the *ratio medendi;* and he expresses himself as though he were seriously injured because the homœopathic practitioner was prepared to explain the reason of his selecting it. We have no doubt but that Dr. Wilks would have given quinine in this case, just as he ordinarily prescribes aconite in inflammatory fevers, ipecacuanha in vomiting, and other homœopathically indicated remedies, when he happens to know what they are. And this, if we are rightly informed, is singularly frequent!

CLINICAL NOTES.

By Dr. J. Lawrence Newton.

Case No. 1.—*Scarlatina Maligna.*

August 26th, 1870. This morning I was requested to visit Miss B., ætat 13 yrs., who had been treated domestically for several days with *belladonna* and *mercurius* on account of a sore throat. The sudden supervention of stupor alarmed the mother, and it was determined that I should be summoned at 10 A.M. I found the child delirious and insensible; a state of things which had been inaugurated with violent greenish-slimy vomiting. The pupils were widely dilated, and the pulse was small and

every two hours, and left instructi
informed immediately if fresh sympt
27th, at 10 A.M. I found an asto
in Miss B. After taking four doses
stupor was removed, and the charac
changed. I was much pleased to s
with brilliant scarlet rash. The pu
now saw that the throat was superfi
the tongue of the characteristic "stra
Ailanthus 1 every four hours.
28th. Rash is fading satisfactorily
31st. Rash quite disappeared.
tongue clean. I cautioned the mothe
tion of the skin, and left a supply c
used when that process set in.
Sept. 20. Owing to a chill the
gland became enormously swelled
respects my patient is going on favou
℞. *Baryta mur.* 3, gr. ss. ter die.
25th. Patient is quite well; and,
from albumen, and the skin has enti
attendance.

CASE No. 2.—*Scarlatina*

Oct. 4th. The sister of the above
two days ago with an apparently m

very thready, and the child entreated every one around her to let her die in peace. ℞. *Arum triphyllum* 1, one drop every two hours.

5th. Throat is rather relieved, but nose is stuffed and sore. Repeat *arum triphyll.*

6th. Better in every way, and the rash has quite disappeared.

Notwithstanding great imprudence during the process of desquamation, the employment of *arsenicum* 3 prevented renal symptoms, and the child made an excellent recovery.

Two other children in the same house recovered well under *belladonna*, which remedy was, in their cases, homœopathically indicated.

Remarks.—1. *Ailanthus*, in a low dilution, is capable of antidoting the virulence of scarlatina maligna, when the poison acts on the nervous system, while, 2, *arum triphyllum*, also in a low dilution, is called for when the chief manifestation of the malignancy of the disease is seen in the throat. During last year Cambridge was inundated with scarlet fever, and the above narrated cases are typical, not isolated, ones.

Case No. 3.—*Acute Gastritis.*

Mrs. H., æt. 76 yrs., was taken ill on August 4th, 1870, with severe burning pain in the epigastrium, soon followed by vomiting. After suffering all night, she sent to me on the following day. She was then complaining of an indescribable anguish at the pit of the stomach, with nausea, and almost constant vomiting. She was very restless, anxious, and faint. The pulse was thready, and the extremities were cold. Tongue was fiery red, and thirst intolerable, although even a teaspoonful of cold water brought on violent retching. There was not any recognisable cause of the attack. ℞. *Arsenicum* 6, one drop every half-hour for four doses, and then every two hours.

6th. Mrs. H. is much better to-day. The pain and vomiting were both greatly relieved by the fourth dose of *arsenicum.*

7th. My patient to-day was very grateful for her recovery, but declined taking any more medicine, as she was only weak. I therefore took my leave, and am glad to say that, up to the present date, she has had no relapse.

Case No. 4.—*Pterygium.*

A well-marked case of pterygium, which h under treatment for some time, came under my short while ago. *Rhatanhia* 1x was very quickly (About two years back I was chatting with an a friend on the power homœopathy possessed of sup the use of the knife, and instanced pterygium. I was characteristic: "Pterygium is out of the medicine, therefore those homœopathic practitio say they have cured it by internal remedies, a deceivers or deceived." I asked him to let me medicines on a case that has been diagnosed as pterygium by a well-skilled oculist. In ten day me a patient who had had the complaint for tw My only prescription was *rhatanhia* 1x, and it w within two months. *Caste* prevented a frank ledgment of the potency of the remedy, though n bearance on the part of my friend towards hom resulted from the cure.

Lumbago.

During the late inclement weather our tow have suffered greatly from this disagreeable and minor ill of life. I have had no difficulty in ge of it in thirty-six or forty-eight hours with the ai *tart.* 3x. Sometimes, though not often, nausea duced, but all my patients were abundantly gra the rapidity of cure. I will merely instance t marked typical cases.

Case No. 5, *Lumbago.*

Nov. 10th. Mr. A, a Polish refugee, aged 86, w last night with violent pain in the sacro-lumba The slightest effort to move caused retching, col perspirations, and excruciating pain in the b other symptoms were prominent. ℞. *Antim. tar* i. o. 3 tid. h., with diet restricted to slops.

11th. All symptoms are relieved. Mr. A (in bed, and only complains of soreness in the part in agony. *Ant. tart.* every six hours.

12th. Patient discharged quite well to-day.

Case No. 6.—*Lumbago.*

Nov. 15. Mrs. M., the wife of an official (our colleges, sent for me to-day on account of

attack of lumbago, to which she has been very subject for many years. She had never been treated homœopathically (avowedly) and had never obtained substantial relief under three or four weeks.

I found her in a cold perspiration, and complaining of cramps in the legs, nausea, and pain in the small of the back. This pain seemed as if it would divide the body in two parts. ℞. *Ant. tart.* 3x, one grain every three hours.

16th. Mrs. M. joyfully hailed me with "Many, many thanks for your remedies, I am much better, and hope to get up to-day." ℞. *Ant. tart.* every six hours.

Nov. 17. My patient is free from all traces of her complaint, and called upon me yesterday, February 13th, to tell me she had not passed a winter so free from lumbago for fifteen years. She has had several powders of the same medicine to send to those of her friends who complained of lumbago.

The complaint is apparently a trivial one to write about, but, in my opinion the medicines usually recommended do not act so promptly as the one I now invariably give. Baehr very truthfully says: "Tartar emetic helps more rapidly than any other remedy. In twenty-four hours the pains generally disappear, except a little stiffness. *Rhus* is preferable if the lumbago originates in a sudden cold, and the pain, so far from being mitigated by rest, is, on the contrary, aggravated. *Arnica* is indicated if the attack is caused by a severe exertion."

Case No. 7.—*Phlyctenular Conjunctivitis.*

January 19th, 1870. Master M., æt. 15 yrs., who is a pupil at the Cambridge Grammar School, was brought by his father to consult me about his eyes. He is of a scrofulous diathesis, and frequently suffers from "sore eyes." There was great photophobia and lachrymation; and at the junction of the sclerotica with the cornea in both eyes, were several slightly raised reddish vesicles on an injected base. ℞. *Antim. tart.* 3x, one grain every two hours.

24th. Photophobia much decreased, other symptoms as before. I now tossed into each eye a small quantity of finely-levigated *calomel*, and gave one-third of a grain of *merc. dulcis* 3x, three times a day.

31st. Master M. presented himself this morning for examination, and I was pleased to find the eyes were quite

well. The *calomel* had irritated them a great deal hour or two, and then he felt much relief. As I subject to these attacks, I gave him *sulphur* 3, of w told him to take one grain every other morning. him yesterday, and he then said: "I have never l well for so long a time in my life as during the last months. Many thanks for your assistance."

Remarks.—1. *Antim. tart.*, which I prefer to the third decimal trituration, has always effectiv moved the photophobia in this complaint. 2. *Me* is the best remedy for the phlyctenulæ, but I it requires to be locally applied in the form of *calo* have met with many cases similar to Master M. have signally failed to heal the vesicles until I ha *calomel* externally. 3. Though phlyctenular oph occurs most frequently amongst scrofulous patients, at times, attack the robust and hearty; and it gratifying, both to patient and doctor, to watch provement that is at once initiated and consumm the use of *calomel*.

CASE No. 8.—*Erythema Nodosum.*

May 14th, 1869. C. P., æt. 16, a badly-no and over-worked needle-girl, came to-day in a fright on account of a severe attack of erythema n on both legs. It showed itself yesterday in the one large painful protuberance over each tibia, but there are three on each leg. One Pil. *Rhus.* 3, eve hours.

21st. All traces of the eruption disappeared days after beginning the medicine. To-day comp debility and amenorrhœa. Pil. *china* 3, ter die.

June 4th. Is stronger. ℞. *China* for anoth night.

18th. Menses have reappeared, and the gir well. Discharged.

Remark.—In this painful affection I have fo medicine act so beneficially as *rhus toxicodendron* third dilution it has never failed in my hands quickly. An allœopathic enquirer asked me, som years ago, for the best remedy for *erythema nodos*

he believes in its superiority to all other medicines. I cordially endorse this opinion.

Case No. 9.—*Chlorotic Cephalalgia.*

December 14th, 1870. A. B., æt. 24 yrs., came to-day to try if she could get relief for a periodical head-ache, to which she had been subject for two years. The chief sensation was one of *pressure on the top of the head and forehead*, gradually increasing in intensity after dinner. Frequently she was dizzy, and then nausea, with vomiting of bile, ensued. The face was pale, and pulse quick and small, and tongue coated. There was great anorexia and constipation; and the evacuations were hard, small, and dry. The menses had been absent for two years, notwithstanding the use of various chalybeates, &c. There was also well-marked cerebral depression. The last few weeks she had been without medicine, as she had never derived benefit from anything. ℞. *Zincum met.* 3, gr. ss. night and morning. No alteration in diet was possible, as she could earn but little, her parents being dead.

24th. This morning A. B. called to say she was decidedly relieved. The pain had returned but once since using the powders, and she most of all rejoiced at the cerebral depression being less. Rep. *zincum.*

January 5th. Yesterday the menses reappeared, and A. B. now called to thank me for "the miracle that had been worked upon her."

I have often obtained immediate good effects from *zincum* in chlorotic patients whose blood has been saturated with ferrum.

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OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES: WITH SUGGESTIONS FOR TREATMENT.

By John Anderson, M.D., M.R.C.S.

(Continued from page 165.)

Before entering upon the second department of enquiry proposed in this series of papers on phthisis, namely, "Diagnosis of phthisis in its earliest stages," it will be desirable to make some general remarks on pulmonary consumption as a disease abstractedly considered; and to

notice the various types or forms of the disease that stated to exist, with the different stages of their devel ment and progress. This will present something tang as a standard for diagnosis, prognosis, treatment, future reference.

The opinion is very prevalent amongst modern wri that phthisis is not to be regarded as a single isol disease, but rather as a group of tubercular affecti having many specific varieties. Dr. Tanner thinks several diverse affections, radically distinct from other, should be included under the common design of phthisis, or pulmonary consumption; and that the phthisis may be conveniently employed as the ge designation for a condition of the lungs and sys arising from three or four distinct diseases. It is certain that phthisis cannot be regarded as a local di merely, but rather as one, however localized in its m festations, that embraces the entire system of organic and functional power—a constitutional disease in strictest sense of the term. This statement would espec apply to tuberculous phthisis; and, in proof of general, and not merely local, disorganization of system, as the result of this special morbid state of blood, Dr. Tanner states that, in pulmonary consump tubercles may be found also in the tissues of the intes canal, mesenteric glands, kidneys, peritoneum, liver, sp bronchial glands, heart, pericardium, and nervous cen moreover, that fatty degeneration of the liver somet occurs, and occasionally deterioration of the mus fibres of the heart and middle coat of the aorta.* Waters considers phthisis not as a local, but as a con tional malady either inherited or acquired, and tub as the result of an impaired or defective nutrition. also states as a very interesting pathological fact, phthisis can be developed in the lower animals by fining them in close and ill-ventilated chambers.† Pollock's opinion is, that phthisis must not be regard a single affection, a class without varieties; but a fa of tubercular affections composed of many groups, off much variety in its manifestations; and requiring only for the purpose of study, but as a requisi practice, many important subdivisions.‡ Taking, t

* *Practice of Medicine*, by Dr. Tanner.
† *On Diseases of the Chest*, by Dr. Waters.
‡ *Elements of Prognosis in Consumption*, by Dr. Pollock.

fore, tuberculosis as a generic name, in which, owing to a morbid condition of the blood, tuberculous matter is deposited in the brain, giving rise to hydrocephalus, in the abdomen producing mesenteric disease, or in the lungs developing phthisis; the term phthisis itself may be regarded also as a generic name comprising diseases confined to the respiratory organs, but embracing several varieties. These varieties may be classified according to intensity, namely, the acute, the chronic, and the latent phthisis; according to age, namely, the strumous phthisis, and the phthisis of advanced life; according to the presence or absence of pneumonia as a cause of phthisical disorganization, namely, the tuberculous, the tuberculo-pneumonic, and the pneumonic; according to special producing causes, namely, the hæmorrhagic, the syphilitic, the fibroid phthisis.

The following is a classified enumeration of the different types, forms or classes of phthisis, according to the arrangement of competent authorities.

Laennec describes five varieties of phthisis, depending chiefly on duration, intensity, and development, namely:

1. *Regular manifest phthisis.*
2. *Manifest irregular phthisis.*
3. *Latent phthisis.*
4. *Acute phthisis.*
5. *Chronic phthisis.*

Dr. Addison describes three varieties, depending chiefly on the presence or absence of an inflammatory or pneumonic cause, namely:

1. *The tuberculous phthisis.*
2. *The tuberculo-pneumonic phthisis.*
3. *The pneumonic phthisis.*

Dr. Walshe describes two varieties, depending chiefly on intensity and duration, namely:

1. *Chronic phthisis.*
2. *Acute phthisis* (including three forms, the ordinary, the acute softening, and the acute miliary forms.)

Dr. Pollock describes four varieties, depending chiefly on intensity, duration, and age.

1. *Acute phthisis* (including two forms, acute inflammatory phthisis, and passive exudation of crude tubercle).
2. *Ordinary (chronic) phthisis.*
3. *Strumous phthisis.*
4. *Phthisis of the aged.*

Dr. Tanner describes five distinct varieties or species of phthisis, depending chiefly on the special and distinctive cause of phthisical disorganization, namely:

1. *The hæmorrhagic or embolic phthisis*, in which there is cheesy disorganization, and a disintegration of blood clots.

2. *The bronchial and pneumonic phthisis*, in which there is ulceration of the bronchi and the air-sacs, as well as cheesy degeneration and disintegration of any bronchial or pneumonic exudations or deposits which have occurred. (This variety of phthisis would include those cases in which a morbid irritation is set up by the inhalation of different particles of matter that irritate the air-tubes and air-sacs. Under this head would be ranged, grinder's asthma, carbonaceous bronchitis or black phthisis, millstone maker's phthisis, cotton phthisis, &c.)

3. *Syphilitic phthisis*, in which there is a deposition of gummatous matter in the substance of the lungs, with subsequent cheesy degeneration.

4. *Fibroid phthisis*, described by some writers as cirrhosis of the lung, interstitial pneumonia, &c., in which there is a fibroid exudation in the lungs; the lung itself is found indurated and contracted, and portions of it invaded by cheesy deposit and small cavities.

5. *Tuberculous phthisis, or pulmonary tuberculosis*, attended by the growth, degeneration, and disintegration of a lowly organized material called tubercle; which material is the local manifestation of that generally unhealthy condition of the system known as scrofula.

Of the foregoing types or forms of phthisis, the acute phthisis, the pneumonic phthisis, the strumous phthisis and the phthisis of the aged, require some general descriptive remarks.

1. *The acute phthisis.* This generally fatal, is happily the more rare form of the disease; the symptoms are characterised by acuteness and intensity; the duration of the disease extending from three to ten or twelve weeks. The period of life from twenty to thirty-five years of age appears to be the time when acute phthisis is most likely to arise; cases do, however, occur at forty and forty-five years, Machlachlan mentions a case fatal in fourteen weeks at sixty-three years of age; and two others are recorded at seventy-three and eighty-nine years respectively.* Trousseau in his "Lectures on Clinical Medicine,

* *Practical Treatise on Diseases of Advanced Life*, by Dr. Machlachlan

distinguishes between *rapid* phthisis and *acute* phthisis; the former, he says, is simply ordinary phthisis accomplishing its course in a very short period of time, the latter is a distinct morbid species of which there are two forms, the *catarrhal* and the *typhoid*. In this typhoid form it is the general condition of the patient which characterises his malady, and is so like typhoid fever as to be mistaken for it. The invasion of the disease is more abrupt than in the catarrhal form; its course is more rapid, and it terminates by asphyxia or nervous seizure. The examination of the temperature furnishes a valuable means of diagnosis. Trousseau further states, that acute phthisis differs from the symptoms of ordinary phthisis; and that it ought to be considered distinct from tuberculization, from which it differs, both in its lesions and in its symptoms; the prognosis is death. Dr. Aufrecht, of the Magdeberg Hospital, considers acute miliary tuberculosis to constitute a sharply defined affection quite distinct from caseous broncho-pneumonia, with which disease it is, however, often complicated. Dr. Pollock considers "undeviating continuity of the morbid actions to be the character of acute phthisis," whether the special form be the acute inflammatory, in which the local disease is a combination of inflammatory products and of tubercle, or a passive exudation of crude tubercle invading the whole of both lungs with slight febrile disturbance. Dr. Walshe describes three distinct anatomical states or conditions of the lungs in acute phthisis, and cites a very interesting case of acute miliary phthisis, in which all the symptoms of typhoid fever with secondary pneumonia were present; but after death it was found that the entire of both lungs was profusely studded with semi-transparent grey granulations: a stratum of recent lymph in the pleura was similarly studded, and Peyer's patches contained crude yellow tubercle.*

2. *The pneumonic phthisis.* The name of this variety was given by Dr. Addison, of Guy's Hospital, whose valuable clinical instructions the writer was privileged to enjoy many years since. It is the "ulcerative phthisis" of Bayle, and belongs to the period of middle life, although, according to Machlachlan, it is almost peculiar to the aged. It may be described as that form of phthisis in which "the disorganisation of the lung, and the formation

* *On Diseases of the Lungs and Heart*, by Dr. Walshe.

of vomical cavities, have their origin in pneumonia, and are brought about independently of any true tuberculous deposit." In reference to this subject, Niemeyer states in his "Clinical Lectures on Pulmonary Consumption," that "the consolidations and destructions of the lung which form the anatomical basis of pulmonary phthisis, are, as a rule, the products of pneumonic processes; and the more abundantly cellular elements accumulate in the alveoli, and the longer this accumulation persists, the more readily does a pneumonia lead to phthisis, because the cheesy metamorphosis of inflammatory infiltrations is thereby favoured." Dr. Williams considers that phthisis may have its origin in a chronic form of pneumonia, characterised by a thickening of individual vesicles in the hepatized portion of the lung; and that without the pre-existence of any distinct tuberculous disease.* Rokitansky thinks that, in the case of tuberculous infiltration, the matter poured out into the interior of the pulmonary vesicles during an attack of pneumonia, becomes converted into tubercle under the influence of the tubercular cachexia. From one hundred post-mortems of cases of tuberculosis (Laennec) under Dr. Aufrecht, he concludes that the disease, proceeding from the apices or the upper lobes of the lung, after having been restricted to these regions for a longer or shorter time, and which forms the complex symptoms known by the name of phthisis, *never* commences in the formation of tubercle, but always in the form of broncho-pneumonic deposits. He therefore places caseous broncho-pneumonia, with regard both to ætiology and clinical history, in the position formerly occupied by the tuberculosis of Laennec.

3. *Strumous phthisis.* The statement propounded by Louis, that after the age of fifteen, tubercle, if present in any tissue of the body, is always found in the lungs, is now pretty generally received as a pathological fact. At the same time, notwithstanding the greater tendency to tuberculous deposit in various organs of the body, rather than the lungs, during the period of childhood, pulmonary tubercle is frequently found to occur in the very young children, especially at the age of from ten to fifteen years, which is emphatically the strumous period. The name strumous phthisis has been given to this special manifestation of the strumous habit occurring in strumo

* *Principles of Medicine*, by Dr. Williams.

children from under three years to fifteen years of age. Dr. Pollock describes an acute form in which the whole system is invaded by the tubercular disease, the accompanying fever high and persistent, the pulse rapid; and often ending fatally in from three to seven weeks; also a chronic form, when the disease begins insidiously with a diffused deposit, often at the base of the lung, the apex remaining free for some time, and a probability of perfect recovery. Out of three hundred cases of strumous phthisis, Dr. Pollock found that forty-six presented the chief physical signs at the base of the lung.* Trousseau also speaks of "pulmonary tuberculization in children, and states that tubercular disease is more common during infancy and early childhood than at any other period of life.† Dr. Tanner also speaks of "scrofula with tubercle," and amongst the diseases under this head, he mentions *phthisis pulmonalis*.‡

4. *Phthisis of the aged* (senile phthisis). This is more common in males than in females, the proportion being one hundred of the former to twenty-one of the latter (Pollock). The age at which this form of phthisis occurs is from forty-five years to seventy years of age; its duration may be greatly prolonged, even to twenty, thirty, or forty years. Its commencement is often latent, and its advance slow; it is often confined to the apex of one lung, yet may, nevertheless, prove fatal. It is, therefore, (with a few exceptions) to be considered essentially a chronic disease; and viewed in this light, the age of the patient, modifying as it does the intensity of the symptoms, becomes an important element of prognosis. Dr. Machlachlan, in his "Practical Treatise on Diseases of Advanced Life," mentions three varieties of senile phthisis, the acute, which is the least frequent, and does not differ essentially from the same in earlier life; the latent, which is the most common, the deaths of many aged people arising from this cause, though supposed to be wasting from mere debility; the chronic, which commences insidiously and advances slowly, sometimes arrested or suspended for a long time, but as age advances, the progress of the disease is hastened by pneumonia or bronchitis, the symptoms become acute and death ensues. It has already been stated that Machlachlan considers the pneumonic form of phthisis to be almost peculiar to the aged; and he

* Op. cit. † *Op cit.* ‡ Op. cit.

further states that tubercles are not the essential anatomi character of senile phthisis; but that contrary to t opinions of Laennec and Louis, this disease is often t sequence of chronic bronchitis, ending in indolent infla mation, or partial induration of the lung. The indurati breaking down into cavities, non-tubercular, dark, slough without membranous lining. The physical signs are oft very obscure, and gradual emaciation is often one of t first and most strongly marked symptoms.

The different stages of the development and progress pulmonary consumption will be considered in the ne paper. (*To be continued.*)

OBSERVATIONS ON BRYONIA.*

By Carroll Dunham, M.D., New York.

The tincture of the root of *bryonia alba* or dilutions made from it were used by Hahnemann in his provings.

Pereira calls *bryonia* a violent emetic and purgative. Trousseau and Pidoux speak of it as an active purgative, to be used like *colocynth* and *elaterium*. But Hermand de Montgarney declared that he had frequently cured vomiting, colic, diarrhœa and dysentery with *bryonia*. An illustration, from allopathic sources, of the homœopathic curative action of this drug!

Bryonia is not mentioned by the majority of modern writers of the old school on Materia Medica. Yet it has for centuries been recognized among the people of Europe as a specific for certain ailments, and eminent physicians of earlier ages have recorded many cures by it. Cataplasms of the root were successfully used to scatter inflammatory swellings of the joints. This was a homœopathic prescription in so far as the selection of the drug was concerned. The ancients cured dropsy with it, and especially hydro-thorax (and we use it for pleurisy with fluid exudation). Sydenham used *bryonia* as a remedy for intermittent fever. Teste says the French peasants of Lorraine use the root as a specific remedy for hernia. I learned from observation that, among the peasants residing in the Maremma on the shores of the Mediterranean north of the Pontine marshes, *bryonia* is commonly (and successfully) used as a remedy for the peculiar type of intermittent and remittent fever which is endemic the

* From the *American Homœopathic Review*, Vol. VI.

Our entire knowledge of the action of *bryonia* on the healthy subject is derived from Hahnemann's Provings (*Materia Medica Pura*, Vol. II.) and from the Austrian Provings, arranged by Prof. Zlatarovich (*Œst. Hom. Zeitschrift*, Vol III., 1857). From these sources we construct the following *resumé:*

Sensorium.—Every prover describes, in language more or less emphatic, a "confusion of the head," a "distracted state of the sensorium." Great heaviness of the whole head. Weight upon the vertex. Vertigo, when fasting, when standing, and especially on first rising from a seat; often conjoined with headache in the occiput.

Headache.—Dull, pressing headache in the forehead and temples; drawing and tensive headache in the temporal region; drawing and tearing pain from the temple down to the malar bone and to the lower jaw (this symptom promises aid from *bryonia* in prosopalgia). Sticking, jerking, throbbing headache from the forehead backward to the occiput. (This symptom is characteristic, being paralleled in no other drug. *Spigelia* has pain darting from behind forwards through the left eyeball. *Silicea* has pain coming up from the nape of the neck, through the occiput and over the vertex, and so down upon the forehead. *Carbo veg.* has dull heavy pain extending through the head, from the occiput to the supra-orbital region.

The majority of the head-symptoms of *bryonia* refer to the occiput. In this respect it may be compared with *petroleum.*

The sensorium is blunted.

All the symptoms of the head are aggravated by motion and by warmth.

The pathologico-anatomical results of *bryonia* poisoning are: "redness of the diploe, injection of the inner surface of the cranium. Congestion of the membranes. A section of the cerebral substances is dotted here and there with blood."

Zlatarovich says, "the head-symptoms point to congestion and inflammation of the brain;" but I think the character of the fever and of the affection of the sensorium is such as to show that it is not likely to be a remedy in pure idiopathic Encephalitis. If a remedy in Encephalitis at all, it must be in those cases in which Meningitis has supervened, by metastasis or otherwise, upon some previously existing miasmatic or other disease, *e.g.*, one of the exanthemata.

seems to be moderately inflamed, j
symptoms; sensation as if there wer
increased secretion of tears; discharg
the eye, obstructing vision; itching
margin of the lids. The right eye mo

Contrary to the general rule with
symptoms are aggravated by warmth.

Ears.—Sensation of obstruction.

Noises in the ears.

Nose.—Frequent and repeated epi
recorded by many provers. It occu
sometimes awaking the prover from s
florid. Nose-bleeding after the su
menses has been observed under the a
is probably this symptom which has
bryonia in vicarious menstruation.

Mouth.—The lips are swollen.
appear on the lining membrane of th
Dr. Huber, of Linz, one of the Aust
that his proving of *bryonia* cured him
tendency to aphthous formations in th

The *Teeth* feel long and loose; d
toothache when eating or just after
evening in bed; aggravated by warm
general rule with *bryonia*.

Throat.—Sticking pain on swallowin
throat and on bending the neck. Gr

ter eating, eructations, sometimes tasting of the food, generally bitter or sour, with an accumulation of sour r, sometimes tasteless, in the mouth.
ccough is a frequent symptom.
usea after a meal, although the food tasted well and aten with relish.
usea and vomiting, morning and evening, chiefly of and mucus. Also vomiting of food, and of a fluid sting of mucus and bile, and very bitter.
od oppresses the stomach, is felt like a load at the strium, and is often regurgitated.
mach and Abdomen.—Pressure in the epigastrium, after eating and when walking. This pain sometimes extends down to the umbilical region; sometimes to the bladder and perineum.
ter eating there is often a constricting pain in the ach, then a cutting in the epigastrium, and then ting of food. The pains are worse during motion, as general rule with *bryonia* pains.
nsation of distension, and sometimes actual swelling e umbilical region.
ins sticking and shooting in both sides of the abm, aggravated by motion, and sometimes changing stitches from the abdomen into the stomach. The es are most frequent in the region of the spleen.
the hepatic region, on the contrary, we find a tensive, ing pain; with a stitch which occurs only when the n is pressed upon, or when the prover coughs or a deep inspiration.
atulence moderate. Its movements produce pain.
ol.—It is a peculiarity of *bryonia* that, in moderate , it produces, in the healthy prover, retention of ; the stool is infrequent, large in form, solid, and ated with difficulty, and attended by prolapsus of the m, and burning sensation. Besides this characteristic n, *bryonia* produces also, as an alternate action, a of diarrhœa, preceded by colic, occurring especially ght (or early morning as soon as the patient rises and s to walk about) and coming on so suddenly that the r can hardly prevent an involuntary evacuation.
a comparative notice of the diarrhœa of *bryonia*, *ur*, *thuja* and *podophyllum*, see Dr. Lippe's lecture *nerican Homœopathic Review*, Vol. V., p. 441.)
tarovitch calls especial attention to the tenderness of

passed frequently, sometimes with
during exertion it is passed involunta

Menstruation.—*Bryonia* uniformly
on of the menses, and increases the flo

Respiratory Organs.—Fluent cor
violent and frequent sneezing, accon
headache, when the prover stoops, an
an altered tone of voice.

Cough.—Generally dry; it seems
region of the stomach, and is precede
tickling sensation in the epigastrium.
characteristic; sometimes there is a c
the throat also, inducing a cough, f
sputa.

Hacking cough, as if caused by s
at a definite spot in the trachea; after
time this spot becomes very sensitive,
talking and smoking.

Cough induced by coming from t
warm room; from a sensation as o
trachea, which prevents the prover ge

The cough is accompanied by sti
head; by rawness in the larynx, by s
costal spaces and in the sternum; by
gastrium; by gagging, *without naus*
food.

It is very characteristic of the *b*

igastrium, and is accelerated, as though by a feeling of
:at in the epigastrium and chest. The prover feels a
:sire to take a deep inspiration, but when he attempts to
› so he experiences a pain which does not allow him to
xpand the chest. *Thoracic* respiration is often almost
npossible, by reason of the stitching pains in the sides of
ıe thorax.

Thorax.—Pressing pains, sometimes just above the epi-
astrium, sometimes over the whole chest, or on the
:ernum, impeding respiration. Stitching, lancinating
ains are, however, more frequent. They occur on re-
piring, or on turning around in bed; they are situated
›metimes in the sides of the thorax, and sometimes they
xtend through the thorax from the front to the scapulæ;
enerally the seat of the pain is sensitive to pressure and
hen the arms are moved.

Back.—Here we meet a new variety of symptoms.
icking and jerking pains pressing between the scapulæ
ıd extending thence through the epigastrium, when
ting; pain in the lumbar and sacral region, as if beaten;
ffness, tearing and tenderness in the joints and muscles
the lumbar region, which prevents motion and stooping;
s felt most when standing or sitting, and not so much
en lying.

Extremities.—In the extremities we have stitching
ıs in the region of the large joints, as in the shoulder,
· the trochanter, and at the knee—all greatly aggra-
d by motion, touch, or any jar or shock. Drawing
, as if luxated in the medium and smaller joints.
e limbs and the joints swell, become red, and are
sensitive to touch or motion. The pains are relieved
ırmth.

ı.—Various eruptions. Small red spots on various
of the body; some with sensibility, and not dis-
ing on pressure; some *burning*, and disappearing
ısure.

ı.—Great sleepiness by day, with yawning, lassi-
tretching, etc. Yet at night the prover cannot
ıecause of the tumultuous course of the blood,
and heat. A concourse of anxious thoughts keep
'er awake till three or four A.M. Sleep full of
Often a prattling and muttering delirium. Also,
king has been observed under the action of
and cured by it.

1. On the *Vital Force.*—That *bryonia* exerts, respects, a depressing action on the *Vital Force,* from its action on the sensorium, which is depres benumbed; there is a decided sensation of weakr lassitude; the arms incline to sink by one's si limbs move but sluggishly. This sensation of lass most marked early in the morning, as though the sleep had brought no refreshment. The least seems to use up the forces of the body.

Nevertheless this prostration is not excessive, universal. For the disposition is not indifferent, have been expected; on the contrary, the prover and peevish. Again, the special senses are not m affected; the sphincters are not relaxed, nor do voluntary muscles seem to be greatly embarrasse exercise of their functions. There is no laxity such as is shown by the occurrence of inv exertions.

The depressing effect seems to be confined to t of the nervous system which presides over v motion, and over the operations of the mind.

2. The *Organic Substance* of the body is aff follows: The secretions from the intestinal surf diminished. The capillary circulation appears to l what impeded in the mucous membranes, but is par so in the serous membranes, which line the closed

over, the symptoms of a well-marked hepatitis; upon the respiratory mucous membrane; and eminently upon the serous membranes of the large cavities, and the serous and fibrous tissues of the joints. Finally, the female sexual organs are in such wise affected that menorrhagia is produced, the discharge being *florid*.

4. *Sensations.*—The sensations peculiar to *bryonia* are stitching, lancinating pains; such pains, in fact, as usually attend and characterise acute affections of the serous and fibrous tissues. Drawing pains are analogous to these. In addition, we note the peculiar sensations of lassitude in the limbs that have been already described.

5. *Periodicity.*—A disposition to a recurrence of the pains in the morning early, not immediately on awaking (as with *lachesis*), but on first moving after waking.

6. *Peculiarities.*—The great feature characteristic of the *bryonia* symptoms is their *aggravation* by *motion* and *touch*. This applies to all, except a few isolated symptoms, which it is evident, from the context, are purely nervous.

It is also noteworthy that the seat of the *subjective* pain soon becomes *objectively sore*, and then swollen and red.

The pains of *bryonia* are, in *general*, relieved by warmth and aggravated by cold.

They are aggravated by mental excitement.

Practical Applications.

Hahnemann mentions the importance of *bryonia* in the treatment of various kinds of fevers, and gives directions for its use in a malignant typhus that was epidemic in Saxony in 1813. We have referred to this in "Observations on *Rhus tox.*"

Hahnemann recommends *bryonia* in certain kinds of abdominal cramps in women, of course, when the symptoms correspond.

Head.—Seeing the action of *bryonia* on the serous membranes one might infer that it would occupy a prominent place in the treatment of meningitis. But this inference is not justified by the symptoms. They represent a fever too asthenic to correspond with any form of idiopathic meningitis.

In repercussed eruptions, however, as, for example, during the course of an exanthematous fever—scarlatina or measles—when the eruption has disappeared, and the

sensorium becomes immediately affected, *bryonia* h done excellent service. The oppression of the ser general prostration, the peculiar form of fever, co of predominant coldness, first a chill and then mixed up of chill and heat, with a small pulse, an never, even when the heat is greatest, becomes v or hard—these symptoms correspond well to the case to which we refer.

But it is only in a certain class of cases of rep exanthemata that *bryonia* is indicated and usef where the sensorium and the system of animal depressed and benumbed, but the functions not pe There is another class in which they are perverte which, consequently, convulsions more or less occur. In such cases *cuprum aceticum* (or *metall* likely to be indicated, a fact for the knowledge we are indebted to Dr. G. Schmidt, of Vienna. cases of this kind, without fever or disturbanc general system, the entire sensorial life is su Here *hellebore* may be required, as Hahnemann h in his introduction to the proving of that drug. C together with this suspension of sensorial life, th be signs of effusion within the cranium; the pa like an animate but not intelligent log; the p dilated; the eyes converge or diverge; and here *metallicum* will sometimes save the patient. I m observation in 1853, in a case of scarlatina. A same time Dr. Elb, of Dresden, published som cases in the *Allgemeine Homöopathische Zeitung.*

Under these circumstances the vital processes r slowly, and I believe it is necessary to repeat the quently, and to continue it for many days.

Epistaxis.—Bryonia is a standard remedy. T is florid. The epistaxis occurs in the morni waking the patient from sleep. It is often a cor of suppressed menstruation, and this is a controll cation of *bryonia.*

Fevers.—In the fevers marked by gastro-localization, such as bilious remittent, some form mittent and of typhus fever, *bryonia* has dc service. It compares with *eupatorium* and *rhus* with *nux vomica* and *mercurius.*

The headache is a splitting pain through the and at the same time, and more severely, in the

Oppression at the pit of the stomach and tenderness there; vomiting of food, mucus and bile, stitches in the hypochondria, and soreness and tension in the hepatic region, along with dry cough and decided constipation, without any desire for evacuation of the bowels. Together with these local symptoms there are frequent short chills, alternating or mixed up with heat of the body; a pulse small and frequent, but somewhat hard. Add to the above a slimy and bitter taste, aversion to food, pains in the back and limbs, much aggravated by touch and motion, together with dulness of the sensorium, and aversion to noise and to mental exertion, and we have a picture of the form of fever for which, whether remittent or intermittent, *bryonia* is appropriate.

Similar symptoms often characterise what is popularly called "a bilious attack." These "attacks" are very common in persons who have for years been accustomed to take frequent doses of calomel or of blue pill for headache and "biliousness." And we are often called upon to supply a substitute for these drugs. In the majority of these cases *bryonia* is the remedy. If early resorted to, it will generally break up the attack; and a repetition of this treatment rarely fails to destroy a tendency to its recurrence.

Bœnninghausen gives the following picture of the *bryonia* fever:—"Pulse hard, frequent, and tense. Chill and coldness predominate, often with heat of the head, red cheeks, and thirst. Chill, with external coldness of the body. Chill and coldness most in the evening, or on the right side of the body. Chill more in the room than in the open air.

"Dry, burning heat, for the most part only internally, and as if the blood burned in the veins. All the symptoms are aggravated during the heat.

"Much sweat. Easy sweating, even from walking slowly in the cold open air. Copious night and morning sweats. Sweat sour or oily."

Hahnemann gives the following groups of symptoms, as characterising those cases of typhus for which he gave *bryonia* so successfully:—

"The patient complains of dizziness, *shooting* (or jerking-tearing) pains in the head, throat, chest, abdomen, &c., which are felt particularly on *moving the part*—in addition to the other symptoms, the hæmorrhages, the

vomiting, the heat, the thirst, the nocturnal restlessne &c."

In *acute hepatitis* it is very evident, from the sympton that *bryonia* may be a most valuable remedy. Experien has confirmed the indication.

Bryonia is also a remedy for *constipation*, being, Hahnemann remarks, one of the few remedies of whi the primary action is to diminish the intestinal excreti and likewise the peristaltic action of the intestine.

It differs from *nux vomica*, as we shall see, in t respect, that the action of the intestine is *diminish Nux vomica* does *not diminish* the action of the intesti It rather *increases* it, but at the same time renders *inharmonious* and *spasmodic*—a hindrance, therefore, a not a help to evacuation. This is the reason why constipation characteristic of *nux vomica* is accompan by frequent ineffectual desire for stool—the action of intestine being irregular and spasmodic, and the consti tion resulting from this *irregularity* of action, and from inaction. *Bryonia* has nothing of this. Under influence the intestinal activity is *really diminished*—th is no desire for stool. As a remedy for constipat *bryonia* is analogous to that other valuable remedy for same trouble—*veratrum*.

It has been already remarked that *bryonia* is our gr remedy in the treatment of vicarious menstruation—a p version of function which is not so rare as has b supposed. At the period when the menstrual discha should naturally take place, there occur hæmorrha from some other parts of the body, as from the n mouth, or lungs. I have seen, under such circumstan likewise, hæmorrhage from the eye, the ear, and nipple. These vicarious discharges are not difficult distinguish from hæmorrhage attending and consequ upon diseased conditions of these organs themselves. for example, about the time of menstruation, and the charge not occurring, a copious expectoration or vomi of blood take place, without any other symptoms of dis of the lung or stomach—if it last two or three days, v no greater disturbance of the general health than c monly attends menstruation—if it then cease, having sign of disease in the organ apparently affected, and i recur again after the usual menstrual interval, there be no reasonable doubt of the nature of the trou

Clinical experience has shown that *bryonia* generally cures these cases.

About the third day after confinement, women are liable to chill and an access of fever, just when the mamma begins in earnest the performance of its peculiar function. Experience has shown *bryonia* to be one of our most valuable remedies in this condition. The correspondence of symptoms indicates this. For, the "milk fever" is one in which chill predominates; it is a mixture of chill and fever, the former much in excess, and, moreover, the gland, which is the seat of pain, becomes rapidly *sore* and sensitive to touch or motion. In addition, there are drawing, tearing pains in the limbs and a headache resembling that of *bryonia*. *Bryonia* is likewise our foremost remedy in inflammation of the mammæ during lactation.

A word of caution, bearing on the diagnosis of the latter affection, may not here be inappropriate. It is of the utmost importance to avoid mistaking symptoms of exhaustion of the supply of milk in the gland for symptoms of commencing inflammation, and treating with medicine a condition which should be met by rest of the organ and an appropriate diet.

In primiparæ the secretion is often established tardily, and the milk fever is severe. For this reason the patient is apt to be kept on a very low diet, with a view of preventing inflammation of the mamma, and, for the same object, the child is applied to the breast at very short intervals, in order to prevent "accumulation of milk in the gland," "to keep it free." Under these circumstances, the supply of milk is apt to be scanty. If, now, the child be vigorous, the supply will soon be exhausted, and the child will "draw upon a vacuum." Very soon an acute dragging pain is experienced by the mother, extending from the nipple through the gland and the thorax to the scapula. It would be a sad mistake to regard this as always a sign of existing inflammation, to still farther curtail the diet and to resort to medication. It is *not* always a sign of inflammation—it is a "dragging on the milk-tubes." The diet should be increased in its nutritive qualities, and directions given to apply the child less frequently to the breast, and to remove it as soon as this peculiar pain begins to be felt. This is very important; for, if the "dragging" be allowed to continue long, and

be often repeated, it will *produce* inflammation, first of t nipple and subsequently of the gland. This is the ori of perhaps a majority of the cases of "sore nipples" r with in practice, and attention to these precautions c stitutes one of the best preventives of that distress affection.

It should be observed, however, that cases sometir occur, in which, as soon as the infant *begins* to nurse, patient experiences severe, acute dragging and stitchi pain, extending from the extremity of the nipple to scapula, and rendering the pain of nursing almost endurable—and this too when there can be no reasor suspect a deficiency of milk. Indeed, the pains set in soon as the child *begins* to nurse, and not, as in the c before described, after the child has already nursed, fc time, satisfactorily. These are cases of irritable nip and they often result in mammary abscess, because mother cannot endure the pain of having the breasts fr from the milk that is secreted. Such cases find their l remedy, as I learn from Prof. Guernsey, of Philadelp in *croton tiglium*.

On the *respiratory organs* the action of *bryonia* is v emphatic.

Dr. Wurmb says of it: "Although *bryonia* be no often administered in diseases of the mucous membra as in those of the serous and fibrous tissues, it is, ne theless, in the former, a very important remedy. action on all the membranes must be a very extensive c because of its powerful influence upon the processes secretion and absorption, and because the mucous m branes, in particular, belong to those organs by m of which these appropriations are, for the most carried on.

"The results of provings show that *bryonia* prod powerful irritation in the mucous membrane of the re ratory organs. This condition is important, not inasmuch as it enables us to designate *bryonia* as an portant remedy in acute bronchial catarrh, but als giving us a *point d'appui* in studying the remedy. experience teaches us, on the one hand, that the r violent forms of catarrh almost always involve the *ple* causing stitch in the side, and, on the other hand, stitching pains almost always yield, and *in a short t* to *bryonia*.

"We lay great stress on the fact, that in the *bryonia* catarrh the mucous secretion is diminished, because a great majority of the symptoms which are considered to indicate *bryonia* derive their significance from this fact, and it will serve to keep them in memory. They are—hoarseness, hacking cough, which sets in especially in the morning and evening, and is generally *dry* or yields but a little tenacious mucus (which is sometimes streaked with blood), and which sometimes, through its violence, causes retching and actual vomiting. As rarely failing concomitants of the *bryonia* cough, we have stitching pains in the throat and chest, and pressing pains in the head."

In the bronchial catarrh, with scanty secretion, and attended by dyspnœa and nervous erethism, to which infants are subject, and which is often mistaken for true pneumonia, *bryonia* is a most valuable remedy. In a subsequent stage of the same affection, when the secretion has become very *abundant*, every paroxysm of coughing producing nausea and copious vomiting of mucus, with dyspnœa, exhaustion and sweat, *ipecac.* is likely to be required. In former days, before I learned to distinguish sharply between the indications for these remedies, I used to give them, as was and is so commonly advised and practised, in alternation—a slovenly practice which cannot be too strongly condemned. Each of the remedies has its place in the appropriate stage of the malady.

In the pneumonia of adults, especially in that form in which the deposit or exudation is scanty and fibrinous, *bryonia* is the remedy most frequently required. So true is this, and so valuable is *bryonia* in this case, when indicated, that some practitioners have not hesitated to say that *bryonia* is the sole and all-sufficient remedy for pneumonia, and that they give nothing else. This view, however, restricts the idea of pneumonia to one pathological form, *ignoring* that form in which the exudation is *not* purely fibrinous, and in which *phosphorus* or *tartar emetic* is likely to be indicated, as we shall see in "Observations on Phosphorus."

A reference here may be permitted to the singular fact that whereas, in New England, where pneumonia is frequently met with, more than one busy practioner places his whole reliance on *bryonia*, and claims to cure every case with it; in Vienna, on the other hand, where pneu-

monia is still more common, Dr. Fleischmann regards *phosphorus* as the specific, and uses it almost exclusively.

Admitting the looseness of the practice, which, in any locality, looks to one remedy exclusively as the specific for any disease whatever, may it not be that the *character* of the pneumonia, in the two regions, is radically different, depending on differences in the constitutions and habits of the races in the two countries? Be this as it may, the facts are a warning not to prescribe on the basis of the *name* of the disease.

Important as is the action of *bryonia* on the regions already designated, it is still more marked in the serous and fibrous tissues.

The stitching pains in the thorax and abdomen, especially the stitch in the intercostal regions on taking a deep inspiration, all point to the efficacy of *bryonia* in pleuritis, an indication which experience has confirmed. It is believed to be more suitable for pleurisy of the *right* side.

In pericarditis, also, it is valuable, though perhaps less frequently indicated than *spigelia*.

In its relations to affections of the pleura, *bryonia* is resembled by *spigelia*, *squilla*, *ranunculus bulbosus* and *kali carb.*

In rheumatism, *bryonia* is one of our most important remedies. Its symptoms of the extremities simulate a muscular rheumatism, with moderate fever; while the symptoms of the joints show it to be still more appropriate to *articular rheumatism.*

The joints are much swollen and are reddened; streaks of red extending up and down the limbs. They are very sensitive to touch, and are especially painful during motion, the pain being less the more perfect the repose. Dr. Wurmb gives the following indications: "The fever not very violent, or, if so at first, much diminished; the rheumatism does not change its location; the local phenomena, especially the swelling and pain, very violent; the irritation of the skin but slight; the redness not very great." The aggravations, as to time, are in the morning some time after waking, and the evening. The pain is a sticking and tearing character.

REVIEW.

Clinical Lectures on Pulmonary Consumption. By FELIX VON NIEMEYER, M.D., Professor of Clinical Medicine in the University of Tübingen. Translated by C. BŒUMLER, M.D. The New Sydenham Society. 1870. Pp. 77.

No more valuable, instructive, or suggestive work has been published by the New Sydenham Society, for a long time, than the volume before us.

The prevalent doctrine regarding phthisis, as taught in most of the schools, is that originated by Laennec, that there is only one form of the disease—namely, tubercular phthisis; "that pulmonary phthisis is a constitutional disease; that it can never develop itself out of acute or chronic pneumonia, or take its rise from a bronchial hæmorrhage, or from a neglected or protracted cold;" and that any intercurrent pneumonia, bronchitis, or hæmorrhage is the result and consequence of previously developed tubercle. The truth or falsity of this doctrine must evidently have—and has actually had—an immense influence on the treatment of such cases. It was also believed that the cavities occurring in phthisical lungs have their origin solely in the softening and expulsion of the tubercular deposit. Laennec considered that not only was the tubercle a new growth—which no one denies—but that the extensive consolidations which occur side by side with miliary tubercles were also extensive infiltrations of the lung tissue with tubercle; hence such terms as "infiltrated tubercle," "tubercular infiltration," &c. The mistake in this doctrine arose from considering the cheesy metamorphosis of the originally grey and transparent tubercle as a specific peculiarity of tubercle, and, as a consequence, that whatever undergoes this cheesy transformation is necessarily tubercle. This notion, however, is exploded by the investigations of Virchow and others, who show that other substances, having no relation to tubercle, undergo the same transformation, as "older cancerous tumours, lymphatic glands swollen by hyperplasia of their cells, hæmorrhagic deposits, encapsulated masses of pus, &c."

In the present state of pathology, then, there is only one kind of tubercle—miliary tubercle—while many formations formerly supposed to be tubercle are in reality "transverse sections of bronchi with cheesy contents, or whose walls are thickened and surrounded by alveoli filled with a cheesy infiltration."

In opposition to the prevalent doctrine of phthisis, the essence of the views set forth in Niemeyer's lectures is, that in the majority of cases of phthisis the commencement and course of

the disease consists in consolidations and destruction of the lung-tissue *arising from pneumonia;* that in many cases of phthisis ending fatally not a single tubercle is found; and that in those cases where it is found, it is in the majority of only recent formation, *complicating* the phthisis which is already in progress; while the number of cases where the development of tubercle precedes the pneumonic process is still more limited. The pneumonia which develops itself into phthisis, Niemeyer is particular in not separating as a special variety, or as a "tubercular and cheesy pneumonia;" but he maintains that all varieties of pneumonia may, under certain conditions, terminate in cheesy infiltration. "This termination is rare in common acute pneumonia, is rather frequently met with in acute catarrhal pneumonia, while in chronic catarrhal pneumonia it forms almost the rule." p. 6.

In such cases of phthisis arising from pneumonia terminating in cheesy deposits, *the great danger is the subsequent development of tubercles.*

The process by which acute catarrhal pneumonia terminates in cheesy infiltration is so important to observe, that we shall quote in full Niemeyer's description of it.

"Acute catarrhal pneumonia," he writes, "originates in a catarrh of the smallest bronchi extending to the alveoli. In this form of pneumonia the lung-tissue becomes consolidated, not by an exudation rich in fibrine, but by the alveoli being filled with young, indifferent, round cells. Under the most favourable conditions, this inflammatory product, abounding in cells, undergoes the same changes which the fibrine and the cells imbedded in it nearly always undergo in common acute pneumonia. The cells become filled with fat-globules and disintegrate, and the contents of the alveoli, having thus become fluid, are reabsorbed, so that air can enter again into the air-vesicles. In less favourable cases, the cellular elements accumulate more and more in the alveoli, the fatty metamorphosis which commences in them remains incomplete, the cells lose their round form, and, by losing water, shrink into irregularly shaped corpuscles. To these microscopical changes corresponds the transformation, as presenting itself to the naked eye, of a dull-grey or reddish-grey homogenous consolidation of the lung-tissue, into a dull, yellow, cheesy substance." p. 7.

This state of matters, involving an entire lobe, accounts for the fatal ending of many cases of measles and whooping-cough in which the cause of death is frequently reported as tuberculosis.

"But it is also by no means rare that in the course of a pr

mary, genuine bronchial catarrh, the disease extends from the bronchi to the alveoli, and causes a more or less extensive consolidation of the lung-tissue. This form, too, of catarrhal pneumonia may terminate in cheesy metamorphosis and in a rapid disintegration of the lung-tissue, producing the symptoms of a florid phthisis or galloping consumption, and leading in a short time to a fatal result. Such cases are generally spoken of as instances of 'an infiltrated tuberculosis having occurred in the form, or under the mask, of a febrile bronchial catarrh or influenza.' This false and confused view of such cases is, at all events, convenient, and shelters the physician against the reproach of having neglected the catarrh until dulness at the apex revealed the seriousness of the case, and, by not taking measures in time, of having allowed it to extend to the lung-tissue." p. 7.

A catarrhal pneumonia taking the course above described may occur in an individual previously healthy and strong, but more frequently it occurs in patients of delicate constitution, in whom "inflammatory products have a tendency to abound in cells—a peculiarity with which the tendency to a cheesy metamorphosis of the inflammatory products is most intimately connected." Those who have once had pneumonia, leaving behind cheesy deposits or indurations, are in great danger of fresh attacks pursuing a similar course, till repeated attacks, leading to fresh consolidations and destructions of lung-tissue, carry off the patient, unless he previously die of secondary tuberculosis.

Chronic catarrhal pneumonia Niemeyer considers "one of the very commonest diseases," and that "it is of this disease that the assertion, so often and so wrongly made, as to the great frequency of 'tuberculosis,' holds good." He goes on to say: 'I consider the term, 'chronic catarrhal pneumonia,' suitable o designate those indurations of the lung alone which have een chiefly described under the name of infiltrated tuberculosis, nd of gelatinous or tubercular infiltration, and which of late ave, no less inappropriately, by some been called tubercular or heesy pneumonia. These lobular—and when the process is ore extensive, not rarely lobar—infiltrations of the lung, in olour and appearance not unlike frog's spawn, presenting on ection a homogenous and smooth surface, not only consist in he filling up of the alveoli with young, indifferent round cells, e., in anatomical changes which are characteristic of catarrhal neumonia, but they originate also, with rare exceptions, in the xtension to the finest ramifications of the bronchi, and from hem to the alveoli themselves, of a chronic bronchial catarrh, urnishing a secretion rich in cells. . . . It is not difficult

to see why chronic catarrhal pneumonia should, in the great majority of cases, and much more frequently than in the acute form of catarrhal pneumonia, and than ordinary acute pneumonia, lead to cheesy infiltration of the lung-tissue. The slow and lingering progress of the disease, which has an ever-increasing accumulation of cells in the alveoli as its consequence, perhaps also the aspiration of cellular elements from the smallest bronchi, by which the quantity of cells formed in the alveoli themselves is still further increased, cause, in a purely mechanical manner, the cells thus densely packed together to encroach upon each other, to shrink, and to undergo necrobiosis (Virchow). There are, however, some few exceptions to the rule that chronic catarrhal pneumonia terminates in cheesy infiltration. If the process ceases before the accumulation, and the pressure on each other of the cells contained in the alveoli has reached a high degree, they may undergo a complete fatty metamorphosis, and may become liquified and reabsorbed, so that the air can again enter the alveoli. The fact cannot be denied, that in certain cases more or less extensive consolidations of the lungs of phthisical patients disappear altogether; but this is by no means surprising to any one who has emancipated himself from the prejudices of Laennec's doctrine." pp. 9–10.

Chronic catarrhal pneumonia, with its frequent results as above described, may take place in previously healthy lungs, though more frequently in those of delicate persons.

"Cheesy infiltration of the lung-tissue, be it caused by the one or by the other form of pneumonia, does not, however, by any means in all, or even in the majority of cases, lead to *immediate disintegration of the cheesy infiltrations and to the formation of cavities.* On the contrary, these events take place only under certain circumstances, or perhaps only in cases of particular intensity of the disease. They are evidently brought about not only by the encroachment upon one another of the cells accumulated in the alveoli, but by their exerting also a pressure on the surrounding tissue and its blood-vessels, which causes the walls of the alveoli, thereby deprived of their nutritive fluid, to degenerate and to die, Perhaps the anæmia and the necrosis of the lung-tissue are also formed by the cell-development in several cases not only taking place on the surface, but in the tissue itself." p. 10.

Cases where the cheesy infiltration leads to an immediate breaking down of the deposit and the formation of cavities, correspond to what is known as "phthisis florida," or galloping consumption. On the other hand,

If the cell-growth is not so abundant as to lead to a consi-
able compression of the walls of the alveoli and of their
ritive blood-vessels, the cheesy masses may become still more
pissated, and the shrunken, atrophied cells may break up
) a detritus. The organic substances contained therein dis-
ear more and more, and calcareous salts are deposited, until
ast a cretaceous or mortar-like concretion remains. In other
es, on the contrary, the shrunken cells are, in the course of
e—their incomplete fatty metamorphosis becoming at last
iplete—liquified and made fit for re-absorption. Whilst one
the other of these further changes occurs in the cellular
ments contained in the cheesy infiltrations, an *abundant for-
ion of connective tissue* takes place in the lung. The creta-
us deposits are encapsulated, and those places from which
cells gradually disappear by liquifaction, through fatty
tamorphosis and re-absorption, are filled up by connective
iue. The lung-tissue does not again, in such cases, become
meable for air, but is transformed into a tough, indurated
stance. The connective tissue, by its gradual shrinking,
upying much less space than the sound lung-tissue which it
laces, the lung becomes smaller, the thorax contracted, and,
this contraction has but narrow limits, the bronchi are
ited into oblong and round cavities. This is the most fre-
nt mode of formation of cavities in chronic phthisis. The
bsorption of the cheesy masses, which have subsequently
lergone fatty metamorphosis, and have thus become liquid,
r be so complete that at the autopsy the lung is found quite
ermeable for air, riddled by (bronchi ectatic) cavities, but
lout any remnants of cheesy masses." p. 11.

s a deduction from the above statements and facts, Niemeyer
not consider phthisis by any means the dangerous disease
as hitherto been considered. On the contrary, he maintains
the chronic inflammations leading to consolidations and
ties have a decided tendency to heal, and that under proper
tment persons whose lungs have consolidations and cavities
be kept for years in a very fair state of health. To such
ons *the greatest danger is the development of tubercles*, which
apt to form as a *complication* of the already existing phthisis.
o the causal connection between the cheesy products in the
s and the development of tubercle, it seems that an erup-
of miliary tubercle, without the previous existence in *some*
of the body of cheesy products, is extremely rare; and
gh the influence of the one upon the other is most difficult
xplain, the fact is stated by Niemeyer thus:—

Tuberculosis is in most cases a secondary disease, originat-
in some way unknown to us, in the action of cheesy morbid
ucts on the organism." p. 15.

On the connection between phthisis and intestinal u and on the true nature of such ulcerations, usu "tubercular," we have not space here to enter, but w reader to the work itself.

In the portion of the work on the Etiology of Pht meyer maintains that it is not sufficiently proved th losis, in the strictest sense, is an inheritable disease, t inherited disposition to phthisis is frequent. By this that the children of consumptive or tubercular person delicate than others, and have an increased vulne pneumonic inflammations ending in cheesy deposits, the inflammatory nutritive changes occurring in them rule, to a very abundant production of indifferent and cells, and thereby to a cheesy metamorphosis of the tory products."

The views of our author on the relation between and pulmonary consumption, he sums up as follows

"1. Adults who in their childhood have been scrofu unless the vulnerability on which scrofulosis depend appeared, a well-marked tendency to pneumonia, term cheesy infiltration and pulmonary consumption.

"2. In individuals who formerly were scrofulous, cheesy bronchial glands give rise, in some instanc development of tubercles in the lungs and to a phthisis.

"Individuals in whom an extinct scrofulosis ha behind either an increased vulnerability or cheesy the lymphatic glands, possess no greater dispositio monary phthisis than individuals who have never be lous. I consider the almost universal opinion, that consumption arises independently of accidental or exciting causes, in consequence alone of a 'diathesis unproved as it is dangerous." p. 27.

Of the immediate causes exciting phthisis in perso a tendency to it, among the most important are "all which are followed by catarrh of the bronchi and by of the lungs." The influence also of accelerated and action of the heart, from over-exertion of the body, cessive dancing, and other violent exercises, in prod gestion of the lungs and its possible consequences important to bear in mind in connection with the te present to encourage violent gymnastic exercises in t Besides these exciting causes, Niemeyer mentions an one, viz., direct irritation of the lungs and bronchi membrane by foreign bodies; and under this head h

perhaps the most frequent of all foreign bodies, namely, the blood which, after a hæmoptysis or pneumorrhagia, remains behind and coagulates in the bronchi and alveoli. Niemeyer's views on this point are most interesting and important. From Laennec's time, the belief was that hæmoptysis was the result of, and a symptom of already existing tubercles. Our author combats this doctrine, and insists that instead of being a result of phthisis, it is one of the most frequent causes of pneumonia, and thence of phthisis. His remarks on this point are well worth quoting in full.

"I do not hesitate to say that, *in the majority of cases, hæmoptysis is followed by a more or less serious irritation of the lung and pleura.* Since my attention has been directed to the occurrence of these consecutive attacks of pleuro-pneumonia, I have, almost without exception, been able to find, on the second or third day after the hæmorrhage, an increase of the body and of the frequency of the pulse, a disturbance of the general health, more or less severe pains in the lateral regions of the thorax, and frequently also fine moist râles, pleuritic friction, or a slight dulness, with diminished vesicular or with bronchial breathing. Even in cases in which a longer time had elapsed since the hæmoptysis, it was generally easy to make out that in the next few days succeeding the hæmorrhage, more or less clear signs of inflammatory changes in the respiratory organs had appeared. . . . . I am far from asserting that the pneumonic processes following an attack of hæmoptysis, leave behind them in all, or even in the majority of cases, cheesy infiltrations leading to pulmonary phthisis. On the contrary, their most common termination is in *resolution*. Frequently all symptoms disappear after a few days, and the patient is again convalescent. In other cases, however, the rise of temperature and of the pulse continue for a longer time, the general health remains impaired in proportion to the continuance of the pyrexia, while slight pains in the chest, which the patients talk of as rheumatic, persist, the respiration remains hurried, and there is cough and muco-purulent expectoration. If besides these symptoms the percussion sound is found dull in a more or less extensive region of the chest, if the respiratory murmur is of an indefinite character, and diminished or bronchial, and if the patients are rapidly consumed by the increasing pyrexia, with evening exacerbations and abundant night perspirations, there is reason to fear that the pneumonic infiltration has undergone cheesy metamorphosis, and that the patients have fallen into consumption. Indeed, only the complete pre-occupation of the profession by Laennec's doctrine explains why, even in such cases, there has been no hesitation in referring the consumption to a tuber-

culosis which had remained latent until the occurrence of the hæmoptysis. By those who will judge without prejudice, most of the cases in which previously healthy persons are, immediately after an attack of hæmoptysis, seized with galloping consumption, cannot be otherwise interpreted than by assuming that *the blood which remained behind in the bronchi and alveoli has led to a pneumonia undergoing cheesy transformation, the retained blood and the products of inflammation afterwards breaking down.*"

It is not, however, to be understood that the pneumonic processes resulting from a hæmoptysis always thus end in a galloping consumption. The cheesy masses may, by the process before described, be liquified and reabsorbed. connective tissue filling up the defect. Good health may result with the affected side, however, shrunk and flattened, dulness remaining over the part, with diminished respiratory murmur. And of course, these cheesy deposits remaining after a hæmoptysis and subsequent pneumonia, may give rise to true tubercles, and thus end fatally.

This result of hæmoptysis is not, in Niemeyer's view, the sole danger, because apart from the danger of blood remaining in the alveoli and bronchi, "experience teaches that the morbid friability (hæmorrhagic diathesis) of the branches of the bronchial artery, terminating in the bronchial mucous membrane, is, as a rule, associated with a tendency to inflammatory diseases of the pulmonary tissue, whose nutrition depends also upon the bronchial arteries." In rare instances the hæmoptysis is the consequence, not the cause, of the pneumonic processes already existing.

The chapter on the Symptoms of Phthisis is most instructive, but a general sketch of it would occupy far too much space. The well-known symptoms are viewed by our author from the stand-point of his own doctrines already enunciated; many are explained in a way different from that usually adopted, while he pays special attention to the diagnosis between phthisis from pneumonic processes and true tubercular phthisis. As to these points, we can here do no more than refer the reader to the work itself.

Lastly comes the *Treatment*, and here, of course, as homœopaths we diverge from our author, except in general treatment. The most important part of the general treatment of phthisis, other than that usually recommended by all physicians, is a corollary from the new doctrines we have given above. This is the treatment of an acute catarrh which has attacked the alveoli, producing the symptoms of phthisis, local and constitutional. Many physicians, trammelled by the old belief, making up their mind that the case is one of tuberculosis

sider that the best treatment is to let the patient go about much as possible in the fresh air, or even to follow their ual avocations, till the increasing debility and progressive ease forces him at last to keep the house or the bed. But w different the result will be, and is, when the diagnosis of umonia, with its products undergoing cheesy degeneration, made. These are the cases where the comforts of a hospital, l being kept in bed, produce such an improvement, that the tients go out after a time different beings from what they re on admission. In true tuberculosis, on the other hand, eryone must agree with Niemeyer that treatment is impotent, cept in the palliation of the most troublesome symptoms. The nti-pyretic" remedies, so insisted on by Niemeyer in the neumonic cases, he, and we also, find of no use in those which re truly tubercular.

We have gone, in this review, at length into the pathology of he new doctrines, because we consider them so important to be enerally known, and as we believe them to be the true patho- gy of phthisis. This new view of the case clears up many oints which on Laennec's doctrine were inexplicable. Every ractical and observant physician must have seen that of his thisical cases there were two distinct classes. One set that re markedly improved by treatment, and even cured, and ther where not a shadow of amelioration occurs, but where case goes straight on to its fatal termination. The explana- of this is evident from the new views; the former being non-tubercular pneumonic cases, the latter those of true culosis.

t the most interesting view of the case to us—to bring forward which is one of the chief objects of this review— bearing that the new doctrines have upon the homœo- treatment of phthisis: the new doctrines showing the gical correctness of the treatment, and the treatment, ely and unintentionally, corroborating the new doctrines. re our leading medicines for the treatment of acute and pneumonia? and what for the treatment of phthisis?— almost the same. We often have asked ourselves the , how can we rationally explain the beneficial results eatment of many cases of phthisis by medicines, which no ground for believing have any influence upon true and yet we frequently find this marked improvement of cases, and not a vestige of improvement in others re was no doubt of the existence of true tubercle. But roblem is solved. By our pneumonic medicines and ice of "*Similia similibus*," we are in reality pursuing the most scientific, and that which is in accordance test and most advanced views in pathology.

Foremost among our "anti-pyretic" medicines stands *aconite*, with which no allopathic saline can compare, and which is of so much value in pneumonia, and also in phthisical cases where intercurrent febrile attacks occur, or when given at night where there are evening exacerbations. Next comes *phosphorus*, which is pre-eminently our pneumonic medicine, and at the same time our chief medicine in phthisis. So also with *antimony*, in cases where it is more indicated symptomatically than *phosphorus*. Then again, in chronic pneumonia and the later stages of acute pneumonia, we have *sulphur;* which is also of great value in phthisis, not only in our doses, but in the form of the sulphurous waters, as at Eaux-Bonnes. The cases improved at these waters are undoubtedly the pneumonic cases. *Calcarea* again comes in as one of our most valuable medicines in phthisis, but this most probably acts more in a constitutional manner, difficult to explain; and in cases of phthisis from pneumonic cheesy deposits, probably prevents or modifies the further tendency to these degenerations, which we have seen are most apt to occur in delicate persons, who have been scrofulous when young, and to whom we all know *calcarea* to be of the utmost benefit. By this constitutional action it most probably assists in the healthy liquifying and re-absorption of such deposits, and in the cicatrization of cavities. It is probably of equal value in cases of catarrhal pneumonia in scrofulous persons, which are slow of getting well, and in fact are in great danger of turning into phthisis. So with *iodine*, which, besides, has an elective affinity for the air-passages, and is so useful in chronic cough, especially in delicate strumous persons, and in cheesy degenerations in all parts of the body. *Lycopodium* is also a remedy in acute pneumonia sometimes, but more especially in chronic pneumonia; while in phthisis it is considered by many physicians one of the most useful medicines. So also *sanguinaria;* and with *arsenicum* and *bryonia* in certain cases.

We have to apologise to our readers for the length of this review, but the importance of the subject, not only in a pathological point of view, but in reference to homœopathic therapeutics, seems to us to justify the space we have ventured to occupy. We always consider ourselves as occupying the vanguard in therapeutics, and it is most satisfactory and inspiriting to find that our treatment of phthisis is being proved, by the most recent investigations in pathology, to be thoroughly scientific, and, till now, far in advance of the age. We can, in conclusion, heartily advise everyone who has this work already to give themselves the pleasure of perusing it, and those who have it not, should by all means obtain it.

MEETINGS OF SOCIETIES.

THE HOMŒOPATHIC PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

THE usual monthly meeting was held on the 21st February. The President drew attention to the 13th Bye-law, passed at the October meeting, and reported in the *Monthly Homœopathic Review* of November, page 758, the meaning of which is open to misconstruction; and explained that the intention of the meeting was to make the entrance fee of 10*s.* 6*d.* for associate members to include the first year's subscription.

Reference was made by the Treasurer to the loss the Society had sustained in the decease of its late secretary; and a resolution was put on record, expressing the high esteem felt by all for his character and abilities.

Several subjects touched upon in correspondence from country members respecting the new Pharmacopœa, and the recent proceedings of the Society, precluded the possibility of any discussion on the President's paper on "Glycerine," as arranged.

A meeting of this Society was held on the 21st ult., when Mr. ARMSTRONG was requested to undertake, until the close of the session, the duties of Secretary, an office rendered vacant by the death of Mr. Ashton. This appointment he has since accepted.

The President (Mr. Ross) then introduced the question announced for consideration, viz., "Do matrix tinctures deteriorate by keeping; and if so, at what age may they be considered unreliable?"

All present took part in the discussion. The subject having been only partially examined, its further consideration was adjourned until the next meeting.

NOTABILIA.

"VACCINATION AND SANITATION."

WE have received a reprint of an article published by Dr. E. HAUGHTON, in the *Journal of Cutaneous Medicine*. The following is his first sentence:—

"As the *Lancet* declares that these are times of 'scepticism as to the value of vaccination,' it may be well to consider why it is that any scepticism exists respecting an agent which has had 70 years' fair trial, and has enjoyed during the whole of that time the 'reverberated encomiums' of well-paid officials. Even now, some papers which claim to be the especial champions of medical liberty, do not scruple to make an exception when they come to treat of vaccination; and we accordingly find the

Monthly Homœopathic Review for February distinctly advocating the vaccination and re-vaccination of 'every child born in the land.' Of course, the journal in question is aware that not less than 100,000 families have made up their minds to have nothing to do with the operation in question; and therefore the plan can only be carried out by the greatest infringement of public liberty ever known in this favoured empire. God has given to every parent authority to decide upon the medical treatment of his offspring; and when Parliament vainly endeavours to override the ordinance of God, we may well ask—By what authority doest thou these things? and—Who gave thee that authority?"

What our advocacy of the vaccination and re-vaccination of every child born in the land has to do with medical liberty, or why our advocating so beneficent a measure should render us liable to the insinuation of endeavouring to destroy medical liberty, we do not quite understand. If Dr. Haughton's English had been a little clearer, our difficulty in comprehending him might have been less. No word is more unwarrantably used just now than the word "liberty." M. Assi shoots down unarmed Parisian citizens in the name of "liberty." No word has been so well "quacked" as this word "liberty." Dr. Haughton apparently desires that every one should be at "liberty" to become a centre whence small-pox may spread. We protest against any one having the power to become so great—so fatal—a nuisance, when, without any trouble, expense, or danger to himself, he can avoid being so. An unvaccinated person may become as great a nuisance to a neighbourhood as a choked-up drain, or an unkempt pig-sty.

There may be 100,000 families in the land who, for aught we know to the contrary, have been induced by the declamation of the false prophets of the Anti-Compulsory Vaccination League to forswear vaccination; to look upon small-pox as a perfect treat, purifying their blood, and so on; but we decline to have our judgment swayed by such a series of pseudo facts and absurd theories as have had weight with the 100,000 families; neither do we think that the country at large should be left in constant danger of an epidemic of small-pox in deference thereto.

The next sentence, short though it is, contains statements it would, we believe, be very difficult to sustain by facts. Dr. Haughton says:—

"The whole history of the establishment of vaccination in this country shows a series of protests, from well-educated medical men, against the universal employment of a prophylactic which requires such an amount of care and skill to produce good, and avoid bad results, that no government could honourably undertake to enforce it under a cost of several millions per annum, and hardly even then."

Who these "well-educated medical men" are we do not know. We have heard of Dr. Pearce and Mr. Job Collins; perhaps they may be included in this category, though their utterances in public would seem to show that their good education had not been so productive as one might have expected. On the other hand, Mr. Marson, Dr. Ballard, and Dr. Seaton, who are not only well-educated men, but men whose experience of vaccination and study of the entire subject entitle their opinions to perhaps greater weight than those of any other members of the profession in the country,—these men have not merely attested the value of vaccination as a protective measure, but have laid unimpeachable evidence of the truth of their opinions before the country.

In the meantime, it is both wiser and safer to be guided by men such as those we have named than to give heed to the "series of protests from well-educated medical men."

Dr. Haughton then proceeds to inveigh against bad drainage, over-crowding, and other sources of ill-health. That constant defiance of all the laws of health will create disease, we are well aware; that where the consequences of this folly exist disease is, as a rule, more virulent than where hygiene is duly attended to, we fully believe. But the day has yet to dawn which shall show that filth however abundant, or the breathing of air however impure, are capable of generating small-pox, scarlatina, or measles. Infection must come from somewhere.

That London and Liverpool should, above most places, be the stronghold of contagious diseases is surely no marvel, when we consider the immense number of persons passing through both places from all parts of the world. In no two towns in England are the facilities for the introduction of contagion greater than in these.

Dr Haughton objects to the idea that infant mortality has been lessened by vaccination. He does so, apparently, because he thinks that if children do not die of one disease they will of another. Surely it is something to have possession of a measure which, if thoroughly carried out, will diminish the sources of death. Let us hope that in time we may have as sure prophylactics against scarlatina and measles, and meanwhile do all that is in our power to check the ravages of small-pox.

Again, Dr. Haughton writes of persons having a "pecuniary interest in extending the practice of vaccination." Certainly no medical man can have such an interest, unless it be the medical officers of clubs and parishes, who desire to keep down their number of patients to the lowest possible margin. A small-pox patient pays the doctor much more roundly than a vaccination. Dr. Haughton also insinuates that the lymph used by public vaccinators is unhealthy. This, too, is a mere assump-

tion—one of the arguments against vaccination derived from that source of so many fallacies, internal consciousness

There is no evidence that public vaccinators do not use as much care in the selection of vaccinifers as private practitioners.

Of the immense importance of sanitary measures, of the inestimable value of cleanliness, too much cannot be said or written; but dirt and overcrowding are not sources of small-pox. But as they render the body more susceptible of disease, it is especially important that persons exposed to such influence should have the protection of vaccination.

We regret that at a time when the practice of the only known means of preventing small-pox should be encouraged to the uttermost, some medical men should devote their energies to dissuade people from availing themselves of it. We admit that they are at "liberty" to do so; but indulgence in this "liberty" is, we think, very detrimental to the public health.

We have been informed that the Parliamentary Committee investigating the question of the operation of the Vaccination Acts has had evidence brought before it which will upset current views on the subject. Be this as it may, we must wait until we see what sort of evidence this is, and in the meantime act upon such as we have—and this we hold to be overwhelming in favour of vaccination and re-vaccination.

LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Meeting of the Governors and Subscribers of this Institution will be held on Thursday, the 27th inst., at 4 o'clock in the afternoon, when we trust that a large gathering of those interested in the well-being of our Hospital will be present.

HOMŒOPATHY IN BIRMINGHAM.

THE Union Provident Sick Society of Birmingham, numbering 3,200 members, has advertised for three additional medical officers, one of whom, the advertisement states, "must be engaged in the practice of homœopathy." We understand that Dr. GEORGE CRAIG, who has for several years past officiated as house-surgeon of the Birmingham Homœopathic Hospital with very great credit to himself, is likely to be a candidate for appointment. We can only regret that the subscription—half-a-crown per member per annum—is the miserably inadequate knowledgment of the services of the medical officers of society. It is simply disgraceful that in a town where trade so flourishing, work so abundant, and artisans so well paid they are in Birmingham, that medical men should be expec to apply the results of an expensive education and some years practical experience to the benefit of such persons for thir bronze pennies per annum!

ıe appointment of Dr. Craig to this office will render the of house-surgeon at the Birmingham Homœopathic Hospital ıt. We allude to this here because we know this position ; one affording unusual facilities for the study of homœo- y—one which any young man would find it to his advantage l before assuming the responsibilities of private practice.

HOMŒOPATHY AND ALLOPATHY.

contemporary the *Chemist and Druggist*, in the number ished on the 15th February, has a short article entitled opia," the aim of which is, so far as we can see, to com- that the primary object of medical men in their professiona[ıcter is the exaltation of some particular theory rather than ıdvancement of human health. Homœopaths, the writer s, have introduced some valuable medicines. Allopaths reluctantly admitted these into their *repertoire*. Allopaths, sometimes make a hit. Homœopaths, again, refuse to have hing to do with it, until it has been made to fit in with ıemann's dogma.

ıis review of the position is, we think, entirely beside the . The introduction of some valuable medicines is a very l result of homœopathy. The feature of homœopathy is it announces a principle by following which *all* medicines be made valuable. Of late years it has been the fashion lopathic practitioners to avail themselves of the results of bservations of homœopathic practitioners, and while doing ridicule homœopathy, and denounce as quacks and every- that is horrible the very men to whom they stand indebted ıeir knowledge. We are far from objecting to their making f our clinical observations, but we do protest against the :dice and utter dishonesty which characterise the manner ıich they set about it.

:o teach as facts observations derived from the practical :ation of the law of similars, and either to deny its authen- as does Dr. Wilks, or to ignore its existence, refusing to d to it any influence at all, as does Dr. Sidney Ringer— *s vel mendacio corrumpitur vel silentio*—to give forth these as novelties, as original, is orthodox and right, is honest, rthy of a man! But to tell of the principle that pointed hese facts, and hundreds more beside them, similar in cter and equally valuable, is—what? Is heresy! is tery! is that which shall ensure the forfeiture of an hos- appointment, secure the denial of professional courtesy, l exclusion from professional society!"*

The Drift of Modern Medicine, by ALFRED C. POPE. London: ır & Co. p. 33.

A RENEGADE!

THE following letter appears in the *Lancet* of the 18th ult.:

"AN EXPLANATION.

"*To the Editor of the Lancet.*

"SIR,—As I find my professional position in London has been misunderstood by some of my professional brethren, I beg that you will allow me to explain the circumstances of it through the columns of the *Lancet*.

"My name appeared for some years in the Medical Directory of the Homœopathic Practitioners; but I beg to state that I withdrew from that body for three reasons. 1. Because I am not a believer in infinitesimal doses. 2. Because I do not believe that the law of similars is a universal law. 3. Because I felt that, had I remained longer amongst that body, I should have been crippled in the exercise of my private and independent judgment in the treatment of disease.

"I am, Sir, your obedient servant,

"CHARLES D. F. PHILLIPS, M.D.

"Lancaster Gate, Hyde Park,
"March 15th, 1871."

The foregoing letter—to which no one (whether a believer in homœopathy or not) who has any personal knowledge of the writer, or any acquaintance with his professional career in Manchester, will attach the slightest importance—is the production of Dr. Charles Phillips, and *not* of his elder brother, Dr. EDWARD PHILLIPS, of Harley Street. The former has been so frequently mistaken for the latter, and the error has been a source of so much disappointment and inconvenience to many, that we feel it incumbent upon us to draw attention to what might, at first sight, appear too obvious to require notice.

SACCHARATED ALCOHOLIC EXTRACTS.

WE have had several specimens of preparations, registered under this title, forwarded to us for examination by the proprietors, Messrs. Leath and Ross.

They are made by saturating sugar of milk with mother tinctures. In the process of preparation, the saturation, drying, re-saturation, and re-drying, are so effected as make one grain of the powder equal to one drop of the mother tincture. The chief advantage from this mode of preparation consists in the stability. A certain amount of evaporation from tincture is almost inevitable, and hence the proportion of drug to alcohol may become altered. In the dried preparation before us, this is obviated. They are also supposed to be likely to keep better in hot climates; and form a good basis for making attenuations

rance is certainly very beautiful, and the degree of
ı attained remarkably fine. To those homœopathic
who commonly use the pure tincture, they will
y attractions.

CORRESPONDENCE.

; HOMŒOPATHIC PHARMACOPŒIA.

Editors of the Monthly Homœopathic Review.

n,—The Editor of the Homœopathic Pharmacopœia
ed to publish in the *Monthly Homœopathic Review*
ons of, additions to, or mistakes and alterations in
edition of the Pharmacopœia, I beg to draw his
rough the same medium, to one preparation, viz.,
Nitrate, which is certainly very unstable, and, by
elops other compounds by its decomposition, so that
simple medicine a compound one is given resem-
prescribed by the old school, and entirely differing
true and proper preparations ordered by homœo-
itioners, who rightly say that two medicines having
ıedial properties should not be given at one and the

ıt such an occurrence in prescribing has induced me
efore the Editor's notice.
Nitrate is prepared according to the Pharmacopœia
-

Strychnia, 1 grain;
lled Water, 45 minims;
ıg Nitric Acid, 5 minims;
ified Spirit, 2½ fluid drachms.
Strychnine with the water in a glass mortar, gra-
the Spirit, and when perfectly dissolved add the

ıg (and even in a very short time), the Nitric Acid
mutually react, the Nitric Acid being reduced to
Alcohol to Aldehyd.

$$\underbrace{HNO_3}_{\text{Nitric Acid.}} = \underbrace{C_2H_4O}_{\text{Aldehyd.}} + \underbrace{HNO_2}_{\text{Nitrous Acid.}} + \underbrace{H_2O}_{\text{Water.}}$$

ous Acid acts upon a further portion of Alcohol
rite of Ethyl.

$$\underbrace{HO}_{\text{ıol.}} + \underbrace{HNO_2}_{\text{Nitrous Acid.}} = \underbrace{C_2H_5NO_2}_{\text{Nitrite of Ethyl.}} + \underbrace{H_2O}_{\text{Water.}}$$

hyd is probably by *exposure to* air, and also by the

test of the nose, without any furth

Aldehyd is also certainly prod
Acid upon Alcohol, it always being
Spirits of Nitre of the British Pha

To sum up the total of compo
medicine, we have

Strychnia,
Nitric Acid,
Alcohol,
Aldehyd,
Nitrite of Ethyl,
Acetic Acid,

And brucia if perfectly pure Strych

What allopath—and much more
ever think of prescribing such an el

If water were used instead of spiri
no change.

Strychnic Phosphate does not unc
Phosphoric Acid does not act upon
concentrated condition, and by the a

Apologising for taking up so much

I remain, yours

6, Patshull Road, Kentish Town, N.W

AGENTS FOR HOMŒOPA

To the Editors of the Monthly

e majority, and by far the largest majority, have evinced the ost scrupulous and praiseworthy regard for honesty and raightforwardness, and carefully abstained from supplying any- ing but what was received direct from us, and so secured, that was impossible to open the bottles without it being detected the purchaser. The fault lies with the homœopathic chemists id the public. If agents are not supplied with medicines cept put up for sale, and if the public will not purchase edicines from stone-bottles at the agencies, homœopathy is ite secure. But if our chemists are foolish enough to supply rks, bottles, labels, empty cases, and medicines in bulk, they id the public must not be surprised if mistakes occur, and en if absurd things are supplied as homœopathic medicines. ere is a certain class of persons who will have things cheap, they will have quantity regardless of quality; and forget, in eir zeal to save a penny or two, that there is nothing so dear cheap physic; and that, in demanding to have their bottles ed from agents, they are taking the shortest cut to all kinds imposition and fraud. We, and also some others of the ho- opathic chemists, are continually cautioning the public inst buying medicines which are not properly secured; and, some time past, we have refused to execute orders for dicines *in bulk;* declining to be answerable for any medicine, l as ours, which is not protected either by a metallic capsule, a label over the cork, bearing our signature. Let this plan *rigidly adhered to*, and homœopathic medicines are quite safe he hands of agents, and homœopathy need not suffer from increased facilities which are thus afforded for obtainlng the e common remedies—on the contrary, the system will be a ier, and medical practitioners will be gainers too, for will not se who derive benefits in the simple ailments by the use of l-known remedies, be more likely to call in the aid of a œopathic medical man in the severe or dangerous ones? end upon it, the more the MILLION can be familiarised with uses and benefits to be derived from homœopathic remedies, better will it be for all parties concerned.

astly, Mr. Headland complains that agencies have been ned in towns where "there are regular and old-established œopathic pharmacies." "In one town, having no less than e homœopathic establishments (one of twenty-two years' ding) three agencies have been established by London houses in the last three years." This is no doubt quite true, and ead of being matter for regret, is rather cause for congratu- on. The homœopathic chemist, we take it, must regulate conduct of his business by the demand upon his wares. If finds people in York, Liverpool, or Brighton, want his licines; and they want them in such quantities as to rant his opening *an agency there*, would he not be most un-

wise to decline supplying them? Mr. A. Headland complains "that some have merely their personal commercial interests at heart," why, is not this the primary object for which a man goes into business? The two essential things a man has in view, or should have in view, are these: to extend his business as much as possible, and to supply articles of such a quality as that the purchaser will return again and again for further supplies when needed. To complain of a man doing all he can to extend his business, is childish, and betrays a want of knowledge of those commercial rules and customs which everywhere obtain. We might, just as well, have uttered a loud and bitter cry when a provincial house established a pharmacy within a stone's throw of Vere Street and St. Paul's Church-yard, but no, we had nothing to do with useless laments, it showed us the necessity for increased energy, and that, if we would hold our own, we must be up and doing; and when our provincial chemists see London agencies springing up in their midst, let them bestir themselves, it is time to put forth their latent energies. As for ourselves, we shall regard the whole world as our mart, and all mankind as our clients, if they come to us, and we strongly recommend all our brother chemists to do the same.

We are, Sirs, your obedient servants,

LEATH AND ROSS.

P.S.—Herewith receive bottles showing the mode adopted by us to secure the contents of each bottle.

London, March 7th, 1871.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In confirmation of the opinion expressed by Mr. Headland, in this month's *Review*, respecting the carelessness of allopathic chemists with homœopathic medicines, I desire to state that I have heard of two or three cases where homœopathic medicines were put into bottles which had previously contained oil of peppermint, spirit of camphor, and other strong smelling drugs.

An allopathic chemist has acknowledged to me that he has re-filled bottles with unmedicated pilules, endeavouring to justify himself in saying "That the unmedicated could do no harm, and the medicated could do no good." Another sells pilules in the three dilutions of all the insoluble medicines.

I am, Gentlemen, yours truly,

JOHN TIRRELL.

Hanley, March 20th, 1871.

We have received another letter on the subject of Agencies from Mr. JOSEPH JAMES, of Cheltenham, far too long, however, for publication. Mr. James expresses himself as being glad that the matter has been brought under public notice, and

Headland for having taken the initiative. He is of
t it is unfair to the homœopathic practitioner and
t the preparations peculiar to homœopathy should be
ale in the hands of persons who do not believe in
y. He says that he has been frequently applied to
c chemists for unmedicated pilules. One allopathic
says, fills up bottles with preparations of his own
e genuineness of which he seems to entertain some
rges that in towns where no homœopathic pharmacy
ts should be selected from among tradesmen who
omœopathy.

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only question which concerns us is, whether the
homœopathy are, or are not, promoted by agencies
of preparations commonly called homœopathic medi-
one doubts that it is in the interest of individual
hat their agencies should be multiplied as widely
or that, as a mere matter of trade, the right to
node of sale is incontestable. Neither do we think
le of medicines protected, as some specimens for-
is by Messrs. Leath and Ross are protected, is, in
ous to the interests of homœopathy.
e the sale of these protected phials in the hands of
c druggist, who not only does not believe in homœo-
idicules it, who looks upon the preparation placed in
so much sugar of milk and alcohol—is not the temp-
ud a great one? Has it not been yielded to in nume-
es? We are quite aware that many chemists would
y and fairly, but we are equally sure that many
nd that unmedicated alcohol, labelled as a dilution
thic medicines, would be, and often enough is, sold.
public do not recognise, and cannot be made to feel,
nce of these protective labels, and seeing an allopathic
op offering homœopathic medicines for sale, would,
ough, go in and obtain something representing that
want of, but which is, in reality, nothing of the kind.
opathy should suffer in reputation from a proceeding
, is only what might be expected.
he interest of homœopathy that a pharmacy for the
nœopathic medicines should be established in every
if the limited trade in these articles is divided among
pathic chemists in a place where such a shop exists,
or could scarcely get a living. Wherever a reliable
ic chemist is established, it is the duty of all who
progress of homœopathy to support him, and eschew
gether. We are quite sure that no homœopathic
would trust to medicines procured from agents in an

An agent for the sale of homœopathic medicines should be a person who recognises their value for medicinal purposes, and who can be relied on to use ordinary care in keeping and selling them; and further, ought to be one whose usual business is not one likely to suffer from the spread of homœopathy. Hence a bookseller is generally a more desirable person as an agent than a druggist.

The interests of homœopathy require that medicines procured from an agent should be protected by a label affixed over the cork by the original maker; that agents should not be engaged in a trade which a general diffusion of homœopathy is likely to injure; and that, in a town where a trustworthy homœopathic chemist is established, no agencies should be open.—ED. *M. H. R.*

NOTICES TO CORRESPONDENTS.

THE MEDICAL INVESTIGATOR.—We have received copies of this journal for Dr. BEN ZION, Mr. HARRIS, and Dr. BAYES. For the information of the pnblishers we may state that they have been posted. Dr. BEN ZION'S address is Salem House, Alexandra Road St. John's Wood, London, N.W.; that of Mr. HARRIS, 3, Walkyr Terrace, Cold Harbour Lane, London, S.E.; and that of Dr. BAYES 58, Brook Street, London, W.

Communications have been received from Dr. ANDERSON, Norwood Dr. BUSHROD JAMES, Philadelphia; Dr. DUDGEON, London; Dr. SHULDHAM, Croydon; Dr. DYCE BROWN, Aberdeen; Dr. FLEURY Croydon; J. H. NANKIVELL, Esq., York; Dr. MASSY, Brighton Dr. MADDEN, London; Mr. MAX GREGER, London; Dr. BAYE London; Dr. GIBBS BLAKE, Birmingham; C. TRUEMAN, Esq London; Dr. HAUGHTON, London, &c.

BOOKS AND PERIODICALS RECEIVED.

The Conditions of Health: a Pamphlet for the People. By MITCHELL. London: Henry Mitchener, Oakley Square. 1
Report of the Manchester Homœopathic Hospital and Dispensary. 1
Report of the Brighton Homœopathic Dispensary, 1870.
Annual Report of the Scarborough Homœopathic Dispensary, 187
The Chemist and Druggist, March 1871.
The Chemist and Druggist's Advocate, March 1871.
Australian Homœopathic Progress, Nov., Dec., 1870; Jan. 1 Melbourne.
The Medical Investigator, February 1871. Chicago.
The American Observer of Homœopathy, February 1871. Detro
Allgemeine Homöopathische Zeitung, March 1871.
La Reforma Médica, February 1871. Madrid.
Rivista Omiopatica, February 1871. Rome.
La Homœopatia, November 1870. Bogota.
The Press, Philadelphia, January 30th, &c., 1871.

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THE MONTHLY

HOMŒOPATHIC REVIEW.

COMBINED HOMŒOPATHIC MEDICINES.

A FEW months ago, the author of a paper read before one of the Medical Societies in the North of England, ridiculed the claim set up by the homœopathists, as to priority in the use of only one medicine at a time; asserting, also, "that it was a well-authenticated fact, that, in his later days, Hahnemann not only sanctioned, but recommended the use of combined homœopathic medicines."

Feeling jealous of the reputation of our Founder, and being anxious, moreover, to allay any cause for regret in the minds of those who, like ourselves, regard the "one medicine" as one of the chief glories of homœopathic practice, we shall endeavour to show upon what a slight foundation rests the accusation to which we refer.

In the year 1833, Dr. Julius Aegidi, at that time physician to the Princess Frederica of Prussia, after trying the effects of homœopathic medicines given in combination, instead of alternation, communicated his experience to Hahnemann. Judging of Hahnemann from his writings, and remembering his persistent denunciation of polypharmacy, we should be prepared to find him utterly condemning such an unscientific innovation: for Dr. Aegidi's method was not the employment of compounds such as the alkaloid bodies, or the salts, which could be proved in their compound state, but of mechanical mixtures of homœo-

pathically prepared medicines, as of *sulphur* 30 with *nux* 30, &c. In consulting, therefore, all that Hahnemann has authoritatively written, nothing appears which confirms the belief that he ever sanctioned, for one moment, Aegidi's method.

Outside, however, the acknowledged and authoritative teachings of the Founder of our school of medicine, are extracts from two letters which Hahnemann is said to have written to Dr. Aegidi on the subject of his, so-called, discovery. These extracts are given by Dr. Arthur Lutze, of Cœthen, in his *Manual of Homœopathic Theory and Practice*, a work which has had a large circulation in Germany, and in America. The first letter is dated May 15th, 1833, and runs thus:

"Dear friend and colleague,

"Do not suppose that I reject anything good from mere prejudice, and because it might lead to modifications in my doctrine. All I desire is the truth, and I know that this is all you care for. I rejoice that you should have had such a happy thought, at the same time confining its execution to proper limits. Two remedies should only be given in combination, in a highly potentized form, provided each is, in its own way, homœopathic to the case. In such a case this proceeding is an advantage to our art which should not be repudiated. I shall take the first opportunity of making a trial, and I doubt not it will be successful. I am likewise glad to hear that Bœnninghausen approves of this plan. I believe that two remedies may be given in combination, which we do even now when *sulphur* and *calcarea* are given in combination as *Hepar sulphuris;* or *sulphur* and *mercurius* when cinnabaris is administered. Permit me to communicate your discovery to the world in the fifth edition of the *Organon*, which is soon to appear. Until then please keep this discovery to yourself; and request Dr. Jahr, whom I esteem very highly, to do the same. At the same time I shall protest, and earnestly warn, against the arbitrary combination of any two drugs indiscriminately.

"Truly yours,

"S. HAHNEMANN."

In another letter to Dr. Aegidi under date of June 19th, 1833, Hahnemann is reported to have said:

"..... I have devoted a special paragraph to your discovery of a combination of drugs in the fifth edition of my *Organon*, the manuscript copy of which was sent last night to Arnold, with a request that the work should be printed very speedily, and that my likeness should be placed in the front of the title-page. The rivalry for priority is a most anxious chase. Thirty years ago I, too, had the weakness of wooing it. But for a long time past I have not felt any other desire than that the world should know the best and most useful truth whether through me or anybody else.

In due time the fifth edition of the *Organon* came out, but no paragraph announced Dr. Aegidi's discovery. The reason of the omission is thus explained by Dr. Lutze. "Hahnemann laid the new discovery, which he had kept secret hitherto, before the meeting of homœopathic physicians, on the 10th of August, 1833. Their number was as yet small; but, instead of meeting with open hearts, he found stubborn minds that were encrusted with old prejudices; and, instead of accepting the blissful truth, assailed it with all sorts of persecutions, comparing it to the mixtures of allopathic practitioners, and pursuading Hahnemann to abandon the publication of this discovery; and even to allow one of his friends, while passing through Dresden, to suppress the paragraph which had already been printed."

Hahnemann was not the man to be easily persuaded to swerve from the path of strict truth, or to conceal, for reasons of policy, facts which he had already proved and accepted; therefore we must confess that the explanation given by Dr. Lutze is not satisfactory. Judging from the most recent writings of Hahnemann, even when he approaches somewhat nearly to the doctrine of combined medicines, we cannot help coming to the conclusion that, in following up Dr. Aegidi's experiments, he had not

found them "an advantage to our art, which should not be repudiated." Besides, in reading the first letter to Dr. Aegidi, in which Hahnemann says, "I believe that two remedies may be given in combination, which we do even now when *sulphur* and *calcarea* are given in the form of *hepar sulphuris*, or *sulphur* and *mercurius* when *cinnabaris* is administered," would lead us to suppose that, at the time of his reply, Hahnemann had not fully apprehended how the combined remedies of Dr. Aegidi were to be given; for such compounds as *hepar sulphuris* and *cinnabaris* are proved in their compound state, and their administration could be no illustration of the value of Aegidi's plan.

When in 1834 Dr. Aegidi published his discovery in the 14th vol. of the *Archives*, a good deal of controversy was excited in the homœopathic world; but we find no evidence whatever of any sanction or support accorded by Hahnemann, with the exception of the two letters of the preceding year, to which we have referred.

Next to the law of homœopathy itself, we have always considered the administration only of one well-proved and well-selected medicine, at a time, as one of the greatest helps yet discovered in the direction of perfect therapeutics. It is only when a remedy is thus isolated that we can read with fairness and confidence its action upon the organism: if it be an advantage to mix our drugs, we ought, in order to be consistent, to prove, in the first place, the action of the same mixture upon the healthy subject; and even then, how are we to determine which is the true active and curative agent?

"The mixing of several homœopathic medicines," wrote Schrön, *apropos* of Aegidi's announcement, "is not only repugnant to the fundamental idea of homœopathy, but it renders quite unserviceable an *a posteriori* source for obtaining a knowledge of the action of medicines. Two medicines, we believe, cannot act exactly alike, and our aim is to select the most appropriate one. When this is

done, it is quite superfluous to administer along with it the second less appropriate medicine. Were this to be given on account of some secondary symptoms, it could only proceed from a want of diagnostic knowledge, or from ignorance of the pathological relationship of the symptoms; in both instances, therefore, from false grounds. If the medicine we select is chosen in reference to the pathognomonic primary symptoms, then there is no occasion to give one, at the same time, for the secondary symptoms, which are dependant on the former. For the idea of disease, like the idea of organism, is a totality, a unity. But supposing two remedies were to possess exactly the same action, the only reason for giving the second would be in order to increase the power of the first, a practice wholly inexcusable when the same object could be obtained by increasing the dose of the first; and in the latter case we should know for certain which medicine was instrumental in the cure."

Feeling ourselves strongly impressed with the unscientific character of combined medicines (especially of those which have not been beforehand proved in their combined state), we turn anxiously to the fifth edition of the *Organon*, published soon after Hahnemann's second letter to Aegidi, to learn whether the Master gave any sign of approval or disapproval of Aegidi's plan, and we find appended to the textual injunction to use only one medicine, the following note by Hahnemann: "Some homœopathists have made the experiment, in cases where they deemed one remedy suitable for one portion of the symptoms of a case of disease, and a second for another portion, of administering both remedies at once, or almost at once; but I earnestly deprecate all such hazardous experiments, that can never be necessary, though they may sometimes seem to be of use."

Though Hahnemann condemns the practice proposed by Aegidi in milder terms than he sometimes used in combating any attempted departure from his own teaching,

yet his condemnation of the combination of drug tinct and unmistakeable.

We are perfectly aware that some unexpected have been obtained when a number of homœ drugs, even of high potency, have been mixed to but every experiment of which we are cognizant, h shown, at the most, that a drug, homœopathic to liar diseased condition of the organism, will of curatively upon that organism, in the presence o drugs. But we know of no well-authenticated i where, in using the mechanical mixture of two c homœopathic drugs, the distinct action proper t than one (and that the one whose affinity for the affecting the organism was most distinct) could b and clearly traced; and we believe this remark ap the cases of Aegidi, Lutze, and of Dr. Molin. Th riments, however, of Dr. Molin differed somewh those of Drs. Aegidi and Lutze, as, "knowing impossible, from the known effects of two simpl cines, to predict what would be the effect when co he proposed that they should be proved in combin the result, however, did not satisfy the demands of enquiry. We have the evidence also of Dr. Gri which is distinctly unfavourable to the presence advantage resulting from the administration of co medicines.

Finally, we believe that the combination of homœ remedies is unscientific, and opposed to the ge homœopathy: nor can we sympathize with tho argue that combined remedies are admissible, t "being homœopathically chosen, every arbitra ceeding which prevails in allopathic practice ceas "that an arbitrary compounding of drugs cannot pared with a combination of remedies based upo We think that the reasoning of Dr. Schrön, wh have given, is conclusive on this subject.

OBSERVATIONS ON COLCHICUM.*

By Carroll Dunham, M.D.

The *Autumn crocus*, or *meadow saffron*, a beautiful flower, is found in most parts of temperate Europe, and is especially abundant and beautiful near the site of the ancient Alba Longa, not far from Rome. The parts used are the root and the seeds, and various opinions have been expressed, by different authors, respecting the relative activity of these portions of the plant. The majority of the provings made by homœopathists were made with a tincture of the freshly-gathered root. *Colchicum* was well-known to the ancients, as indeed, its name implies (from the Island Colchos, where it abounded), and very little has been added, even in our day, to the knowledge which the ancients possessed of its properties and uses. It was described by them as a violent emeto-cathartic, and, on that account, a dangerous remedy; as, however, a specific remedy for gout and rheumatism, in which it gave magical relief. They considered its frequent and continued use in gout to be injurious, because of its action on the stomach and bowels; and Alexander, of Tralles, in the fifth century, says that, although it does speedily relieve the pain and sources of an attack of gout, it nevertheless favours the frequent occurrence of these attacks: an opinion which is respected by Mr. Barwell, the most recent authority on *Diseases of the Joints* (London, 1860).

In general the effects ascribed to *colchicum* are the following: in large doses it produces loss of muscular power, slow breathing, and slow and feeble pulse. The *sensorium* is but *little* disturbed.

Upon the digestive organs it acts with great energy, increasing and altering the secretion from some, or all, of their mucous surfaces. Sometimes profuse salivation results. More frequently, profuse secretion of urine. But most frequently of all, nausea, eructations, and copious vomiting of mucus and bile, with frequent and abundant alvine evacuations, consisting of watery matters with white skinny flocculi, or of yellowish and bloody matter. There is much tenesmus. The flatulent distension of the abdomen is sometimes enormous; when this is the case the stools are not so frequent, nor so copious.

* From the *American Homœopathic Review*, vol. vi. p. 444.

This action upon the intestines is observed not merely when the *colchicum* is taken into the stomach, but also when it is injected into a vein, or rubbed upon the external skin of the abdomen.

In addition to the above symptoms, the nervous system has been observed to be affected as follows: "Numbness of the hands and feet, with prickling, as if they were asleep; painful flexure of the joints; pain in the shoulder and hip joints, and in all the bones, with difficulty of moving the head and tongue." (Henderson). The general loss of power is as remarkable as the fact that, even in cases of extreme poisoning, the *mind* remains *clear*. Death probably results from paralysis of the heart.

Colchicum is one of many examples of the great difference in both the degree and kind of action which drugs exert on the organism of different animals. In very small doses it is fatal to *dogs*, producing violent emeto-cathartic action. Hence the French call it Fae-chien. In *cows* it produces scanty urine, great distension of the abdomen, but no profuse diarrhœa. In *rabbits* it produces enuresis, but hardly any serious symptoms. A *frog* will take with impunity a dose that would speedily kill a large *dog*. This example shows the fallacy of deducing from experiments on *animals* rules for the use of drugs in diseases of the *human* organism.

The following summary of the action of *colchicum* upon the healthy human subject is derived from Stapf's proving in his *Archives of the Homœopathic Art*, Vol vi., and from records of provings which are abundant in medical literature, and, of which, an excellent summary is given by Hartlaub in the *Homöopathische Vierteljahrschrift*, Vol. viii. The provings are still very imperfect.

Sphere of Action.—Taking a general view of the action of *colchicum*, we find it to be exerted chiefly on the bones (or periosteum), and the synovial membranes of the joints, in the urinary and digestive organs; and upon that part of the nervous system which presides over the function of voluntary nutrition. It acts also somewhat upon the respiratory organs. It therefore acts, with about equal scope, upon both the vital force and the organic substance.

It is a remarkable fact that, although the action of *colchicum* upon the regions and tissues already named, is very energetic, the drug being a poison of a speedy and fatal action, even in moderate doses, yet, upon the sen-

rium, it produces almost no effect, the mind remaining ear to the last.

Sensations.—The sensations which *colchicum* produces e a shuddering and creeping in isolated parts of the ody, such as are wont to be felt in getting cold from ange of weather. Also a tearing, tensive pain in small rtions of the body at a time, and quickly changing its cation from one part to another. Also sudden, *tearing* ocks, or jerkings, throughout the entire half of the body. metimes sticking or jerking drawings, or weak drawing d tearing in various muscles. The most distressing ins are the sticking shocks or jerks, which are felt deep the soft parts, and, as it were, in the periosteum.

Aggravation.—They are worse at night, and deprive the tient of sleep.

Concomitants.—They are attended by a symptom which characteristic of *colchicum*, viz., a feeling of muscular eakness, or paralysis, and this feeling it is which inter- res with the patient's locomotion. Finally, there are cking pains in the joints.

The *weakness* is very great; the whole body is sore and nsitive: there is a sensation of trembling felt throughout e body—all the muscles of voluntary motion, but pecially those of the arms and legs, are paralysed. The ees strike together; the patient can hardly walk.

Peculiarities.—The pains are much aggravated at night becoming intolerable—and they are aggravated also by y mental exertion, or by emotion. There is great epiness during the day, with indisposition to exertion of y kind, and confusion and dulness of the head. At ght, however, the sleep is disturbed, or driven away, by ins. If he sleep, the patient is wakened by frightful eams.

As regards *fever*, we observe chilliness through the nbs, or down the back; sometimes dry heat, especially night. Sweat copious and sour. But in general the brile symptoms are few and moderate in intensity.

The sensorium is no further affected than that it par- kes, in some degree, of the general depressed condition. ie memory is weakened, and the ideas are not so clear is customary with the patient.

Coming now to special analysis, we find:

Head.—Pressing pains, above in small spots, or very rerely in the substance of the cerebellum, and occurring

on the slightest intellectual exertion, oppressing heaviness in the cerebellum, especially in moving or stooping forwards.

Tearing pains sometimes in one-half of the head, and sometimes in the occiput (the pains, as already stated, wander), sometimes in the temple, sometimes in the pericranium. A pressing-tearing in the occiput, finally, a very painful drawing-tearing in one-half of the head, beginning at the ball of the eye, and extending to the occiput. This reminds us of *spigelia*, which has a similar symptom in the left side, and of *silica* and *belladonna*, in the right side.

Character.—To recapitulate, the pains are drawing, tearing, and pressing. They are most frequent in the occiput, and are often semi-lateral. The characteristic is the severe pressing pain, deep in the substance of the cerebellum, occurring on the slightest intellectual exertion.

Some remarkable symptoms are recorded of the

Eyes.—Drawing, digging pains, deep in the orbit, resembling those of sclerotitis. Pressure and biting in the canthi, with *moderate* lachrymation. Violent, sharp, tearing pains in the globe of the eye, and around the orbit.

Face.—The expression of the face is that of a chronic patient. There are tearing and tensive pains in the facial muscles, moving from one location to another. Likewise drawing in the *bones* of the face and nose, a sensation as if they were rent asunder.

The *teeth* are very sensitive when pressed together, as in the act of biting. Tearing in the jaws and gums; the teeth feel too long; the pains in the teeth are aggravated when, immediately after taking something warm into the mouth, the patient takes something cold.

In the tongue, *tearing*, burning and sticking. Also a loss of sensibility in the tongue,—the first symptom we encounter of the *colchicum* paralysis.

In the throat, a tickling as if coryza were setting in, which induces the patient to cough and to clear the throat. The mucus is thin and greenish, and comes sometimes involuntarily into the mouth. Externally in the cervical muscles sometimes a *pressing* pain sometimes a *tension*, felt even when swallowing. The throat is dry, and yet there is a flow of watery saliva accompanied by nausea, fulness and discomfort in the abdomen.

In the digestive apparatus, we find considerable thirst but absence of appetite. Frequent and copious eructa-

tions of tasteless gas. Nausea with great restlessness, and, on assuming the upright posture, a qualmishness in the stomach and inclination to vomit. Violent retching followed by copious and forcible vomiting of food and then of bile. If the patient lie perfectly still, the disposition to vomit is less urgent. Every motion renews it. This is characteristic also of *tabacum* and *veratrum*.

The pit of the stomach becomes very sensitive to touch and to pressure. Sometimes there is a burning sensation in the stomach, more frequently a feeling of icy coldness, accompanied by great pain and debility. I cannot forbear remarking here the similarity of this symptom to one form of "retrograde gout."

Pressing, tearing, cutting and stitching pains in the abdomen. Great distension of the abdomen with gas, feeling as though the patient had eaten too much. This condition affects particularly the upper part under the short ribs.

Tearing and burning at the orifice of the rectum are frequent symptoms, and prolapsus ani has been observed.

The symptoms of the stool present two characters depending on the magnitude of the dose, the period that has elapsed since the drug was taken, and also upon the extent to which other emunctories are affected. For, if there be copious salivation, and copious secretion of urine, the stool will be scanty and attended by tenesmus and *vice versa*. Thus, then, if the intestinal canal be the seat of the most powerful action of *colchicum*, and if the symptoms be observed *early*, we have copious, frequent watery or bilious stools often without pain, sometimes accompanied by cutting colic.

On the other hand we observe scanty and difficult evacuation of a stool consisting of bloody mucus and shreds, with pain in the anus, great shivering and a spasmodic action of the sphincter and constant ineffectual effort to pass fæces. *Colchicum*, taking these symptoms in connection with its rheumatic and semi-typhoid symptoms, will be, as it has proved itself, a valuable remedy in many cases of autumnal dysentery.

Upon the urinary organs we have the same two-fold action. The secretion is sometimes very copious, watery and frequent. But, generally, in the *human* subject the secretion of urine is diminished; the urine is dark, turbid, and its evacuation is attended and followed by tenesmus

of the bladder and a burning pain in the urethra urine were very warm.

Respiration.—On the respiratory organs the *colchicum* is a subject of dispute among old-school ties. We find it produce a long-lasting coryz is never watery—but characterised by secretion dant tenacious mucus—tickling in the trachea an cough.

It produces frequent oppression of the chest, d a tensive feeling in the chest, sometimes high sometimes low down. These symptoms point to cacy of *colchicum* in some forms of asthma, i homœopathic practitioners have often used it succ

In the posterior part of the thorax, dull sti much in the back as in the ribs. It is charact these stitches that they are chiefly felt during *e* and *not* during *in*spiration.

Back.—In the back, we note the various kinds ing, tensive and stitching pains remarked elsewher occur or are much aggravated on motion; on th a spot as large as one's hand, which feels sore, as rated, and is very sensitive to the touch.

Extremities.—In the extremities, tearing pain muscles and joints; stitching pains in the join pains wander from part to part. They are aggra motion and at night. They feel as if in the pe Conjoined with pains is a very distressing paralyti together with an actual loss of muscular power mating paralysis. The action of *colchicum* is more on the small joints than on the large.

Application.—*Colchicum* was regarded by the Greek and Arabian physicians as a specific for gou a somewhat dangerous remedy. It fell into dis Störck of Vienna, in the eighteenth century, call tion to it. He proved it in a rude way, and vaun a remedy for gout, rheumatism, asthmas and Its efficacy in asthma, affirmed by many physici been denied by others, except the asthma de hydro-thorax or hydropericardium, in which ca admitted *colchicum* may relieve by removing the effusion. Störck's recommendation of *colchicu* remedy in gout did not attract much attention unt found that *colchicum* was the chief ingredient o famous nostrums for gout—as the *eau medicinale* o

and the pills of Lartigue and others. At the present day its value is recognised, and we all have opportunities of seeing the mischief inflicted by its improper use.

Alexander of Tralles, in the fifth century, and Mr. Barwell in 1860, affirm that it predisposes to relapses. In cases in which it does so, it cannot be the true remedy.

It has been a subject of discussion whether it acts specifically in gout or only by virtue of its hydragogue properties. The question is settled by the fact that other hydragogues do not relieve gout as *colchicum* does. Also by the fact, which I have myself seen, and which is attested by many physicians, that its action is manifest in relieving the gout only, or chiefly, when means are taken to prevent its action on the bowels, as by combining opium with it or by copious draughts of rice water.

Having alluded to injurious effects from the use of *colchicum*, I will quote a few sentences from Barwell *On the Joints*. "Colchicum is a remedy whose value is undoubted, but its influences for evil are almost as certain. It is more powerful in gout than rheumatism. It has a power in checking the pains, &c. of both rheumatic and gouty diseases, but it has also an effect in procuring relapses. Persons who have been treated with this remedy suffer from the return of the disease more rapidly than those treated by some other medicine." (p. 176.)

Dr. Todd, Mr. Barwell writes, says the relapses are apt to assume an asthenic character: "Colchicum is a two-edged sword of considerable sharpness; there is no doubt of its great power in checking gouty and even rheumatic pains; but it is very questionable whether it does so in a beneficial manner. The late Dr. Todd believed that it changes the common acute form of gout into an asthenic condition, which is less easy of management; and there is great reason to believe this idea correct. Any practical opinion which is the result of experience and not of mere *à priori* reasoning, deserves great attention; and we may be sure of this fact, that, whatever the *modus operandi* of the drug may be, it hastens relapses, renders each one less amenable to treatment, and requiring larger doses of the medicine (if treated with colchicum) than its predecessors. Whether the remedy acts simply as a purgative, or as stimulating the liver, or as causing a larger excretion of lithic acid, is not certain; but its use is permissible only when the constitution is vigorous, and it

should not be given except when other means of procuring ease have failed." (p. 234.)

I fancy that every one who has seen cases of gout or rheumatism treated by *colchicum* will endorse the statements of Mr. Barwell and Dr. Todd; yet they are wrong in banishing *colchicum* from the list of remedies to be employed at the beginning of treatment. It has its place in the treatment of gout and rheumatism, and if properly employed, in appropriate cases, will do good, and good only. Allopathic authors are almost unanimous in recommending *colchicum* as Mr. Barwell does, as suitable only in persons of vigorous constitution, and in whom manifestations of the disease are acute and active or only *approaching* the sub-acute, and they caution us against using it in feeble cases and in asthenic conditions. Why? Because, as they tell us, its tendency is to procure an asthenic condition, and none but vigorous patients can bear it; others would be reduced too low. Here we have the old idea of antagonism between the action of the drug and that of the morbid organism, the latter not being regarded (as I think it should be) as engaged in a struggle against the morbific influence, of which struggle the symptoms are the phenomena, and in which struggle the drug should act in co-operation with the organism and in the same direction as the symptoms.

If we look at the symptoms produced by *colchicum*, we find the rheumatic, or gouty, symptoms characterised by a debility, a paralytic weakness very suggestive of an asthenic type of disease. The fact that Dr. Todd and Mr. Barwell have observed the tendency of *colchicum* to turn the active into the asthenic form of gout, furnishes additional evidence of this mode of action of *colchicum*. Now it is in precisely this form of asthenic, subacute disease, that *colchicum* is hereby indicated, and does real service. But what of the danger of reducing the patient? None whatever, provided we give doses so small as not to produce physiological effects, but only the specific effects which are known to be produced when the symptoms disappear. These doses, however, must be very small, and as noted as homœopathic practitioners are for giving small doses, many of this school err in their cases in giving doses too large. I do not think it safe to give, in a well-marked *colchicum* case, a larger dose than the fifteenth potency.

Dr. Wurmb speaks of *colchicum*, in its relation to rheumatism, as follows: "This drug stands in close relation to the fibrous tissues. It produces, in the healthy, pains which are very similar to those of rheumatism. It excites a condition of irritation which is very closely allied to inflammation; redness, swelling, heat, &c. Like rheumatic inflammation, this does not lead to suppuration, and it easily and quickly changes its location. In the *colchicum* fever, as in the rheumatic, the cold stage predominates. The sweat is very copious, &c. The urine and sweat smell and react acid.

"These features closely resemble those of a rheumatic attack. Yet if we look at the entire action of *colchicum*, we shall perceive that it cannot play an exceedingly important *rôle* in the treatment of rheumatism; for it produces another series of symptoms which would often contra-indicate it therein: for example, the muscular weakness, the paralytic symptoms, the diminution of vital heat, the capillary congestions, all which symptoms indicate a vital atony.

"Consequently we shall rarely find *colchicum* indicated in the beginning of rheumatic disease; rather only when feeble, debilitated persons have suffered from it a long time."

It appears especially suitable to cases in which we perceive, on the one hand, an active excitement in the local symptoms, and, on the other, symptoms of torpor in the general condition of the patient.

Colchicum was recommended, in 1833, against Asiatic cholera in England; and used successfully in eight cases. But, as Dr. Stillè says: "Notwithstanding its homœopathic appropriateness, it has not been used by others."

In autumnal dysenteries we have already alluded to its successful use.

It has been used as a diuretic, and palliates dropsies. It may be useful in irritation of the bladder; and has been successfully employed in Bright's disease.

Rückert reports its success in asthma. It quiets the heart's action. On the *healthy* it produces violent palpitations.

Bönninghausen, whose veterinary practice was extensive, lauded *colchicum* as a specific for the excessive flatulent distension of the abdomen in cows, which had been allowed to eat too freely of clover. This affection is very fatal. A

single dose of *colchicum* 200 gives prompt relief. This may direct our attention to *colchicum* in tympanitis, after certain kinds of food in the human subject.

Before leaving the subject of *colchicum*, I would draw attention to the fact that, in many cases of poisoning by it, cataracts have formed before death in the eyes of the sufferers. Prof. Hoppe reports that, with *colchicum*, he greatly benefited, though he failed to cure, three cases of soft cataract.

OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES: WITH SUGGESTIONS FOR TREATMENT.

By John Anderson, M.D., M.R.C.S.

(Continued from page 220.)

Having in the preceding paper dwelt upon the various forms or classes of phthisis, we have now to consider the disease in reference to the various stages of its development and progress. In acute phthisis, these stages are often neither well marked nor accurately defined; its course is so rapid, and the termination is so generally fatal. The ordinary chronic phthisis will therefore be that form of the disease whose stages of development and progress it will be most expedient to investigate, allusion being made, as occasion may require, to those other varieties of phthisis previously described. Taking therefore pulmonary phthisis, whatever its type or class, as a chronic rather than as an acute disease, the stages of its development may be conveniently divided into—

1. *The premonitory stage.*
2. *The stage of deposition.*
3. *The stage of softening.*
4. *The stage of excavation.*

These several stages, even the first, are preceded by special and more or less well-marked morbid and abnormal condition, which may be characterized as the *pre-tubercular state.* This state or condition of tubercular predisposition is one that is somewhat difficult to describe, although in itself it is an undoubted reality, and tolerably easy of recognition. The evidences of such a condition are negative as well as positive, and perhaps partaking more of the former than of the latter character. It would

looked for more particularly in youth and early manhood, say from fifteen to twenty-five years of age, and amongst the members of those families in whom pulmonary disease has been prevalent. Hereditary influence would therefore be taken into account, also the habits of life generally, the nature of the occupation, the means of livelihood, the place of residence, the climatic conditions; all of which, severally or combined, may exert an important influence on the well-being of the system, the health and general proclivities of the individual in question. Then, coming to the special case for consideration, regard would be had to the temperament, the conformation of the chest and spine, the complexion, the hair, the eyes, the teeth. Attention would also be given to the general physique, the power of vital energy both mental and bodily, the state of the pulse, the condition of the respiration, the character of the secretions, the integrity of the functional powers, especially those of digestion and assimilation; in fact, any indication, however slight, of the tuberculous diathesis, care being taken not to confound this with the purely scrofulous diathesis, which, serious enough in itself, and bringing a host of disorders in its train, yet is essentially distinct from the tuberculous diathesis and the formidable category of symptoms and physical signs emanating therefrom.* Upon this point it is remarked, and with great truth, that before the deposition of tubercle (quite irrespective of any special pathological views as to its origin or formation) "a special impress is, at least in many cases, stamped upon the system, which betrays to the instructed eye the future evil. The tendency and proclivity to disease are there, it may be, long before its actual development."† Thus the predisposition to the tuberculous state is inferred from the presence of a series of cachectic symptoms, which from experience are frequently found to terminate in tuberculous disease of the

* This difference in the diathesis must not be confounded with the nature of scrofulous and tuberculous matter in the abstract, for it is generally considered that these two are identical. Vögel says that tuberculous matter is composed of different elements occurring in different proportions, but corresponding essentially with those of the typhous and scrofulous elements. Jones and Sieveking state that tuberculous and scrofulous matter has the same elementary composition, undergoes the same changes, is produced in the same way, and manifests the same effects on the tissue in which it is deposited.

† Jones and Sieveking, *Manual of Pathological Anatomy.*

lungs. It is by general symptoms, and not by local physical phenomena, that this pre-tubercular state will be recognised; and the importance of this recognition will be at once admitted, when it is remembered that it is at this time that valuable counsel and help can be given by the physician (not medicinal alone or chiefly, but hygienic and regimenal), which may tend greatly to determine the future health and well-being of the patient, by averting threatening symptoms or by checking them at their very commencement.

1. *The premonitory stage.*—More than the mere tuberculous diathesis and the general proclivity to pulmonary disease is meant by this stage. There will be certain well-defined symptoms, although few if any physical signs. Actual tubercular deposit has not yet taken place, or only in a very slight degree; still, there are indications that disease is impending, and this being just the period when very much may be done for the patient by judicious means and appliances, medicinal and otherwise, it is of the greatest importance that such a condition as the one indicated by the term "premonitory stage" should be clearly recognised. It is distinct from the stage of deposition, and it means something more than the existence of a tuberculous diathesis or a pre-tubercular state, and yet as the latter is that out of which this premonitory stage is evolved, so is the stage of deposition only the more manifested development of that which the premonitory stage has foreshadowed. That there is such a stage as the one now under consideration, no observant physician can deny; and one special object of this series of papers on phthisis is to bring into a concentrated prominence all that concerns the physician and the patient at this most critical and important period. Again and again, in considering the subject of diagnosis, both general and special as well as in offering suggestions for treatment preventive, curative, and palliative, whether of a medicinal, dietetic, hygienic, or regimenal character, this premonitory stage and the pre-tubercular state will have to be referred to as an absolute reality, a well-ascertained fact, in the due recognition of which a gleam of hope breaks through the dark picture presented by the fearful prevalence and mortality of phthisis, and holds out some cheering prospect if not a positive assurance, of disease averted, arrested, cured.

The more prominent symptoms of this premonitory stage will be partly of a constitutional and partly of a local character, the former perhaps predominating. One of the earliest symptoms will be a disturbance, more or less marked, of the digestive system and functions, this shewing itself in loss of appetite, nausea, general dyspepsia, and perhaps a continuous and obstinate diarrhœa. Loss of flesh and gradual emaciation, not to be explained by any special and recognisable causes, become very important features of this stage; so also, febrile symptoms, especially of the remittent type, and not produced or kept up by any special and recognisable local inflammatory cause. A small and quick pulse, hurried respiration, and palpitation of the heart, are also important symptoms, and together with all these, a general feeling of malaise and debility, not to be specially accounted for, will often be present. To these may be added general irritability, coldness of the hands and feet, headache, falling off of the hair of the head, fixed colour in the cheek, a narrow pale red streak on the gums, purpura, slight cough (perhaps only a "hem") with expectoration and occasional slight hæmoptysis. The sputum, if simply of the frothy or salivary kind, when microscopically examined, may be found to contain only pavement and columnar epithelium, slimy and pigment cells, this being characteristic of simple irritation. But if the sputum be of the mucous character, it may contain, in addition to the harmless mucous corpuscles, pavement and columnar epithelium presenting traces of fatty degeneration, and this would indicate impending tuberculization. It would be important also specially to note whether there exist any of those indications, susceptibilities or influences which go to make up the pre-tubercular state, and which have already been described under that head. It must, however, be admitted also that whilst all these threatening symptoms may manifest themselves and yet pass away altogether, or eventually prove to be indicative of some other form of disease than phthisis, yet on the other hand, without these or any other premonitory symptoms, it is possible for phthisis slowly and insidiously to develope itself, and not to be recognised until the physical signs indicate its presence. "The physical signs will be almost entirely wanting in this premonitory stage." There may be slight dulness in the clavicular, infra-clavicular, or supra-spinous regions,

some harshness in the respiration, and the expiration a little too marked or prolonged. The natural cardiac sounds may be heard too distinctly in other parts of the chest than in health, the præcordial dulness may be slightly increased, and Dr. Barlow speaks of a soft systolic murmur under the clavicles as one of the earliest premonitory signs of phthisis. At the same time, all these physical signs may be extremely slight, recognisable with difficulty, or entirely wanting. And that this must be the case is obvious from the fact, that once even these few physical signs are unmistakeably developed, a distinct lung disease is present, and if it be phthisis, the stage of deposition has been entered upon. The symptoms, then are of immense importance at this stage, and their importance is vastly increased if there be no obvious or special cause for their existence, such as, for instance recent acute affections, fevers of various kinds, hæmorrhage (not hæmoptysis), anæmia, &c. This premonitory stage is distinctly recognised by Dr. Pollock, in his *Elements of Prognosis in Consumption*, and he devotes an entire chapter to its consideration. Dr. Barlow, in his *Practice of Medicine*, also recognises this stage, and remarks that "since tubercle is itself a pathological epigenesis or morbid product, there must have been some antecedent diseased action, preceding or even causing this product."

2. *The stage of deposition.*—In the stage of deposition the physical signs will assume somewhat of a marked and definite character, and symptoms as distinct from these signs, will gradually develope themselves. These symptoms are not capable of systematic division, according to the various stages of the disease, in the same way that the physical signs may, with tolerable accuracy and precision be divided; nevertheless they will be more or less definite and if not special in their character in reference to the actual stage of the disease, they will be special as regards their prominence, intensity, or persistence. These symptoms may be enumerated as follows:—

Cough.—This symptom is rarely absent in the stage of deposition. It is sometimes, but not frequently, dry (about one tenth of the cases, Walshe) but more usually accompanied either by the frothy or salivary expectoration, as in the premonitory stage, or by the mucous expectoration which advances to a gelatinous or mucilagino

haracter; and, when microscopically examined, is found
) consist of mucous corpuscles either uniform, or of
arious forms and sizes, with jagged outlines, pavement
nd columnar epithelium fattily degenerating, and occa-
.onally enveloped blood corpuscles, that is, the red
articles of the blood more or less shrivelled and faded,
nd enveloped in a filmy cell.

Hæmoptysis.—This symptom is frequently present (63
er cent. of all cases of phthisis, Pollock). It varies in
egree from the sputa being merely streaked with blood,
) a palpable and even profuse hæmorrhage.

Pain in the region of the chest. This is sometimes
euralgic, but more commonly the effect of partial pleu-
sies, excited by the presence of clusters of tubercles,
ither on the serous membrane, or immediately beneath it.

Febrile symptoms will be present, perhaps not well
arked, but partial and occasional. The presence and
ersistence of the febrile state will be determined by the
ermometer, and Dr. Ringer has made some important
)servations on this subject* He considers that there is,
robably, a continued elevation of the natural heat of the
)dy in all cases in which a deposition of tubercle is
king place in any of its organs, that the temperature
ay be taken as a measure of the amount of tuberculosis
id tuberculisation; and that it is a more accurate indi-
tion thereof than either the physical signs or symptoms;
fact, that by it, tuberculosis can be diagnosed when
ere are no physical signs and no adequate symptoms.
Vunderlich, however, considers that there are some cases
phthisis in which there are intervals free from fever,†
id Dr. Finlayson doubts whether there is a continued
evation of temperature in all cases of tuberculous disease,
id that the thermometer will always detect it.‡ It is,
rhaps, therefore, rather the course of the temperature,
an its height on a particular day, which must be the
tide.§

* *On the Temperature of the Body as a means of Diagnosis in Phthisis and Tuberculosis.*

† *On the Temperature in Diseases.*—New Sydenham Society's anslation.

‡ *On the Temperature of Children in Phthisis and Tuberculosis.*

§ The subject of Thermometry and its relation to the early stages hthisis is a very interesting and important one; it will be more r considered in a future paper as one of the sources of diagnosis.

Perspirations.—These occur chiefly at night, but not any great degree.

Pulse.—This is, for the most part, small, frequent, a compressible.

Dyspepsia.—This is manifested chiefly by a bad app tite, nausea, pain at the epigastrium.

Nervous excitement is often present, with irritabili and restlessness.

Emaciation.—This is generally a tolerably well-mark symptom.

Uterine disturbance either in the form of amenorrho which sometimes comes on suddenly, and is then an u favorable symptom, or menorrhagia, which is sometim the precursor of an invasion of phthisis.

Gums.—A red streak of colour on the gums is oc sionally present.

Fingers.—The ends of the fingers are sometimes bulbo and clubbed. This symptom, occasionally present in t stage, is much more frequent and marked as the dise advances.

The physical signs in this stage of deposition are we marked and determined, depending, perhaps, more on i duration of tissue than on the actual presence of tuberc Their distinctiveness and intensity will, of course, va with the nature, extent, and degree of localisation of t tuberculous deposit. There will be depression and flatte ing of the infra-clavicular region, the upward and outwa expansion of the chest during inspiration more or less i perfect and irregular, the antero-posterior diameter in t infra-clavicular region slightly diminished, and tactile bration a little increased. There will also be diminish resonance on percussion, dulness chiefly in the clavicul infra-clavicular, and supra-scapular regions, with increa resistance. The respiration, chiefly in the forego regions, will be weak, partially suppressed, or exag rated, harsh, bronchial, or slightly blowing, jerking wavy. The expiratory murmur will be, more or l lengthened and intensified. There will also be some p monary crumpling sound and dry crackling rhonchu a more advanced period of this stage, with slight bronc phony and bronchial cough, and the normal sounds of heart will be transmitted with an abnormal clearness. does not follow that all these signs are invariably pres some pertain more especially to the approaching transit

to the softening stage, others will be modified, or may cease altogether, according to the advance (gradual or rapid), the retrogression, or the arrest of the disease.

The duration of this stage of deposition, when once it reaches the period of eighteen months, may extend to twelve, fifteen, or even, in some rare cases, to twenty years. Of 194 cases of chronic phthisis in the stage of deposition, recorded by Dr. Pollock, the average duration was 49.48 months.* As regards the nature of the tuberculous deposit itself, in this stage, it may be either the grey tubercle, the yellow tubercle, or the two varieties combined; as regards the character of the deposit, it may be in the form of miliary, crude, or encysted tubercles, and, in reference to the manner and extent of the deposit, it may be in single isolated portions, or in scattered groups (the tubercles loose, or closely connected together), or in coherent masses forming tuberculous infiltration. Pathology recognises certain important terminal changes in, or conditions of this stage of deposition in ordinary chronic tuberculous phthisis, which it is very important to discriminate. Upon this subject Dr. Pollock has made some valuable observations bearing upon the toleration, the alteration, and the absorption of the deposit, or its gradual advance in consequence of disintegration and softening to the subsequent stage. The following remarks will elucidate and explain this more fully.

1. The tuberculous deposit (about the positive existence of which no doubt is presumed to exist), may remain for a considerable time in an unchanged or quiescent state, that is, it may be simply *tolerated*. To some extent this is a negative condition, for the tubercle is neither absorbed, nor altered, nor softened. Dr. Pollock thus describes it: "The deposit remains unchanged in the lung, and is simply tolerated for an indefinite period, the tubercle not causing any local irritation of importance, the constitutional symptoms subsiding, and no further deposit taking place." According to this writer there are two varieties to be observed. (*a*). The deposit exists in one lung, restricted to the apex, or, at most, to the upper portion, the physical signs are permanent, but strictly limited to the actual seat of the deposit; the general health is good, there are no symptoms of local disease,

* Op. cit.

only a lowered state of vital power. Commencing with emaciation, feverishness and dyspepsia, or with irritative cough and occasional expectoration, hæmoptysis and emaciation; and the physical signs of deposit unmistakeably present in one apex, yet all these symptoms may be suspended, health may be greatly restored, and physical energy and vital power, to a great but limited extent regained, for the tubercular blood disease and the local irritation in the lung tissue have ceased, the present deposit is tolerated, and any further deposition is arrested. This exactly coincides with that phase of tuberculous disease known as "latent phthisis," and is of frequent occurrence. Laennec says: "I have known several patients in whom habitual dyspepsia and other symptoms of hypochondriasis have concealed pulmonary consumption for years; nothing is more common than to find numerous miliary tubercles lying in the midst of a healthy cellular tissue, in subjects who had not yet exhibited any sign of phthisis."* Louis found that in 123 cases of phthisis, one fifteenth were latent. The individuals thus affected often live for years, leading a tolerably active life, but at last they die of phthisis, and often break up most rapidly (*b*) The second variety is described by Dr. Pollock as characterised by long-continued, slight irritative disease in the lung, with reduced strength, sub-febrile attacks, cough, expectoration, dyspnœa, and a successive, slight gradual increase in the amount of the morbid deposit. The constitutional disorder never wholly ceases, and there is a continual threatening of the supervention of the more advanced stage of softening.

2. The tuberculous deposit may be *altered*, changed in character, that is, the animal portion of the tubercle is absorbed, and the rest becomes a cretaceous concretion or calcareous deposit. This alteration in the deposit may be manifested in two ways, "either by a fibrinous metamorphosis, in which the tubercle assumes a dense, leathery and shrivelled character, and a semi-cartilaginous consistency (cornufication), or by a calcareous metamorphosis in which the tuberculous matter is converted into a chalky substance composed mainly (according to Boudet) of chloride of sodium and sulphate of soda (cretification)." According to Hasse "a considerable portion of lung" may

* Op. cit.

† Jones and Sieveking *Manual of Pathological Anatomy.*

at times be found "reduced to a hard shell, holding in its centre a chalky tubercle no larger than a pea." In Guy's pathological museum there are two illustrative preparations; one a portion of a lung containing a small calcareous concretion enveloped in a cyst and accompanied by partial pleuritic adhesion; another, a portion of lung containing an earthy concretion, the size of a large nodulated pea, firmly embedded in, and partly protruding from, the surface of the lung. That calcareous deposits do frequently occur in the lungs is further proved by the observations of Williams,* Stokes,† and others. Machlachlan found calcareous concretions in about one half the bodies examined at Chelsea Hospital.‡ Of 100 female bodies, over sixty years of age, examined at the Salpetrière, Rogée found chalky or calcareous concretions in the lung in fifty-one cases, and he considers these to be the result of the transformation of tubercles.§ Bayle describes a particular species of consumption which he called "phthisie calculeuse." Rokitansky regards this cretifaction as a secondary change, never attacking tubercle in its original form. According to Dr. Turnbull, the transformatory process commences at the centre of the tubercle, and that, sometimes, a tubercle has had a hard calcareous concretion at the centre, round this, cretaceous matter, and at the circumference, a layer of tuberculous matter. He also thinks that, sometimes, tubercle is destroyed by becoming converted into an amorphous horny mass.‖ Dr. Pollock also states that these concretions are found in the centre of tuberculous mass, or in a cavity partially emptied, and very commonly at the apex of the lung, proofs, in his estimation, that these concretions are due to the transformation of tubercle. Two forms of this class of cases are described by this writer; one in which, after an attack of disordered health, a few cretified masses are expectorated, and there are no further chest symptoms; another, in which successive attacks of the tubercular disease occur, with expectoration of chalky matter, the disease advancing slowly, while the attempt at cure is being manifested.¶ Those who are the subjects of this peculiar terminal change in the tuberculous deposit are generally amongst the middle-

* *Principles of Medicine.* † *On Diseases of the Chest.*
‡ Op. cit. § *Archives generales de Medecine.*
‖ *An Inquiry into the Curability of Consumption*, by Dr. Turnbull.
¶ Op. cit.

aged, and the aged, seldom amongst the young. The cases themselves, are usually extremely prolonged, and the form is generally non-hereditary, or accidental.

3. The tuberculous deposit may be entirely removed or *absorbed*, leaving the lung structure uninjured, with the constitutional symptoms entirely removed. This absorption is presumed to take place in the same way that an external scrofulous glandular swelling is removed. Upon this point Carswell remarks: "When enlarged glands in a scrofulous patient ultimately disappear, we may conclude, almost with certainty, that we have witnessed the cure of tuberculous disease."* It is chiefly in young people at the strumous age that this absorption of deposit takes place, and Dr. Pollock says he has frequently witnessed all the phenomena of deposit, and yet all the symptoms of phthisis entirely removed. He gives some illustrative cases, at the same time acknowledging that they only prove the disappearance of both the physical signs and symptoms of phthisis, the total absorption of tubercle, once deposited, being incapable of absolute proof.† Andral noticed the wrinkled appearance tubercles sometimes assume, as showing the possibility of their being removed by absorption,‡ and Rokitansky considers that the miliary granulations which Laennec and Louis considered the first stage of tubercle, may undergo a kind of metamorphosis, which he calls obsolescence. As an exudation it seems credible that tubercle should liquify and undergo absorption, but according to Jones and Sieveking, it has been very generally doubted whether this ever actually occurs. Dr. Walshe, however, believes that, under favourable circumstances, absorption may take place, but that it is a rare event. Dr. H. Bennett considers the tendency of tuberculous matter to disintegrate as highly favourable to absorption. Dr. Ringer says: "It is probable, that by means of the temperature, we can conclude that the deposition of the tubercle has ceased." This subject of the absorption of the tuberculous deposit which, more or less, points to the arrest or cure of pulmonary consumption, is a very important one, and will come under more special notice in the department of "Suggestions for Treatment."

4. The tuberculous deposit being neither tolerated in the system, nor altered in its character to a comparatively

* *Illustrations of the Elementary Forms of Disease.*
† Op. cit. ‡ *Précis d' Anatomie Pathologique.*

inert mass, nor removed from the lung tissue altogether by the process of absorption, becomes disintegrated and softened, thus leading to the third stage of chronic pulmonary phthisis, viz., *the stage of softening*, which, with *the stage of excavation* (fourth stage), will be considered in the next paper.

(*To be continued.*)

THE IGNATIA HEADACHE.

By Dr. SHULDHAM.

THE form of headache which finds speediest and most permanent relief from *ignatia*, is met with in persons of a highly nervous and sensitive temperament, or in those whose nervous system, though naturally strong, has for the time being given way from the effects of long-continued anxiety, grief, or stress of mental work. It generally shews a periodical character, coming on either every month or every fortnight, and choosing some particular day or some particular hour for its appearance. It will come on immediately after rising, and gradually increase in severity up to about 3 or 4 o'clock in the afternoon, and then suddenly abate, to the delight and surprise of the sufferer; or it will come on in the afternoon, and not quit the patient until night brings sleep and comfort with it. Or it will take a twenty-four hours' bout of suffering, appearing on a Monday, for example, at 9 A.M., and not leaving till the Tuesday following, at about the same time. It has a crisis, as certain fevers, and passes off with the evacuation of a quantity of pale limpid urine. It is relieved by warmth and rest, sometimes by stimulants, but not always. Cold winds invariably aggravate it, and sometimes call it into action. Noise and light are painful to the patient, and mental effort, however slight, is irksome; talking to a friend is wearisome, talking to an enemy is simply maddening. The face is generally pale at first, but, after a while, one, or even both cheeks will slightly flush, this, however, is after the patient has been thoroughly wearied, and the pain has lasted some hours. The tongue is rather white and flabby-looking, showing the marks of the teeth, and trembles somewhat when put out for inspection. The pulse is small, slow, and thready. The skin inclined to be cold, and show its papillæ very prominently. The pain is more often semi-lateral than

uniformly distributed over the head. It begins often in the ear (which is often hot and red), and behind the mastoid process, and runs up the parietal bone to stop at the median line of the scalp, the eye is sometimes affected with deep-seated pain in the eyeball, and the brow also suffers. The pain sometimes travels back to the occipital protuberance, and leaves a stiffness in the nape of the neck. The scalp is extremely sensitive at times, at others friction gives relief. The bowels are rather inclined to be constipated during the attack, and evacuating them invariably aggravates the headache. Stooping, a sudden change of position, rising from a bed or sofa, going upstairs quickly, running, looking up long, or turning the head suddenly, will generally increase the pain. Lying down, with the head low, will at first aggravate, but often, subsequently, relieve, especially if sleep kindly follows this position. Sitting up, with the head slightly bent forward, is, as a rule, the most comfortable position to take, with the head resting on one or both hands. When the pain is at its height, there is a terrible feeling of unrest, the patient trying in vain to shift the pain by shifting his position, by moving the hands, by raising the head, by standing instead of sitting, and walking instead of standing. At one time he presses his hands to the aching head, at another he clenches the fingers, or clasps the hands strongly, and almost unconsciously, from the torture in his brain. If the patient is a man he will often moan with pain, if a woman, she will shed tears, and show symptoms of hysteria.

There is a general feeling of chilliness, and a desire to sit close to the fire and get thoroughly roasted, for the warmth gives relief. The chilliness is rarely followed by feverishness, and, if it is, thirst is not complained of. The headache will pass off more commonly with sleep, and this, too, profound, than under any other happy influence; but a meal, which at first aggravates, will ultimately soothe the pain, especially if a stimulant has been taken at the same time. If sickness occurs, it always follows, never precedes, the pain, and it is a sickness that arises from irritation of the brain primarily, than from gastric irritation. As a rule the sufferers from this kind of headache are more frequently women than men, of a sensitive nature, somewhat thin and spare in habits, with a tendency to hysteria, more often blondes than brunettes, but sometimes

of a medium complexion, not fair enough to be Scotch, or dark enough to be Italian; and neither fully of the *pulsatilla* or the *nux vomica* temperament, but sharing some characteristics of both medicines in a minor degree. As a rule, too, though the emotional powers are insufficiently under control, yet the purely-intellectual are highly developed, with an excess of the imaginative faculty, but irresolution of will is often present. There is, occasionally traceable, a gouty or rheumatic diathesis, and a disposition to catch cold easily. In women there is generally some disturbance of the sexual system, with increased and painful menstruation. The blood being rather dark than bright, and occasionally clotted. The headache frequently accompanies, or follows, the menstrual flow, especially if this has been unusually profuse. Palpitation of the heart on the least movement, or from sudden sounds, or unexpected and painful news, is not an uncommon accompaniment of these nervous headaches.

It may seem that I am refining to an unnecessary degree, but having been a sufferer myself for so many years, it is but natural that I should have given the subject some little attention, and noticed certain peculiarities of temperament in my fellow sufferers, when they coincided with, or differed from, any symptoms peculiar to myself. A few cases will illustrate the action of the medicine more vividly than any general description of the medicine, or disease, could convey. Drawing from the life is of value to the physician as well as to the artist. Take the following:

A. V., æt. 39, female, unmarried, of a spare habit, slightly bilious temperament, and anxious expression of countenance, with eyes that almost fear the light, and a mouth that, with its thin, bloodless lips, suggests suffering, but will not tell the actual tale. There is a frown almost across the brow, but it seems to have arisen rather from a frequent closure of the eyes in pain, than from anger. This patient came to me first complaining of a pain in both temples, and feeling weak and exhausted, with a bad appetite, and restless nights. The bowels had been rather relaxed, and the tongue was furred. It was in June, 1870, and the heat had prostrated her, I gave *china* 1x, with slight benefit. She came again in November, 1870, with a severe headache, characterised by extreme pain that was relieved by pressure and rest, and aggravated by light, sound, and thinking. Together with this

there was pain in the back and nape of the neck, a feeling of prostration both mental and physical.

The tongue was covered with a white fur. The skin was cold, and the pulse thin and weak. There was a general look of utter weariness, and almost despair of any decided improvement. *Ignatia* 3x was given, and I heard, a month after, that the headache had abated before the evening, the first dose being taken at mid-day, and the accessory symptoms had gradually disappeared. The whole health having improved. This last report was in December, 1870, and I saw the patient a week ago, when she told me that the headache had not once put in a violent appearance since November, 1870.

Again, take this case:

W. H., æt. 48, married, male, reddish hair, blue eyes, active both in mind and body, short, and somewhat spare, is over-worked by day, and the brain will not rest by night. The anxieties and business of the day being repeated in dreams. The headache, peculiar to this patient, begins with a pain deep-seated in the eyes, then goes to occiput and nape of the neck, and ends by attacking the vertex. The pain is of a stabbing character in the eye, and then becomes very acute, driving the patient almost frantic from its severity. It generally begins on rising from bed in the morning, increasing in severity till about four o'clock in the afternoon, when it sometimes abates, but not always, only passing off with a night's rest. Warmth relieves, sound, but not light, increases the pain. The appetite remains good in spite of pain. The day before the headache comes on, he complains of irritability of disposition, and, the day after, the scalp feels tender, and there is a dull, uncomfortable feeling, as though the head might ache again from any slight cause, a kind of ground-swell after the storm. The periodicity of pain is well-marked in this case, the headaches are monthly in their appearance, and choose Sundays, as a rule, for the time of their activity, and, curiously enough, Christmas day. At a time when most people's hearts are open to any amount of benevolence, and their stomachs equal to receiving any amount of roast beef, this gentleman wheels the sofa round to the fire, buries his head in his hands, and, for some five or six hours, is lost entirely to the outer world of benevolence, beef, turkey, plum-pudding, mince pie, champagne, and merry Christmas. His one thought

'What a fearful thing it is to have a head that was
e to ache, and ache so inopportunely too."
ıe patient has taken *ignatia* 3x, and with decided
fit at the time of the attack, and also by lengthening
ntervals between the attacks. I was tempted almost
y *spigelia*, from the deep-seated pain in the eye which
aracteristic of *spigelia*; but this only partially covered
›icture. This patient passes a quantity of pale urine
ng the time of the attack, showing the nervous
acter of the pain.
ıe great peculiarity of these headaches is the intensity
ıffering undergone; so severe as to make the patient
lest the reason be impaired if the pain were further
›nged; an overwhelming agony of pain, that seems to
late the mind and annihilate the body. Only those
have suffered can estimate the true character of the
, and admit that my picture is not too highly coloured.
nton Lodge, Croydon,
April, 1871.

ON GUIDES TO THE TREATMENT OF DISEASE.

By Edwin Payne, M.D., L.R.C.P., M.R.C.S.,
ormerly Assistant Physician to the Royal General Dispensary.

minute pathology so valuable a guide in treatment as
s represented to be by some? There is an interest of
cientific kind attaching to its study, and it would
ear to aid somewhat, when taken in association with
-time symptoms both objective and subjective, in
ling to the diagnosis of disease, and also in forming a
gnosis; but with increased knowledge of minute patho-
y, there has not as yet been an equivalent increased
wledge of the treatment of disease. It does not seem
›e the way leading to that very necessary information
ch should tell us what we are *to do* to remedy the
›rdered condition of our patients. It is quite possible
; a practitioner well versed in minute pathology may
ıble to give a place to a disease in the accepted nomen-
ıre, that he should be able thus to call the disease by
me, and that he should be able also, to some extent,
›retell what course it is most likely to take, and so to
nosticate more or less correctly; but here the value
he information derived from pathology seems to end.

Hence it would appear that though minute pathology may be one part of medical science, yet it is not the greatest part; and even if we regard its aid to be of value with reference to the forming a prognosis, even then it is not *essential*—it merely confirms the more readily observed symptomatic indications which are so especially valuable when presented to one experienced and observant at the bedside and acquainted with *semeiology*, and especially with the semeiological teachings of the ancient fathers of physic. It is not well that minute pathology should be pushed so much into the front as to make it appear almost that the beginning and the *ending* of the medical practitioner's work is to classify disease, to *name* it, and after death to point the eye to the ravages which it has made. We need a more living medicine than this,—at least our patients do. Pathology has its place in medicine, but it does not merit so prominent a place, nor such *minute* particularization as that which has been advocated for it, and given to it of late.

The *diagnosis* which is most useful is not that associated with prognosis and nomenclature merely or chiefly, but that which is connected with *treatment*—a diagnosis of the *power* and similarity of drug and disease essence; a diagnosis which makes the recognition of the one the suggester of the other, and enables one to read off disordered conditions into their parallel remedies, *e.g.*, "furious delirium, with hallucinations, dilated pupil, extreme mobility of the muscular system" should suggest *stramonium*, instead of acute mania in such and such a stage, to be followed by *guessing* at opium as "a good thing" for such a disease! Or again, our diagnosis should be *hyoscyamus* when a "cerebral condition with excitement and perverted function, but with little or no determination of blood to the head" is present. Again, our diagnosis should point us to *belladonna* when we meet with that condition of "mental excitement not of the maniacal frenzied kind, but with perverted function, together with hyperæmia of an active character." Here we have convertible and check and check diagnostic power, both from drug to disease and from disease to drug—a diagnosis which the distinctions drawn are *valuable* for *treatment* and not merely for arrangement. It is a most comprehensive diagnosis; it asserts the useful and negatives the dangerous and the useless: that which says *stramonium*

the remedy, with the same breath says that *opium* is
t, and adds, moreover, that it is injurious.

That guiding rule in the selection of remedies is the
ıe one, which directs the choice of that medicine which is
ɔable by its drug-essence power of producing a *like* (not
identical) condition in the healthy body; it is receiving
ıtinual clinical confirmation, and thus becomes *legiti-*
te medicine—"the medicine of experience." This
ide points to the suitable agent, negativing at the same
ıe such as are unsuitable, and is proved *clinically* to be
: correct guide for *the choice of internal remedies*, leav-
; the questions of quantity of dose, and the use of
juncts undetermined, as well as the theory of the *mode*
drug-action. This guide to the choice of remedies
ıces clinical medicine in its proper position as a *con-*
ner of that which is suggested for trial by a rational
nciple, instead of making it empirical. The EXPERI-
NTAL-CLINIQUE is based upon the merest *guess-work*,
ried out upon the sick without any previous provings
the remedies used.

How do we know that *disease* affects certain parts of
organism? By the life-time symptoms, produced and
the after-death appearances left.

How do we know that *drugs* affect certain parts of the
anism? By the life-time symptoms and the after-death
earances left.

These points are useful as guiding us to the selection
remedies by the law of *similia*. The drug thus meets
disease on its own peculiar fighting ground, and will,
eover, match its *essence*. We have thus a guide, not
for the choice of a drug organopathically, but also
ptation *essentially*, materially—im-materially; for the
time progressive pathological condition is in anticipa-
of the *post-mortem* morbid anatomy condition. We
t not take the post-mortem appearances as pourtraying
tly the life-time ill-condition; for the *post-mortem*
lition is the ended *result* of the life-time progressing
::—during disease there is not the state which we see
-mortem, but a *progression* towards it.

We do not understand fully the minutiæ of the mode
hich the disease element or essence acts; nor do we
understand the mode in which the drug essence or
ent acts. We can say that disease-essence produces
ts which we see in and upon the healthy body; and

we can also say, that drug-essence produces similar (not *identical*) effects in and upon the healthy body, but the one essence or power is antagonistic to the other, and though *similar* yet not the same.

The quantity of disease-essence present and the quantity of drug-essence required are not *determinate*, but may be proximately judged of, and so the question of *quantity* for dose is comparatively a minor point in association with the question of *quality* of *essence;* and in closing I may say, with regard to judging of the *powers* of remedies and in the treatment of disease, I think the most valuable evidences of the kind of *disease-essence* power are the earlier symptoms, not those which are chronic—so equally the most valuable evidences of drug-essence power are the earlier symptoms in the provings; for when the balance of function is deranged by either of these agents, disease or drug, its shadings of disorder will depend upon the order of succession in which parts of the organism become secondarily deranged and influenced in differently constituted persons, so that further on in the proving the differentiæ are likely to become very varied and complicated, taking their colouring from the different relative powers of parts of the organism, *e.g.*, sound liver with deranged lungs and heart; or deranged liver with good lungs and deranged heart; or again, unsound brain and spine with fairly healthy liver but unsound lungs and heart:—in these various cases and combinations the same agent, later in the trial, would give rise to different symptoms, as the organism became complicated in its working, its complications beginning at different points, and so its successional functional derangement varying accordingly in different individuals, will diverge or clash like two unparallel lines.

London, April 4th, 1871.

NOTES ON THE PHYSIOLOGICAL ACTION OF CERTAIN POISONS.

By L. Salzer, M.D.

In perusing the lately published *Manual of Medical Jurisprudence of India*, by Dr. Norman Chevers, a homœopathic physician may derive some useful information.

The following passage is interesting and suggestive: "Baboo Kany Lall Dey (additional Chemical Examiner to Government), informs me that the washings of stinki

h, and human ordure, are used by the natives of Bengal emetics in cases of poisonings. In a case of arsenical isoning, which occurred lately at Tipperah, we are told at the 'symptoms were not relieved until the man allowed some human fæces.'" Considering the analo-us effects on the human system of putrid animal matter id arsenic-poisoning (the analogy is not mine, but Dr. hristison's); considering further the clinical fact, that *senic* has proved a potent antidote to the consequences f taking putrified animal matters; we may find in this tatement somewhat more than a mere curiosity.

With regard to the physiological differences in the signs f poisoning by *aconite* and by *stramonium*, we find the ollowing:

Stram.	*Acon.*
1. Dilatation of the pupil, which increases until the iris is a mere thread. Limited and irregular contractions do not take place while the influence of the poison continues; when this passes away, the pupil gradually resumes its normal form.	1. Dilatation of the pupil, with a constant tendency to limited contractions, which may be increased by exposure to light. The dilatation may give place to contraction while the influence of the poison is at its height.
2. The paralysis is that of a drunken animal, and is always associated with impairment of the mental powers.	2. Paralysis generally commences in the posterior extremities, and may be extreme without any apparent impairment of intellect.
3. Insensibility to pain when pinched, does not occur until the animal is unconscious of everything around.	3. Insensibility to pain is an early symptom, and may be extreme while the intellect and power of locomotion are still unimpaired.

This neat differentiation, derived by Dr. Palmer from experiments on animals, is perfectly applicable to men.

Nerium oleander unquestionably belongs to the most neglected remedies of our Materia Medica. There are ome good reports of cases of poisoning with this drug in he *Manual*. The results of two *post-mortem* examinations re also given; no sufficient organic changes were re-ealed in either to account for death, which is attributed o the nervous depressing action of the drug. More in-tructive are the recorded symptoms as they occurred in he victim during his struggle under the action of the

poison. If we study them, we find that HAHNEMANN's provings afford only a shadow of the real action of this drug. He was evidently not in the possession of any records of poisoning, which he could embody, as was also the case with regard to some other drugs in his provings. Let us also remember that his experiments were made with the *leaves*, while the cases I am here alluding to mostly refer to the effects of the *roots* of the plant.

The following is the most suitable case for our purpose it having occurred, as stated, with *the juice* of *oleander*.

"Kurdaree Bin Dhoba, a woodcutter, aged thirty-five, o slight and delicate appearance, was brought to the Civi hospital, at Kholapore, on the morning of the 9th o August, 1858, in a state of insensibility. It appeare from the evidence of his wife, who accompanied him, tha a quarrel had arisen between them in reference to the r *augusta domi*, and that he had swallowed a cupful o *kunere*. From subsequent investigations it was ascertaine that the cup contained a little more than an ounce of e pressed juice of *oleander*, and, that at the time of drinkin the poison, he was standing five yards from the door, t wards which he walked immediately, and fell senseless the threshold. On admission, his face and eyes we flushed, head hot and perspiring, with stertorous breat ings and foamings at the mouth. This was accompani by violent spasmodic contractions of the muscles of t entire body; but more remarkable in the superior than the inferior extremities; and also more developed on t left, than on the right, side. The effect of this w remarkable, and new to me (Mr. Broughton, Civil Surge of Kholapore) as a posture of disease. During the interv of spasms, the patient lay evenly on his back; and, wh action commenced, the superior contraction of the left si threw him over on his right, in which position he remain during the paroxysm; after the subsidence of which he back into the natural posture of exhaustion. Emetics a antimony having failed, sulphate of zinc produced the e tion of large quantities of greenish matter. Insensibi remaining, with quick pulse and hot skin; leeches w applied to the temples, and sulphate of magnesia give an aperient; the bowels were moved, although invol tarily, and the evacuations were watery, greenish colour, containing but little fæculent matter. The spa returned at intervals of an hour, and were apparently p

duced by any attempts to move or rouse him. Towards evening the spasms decreased, the face became pale, the pulse sunk to a thread, the eyes shrunk into their sockets, and the extremities rapidly became cold. Frictions, mustard poultices, with hot bottles, ammonia and camphor, restored the circulation, but insensibility continued, and the bowels were moved involuntarily. In this condition he remained the whole of next day; the spasms were less violent and diminished in frequency. He swallowed the ammonia, camphor and magnesia, which were continued, but the urine and the evacuations still passed involuntarily. In the evening of the 10th, re-action was established, the skin became hot, and the pulse increased; there were no spasms, but insensibility remained as complete as before. A full dose of castor oil was given, and the bowels acted freely, after which he seemed to be in quiet sleep. He awoke on the morning of the 11th, restored to speech and reason. Weakness only remained as the natural consequence of so violent a seizure. He has since entirely recovered, and is not, I fear, particularly grateful for his recovery, as he anticipates a recurrence of domestic trouble. He assures me, however, that he recollects nothing from the moment he swallowed the draught, and could form no opinion of the time which elapsed since the suicidal attempt and his recovery."

All the other cases reported are poisonings by the root of *Nerium oleander*, or by that of the (more active) *Nerium odorum*. The above records end with the following remarks: "Baboo Dwarakanath Mookerzea draws attention to the tetanic symptoms, as evidence that *oleander*, in a great measure, resembles *strychnia* in its effects on the system. In one case all the urgent symptoms (as in cases of strychnia-poisoning), were developed suddenly, and the muscles of the jaws were, likewise, the last to be affected. When the symptoms began to subside, they did so rapidly." He adds: "The marked difference between the morbid effects of *oleander* and those of *Nux vomica* consists in the condition of the pulse. In the latter case it is generally unaffected, becoming slightly quickened only during each fit; but, in the former its preternatural slowness was a well-marked feature."

The question as to the physiological action of snake poison being developed, when taken internally, has after all been settled in a most positive manner; and, as it will

be seen, favourable to the view homœopaths h upon the subject. At page 265, the auth a note: "In June, 1870, I was, by the kin Fayrer, present at a series of experiment fresh cobra poison was introduced into the st dog and a fowl, and into the eye of a dog. T died with all the symptoms of cobra poisoning, these made their appearance much more slo animals which were bitten at the same time snake."

Since *Cadmium sulph.* has found its w Materia Medica, and promises well in hemeral these notes with a remarkable case of poisoning of cadmium, as reported at page 297 of the *M*

"Sheik Laljaun, a slender lad about 14 year brought to the hospital on the 2nd March, admission he was in a state of perfect collapse, clammy skin; radial pulse scarcely perceptible feeble, slow, and sighing; no stertor; face disfigured, owing to considerable chemosis of such an extent as to prevent closure of the lid hiding the pupil; lips everted, the mucous the mouth being pale and sodden; tongue sw resembling the distended belly of a frog; la unconscious, though, when shaken and rouse cold water on the face, he replies rationally, whisper, to any questions put to him; there restlessness and throwing about of the limbs impeded; with considerable difficulty he coul swallow a little milk and water—this was probability, to a similar condition of parts exi pharynx, as was seen in the mouth. He die hour and a half after taking the dose. On tas the (according to the statement of the moth Epsom salt, Mr. Hinder experienced, alm neously, a sharp, raw sensation through th though it were bared of its epithelial coverin striction and drying of the fauces, followed by pain at the epigastrium, attended with nausea Dr. W. Palmer, officiating Chemical Examine ment, said that one of the two packets was f tain chloride of cadmium, the other contained about equal parts of chloride of cadmium and magnesia. Examination of the contents of the

not reveal evidence of poison, or any indication of the cause of death. Chloride of cadmium is such a rare salt, that little or nothing is known of its action; to test this, he gave to a cat about thirty grains of the mixture. The cat died in less than five minutes. It appears to kill through the nervous system; the cat struggled apparently unconsciously, for a few minutes, and then became motionless. The action was almost immediate. He would expect to find all the blood vessels of the nervous system highly congested; and that would be the immediate and apparent cause of death. Dr. Woodford found the vessels of the brain excessively engorged with blood. The left lung was congested, and the stomach contained a few ounces of mucilaginous-looking fluid. In his opinion the deceased died from congestion of the vessels of the brain."

Calcutta, January 25th, 1871.

ACCIDENTS FROM ARTIFICIAL TEETH.

By Dr. YELDHAM.

THE use of artificial teeth is one of the most valuable expedients by which art supplies the deficiencies of nature. They serve the triple purpose of preserving the natural contour of the face, improving the articulation when they substitute front teeth, and materially assisting in the mastication of food. They are not, however, without their inconveniences. I have known a whole set to jump from the mouth in the act of coughing. This is by no means an uncommon occurrence. But of all the accidents arising from them, that of their dislodgement and impaction in the throat, is the most formidable. In a recent number of the *Lancet*, Mr. Henry Smith relates an instance of this in which a plate, with two teeth attached to it, became so firmly fixed in the œsophagus, that extraction by the mouth was impossible, and he was compelled to push it onwards into the stomach, whence it safely traversed the alimentary canal, and was expelled, *per anum*, after nine days.

An accident of a similar nature occurred in my own practice some time since. It happened to a young woman who was subject to epileptic fits, and in one of these, a gold plate, an inch and a half long, and furnished with three teeth, dropped from the mouth into the throat, and lodged,

as nearly as I could judge, about eight inches down the œsophagus. The accident happening in the middle of the night, the plate had been in this situation some hours when I saw the patient. She had, in the interval, suffered great agony from a sense of suffocation, and from ineffectual efforts to eject the offending substance by incessant retching. I took with me a pair of long curved forceps but these being too short to grasp the plate, I procured from a neighbouring ironmonger, a piece of strong iron wire, and bent one end of it into the form of a hook. Cautiously passing this down beyond the plate, I had the satisfaction, on withdrawing it, to find that it had caught hold of the plate, which, by a little careful traction, was safely extracted, without injury to the gullet.

Before concluding, it may not be irrelevant to refer to another class of inconveniences which sometimes spring from the presence of artificial teeth. I allude to inflammation of the gums, throat, and buccal cavity, together with sympathetic neuralgic pains of the face and head. These will often manifest themselves, for the first time, many years after the plate has been worn, and, on this account it is sometimes almost impossible to convince the patient that it, and not some constitutional disorder, is the cause of his suffering. The medical man finds an easy solution of the difficulty in the changes which the system is continually undergoing; and the soundness of his diagnosis is proved by the speedy subsidence of the irritation, on the removal of the plate.

I have alluded, also, to sympathetic irritations. These are very various, and sometimes very curious. A relative of my own, who has worn a plate the last 15 years, has latterly been annoyed with a burning sensation in the upper part of one cheek, which is invariably relieved by leaving off the plate for two or three days. I have repeatedly cured what was regarded as pure idiopathic neuralgia, and to which medical treatment had been fruitlessly applied, by the same simple measure.

The foregoing remarks suggest some useful and practical hints.

First.—If persons afflicted with epilepsy are forced to wear artificial plates, they should be fastened in the mouth so as to avoid the possibility of the frightful accident above described.

Secondly.—In all other cases, wherever it is practicable, the plate should be removed at night. This obviates the chance of its dropping into the throat during sleep; and, at the same time, gives the gum rest from the irritating presence of the foreign substance.

Thirdly.—Whenever a patient complains of neuralgia in the face or head, institute a strict investigation into the state of the mouth, and be as suspicious of the effects of artificial, as of decayed natural teeth. *Tolle causam*, is a golden rule in medicine.

Moorgate Street, April, 1871.

FRAGMENTARY PROVINGS.

By E. W. Berridge, M.D.

Chenopodium vulvaria. (Atriplex olida).

Bentham's *Handbook of British Flora*, vol ii., p. 695, fig. 835.

Prover.—Mr. J. R. Croker, Malvern, Worcestershire, expressed the juice from the entire plant (except the root); added alcohol 54° to the remainder, and expressed it after four or five days. The two were added together, and allowed to evaporate spontaneously to the consistence of an extract. About an equal part of the seeds was added, and the whole mashed up together. Of this the prover took 30 to 40 grains, *per diem*, for three weeks.

The first effect was increased action of the bowels; not amounting to actual diarrhœa, sometimes attended with griping; afterwards constipation, the bowels not acting for three or four days, and then with difficulty; the constipation was accompanied by external piles.

After some time, a feeling in lower lobe of the right lung, as if some fluid wanted to discharge itself into the region of the duodenum, was experienced, and recurred frequently for some days.

Increased secretion of urine of offensive odour.

Late in the proving, a painful feeling of weariness and weakness in the lumbar and lower dorsal region.

This remedy deserves a thorough proving. It has been successfully used by the allopaths in amenorrhœa.

Acetic acid.

1. Bright flush and heat on both cheeks, especially the *left*, from drinking vinegar.

2. In another prover, bright red flush on both cheeks, and pots of perspiration on the forehead; from drinking vinegar.

Podophyllin.

Left eye sore and uncomfortable, especially at the inner canthus; conjunctiva of the left eyeball slightly red, especially at the inner canthus. (From three doses of ½ grain each).

Camphor.

Prover, E. W. Berridge. Repeated short stitches at the back, and towards the left side, of the pharynx. (From inhalation of crude camphor. Compare similar symptoms in Hempel's *Jahr.*)

Glonoine.

Prover, E. W. Berridge. Took a drop of the first centesimal at 3.15 p.m.; at 3.30 p.m., 20 drops of the same in water. Immediately after the second dose, throbbing in the head. Pain worse on shaking the head. 8.15 p.m., after running upstairs, pulsations *in* the brain, both heard and felt; at each pulsation, a sensation (not amounting to pain), in the scalp just above the ears. A temperature of about 180° F., in a Turkish bath, had no perceptible influence on the headache.

Datura stramonium.

Prover, E. W. Berridge. This proving was made with the tincture of the British (allopathic) pharmacophœia, prepared from the *seeds.*

1*st. day.* 1.35 p.m., took eight drops in water. 4 p.m., 20 drops in water. 6 p.m., 30 drops in water. 6.50, since 5 p.m., frontal headache, which is now worse on walking in the open air: better in an hour when at rest indoors. 6.50 p.m., lips dry and sticky; dryness of the throat, especially felt on swallowing saliva; this lasted all the evening. 6.55, pain in the muscles of the outer side of the *right* hip-joint on walking, for a few minutes. 7.55, feeling of mucus at the back of the throat, causing hawking and hoarseness. In the evening after sunset, unsteadiness when walking.

2*nd day*, 8.40 a.m., took 40 drops in water. 10.15 a.m., dryness of the throat, worse on swallowing saliva. 10.25 a.m., 50 drops in water. Almost directly, slight transient tingling in the back of the *left* hand. 10.30 a.m., feeling of mucus at the back of the throat, causing me to swallow and hawk, which relieved it. Feeling of general heat for some minutes. *Noon;* lips dry and sticky; throat still dry. Frontal headache nearly all the morning. 1 p.m., unsteadiness when walking; *walked somewhat in a circle to the left.* (Compare symptom 1598 in Hering's *Complete Materia Medica*). 1 p.m., face and forehead flushed. 1.30, throat and lips still dry. When talking, hoarse voice; it almost fails now and then,

causing me to hawk in order to set it right. 1.50, feeling of mucus at the back of the throat, causing me to swallow. Took 60 drops in water. Almost directly, a feeling of great heat. During the afternoon, palpitation of the heart on every slight exertion; afterwards giddiness when walking, unsteady walking, and faint feeling, so that I was obliged to go into a shop and sit down. From 3 to 7 p.m., several diarrhœic stools, brown watery, sometimes brownish yellow and frothy, preceded by pain in the abdomen; during the passage of stools, scalding at the anus: rectum feels filled, but, on straining, only pass liquid stools.

5.30 p.m., nausea and retching; at last, vomiting of a whitish fluid; the attempts to vomit cause pain in the stomach. Look pale, and feel weak. Afterwards (6 to 7 p.m.,) felt chilly,

3rd day. When speaking, put words in the wrong place, and make mistakes in spelling when writing.

5th–7th days. Bowels did not act, but without inconvenience.

Drosera rotundifolia.

E. B. Shuldham, M.D., Croydon, put two or three drops of the pure tincture of *drosera* in a jug of hot water, and inhaled in the evening. Whilst inhaling, felt severe aching pains in, and below, both clavicles, over a small space in both lungs; also a constrictive feeling in both lungs; the infra-clavicular pain afterwards extended round to the scapulæ: also a bruised feeling of the larynx. These symptoms lasted one and a half hours after the inhalation, and then went away gradually without causing cough.

REVIEW.

Text Book of Homœopathy. By Dr. Von Grauvogl of Nuremburg. Translated by Geo. E. Shipman, M.D., &c. Parts I. and II. Chicago: C. S. Halsey.

This important work has been before us so long, that we owe an apology to our readers for not having introduced it to their notice some time ago.

It consists of two parts. The *first* devoted to a vigorous onslaught on the pathological doctrines of what is known as the physiological school; the *second* to a presentment of homœopathy. The representatives of the physiological school selected by Dr. Grauvogl for especial attack are the well-known Virchow, Liebig, and Wunderlich. Our author, having laid down, in a series of sections, the principles on which true scientific conclusions must be based, proceeds to show that the most cherished

doctrines of his opponents have been acquired without any principle, that they are doubtful in particulars, and without any value as to generals. He proves, as we think, most conclusively that whatever of truth may underlie the teachings of the so-called physiological school, the practical outcome thereof has been either of no therapeutic utility at all, or has resulted in something worse than useless.

Virchow's views on Life and Disease are subjected to a minute and rigid analysis. The chief matter for criticism in the latter instance is found in Virchow's opinion that it is the cause of disease which, together with the local organic effects thereof, that should determine its treatment; while Grauvogl would base it upon the constitutional condition of the patient as influencing the local disease—thus carrying his individualisation of cases of disease further back than the immediate cause of disturbance.

The following passage presents Grauvogl's views, and at the same time is a very fair specimen of the peculiar style in which the whole book is written, or perhaps we should say, translated:—

"If a homœopath sees pass before him, *e.g.*, a succession of symptoms of disease, partly subjective and partly, by diagnostic aids, established objective, and he asks himself, on what do these depend? he then seeks the basis for the one and the other, *analyzing* them, as he does, singly according to their pathological significance, in order to abstract the *general*, which is not given him with the perception of the separate symptoms, upon which, however, they must depend.

"The symptoms of the patient we indicate only by *ideas*. They come separately in the course of the process of the disease, and in succession, and, in so far, are removed from their connection.

"Hence we must bring them together again logically, by inference, and put them where they originated. To this end we must first learn analytically the *manner of their connection*, and, *synthetically, rise to the* grounds which teach us, whence they have arisen.

"The physiological school proceeds in the case, not by abstraction, but *constructively*. It represents to itself the various symptoms of disease by grouping them into general *ideas*, gained by sensible observation, *i.e.*, it constructs, for this purpose, its forms of disease, as inflammation, fever, cholera, epilepsy, &c., and thinks, in this manner, to have found out realities.

"But these pictures of disease are no realities, from which we can learn the manner of connection of their various symptoms, which is already apparent from this, that all forms of disease present different pictures, with different individuals, out of which hence, it is impossible to construct a general predominant un-

ese pictures, or forms of disease, *cannot be the ground* ıeir symptoms arise, and hence must, for the prac- ıysician, be void of any and every value, and some- ust lie at the bottom, some *necessity which precedes* ecause this is unknown to the physiological school, ı its constructing method, it naturally falls into the ' its arbitrarily adopted fundamental principle, into *contrariis curantur.*

œopath constructs nothing at the sick bed, least of ıt picture of disease, all of which are void of reality, ; as regards every exact judgment, and leading, in superfine' diagnosis, to erroneous indications and ut he *abstracts*, first from the symptoms, the indi- the patients in connection with the state of the .n which, from the beginning of their lives to the they existed, and out of which, as a result, the ıution is developed.

ily constitution is hence the *general;* the constitu- present, therefore, those very realities from which ll symptoms of disease originates, since they alone he conditions for becoming diseased and must not d with the causes of disease." pp. 102–103.

ruction of this passage is such as somewhat to neaning and to leave it open to considerable cri- if we regard it as pointing to the supreme influence utional peculiarities of a patient in determining the the disease under which he labours, and in aiding ıtment of it, there can be no doubt of its truth. But hand, to assert that the actual morbid condition in o " reality," is utterly beside the mark.

may be the value of Grauvogl's pathological cri- speculations, he is thoroughly accurate when he

ıas a sure remedy become known notwithstanding ziological or pathological discoveries, or even an medy founded upon natural laws? In regard to rything remains the same."

ction of the work devoted to the consideration of *the n of the remedy*, we have much food for thought on ıestion;" and some very interesting observations on and secondary actions of drugs. Having shown perate in certain " specific lines of direction," which ıe " quality " of each, Grauvogl argues that this as a far greater influence upon the organism than of the remedy which may be administered, and this

"because the organism, by virtue of its oscillation, manages *quantities* much more easily; while the qualities remain unchangeable in their influences." Having adduced some experiments with belladonna and quinine, he infers from them "that small doses always operate more persistently in their appropriate direction, but large ones more rapidly in the case of substances which are quickly reabsorbed and eliminated, and the dose of which, consequently, leaves a greater play between maximum and minimum." p. 217.

Our author now commences a review of the distinguishing features of the chief "therapeutical systems." The physiological school is first considered, and the following *resumé* gives its "characteristic traits."

"1. That its diagnosis rests upon the *description* of diseases upon the enumeration of symptoms, hence upon the elaboration of emblems, of symbols; for every one of its representatives of disease is symbolic or figurative. But since these symbols lack all and every *counterpart* which is given in homœopathy, in the drug provings, so is an exhaustive and correct announcement of all which is wont to happen, *impossible*.

"2. In this, that its therapy rests entirely upon tradition hence, upon the faith in probabilities touching events that take place, and conjectures, the correctness of which can only be estimated according to the number and weight of the *opinions* given in deposition by witnesses, which, hence, must offer a far lower degree of conviction than knowledge offers; for knowledge is a conviction from compulsive necessity, and since this school is void of this property, it can, hence, know nothing of therapeutics.

"3. In this, that, consequently, their *whole* mode of knowledge, derived, as it is, only from the domain of the organs of senses, is subjected to accident; for accidental is that, presence of which is perceivable by the senses, *i. e.*, *a posteriori*, necessary, on the contrary, is that which may be known *a priori*." p. 264.

With hydropathy Grauvogl evinces more sympathy, and plains its value on the ground that it "produces a power alternation of cold and heat, excites an alternation of increas processes of oxidation and reduction, going on *pari passu* with the organism. By the use of cold, the oxidation process and by the subsequent heat, the reduction processes, enormously increased. Hence these processes, which, accordi to the law of proportional oscillation, take place within our bo at any rate, though imperceptibly and at longer intervals, a by this procedure, forcibly brought to a more rapid alteration a the greatest intensity." p. 272.

The "Movement cure" Grauvogl also credits with a certain amount of curative power; and attaches no inconsiderable degree of value to the use of electricity and magnetism. The first part of the work before us concludes with an interesting description and critical review of the therapeutic doctrines and practice of Rademacher and his followers; a body of physicians whose practice is somewhat closely allied to that of homœopathic practitioners, though they themselves are, singularly enough, violently opposed to us.

In the SECOND PART Dr. von Grauvogl undertakes an elaborate investigation of homœopathy, and of the practical rules requisite for carrying its principle into effect at the bedside.

He commences with a discussion on drug provings, giving as his illustration of what he regards as the best method of procedure in ascertaining the effects of a drug, Hering's proving of benzoic acid. The study of this proving will well repay all who undertake it, though it lacks, what we hold to be, the essential of a thoroughly useful proving, viz., the records of each prover's experiments, the order and connection in which the symptoms occurred in each. Here, as in Hahnemann's *Materia Medica Pura*, we have only the symptoms arbitrarily divided after the well-known anatomical schema. Wurmb's proving of colocynth s a much better specimen of a proving, more intelligible, and herefore more useful.

Of the law of similars Grauvogl gives the following interpretion.

"It indicates a correspondence in form, which, for the purpose a cure, must be present *between* the form of the reciprocal tion of the organism, *with some morbid matter, and that form* of e reciprocal action of the organism which is induced by its nection with *another substance, artificially introduced from the ernal world*, under which conditions, simply and solely, the licated remedy will be found." § 214.

Though this, after all, does not throw much, if any, light upon *modus operandi* of homœopathically chosen remedies, the ning sentence of the paragraph which follows that from which have quoted is one with which all homœopaths will agree.

"The more correspondence between the symptoms obtained drug provings, and those of the disease in hand, the greater the certainty with which a curative result *can be announced orehand;* for the one question, whether a substance can be a rative means in a given case, is answered simply and solely by *previously* made experience that this substance really has, on those parts which are diseased, a *nutritive* or *functional* inence; the other question relates to this: in what *degree*, to

what *extent*, and under what *circumstances*, is this possible? This really can only be answered by the drug provings upon the healthy. Hence it is only *all* the symptoms of a drug-proving *together*, which perfectly determine the essential indication for its use in case of similar symptoms of any disease whatever."

As is the case with many other writers, Dr. Von Grauvegl is much stronger in his facts than in his theories.

Our author is no believer in the mysteries of dynamisation by succussion and trituration, although an advocate of the use of high dilutions in certain forms of disease, or rather in patients exhibiting certain constitutional peculiarities. In reference to Hahnemann's doctrine of dynamisation, he says: "Hahnemann was right when he declared that he observed that after each violent shaking, the efficacy of these attenuations not unfrequently was increased, because, by this mechanical influence, the molecules, which had, after long standing, sunk to the bottom, may again be superseded, and molecular bodies, cohering together, may again be separated. What he maintained concerning potentising by attenuation, refers only to the setting free of the molecular bodies thus accomplished. That he expressed himself therein somewhat inexactly, homœopathy has even to this day bitterly to atone for, since it is easier to notice a mistake than correct it." § 228.

Hahnemann's theory had for its object the explanation of the fact that high dilutions do influence the organism. That was its end, though we cannot say that we ever thought it adequate to achieve it. Grauvogl's, on the other hand, explains nothing, but merely states a probable fact, one quite independent of power; and it is the *rationalé* of this power of high dilutions that is still awaiting a solution.

With regard to the dose question, Grauvogl seems to have arrived no further towards its development than the rest of us. "The dose," he says, "for each separate case is, at the present, to be formed empirically. But no empiricism, alone, satisfies science; it must have the natural law also, else there is no rest."

Grauvogl writes forcibly on the necessity of homœopathi practitioners recognising the fact that there are cases, an parts of cases, to which no medicines-homœopathic ex is The palliative relief of anti-pathically acting drugs, he co siders, ought not to be neglected; "in degenerated organ work, for example, in large carcinomatous ulcers located these organs, in incurable hydrothorax, in incurable hyp trophy of the heart with asthma," &c.

"Noxious substances, in the intestinal canal, must be

d, now by emetics, now by castor oil, or by the use of bad waters."

n dropsy, from incurable insufficiency in blood-making, etics are called for.' In acidity of the stomach, the bi-nate or lactate of soda must be given till *bryonia*, &c., has ıplished the cure.

Vherever a cure has become entirely impossible, we must to apply palliative relief, and where this is not practicable the molecular substances of homœopathy, these substances be used in their massive form." § 241.

ıile fully endorsing this principle, we would add that it es the necessity of the practitioner being thoroughly con-l that "a cure is entirely impossible," before he resorts to palliatives, which, though invaluable in incurable cases, ıt hinder cure in such as are susceptible of it, when the ɔpathic remedy is prescribed. Grauvogl's *dictum* affords cuse for loose practice.

e theory of Dr. von Grauvogl's we can do little more at nt than refer to, as for its full examination much more would be needed than we have now at our disposal. He as a sort of pathological basis the theory that "there exist distinct fundamental characters of general tissue and blood ies, the so-called bodily constitutions, under which all qualities yet to be found are to be arranged, and, upon the d of therapeutic experiences, can be arranged."

ɜ first he terms the "hydrogenoid constitution," character-ıy an abnormal quantity of water, chiefly in the blood;" ɔcond is the "oxygenoid constitution," whereof "an in-d capacity for oxidation of the organic constituents" is the guishing feature; and the third, "the carbo-nitrogenoid," to exist when the reception of ozone is impeded, and a ninant formation or retention of carbo-hyrogenoid (*sic*) nces in the organism is favoured. These constitutional ıcies, Grauvogl avers, may arise from atmospheric-telluric ıces, from retentions, or by transfer, or they may be tary.

turn his theory to practical account, Grauvogl divides the ia Medica into remedies adapted for each constitutional ion—admitting, however, that in all, "the law of similarity always decide the special indication." The dose, too, he in a measure regulate by the constitutional peculiarities patient.

atever the *quantum* of truth in this theory, Grauvogl, y of illustrating it, reports a series of most interesting and ctive cases—cases which really merit careful study.

igh potencies" come in for a share of our author's con-

sideration. He tells us that he increasingly prefers the thirtieth attenuation, and that his success at the bedside is greater than when he trusted to the lower dilutions.

In an endeavour to differentiate the conditions in which low and high dilutions are respectively most serviceable, Grauvogl points to *post-partum* hæmorrhages, to the promotion of healing by the first intention, to furthering of suppuration as instances in which "the effect stands in direct relation to the quantity of the dose." High attenuations in acute disease promote, he thinks, the absorption of exudation more rapidly and more thoroughly than such as are low, though they do not act so promptly in relieving pain as do the latter. "Changes in processes of retention" are best effected by high dilutions, as also are "functional disease-forms;" while, on the other hand, "nutritive changes" are best modified by low attenuations, "chronic disease, especially when it depends upon retentions in carbo-nitrogenous bodily constitutions can be cured," he tells us "in general only by the high potencies." Low attenuations, he adds, often render such cases incurable.

Such is an outline, meagre it is true, of the work before us. We are indebted to Dr. Shipman, of Chicago, for the translation; and when we consider the difficulty of the task he undertook when he commenced his labours, we scarcely like to criticise his performance.

That it is an accurate rendering of the original, the name of Dr. Shipman is a guarantee. We could have wished, however, that it had been somewhat more freely dealt with. Throughout the whole book the German idiom, the involved style of sentences common in the writings of Vaterlanders, and the redundant verbiage to which these authors are so prone, are all retained, and add largely to the difficulty of studying it, while they detract greatly from the interest of reading it. It is, indeed, anything but pleasant reading. Nothing short of a sincere desire, or intense curiosity, to get at the author's meaning—no easy matter at times—spurs one on to wade through it to the end.

With all his antagonism to the physiological school, and in spite of a considerable amount of dogmatism, Grauvogl exhibits a goodly share of common sense liberality, of a desire to avail himself, and to induce others to avail themselves, of the best measures for meeting disease, emanate whencesoever they may. Scattered through his pages are many hints of great practical value.

CLINICAL REPORTS.

AILANTHUS GLANDULOSA IN SCARLATINA.

By Dr. O'NEILL.

I HAVE had three cases of scarlatina lately under my care, now, I am happy to say, convalescent; and though having treated many, and with very fair success, under the routine-practice of *belladonna*, *mercurius*, and *arsenicum*, with such other helps as the cases needed, I had not previously given *ailanthus* a fair trial.

Two children in one family, aged respectively 5 and 3 years, got safely over an ordinary attack of scarlatina simplex, at least no complication cropped up until the time when the aunt, an inmate of the house, was almost suddenly attacked with symptoms of scarlatina maligna, the characteristic efflorescence appeared after some premonitory derangement, but was followed immediately by extensive ash-coloured ulceration of both tonsils, velum palati, and both sides of the uvula, all being surrounded by a livid base, with a viscid secretion clogging up the fauces.

Typhoid symptoms, with cerebral disorder, soon set in. The eyes were suffused, and covered with a filmy mucus.

Tongue dry, brownish-black, intensely red, and glazed at the tip and edges, breath fœtid, face pale, save where the centre of each cheek presented almost livid patches; pulse 130, small, and, at times, irregular; low muttering delirium. In short, all the symptoms of this formidable disease were present.

I gave two drop doses of *ailanthus* every two hours, applying to the tonsils a mixture of carbolic acid and glycerine; and, on visiting my patient next morning, had the extreme pleasure to find her talking rationally. Tongue still dry, fauces and surroundings much more healthy looking, ulceration less, skin moist, in fact much better in every way, and able to take some nourishment with comparative ease. With the exception of, on two days, giving one dose of *arsenicum* night and morning, I pursued this treatment to the fifth day, when a form of urticaria appeared over the entire body, accompanied by most intolerable itching. Diarrhœa also came on, and having as a concomitant symptom, *constant tenesmus*, I was induced to give *Rhus tox.*, one dose every three hours. Next morning, the eruption, diarrhœa, and tenesmus, had disappeared.

The patient is now getting rapidly convalescent, throat quite well, tongue clean, secretions normal, and pulse good.

I treated a child, in this family, in a similar manner, and even when I had reason to apprehend that symptoms of coma were supervening, I made no alteration in the treatment, and am well satisfied with the result.

In the case of the father of this child, the disease assumed the form of *Scarlatina anginosa*, and was of a bad type from the commencement, with almost immediate delirium, and great prostration, a very viscid secretion exuded from the mucus crypts of the pharynx, the efforts to detach which were often ineffectual. The tongue in this case alone presented the usual strawberry appearance, the efflorescence was painted, in distinct patches, and appeared very slowly, the anginose symptoms being the precursors.

The uvula was fully one inch and a half in length, having the appearance of a large semi-collapsed vesicle, and coagulable lymph was effused in small irregular patches over the tonsils and velum palati, without marked ulceration. Skin pungently hot, pulse 126.

Ailanthus was here again my sheet-anchor, and I made no deviation except in the matter of the peculiar condition of the uvula where *apis* proved a stanch ally.

I shall feel well pleased to learn if any of my colleagues have done good with this remedy, as I am much gratified with its success in the foregoing cases.

On referring to the report of an epidemic of scarlatina which broke out at Newcastle on Tyne, in 1778, I note that in the more severe forms of the anginose type then occurring, the eruption was thrown out immediately, but on the second day with a receding tendency, reappearing, however, partially, and at uncertain times, without any perceptible change in the other symptoms, except that the duration of the disorder was protracted, and, on a retrospect of the many cases coming from time to time under my ken, I quite coincide with Mr. Pope's opinion that, though the anginose symptoms call for our prompt attention, the circumstances of the eruption must be watched with unremitting attention from the commencement of the attack, and guide our prognosis.

I have only to state that I have much reason to uphold the services of *belladonna* as a prophylactic, inasmuch as the only inmate of the house who escaped the disease had taken the medicine regularly since the first outbreak, a means which the others disregarded, although prescribed for them.

Birkenhead, March 27th, 1871.

ENCEPHALITIS.

Reported by Dr. Malan.

In the night of the 11th to the 12th of this month my youngest son, aged 12, who had been "suffering from his head" for some time past, was seized suddenly with "wild sub-acute and alarming symptoms in the head." I was from home at the time, *having* been called to a distant patient, and in the sudden alarm

of such a terrible outbreak, the nearest and best Allopathic M.D. was sent for from our neighbouring town—Guildford. He kindly came at once, and declared the case to be one of typhoid fever, complicated with cerebral inflammation, a case of great intensity and danger from the very outset. He of course never prescribed, but *aconit*, followed by *belladonna*, a few globules in water, were at once given to the little patient by teaspoonfuls every hour while awaiting anxiously for my return.

On the 15th, having received a telegram in the morning, I reached home at eleven o'clock at night, and found the following symptoms:

Face pale or flushed, with eyes half veiled, the bright life and colour of the dark pupils put out as by a greyish veil within. He cannot open them, though insensible to the light. Consciousness gone, knows no one, constant delirium, with fear and fright, or visions of wild beasts biting, and demons, great agitation, incessant talking, with paroxysm of shrill cries at short intervals, with great muscular strength, obliged to be kept down in his bed by main force. Violence and screams. Pulse 120 to 130, small and thread-like, difficulty of making water, which is abundant. Diarrhœa pap-like; tossing about his bed, but unconscious, unable to answer any questions put to him. All the symptoms of the most violent delirium and fear, raging since the night of the 11th.

At this critical juncture Dr. D. Wilson of Brook Street was telegraphed for—who accepted the medical responsibility, and conducted the case to its final and favorable issue.

Hyoscyamus, $^{3}/_{200}$ in ten tablespoonfuls of water, one teaspoonful every two hours, was given. For diet, milk only, every two hours, or by tablespoonfuls, often given with much difficulty between the teeth tightly clenched together. The above was given instead of beef-tea and *bell.* given hitherto.

The same symptoms continued till the 14th, when some abatement took place; same medicine and same diet were continued. On the 18th there was an apparent great sinking of the little patient, and the night of the 18th to 19th all the symptoms seemed to alter, prostration took place, a sinking of all the features, which seemed entirely to remove the slender hope hitherto entertained of his recovery. Nevertheless, the same medicine was continued, his having had twice three globules of *hyoscyamus*, 200 in those six days of the most terrible encephalitis I have witnessed in 32 years' practice.

As the morning of the 19th advanced greater excitability of the whole nervous system grew on; short intervals of consciousness appeared, in which, when spoken to earnestly, he complained of great sensitiveness of the back of the neck and of the whole spine, especially the nape of the neck, the base of the cerebellum and the loins, which gave evident signs of sharp

pains on being touched or pressed. And though such extreme sensitiveness existed, the light did not affect his eyes, the sight being gone; the lips were parched and dry, though the thirst was small. The delirium took the form of anger and indignation. He complained when roused of great giddiness and cephalalgia, as if the head were tightly compressed. Then falling again into a kind of murmuring stupor, he tossed his head on the pillow, with incessant trembling of his hands.

Since the first day of his illness, on the 11th inst., he had no sleep whatever—not an instant.

Cocculus, $^{3}/_{200}$, was given instead of *hyoscyamus*, Dr. Wilson being now led to select *cocculus* through the expressive oversensitiveness and mutterings of the patient, as if he had suffered some moral wrong; and the frequent alternation of cerebral phenomena with trembling of the hands. The same diet continued. On the 22nd, about four a.m., after a less restless night, and his heart-rending screams having diminished gradually, the little patient fell asleep, for the first time since the 11th inst. He slept, without interruption, till eight p.m., when waking an instant, he asked for milk, went to sleep again for eight hours longer; he then woke, having slept twenty-six hours—to life, consciousness perfect, and the restoration of all his faculties and senses, only in a state of great weakness.

Cocculus 200 has been continued at longer intervals ever since, and the little patient is now as well as—no, much better, than he was before this terrible illness, convalescence being as rapid and complete as the illness had been terrible and alarming.

I send you this case for the following reason:—to show that so fearful and acute a case as we know encephalitis and spinitis to be, (and I repeat I never saw a worse one in my long experience), can be cured, radically, better and more quickly with two medicines only, and of the 200th potency,* than in any other known way.

I think that when all the circumstances are weighed, and the case thought over, it will be found one of the most remarkable cases on record, and the most complete, rapid, and brilliant recovery known of such a fearful complaint.

St. Catherine's Priory,
March 30th.

ERYSIPELAS AFTER VACCINATION.

Reported by George Moore, M.D.

On February 7th last, an American gentleman, aged 64, of portly frame, and in his usual state of health, was re-vaccinated by me in three places on the left arm with lymph from a healthy human vaccinifer. He had two characteristic and well-marked

* The preparations used were those made by Lehrmann.

atrices on his right arm. He stated that at different periods his life, several attempts had been made, the last five or six ars since, to re-vaccinate him, but none of the operations had ceeded. I operated upon him in what my experience con- nces me is the safest way, namely, by first blowing three little ops of lymph from a capillary tube on to three different parts the arm, and then by making about a dozen intersecting ratches through each drop. In this manner the epidermis is moved from the desired area of skin, and a lot of furrows lmost bloodless), dug, into which the lymph must needs follow e scratcher. Absorption is then inevitable. Seven days after- ards he presented himself. There were three typical vesicles. he arm was much swollen from the shoulder to the wrist, and ry red and tense throughout the swelling. He had, besides, a ll, bounding, quick pulse, and felt generally "queer." He was dered to take five drops of *belladonna* ϕ every two hours, d to keep spirit lotion applied to the erysipelatous part of the nb. Next morning the pulse had fallen, and the redness, ough less vivid above the elbow, was evidently creeping down- rds. *Bell.* was continued every four hours, and half a dram the American tincture of *Veratrum viride*, painted with a mel's hair pencil, night and morning, over the red skin, and a tle beyond, towards the wrist. In two more days all was well. ie vesicles did not, as is often the case when erysipelas comes degenerate. Oxide of zinc was used as a desicant.

In last year's volume of this *Review*, a case of idiopathic sipelas of the face was reported by me, in which *veratrum* s of signal service in arresting the disease. My opinion is t this agent will establish itself in professional confidence as rustworthy remedy in pulling up erysipelas.

Hertford Street, May Fair.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

e report of the Board of Management of this Institution, ch was presented at the annual meeting of the governors and scribers, held on the 28th ult., informs us that during last r 7,836 patients were admitted; of these 7,340 were out, 496 in patients. These returns show an increase of 468 -patients and 1 in-patient over the number of the preceding r. The income of the Institution exceeded that of the pre- us year, *minus* the proceeds of the dinner, by £331 15s. 7d. reserve fund now amounts, exclusive of house and furni- (valued at £10,000), to £7,613 3s. 11d. The expenditure ing 1870 has exceeded that of 1869 by £95 18s. 3d. This ss has arisen for the most part from the increased price of t and milk.

A dinner, to be held during this season in aid of the funds of the hospital had, it appears, been contemplated by the board but the proposal was withdrawn, chiefly, if not entirely, on account of the heavy demands which have been made upon the charitably disposed people of this country to contribute toward the mitigation of the terrible sufferings inflicted by the recent Continental war—sufferings which the resources of the belligerents were quite inadequate to meet.

We trust that the hospital funds will not be allowed to suffer from this cause, but that without any extraordinary appeal being made, those who desire the progress of homœopathy will effectively aid the board in sustaining the usefulness of a most valuable institution.

We hope to be able to give a full report of the meeting in our next number.

THE PROTECTIVE POWER OF VACCINATION.

Mr. DE RENZY, Sanitary Commissioner of the Punjab, gives in a letter published in the *Times* of the 4th ult., the following powerful testimony to the influence of vaccination in affording protection against an attack of small-pox. Referring to the Punjab, a country as yet practically unprotected by vaccination he writes :—

"In that province, with a population of 18,000,000, the deaths from small-pox are never less than 20,000 a year. In 1869 they numbered 53,195. Contrast these terrible totals with the small-pox mortality of England, in which, with a population of 21,000,000, the average of small-pox deaths do not now exceed 5,000 a year, though previous to the introduction of vaccination it was quite as high as it is now in the Punjab.

"But it is not merely in the saving of life that the benefit of vaccination consist. The amount of physical disfigurement caused by small-pox in the Punjab is enormous. Any person walking through the streets of a Punjab city is struck by the immense proportion of persons blind of one or both eyes—a calamity caused in 99 cases out of 100 by small-pox.

"Europeans, who, as a rule, are tolerably well protected by vaccination, suffer very little, though they live in the midst of a never-ending epidemic, and natives have everywhere remarked the immunity of Europeans from the injuries to the eyes and other disfigurements to which they are themselves so subject."

In the *Times* of the 14th ult., the following evidence derived from nearer home, is also very striking :—

"THE VALUE OF RE-VACCINATION.—At a meeting of the Liverpool Health Committee yesterday it was stated that

throughout the whole course of the small-pox epidemic so rife for months past in that town, the medical officers and nurses of the workhouse hospitals, although coming into continual contact with small-pox cases, had, through being re-vaccinated, escaped contagion. The chairman said he did not know of a single case of small-pox occurring after re-vaccination."

HOMŒOPATHY IN AMERICA.

Strong in numbers, ability, and influence as homœopathic physicians are in the United States, they still have to pay the penalty of being witnesses of a truth which the majority of the profession find it easier to denounce than to investigate. The latest attempt to render faith in homœopathy, a bar to public appointments of a professional character, is recorded in the *New England Medical Gazette* for February.

It appears that Dr. Stillman Spooner, of Oneida, N. Y., has for the past five years been an examining surgeon for pensions. Dr. Spooner is a homœopathic physician. The Commissioner of Pensions is one Dr. Van Aernam, an allopath. As the *Boston Daily Advertiser* says, "fortune and politics" have given him this position, and "feeling the traditions of his profession strong upon him, Dr. Van Aernam no sooner became Commissioner Van Aernam than he began enquiries which resulted in the discovery of a homœopathic physician among the examining surgeons." Having made this discovery, Mr. Commissioner requested Dr. Spooner to withdraw his name from the list of examining surgeons, and to "accept his thanks for services already rendered." He further stated that he made the request on the ground that Dr. Spooner did "not belong to the school of medicine recognised by the Bureau."

It is satisfactory to know that Commissioner Van Aernam has but a very slender chance of having his request complied with. Dr. Spooner protests against such an "invidious distinction among surgeons of equal capacity;" and in his letter to the commissioner sets forth the position occupied in the States by the homœopathic school—one most gratifying to all who desire the advancement of homœopathy. The *New England Medical Gazette* tells us that "there has been no subject connected with the medical profession which has provoked such general comment and unqualified disapproval as this. The Democratic papers seek to throw the blame on the Republican administration, while the Republican denounce it as the unwarranted act of an Allopathic physician dressed in a little brief authority—an act which the Government will arrest as soon as it comes to its knowledge." The article on this matter in our contemporary concludes by reminding the Commissioner "that a man named Haman once built a gallows fifty cubits high, but it was not Mordecai who was hanged thereon."

It is utterly preposterous that where freedom of opinion is not only tolerated, but encouraged on every subject on which men can differ, without detriment to the commonwealth, an exception should be made in the matter of therapeutics. Should Commissioner Van Aernam succeed in removing Dr. Spooner from his official position, the result will be tantamount to offering a bribe to medical men *not* to study homœopathy, or at any rate not to practise homœopathically. If it is to be laid down, that a physician who practises homœopathy is, by so doing, shut out from all public appointments, one of two consequences will arise —either medical aspirants to such positions will not investigate homœopathy at all, to the serious disadvantage of the sick and of medical science, or, being convinced of its superiority in the treatment of disease, they will, as too many already do in this country, practise homœopathy and deny that they do so—a most demoralising position for any man to occupy.

We are, however, glad to find that there is but little, if any, likelihood of Mr. Commissioner's request being granted. The number of homœopathic physicians is too considerable, their clientelles are too large, and their political influence too great to allow of any government risking the loss of their support for the gratification of the malice of an allopathic commissioner, backed by some allopathic medical societies and the journals belonging to their cliques. So that if a sense of justice does not induce the Secretary of the Interior to deny Dr. Van Aernam the pleasure of ousting a homœopathic physician from an honourable post, it is very probable that expediency will do so. This of itself is welcome testimony to the wide spread appreciation of homœopathy in the States.

THE BOSTON HOMŒOPATHIC HOSPITAL.

It is somewhat singular that, considering the large extent to which homœopathy is practised in the United States, hospital accommodation therein has hitherto been much below that provided amongst ourselves. The London Homœopathic Hospital, with its fifty beds, has been opened for more than twenty years. Dr. Dunn's hospital at Doncaster is of some fifteen years' standing, the Bath hospital has been in existence for many years, the Birmingham for ten or twelve, and we hear rumours of a revival in Manchester, whereof we are glad. But, whatever may have been, our cousins in America do not intend to be behind us any longer. There is an important hospital in St. Louis, famous not only for its medicine, but for its surgery, one in Chicago, one in Philadelphia, and now one in Boston, of which the following interesting account is from the *Boston Daily Advertiser* of the 16th of March, for which we are indebted to some kind American brother :—

he efforts of the homœopathic physicians of the city and
ny other citizens of Boston, who approve and patronize that
n of medicine, to establish in the city a public hospital,
recently been crowned with success. At the building, No.
urroughs Place, the homœopathists of Boston have opened
all, well-furnished establishment into which patients are
ed and treated in accordance with the principles of that
l of medicine. The hospital was chartered some twelve
ago. For ten years the project slumbered, but it was
d last year, and from that time several of the leading phy-
is have laboured most assiduously to perfect the arrange-
s for the establishment. It was opened at the building
ed to on the 23rd of January. Quite a number of patients
already been received, and the hospital seems to be in suc-
ul operation, and in a fair way to do a great amount of good.
ong ago as 1859, a fair was held in Music Hall for the
it of the homœopathic dispensary, then recently organized,
several thousand dollars were obtained. This sum was
d at interest by the officers, and accumulated to a con-
ably larger sum, until a few months ago it was devoted to
urchase of the building referred to, whither the dispensary
ow been removed. A pleasant room, which is convenient
ess from the street, has been fitted up in the basement for
purpose, while the remainder of the building, which is four
s in height, is used for hospital purposes. It is of interest
te that this arrangement is a temporary one, and that
, by the generosity of the patrons of homœopathy in the
the hospital shall receive a larger support, it will be re-
d to a building erected for it, perhaps in some other part
e city. The present building answers admirably for a
ning. It is the last house in the block on the right hand
f Burroughs Place, having windows on the northerly side
ll as in the front and rear. The dispensary occupies only
oom in the basement, and the remaining apartments are
for the kitchen, dining-room, store-room, &c. The first
is divided into a reception-room and ward-room. The
r is an elegantly furnished apartment at the end of the
lor, into which all visitors and applicants for medical service
shered, and where all business connected with the hospital
nsacted. The furniture is solid black walnut, the carpet
handsome specimen of Brussels manufacture, several
es adorn the walls, and the appearance of the room is very
and inviting. In front is the largest ward-room of the
tal. It contains eight beds, and is well supplied with
tal furniture and conveniences. The beds are of the kind
only found in hospitals, and all the bedding is new and of
ery best quality. The next floor is divided into a large
with four beds, a neatly furnished apartment for the

matron and a bath-room. In the third story there are two large rooms, one of which is fitted up with much taste and at a good deal of cost by the Swedenborgian society of this city, for the reception of paying patients. The other large room contains two beds for patients, and there are three small rooms, one of which is for the use of the house physician and two for patients. In the fourth story there are several rooms for the use of domestics and for storage purposes. There are seventeen beds in all for the use of patients, and this is the limit of accommodations in the present building. The Ladies' Aid Association has fitted up the hospital at a cost of about $2000, and in many ways contributed to its funds. Already, besides the payment of current expenses, some $15,000 have been obtained as the nucleus of a permanent fund, which it is hoped may be increased to $100,000, when the hospital will be well provided for and prepared to remove to more spacious quarters. Everything about the hospital is so nice and neat that one is tempted to call it a home rather than a hospital, and the ladies who have done and are doing so much towards its establishment, and the physicians who are gratuitously devoting a good deal of time to the treatment of patients and the general maintenance of the hospital, are certainly doing a very noble and benevolent work. Dr. Charles G. Brooks has been appointed house physician, and has taken up his residence in the building. An efficient matron has been secured, and all the arrangements are now pretty well completed. The most striking impression which the visitor to the hospital receives is that of the rigourous and perfect cleanliness which is noticed on every hand. The gentlemen having charge of the medical department, and who serve three months each in the order named, are Dr. J. H. Woodbury, Dr. E. B. de Gersdorff, Dr. C. Wesselhoeft, and Dr. Henry Ahlborn; surgeon, Dr. I. T. Talbot; oculist and aurist, Dr. H. C. Angell. Colonel Henry S. Russell is president of the corporation, which numbers many prominent citizens among its members. Already there have been a large number of applications for treatment, and at the rate at which the number is increasing the hospital will soon be full."

HOMŒOPATHY IN GERMANY AND HUNGARY.

We learn from the *Allgemeine Homöopathische Zeitung* (May 20th) that the lectures on Homœopathy at the University of Leipsic, the delivery of which was suspended during the late war, were to be resumed last month.

On the same authority we have much pleasure in informing our readers that Dr. Franz Hausmann has been created Professor-Extraordinary of Homœopathic Therapeutics in the University of Pesth.

CORRESPONDENCE.

THE HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I have to thank Mr. R. S. Crossley for his letter your last issue, drawing attention to the formula for *nitrate strychnia*, and indicating the complex nature of the solution. concludes his remarks with the words: "What allopath—l much more, what homœopath—would ever think of pre-ibing such an elegant and varied mixture?" This sentence ws that Mr. Crossley, like many others, has mistaken Hah-nann's meaning respecting the use of unmixed medicines: hnemann by no means objects to compound remedies, *if the pound has been proved.* For example, no objection is taken the use of *oleum animale*, and yet a reference to page 196 of B. H. P. shows it to be far more complex than the Solution Strychnic Nitrate. What is objectionable is the mixing of edies for the purpose of obtaining the action of both, and lly disregarding the fact that very frequently the com-ents of a mixture so modify each other's action, that the ultant is something quite different from what might have n anticipated. As regards *nitrate of strychnia*, our whole erience, which is very considerable, has been derived from clinical use of the solution made according to Dr. Kidd's nula, and hence, if we wish to utilise this experience, we st continue to employ the same solution. I am free to con-that the name *strychnic nitrate* is objectionable, since it fails xpress the true chemical nature of the solution; and I should much indebted to Mr. Crossley if he will suggest a better gnation. I must, however, object *in toto* to substituting for it queous solution of *nitrate of strychnia*, since we are at present rely without either clinical or pathogenetic knowledge of salt.

I am, Sirs, yours obediently,

HENRY R. MADDEN,
Convenor of the B. H. P. Committee.

3, Sackville Street, W.
April 24th, 1871.

CLINICAL QUERIES.

To the Editors of the Monthly Homœopathic Review.

entlemen,—Some time since, our able colleague, Dr. Drys-, used your columns to test the practical management of our rtories, and the replies elicited were full of interest. Now I ld like to do something similar in regard to four of our monest diseases; and I choose these, not alone on account eir obstinacy, but, as well, because each of them is attended

with a uniformity of symptoms seldom met with in other affections, and because they are little dwelt upon in most homœopathic therapeutic treatises.

Allow me, therefore, to put this simple question to my colleagues:—Is there any drug, the internal administration of which you have found to cure any of the following diseases?

i. Vesical Catarrh
ii. Uterine Catarrh
iii. Vesical Paralysis
iv. Infantile Enuresis

} Of two or more year's standing.

I may be referred to isolated cases scattered through our journals, but our requirements ought to go beyond these, the more so as the diseases named are met with every day.

I may also be politely told I am "a mongrel," and that, of course, we must take "the totality of the symptoms as our guide, and prescribe in accordance with them;" and that the success is a matter of course. Theorizing is easy, facts are plain; let us have the facts placed before us in a reasonable manner, and we care not what abuse accompanies them.

There has been much ado of late about the fourth on our list, in allopathic periodicals, and *belladonna* and hydrate of chloral have been recommended—I cannot as yet get on with either.

Allow me, Gentlemen, to subscribe myself,

QUERIST.

COMPULSORY VACCINATION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your notice of my reprint on "*Vaccination and Sanitation*," you do not quite understand why you should be rendered "liable to the *insinuation* of endeavouring to destroy medical liberty," yet a very few sentences afterwards you plainly repudiate the very idea of liberty in connection with vaccination. You "protest against any one having the power to become so great—so fatal—a nuisance, when, without any trouble, expense or danger to himself, he can avoid being so." If my English is not sufficiently clear, there can be no possibility of mistaking yours. You literally advocate medical despotism, pure and simple, with the most sublime unconsciousness. If a man is not to be permitted to remain in perfect health as he came from the hand of his Maker, he certainly cannot be said to have an excess of liberty. I do not care, at present, to trespass upon your space by controverting the various strong assertions which you make in your article; but there are some insinuations which you perhaps did not intend to apply to me, but which I desire to repudiate, in order to avoid any misconception. The first is that objections to compulsory vaccination arise only from the de-

ions of the false prophets of the Anti-Compulsory Vaccination gue. Now, as I do do not belong to the League, I cannot me of their "false prophets;" but I humbly think that the on why the poor object to the compulsory law, whilst the generally do not, is precisely because their hard lot obliges n to know a great deal more of the evil results of vaccination n their superiors in worldly position. Even if the surgeons m you have mentioned were of the *highest* professional ding (which is far from being the case), I should still decline llow the question to be settled by an appeal to authority, st such men as Rowley, Birch, Moseley, Gregory, Copland, rd, &c., can be quoted as opposed to their views. The nd insinuation (see p. 248) is that I endeavour to dissuade le from availing themselves of vaccination "at a time when hould be encouraged to the uttermost." I am at a loss to w what part of my article "dissuades people from using the known means of preventing small-pox." The whole world get vaccinated without any let or hindrance on my part; I certainly would not "*encourage*" the practice by fines, risonments, handcuffing, and other degradations, which can have the effect of increasing the scepticism of those who k that physical force is the very weakest possible argument.

I am, Gentlemen, your obedient servant,

EDWARD HAUGHTON, A.B., M.D.

), Kensington Park Road,
April 10th, 1871.

Dr. HAUGHTON is an earnest and zealous advocate of sanitary rovement. As such we presume that he would, by force of , or, as he somewhat sensationally describes this process, "by s, imprisonments, handcuffing, and other degradations," pre- a man having the liberty to keep such a stock of filth around own and his neighbours' dwellings, as would be calculated to nder typhoid fever. Precisely on the same grounds do we ct to a person being at liberty to expose the life of his child, to endanger the lives of his neighbours, by keeping that l in a condition susceptible of small-pox poison, when it "without any trouble, danger, or expense to himself," be ered practically insusceptible of it. In so doing we advocate 'medical despotism" whatever, that is not, in similar , already enforced, without any complaint to which any n of common sense would think of listening.

e had no intention of insinuating that Dr. Haughton was a ber of the Anti-Compulsory Vaccination League—though ould seem to be anxious to secure the object aimed at by Association—still less did we regard him as one of its se prophets." Dr. Haughton, on the contrary, admits the ctive value of vaccination, but protests against every one

being obliged to be protected. That, so far as we can understand it, is his position.

We think that Dr. Haughton is entirely in error in attributing the objection to vaccination among the poor to their knowing more of the evil results of vaccination than persons among the well-to-do classes of society. We believe that their objection to vaccination arises, mainly, if not entirely, from the sensational harangues addressed to them by the agents of the League. With all deference to Dr. Haughton's judgment of the professional standing of Dr. Seaton, and Dr. Ballard, and Mr. Marson, we think it would be difficult to find any three men in the profession more thoroughly experienced in the practice of vaccination, more intimately conversant with its results, or more acutely critical in their investigations, than they have shown themselves to be.

We certainly think that the tendency of such papers as that of Dr. Haughton's, is to dissuade people from availing themselves of vaccination, albeit no particular passage from it might be held to do so directly.—Eds. *M. H. R.*]

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. Drummond, Manchester; Dr. O'Neill, Birkenhead; Dr. Cooper, Southampton; Madden, London; Dr. Yeldham, London; Dr. Malan, St. Catherine's Priory; E. Atherton, Esq., Hobart Town; Dr. Parry, Sydenham; Mr. Berry, Old Kent Road; Mr. Headland, Gravesend; C. Trueman, Esq., London.

BOOKS AND PERIODICALS RECEIVED.

British Journal of Homœopathy, April 1871. London: Turner &
The Doctor, April 1, 1871. London: Baillière, Tindall & Co.
The Food Journal, April 1, 1871. London: J. M. Johnson & Co.
The Chemist and Druggist, April 15, 1871. London.
The Chemist and Druggist's Advocate, April 15, 1871. London.
The North Am. Jour. of Hom. Feb. 1871. New York: Boericke & T
The United States Med. and Surg. Journal, Jan. 1871. Chicago: Hal
Bulletin of the Hom. Med. Soc. of the County of New York.
The New England Medical Gazette, Feb. 1871.
The American Homœopathic Observer, March 1871. Detroit: Lo
The American Jour. Hom. Mat. Med., Feb. 1871. Philadelphia: T
Allgemeine Homöopathische Zeitung, April 1871. Leipzig.
La Reforma Médica, March 1871. Madrid.
Rivista Omiopatica, Rome, March 1871.
La Homœopatia, Dec. 1870. Bogota.
Report of the Birmingham Homœopathic Hospital, 1870.
Report of the Guildford Homœopathic Dispensary, 1870.

Papers, Dispensary Reports and Books for Review to be sent to Dr. Ryan, 2A, West Street, Finsbury, E.C., or to A. C. Pope, Esq., Moselle Villa, Lee, Kent, S.E. Business Communications and Advertisements to H. Turner and Co., 77, Fleet Street, London, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE THERAPEUTIC PART OF THE REPERTORY.

THE Hahnemann Publishing Society has of late shown igns of renewed vitality and activity, some additions have een made to the quarto edition of the *Materia Medica*, ome more chapters of the *Cypher Repertory* are in the ress, and readers of this *Review** have had an oppor- unity of forming an opinion on the plans which have been ggested for the Therapeutic portion of the Repertory.

Now, what are the conditions which a Therapeutic part a Repertory should fulfil?

First, it must be so arranged as to be easy for reference the treatment of disease, that it may serve as a guide in anagement of cases, especially of acute diseases. It ed not, however, resemble a practice of medicine, cause the diagnosis, prognosis, and natural history of sease would be mere repetitions, but it is necessary to fine the malady before indicating its treatment.

Secondly, it ought to give the results of former ex- rience.

Thirdly, as it is important to avoid routine practice, the lan adopted should lead to the study of the Materia ledica.

Fourthly, the Therapeutic portion should, together with the Materia Medica and Cypher Repertory, form a

* Dr. R. Hughes, August, 1870, p. 468. Dr. Gibbs Blake, February, 1871, p. 89.

complete text-book of all that is special in homœopathic practice.

A reference to Drs. Hughes' and Blake's papers will show that they do not fulfil all these conditions; but we think that by some modification of their plan, and by the adoption of some of the suggestions of Dr. Madden, who read a paper on an allied subject at the British Congress for 1870, a useful scheme may be devised.

The *first condition* that we have imposed upon the Therapeutic Repertory is very important for many reasons. As all those who practise homœopathy with a British qualification have obtained their knowledge of medical treatment from books arranged upon one general plan, it would be well to arrange the special knowledge which homœopathy supplies on a similar plan, if it can be done without any sacrifice of principle. The time will come when medical practice at a homœopathic hospital will be recognised in England as part of the regular curriculum. The student might acquire the special knowledge direct from Repertories and Materia Medicas; but at present he must acquire it by practice at the bed-side. Having already learnt to recognise, by name, what he has to treat, he wants to learn how to treat it. In order to do this we must decide upon a nomenclature, and that published recently by the London College of Physicians would form a good basis. It is anatomical in arrangement, and, in many respects, closely resembles the original schema of Hahnemann. This, of itself, is no small matter, seeing that we have to compare the therapeutic portion with the Materia Medica. The nomenclature is too meagre for our purpose, but it is possible to interpolate in the appropriate place any number of necessary names to indicate varieties of disease depending upon symptomatic differences. We shall refer again to the subject when speaking of the third condition.

The *second condition* refers to clinical reports of cases. When treating a difficult case, it will occur to most

medical men that they have met with a reported case resembling the one in hand; but where was it reported? Patterns of order may find it in their *index rerum;* but patterns of order are rare. Then, too, younger men have not the opportunity of reading up all the past periodical literature, and many valuable hints for treatment lie buried in book shelves. We think this portion of the Repertory should contain a reference, and, if possible, a *resumé* of typical cases of disease and treatment.

The *third condition* we think very important. All books on the practice of medicine tend to stereotype the practice and render it routine, and no progress nor improvement is made. If the plan of the Repertory contains a portion which makes a study of the Materia Medica necessary, this pit-fall will be avoided. We think that Dr. Madden's paper, before referred to, contains suggestions that may be utilized for this purpose. That paper will repay a careful perusal. Let us take the example which Dr. Madden gives, viz., the various diseases of the mucous membrane. In the Repertory it would be necessary to divide the mucous membrane into regions, and the results of the study of the Materia Medica would be given, but a reference again to the Materia Medica would be necessary, on the part of the student, in order to get a clear idea of the action of the medicine. If we confine ourselves to the nasal mucous membrane as a heading, and to catarrh, the first local disease in the nomenclature of the College of Physicians, we may embody some of Dr. Madden's hints in the following manner:—

NASAL MUCOUS MEMBRANE.

Catarrh, followed by catarrh of eyes			All. cep.
„	preceded „	„ „	Euphrasia.
„	accompanied by	„ larynx and trachea	Ars., Iod.
„	„	„ chronic catarrh of eyes	Merc.
„	„	„ arrest of nasal secretion	Nux.
„	„	„ acrid tears	Euph.

Catarrh, accompanied by bland tears .....All. cep.
„ „ „ acrid nasal mucus ..... „
„ „ „ bland „ .....Euph.

In this way the study of the Materia Medica may be made to accompany the study of the treatment of individual diseases; and as it would be difficult to exhaust any subject in this manner, it would leave some parts to be filled up from the Materia Medica, and the results of all new experiments could be added by the student.

Fourth condition. No one can doubt the importance of having a complete text-book of homœopathic practice. At present we have a difficulty in getting house surgeons; but when there are several applicants for one office, it will be desirable to be more rigorous in testing the qualifications of the candidate. We may then expect that he will be able to give an outline of the principal polychrests, to show that he can look up a case with the aid of a Repertory, and to give some proof of practical acquaintance with the treatment of acute disease—as, for example, of acute bronchitis.

But before we can expect a candidate to do this, he must be able to get the books from which the information can be obtained, and no student can do this now. The information is scattered about in many periodicals and manuals, and requires codification.

We trust the Therapeutic Committee will soon decide upon a plan of work, so that this very important part of the duties of the Hahnemann Publishing Society may be set going, and we hope that it will meet with help and support from all members of the profession.

OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES: WITH SUGGESTIONS FOR TREATMENT.

By JOHN ANDERSON, M D., M.R.C.S.

(Continued from page 283.)

HAVING in the preceding paper described the pretubercular state, the premonitory stage, and the stage of deposition of tubercle, with three of its possible terminal changes, namely, the deposit tolerated, the deposit altered, and the deposit entirely removed or absorbed, we have now to consider the fourth and unhappily the most usual terminal change of the stage of deposition, forming, in fact, the next stage of phthisical disease, namely,

3. *The stage of softening.* This stage consists in the "aggregation into masses, or groups, of the single tubercles, which disintegrate and soften, involving the neighbouring structures of the lung in this destructive process." It has already been stated that in Laennec's estimation the softening process of crude tubercle commenced towards the centre of each mass, the tuberculous matter daily becoming softer and more humid, unctuous, and then acquiring the viscidity and liquidity of pus. Dr. Carswell, however, is of a different opinion, he considers that "softening begins most frequently at the circumference of the tuberculous matter, or where its presence, as a foreign body, is most felt by the surrounding tissues, and hence the reason why softening is frequently seen making its appearance in several points of an agglomerated mass of this substance, which has included within it portions of the tissues in which it was formed."* Andral also differs somewhat from Laennec, he says that tubercles soften, not from any spontaneous changes in themselves, but from the admixture of pus poured out from the living textures immediately surrounding them. Jones and Sieveking describe the softening of tubercle to "consist in the texture of the tuberculous mass becoming more lax and moist with notable increase of size, the change proceeding until it breaks up into a yellowish, diffluent, cheesy mass, which finally becomes a thin, whey-like fluid, of acid reaction, containing minute flocculi. The softened tubercle thus

* *Illustrations of the Elementary Forms of Disease.*

consists of a fluid loaded with diffused granulous matter, traces of altered nuclei and cells, and free oil in the form of various sized drops. It may also contain *débris* of the tissues."* Dr. Barlow says that "this process of softening and disintegration is not confined to the tuberculous matter, but that the tissues, in which that matter has been deposited, are involved in the same disorganisation, and break up, more or less rapidly, according to the nature of each; and the product of their disorganisation mixing with that of the tubercle, there results a thick, apparently puriform, matter, consisting of an organic *débris* saturated with serous fluid. This mass has generally a tendency to make its way to the nearest cutaneons or mucous surface, like the pus of an abscess."†

The symptoms accompanying this stage of softening are very marked in character, and give decided evidence of the existence of the suppurative process, with, generally speaking, confirmed hectic. The cough is now much increased in frequency, and has become bronchial in character. It is accompanied by expectoration, flocculent, purulent or muco-purulent, and the sputa, when microscopically examined, are found to contain enveloped blood corpuscles, large, many nucleated cells, pus and mucus corpuscles, curled elastic tissue or fragments of pulmonary fibre, casts of air vesicles containing epithelial cells fattily degenerating and, occasionally, free tubercle nuclei. Hectic fever is now more or less fully developed, with night perspirations, the pulse is frequent, the voice is of a peculiar roughness and hoarseness, the tongue is red, indicative of great irritation of the mucous membranes of the alimentary canal, which irritation is further evidenced by irregularity of the bowels and frequent attacks of diarrhœa, owing to inflammation and ulceration of the intestinal glands. The emaciation and debility are now more marked, and in many cases there is that peculiar bulbous appearance of the ends of the fingers so indicative of phthisical disease.

The physical signs in this stage of softening are more marked than in the stage of deposition, and consist either of an increased development of some or all of those hitherto existing, or a manifestation of others altogether new and specific. There will be increased depression and flattening

* *Manual of Pathological Anatomy.*
† *Practice of Medicine.*

est in the infra-clavicular regions, the measure-
the chest both in the antero-posterior diameter
semicircular direction are diminished; and there
a more defective expansion during inspiration
ie lateral and outward, as well as in the upwards
ards movements of the thoraic walls. Dulness on
n will now be increased in degree and extent
ked resistance, the respiration will be more
or tubular in character, and the power to
p and lengthened inspirations will be greatly
d. The resonance of the voice will be increased,
arked bronchophony with bronchial cough will
t, and, as in the former stage, the normal sounds
art will be transmitted with abnormal clearness.
physical signs marking this stage are the mucous
n, or humid crackling and thin, metallic bub-
nchus, and once these signs are distinctly heard
nmit of either lung, there is very little doubt that
are commencing to soften. Speaking generally,
cteristic and special signs of this stage will be
flattening of the chest, increased percussion dul-
blowing and tubular respiration, and the mucous
n.

ration of this stage of softening, once it reaches
months, may vary from that period up to ten or
ve years, and Dr. Pollock found that of 203 cases
ing, the average was 67.35 months, in fact, he re-
r cases in which the duration extended to twenty
t will naturally be supposed that during so long
of chronicity as years or many months indicate,
be a corresponding remission or even a removal
f the constitutional symptoms, and a cessation or
of the more marked physical signs.. Such is
case; as the period of chronicity extends, the
er, with all its accompaniments, becomes less,
is not so rapid, the cough is diminished, there
rease of weight, an improved appetite, and a
wer of digestion and assimilation of food. The
f percussion is rather less, the moist crepitation
re decreased and become dryer in character,
crackling rather than a bubbling sound. All this
ints to a suspension of the destructive process, a

* *Elements of Prognosis in Consumption.*

subsidence in the irritation of the lung tissue, and the blood improved in quality and less contaminated by the morbific agency.

There are certain special causes which influence the rapidity or slowness of this stage of softening. Dr. Pollock lays much stress on these causes, and describes the three following especially.* (*a*) The nature of the tubercle and the mode of its deposit. The grey variety of tubercle has less disposition to soften than the yellow variety, not so much from any inherent material difference between the two (for in the opinion of many there is very little if any real difference at all), as from the tendency of the grey tubercle to be distributed generally throughout the lung tissue. Certainly the aggregation of tubercle in one particular part, especially at the apex of the lung, giving rise, as this does, to great condensation of the lung structure, will be much more favourable to the production of rapid softening changes. (*b*) The degree to which the lung tissue is engaged in irritative changes. There is, perhaps, no agent so important in hastening the destructive process of tubercle as the surrounding irritation of the lung tissues, and softening is undoubtedly accelerated by congestion of the pulmonary capillaries. The tuberculous deposit might remain quiescent for months and years but for this superadded condition of congestion and irritation, for tubercle in itself being unorganised, the changes it undergoes are chiefly under the influence of the parts in which it is deposited; and there can be no doubt that the inflammatory process hurries on those changes by which the destruction of the morbid product is effected. (*c*) The cessation [illegible] continuity of the blood disease. Remembering that [illegible] primal mischief in reference to the origin and developm[illegible] of tubercle is in the blood itself, which, from a variety [illegible] morbific causes has become deteriorated, it will be at o[illegible] seen that the advance or retrogression of the phthis[illegible] disease must depend greatly on the condition of that v[illegible] fluid which is so prolific a source of all the disturba[illegible] A continued supply of contaminated blood necessar[illegible] keeps up and increases the irritation in the lung tis[illegible] and hence the importance of the strictest attention to [illegible] general health and functions of the system, so that, w[illegible] an improved condition of the blood, there may be mor[illegible]

* Op. cit.

cessation of active disease, and the tendency of the ercles to soften indefinitely prolonged. On this point itansky justly says: "No local healing process would fraught with any value for the individual unless ac-ipanied by the extinction of the fundamental tubercle-ducing crasis."

When the constitutional symptoms and the physical is combine to prove that this softening stage has been ived at in the process of phthisical disease, only two minal conditions or changes are to be looked for. st, the softening tuberculous mass may undergo a isformation into a horny or chalky matter similar to t which has already been described as the second minal change of the stage of deposition, and which kitansky says never takes place except in softening or tened tubercle. Upon this point Niemeyer remarks: f the cell growth is not so abundant as to lead to a con-erable compression of the walls of the alveoli, and of ir nutritive blood vessels, the cheesy masses may become l more inspissated, and the shrunken atrophied cells y break up into a detritus. The organic substances con-ied therein disappear more and more, and calcareous s are deposited, until at last a cretaceous or mortar-like icretion remains."* Secondly, the softening process con-ues and increases until at length a cavity is formed. ere is no evidence to prove that softening tubercle is r absorbed or removed by any other process than that retification, for even if the physical signs indicative of tening should have ceased to exist, there still remain unmistakeable physical signs of tuberculous deposit. ling therefore the first terminal change just referred there remains only the second, which leads to a con-eration of the fourth stage of phthisis, namely,

. *The stage of excavation.*—In this stage of phthisical ease and disorganisation, "masses of tubercle have ome involved in such a process of softening as to cause truction of the lung tissue to an extent sufficient to minate the physical signs indicating cavity." The lung ue becomes gradually destroyed, the intervesicular ta are more and more absorbed and broken down, the ened matter of the aggregated mass of tubercle becom-more or less liquified, finds its way into the larger

* *Clinical Lectures on Pulmonary Consumption.*

bronchi and is expectorated, and the result is a cavity in the pulmonary tissue. It is not, however, tubercle alone that may soften and produce a cavity. Dr. Addison, of Guy's Hospital, long ago taught that cavities in the lung might arise from softening of light-grey, grey and iron-grey induration matter; also by sloughing of the pulmonary tissue; all this having been preceded and caused by pneumonic inflammation, quite irrespective of any true tuberculous deposit whatever; in fact, he distinctly states that one of the four morbid changes produced by pneumonia is a "total albumenization of the lung tissues in the form of an organisable or non-organisable material, and thence forming an abscess." *

These views of phthisical disorganisation, which were first propounded by Dr. Addison thirty years ago (the value and importance of which are only now beginning to be recognised), Niemeyer has greatly amplified and enlarged upon in his *Lectures on Pulmonary Consumption*. He states that cheesy infiltration of the lung tissue as a terminal change or result of acute or chronic catarrhal pneumonia, frequently leads by an immediate disintegration of such infiltrations to the formation of cavities; this result being brought about "not only by the encroachment upon one another of the cells accumulated in the alveoli, but by their exerting also a pressure on the surrounding tissue and its blood-vessels, which causes the walls of the alveoli, thereby deprived of their nutritive fluid, to degenerate and die." Also, "that it is by no means rare that in the course of a primary, genuine bronchial catarrh, the disease extends from the bronchi to the alveoli, and causes a more or less extensive consolidation of the lung tissue. This form, too, of catarrhal pneumonia may terminate in cheesy metamorphosis and in a rapid disintegration of the lung tissue, producing the symptoms of a florid phthisis or galloping consumption, and leading in a short time to a fatal result."

A cavity in the lung may arise, therefore, from (*a*) the softening and liquifying of tuberculous matter; (*b*) from the plastic lymph of pneumonic inflammation breaking down into pus, and involving the lung tissue in which is deposited in disorganisation; (*c*) from the indurated lung tissue, the result of organised inflammatory produc-

* The published writings of Dr. Addison, New Sydenham Society 1868.

inflamed and breaking down into suppuration.
y itself is generally situated and is usually first
the apex of the lung; sometimes, however, in
: or at the base of the lung; and it is an excep-
to find cavities in both lungs produced simul-

It is the generally received opinion that the
orms a cavity more rapidly than the right, and
osterior part of the apex begins to soften before
or. The size of a cavity may vary from that of
that of a nut, an apple, or a clenched fist. In
ological museum there is a preparation of the
ing an enormous vomica, the size nearly of two
ists, the upper lobe almost entirely excavated
: phthisical cavity. As regards number, there
ly one cavity, or a few cavities, or so many as
: lung quite a honeycomb appearance when cut
regards shape, there is (*a*) the irregular and
cavity, with its anfractuosities, the result of
l softening of the crude and miliary tubercles
the original cavity is surrounded, and
h these sinuosities thus formed open. The
his irregular shape is the more frequent, and
the most indicative of danger. Of 556 post
xaminations of phthisical cases, Dr. Pollock
e than 500 to have excavations of the irregular
l generally in both lungs.* (*b.*) The circum-
vity, which, as its name implies, is limited in
bounded by walls of thickened tissue, and is
lly found in the right apex. This form of
ot so frequently met with as the former, is less
of danger, and the earliest physical signs
e generally found in the supra-clavicular or
ular regions. As regards the interior of a
espective of size or shape, whilst the surround-
tructure is almost always condensed and solid,
itself, when the tubercles are first expelled, is
gged on its inner surface. Jones and Sieveking
ie walls of a cavity "often to present a uniform
pearance, and invested by a false membrane,
assume a considerable thickness of one-third
f a line."† This membrane Hasse describes as
ied out of the hepatized crust that encircles the

* Op. cit. † Op. cit.

enlarging cavities. The irregular cavities are ofte
versed by bands or columns of condensed pulm
tissue, infiltrated with tuberculous matter, which La
compared to the columnæ carneæ of the heart. H
speaks of the walls of an excavation beginning to
itself, as lined throughout with a species of false
brane, thin, soft and friable, and sometimes a pe
membranous exudation varying in thickness and ext
covering surface; and again no marked trace of eit
these membranes, but the walls of the excavation f
by the pulmonary tissue, generally indurated, red
infiltrated with tuberculous matter in various sta
development. In his work on *Diseases of the C*
drawing is given representing a section of the uppe
of the lung, in which there is a very large and a
tuous tubercular cavity, having amorphous and irr
columns passing from one wall to the other; the co
are formed by condensed and compressed pulm
tissue, and are covered with a thin layer of tuber
matter. Another figure represents a section of the
lobe of the left lung, in which a large and very ol
monary fistula is seen, crossed by obliterated
vessels, and lined by a semi-cartilaginous membran
and of uniform thickness.

As regards the symptoms of this stage of excav
there are no new ones specially developed, but the
be a considerable increase and aggravation of all
that have hitherto existed in the previous stages.
hectic fever will be very marked, the emaciation ex
the lower limbs painful and œdematous, and in
cases there will be a colliquative diarrhœa and abu
perspirations. The pulse becomes very small and
the cheeks hollow, the eyes sunken, the finger-ends
bulbous and clubbed in a marked degree, the debili
prostration excessive, and in women there is a total
tion of the catamenia. The cough and dyspnœa are
distressing and urgent, the hæmoptysis more profu
sometimes sudden, the expectoration more abunda
flocculent, purulent or poriaceous in character.
microscopically examined, the sputa are found to c
pus and mucus corpuscles shrivelled with irregular
free tubercle nuclei, enveloped red blood corpuscles
of air-vesicles, and curled elastic tissue. Should th
large suppurating cavities, pus and mucus corpuscl

arge granulous cells almost exclusively will be found, with, perhaps, some confervoid vegetations. The urine is sometimes found to contain albumen, or very small quantities of sugar.

The physical signs in this stage of excavation are very marked and decided. The flattening and depression previously described are more or less increased, and the mobility and expansive power of the chest greatly diminished, and the intercostal spaces much retracted.* The dullness on percussion will vary according to the special conditions of the existing cavity or cavities. If the surrounding lung tissue be indurated and the excavation small, the percussion sound will be dull, wooden or tubular; but if there be a thick layer of healthy lung tissue between the cavity and the bony walls of the chest, the percussion note will be only moderately dull, or almost natural. If the cavity be large and simple and near the surface, the percussion note will be of the amphoric or cracked metal quality. The respiration will be rough, blowing, cavernous, or positively amphoric in character, and accompanied by gurgling, cavernous rhonchus. The vocal resonance will vary in extent and degree from bronchophony strong and concentrated to absolute pectoriloquy. The cough will be cavernous or amphoric in character, attended sometimes by metallic tinkling, and this latter sound may occasionally accompany the voice and the respiration. Speaking generally, the special and characteristic signs of this stage of excavation are the cavernous or amphoric respiration and cough, the gurgling rhonchus, and the pectoriloquy.

The duration of this excavation stage, once it reaches eighteen months, may extend to two, seven, or twelve years. Dr. Pollock records one case of twenty years and another of twenty-one years standing. The average duration of 206 cases he found to be 66.66 months. Upon this subject of duration, Dr. Pollock rightly observes that the prognosis will depend more especially on the state of the lung structure immediately below the cavity, as well as the other parts of both lungs, and that the future of the

* Dr. Walshe states that he has known in some rare instances the extreme infra-clavicular depression existing in the second stage of phthisis, to diminish somewhat—nay, even to give place to slight bulging when a *capacious* excavation had formed.—*Diseases of Lungs and Heart.*

patient is to be estimated not so much by the cavity itself, as by the integrity of the remaining portions of lung tissue on both sides; for the very existence of a cavity implies necessarily that the intervening portions of lung are undergoing, or have undergone, more or less of ulcerative absorption or destruction, and it is this fact especially which makes the formation of a cavity so perilous.*

The terminal changes connected with this stage of excavation will be considered in the next paper.

(To be continued.)

ON THE DOSE.

By Edwin Payne, M.D., L.R.C.P., M.R.C.S.,

Formerly Assistant Physician to the Royal General Dispensary.

Not to let what we don't know contradict what we do know, is not an unscientific nor an illogical rule. Hahnemann discovered and bequeathed to medical science the law of choosing drug agents for internal dynamic use—"*similia similibus curantur*," this we *know*, and its practical usefulness we know. What Hahnemann did not bequeath in therapeutics is, what to this day we *do not know*, but are seeking the settlement of, the law for the dose. Now, Hahnemann's first law had a *physiological* basis, and why should not the question of the dose be answered upon the same basis? On which side of the physiological action, the plus or the minus side, is the sufficient dose? The dose that shall cure *quickly*, and without doing injury to the organism—the dose that shall be a quick stayer of destruction and a restorer of the balance and not a destroyer—on which side of the physiological action of a drug is such a dose found? Those who follow Trousseau in his "*Medication substitutive*," say it is to be found upon the *plus* side, the pathogenetic side being reached, and then a recovery being waited for. Those who advocate in the homœopathic world the high dilutions, say it is on the *minus* side; may the truth not possibly be between the two *hypers* of either side with the medicine dose advocates? How often is the middle path found to be somewhat true in human affairs—temperance in *all* things is not one of the least of Horace's lessons. The question of dose is associated with the

* Op. cit.

question of action and over action of a drug. We know a drug will act when we perceive its physiological power, we know it will over act when we perceive its over physiological effect, the pure curative power is not in either of these actions, destruction and discomfort attend upon both; it seems then to follow that the *helping* power is to be found somewhere short of the physiological action—now in what degrees short of the physiological action do we find the dose which cures *quickest*, for this is the desired point; for if we cannot cure quicker than nature can, if we cannot, by so curing, more quickly save the organism from those mischievous ravages which disease, left to run its own course, inflicts, where is our advantage? Well then we ask not only the question, what dose will *cure*, perhaps in many cases a high dilution dose *will* cure if time be allowed,—but we ask, what dose will cure *most quickly*? In accordance with the observations above, I am inclined to look for such curative dose near to the physiological power point of the drug, but upon the *minus* side, thus getting within range of the positive and demonstrative power of the *drug*, but avoiding its *over* action. How far is it a matter of *experience* that the nearer we get to the physiological power of a drug, so we get the *quickest curative power* of the drug? By keeping close to the physiological basis of the law of *similia*, I think we are most likely to find a law *for the dose* that shall be workable with the law *for the choice* of the drug agent.

I am inclined to think the law for the dose lies close by the law for the choice, and in *many* cases the most efficient dose will be found *just* on the *minus* side of the physiological action, close by it. *Determine the smallest quantity which will produce the physiological effect, then the dose just short of that is the most efficient curative dose.* High dilutionists are, in all probability, departing from the law of the dose just in the proportion in which they leave the physiological basis of the law of choice, to keep closer home might be more advantageous, and to charge low dilutionists with heresy in homœopathy, is to let what we don't know contradict what we do know, loyalty in homœopathy consists not in *high dilutionism*, but in the *choice* of the drug by the law for that purpose.

London, May 5th, 1871.

CASE OF HEPATIC ABSCESS, PERFORATING THE DIAPHRAGM AND ESCAPING BY THE BRONCHI.

By JOHN DRUMMOND, L.R.C.P. Edin., M.R.C.S. Eng.

MR. C., aged 42, returned from New Zealand ten days since. His voyage was three weeks longer than he expected, and in order to accomplish what he had intended to do, he worked very hard, so as to be ready for the outgoing mail. His health broke down with the effort, and I was requested to visit him on the 26th July, 1868. Two days previously, in Birmingham, he felt very ill, but in spite of this he had persevered with his work: finding himself quite incapable of continuing this exertion, he returned to Manchester. He is a dark-complexioned man, and says he has had several severe illnesses. He had colonial fever in Australia years ago, and six years since he had rheumatic fever; and his medical attendant remarked that he had given him enough calomel to poison half a dozen men, but it had had no effect upon him. Twenty years since he had severe pain in the right hypochondriac region, and at all times he has been subject to the old pain there, when his health has been worn down by any cause. His chief complaint is extreme weariness: he had some shivering last night, with pains in his limbs, but the pains are now better. In addition to the lassitude the skin is hot; mouth parched; pulse 100; bowels relaxed every four or five hours; urine high coloured and cloudy. I gave him *bryonia* 1st dec. and *arsenicum* 3rd dec. The disease appeared to take the character of typhoid fever; and it is unnecessary to detail the symptoms from day to day, for a fortnight, as he slowly improved, and at the end of that time was able to sit in his bed-room and transact some business.

On the 8th August, in the night, I had to visit h[illegible] He had been down stairs during the day, and af[ter] returning to bed a severe attack of diarrhœa had set i[n] the motions very frequent, and quite watery. *Merc. sol.* *veratrum* 1st dec.; diet chiefly arrowroot and brandy, ri[ce] water, and rice milk.

On the 9th the diarrhœa continues, and the evacuation[s] pass away without control; he cannot get out of bed

time. Pulse 108. Changed the *mercurius* to *arsenicum*; the *veratrum* continued.

10th. Diarrhœa checked; continues very weak; complains of nausea, and loathes all kinds of nutrients.

14th. Last night had a long shivering attack, followed by fever. He is now bathed in profuse perspiration; the bowels relaxed twice twelve hours ago, and again twice before my visit. Gave *china* ℗ and *arsen.* 1.

15th. The rigor repeated last night, and followed by fever and perspiration; says he has no pain; face looks haggard and anxious. Cont.

16th. Very severe rigor last night and again this morning, and the perspiration so profuse, that it has been necessary to change his clothing twice since midnight.

℞. Quinæ Disulph. gr. xij.
Acid. Sulph. Dil. gtt. xij.
Aquæ ℥ viij. ft. mist.
A tablespoonful to be taken four times a day.

17th, 18th. The rigors much less severe; the perspiration very profuse. Five drops *phos. acid*, 1st dec., every four hours.

20th. Has had the severest rigor last night since his illness; it continued two hours, and was followed by dry feverish skin for an hour, during which time he vomited twice. He is now perspiring profusely; the linen has been changed twice during the night. Has for several hours had a constant tickling cough. There is dulness to within an inch of the right nipple, and at the back somewhat higher, and fine crepitant râles can be heard at the back of the lung; in front there is an absence of the respiratory sounds. Pulse is soft and feeble, and there is intense prostration. Ordered champagne and soda water, beef tea, arrowroot and milk. *Phos.*, 2nd dec., and *hepar sulph.*, 2nd dec., alternately, every hour.

21st. Has expectorated some prune-juice coloured phlegm during the night. He had another slight rigor during the early morning, and complains of slight pain when he takes a deep inspiration. Cont.

22nd. Has sharp attacks of acute pain when inspiring, which make him call out. Has had another severe rigor this morning, and vomited twice during its continuance. There is the same dulness both at the back and front of the chest; he complains of pain on palpation to the right

and below the epigastrium, and there is dulness for t inches below the margin of the ribs. Linseed poul mixed with a tablespoonful of mustard to be placed aro the right chest, and prescribed *bryonia* and *phospho* Nutrients as before.

23rd. Expresses himself as better, and says, after had had the poultice on the side for two hours, he lost the pain. He had another severe rigor this morn lasting for an hour, accompanied by vomiting, and lowed by perspiration. He loathes everything but champagne and arrowroot water mixed with milk. pectoration greater, strongly tinged with blood, perceptibly fœtid. Pulse 118.

24th. He lies bathed in perspiration, except whe is shivering, and he has had two rigors since yester Bowels relaxed, cough very troublesome, expectora same as yesterday. Pulse 124. *Arsen.*, 2nd dec., *chin* every hour.

25th. Cough incessant; has wandered a good during the night; he says he has no pain, but compl of tenderness over the liver, and just below the ribs t is fulness and some fluctuation. *Hyoscy.* Φ, *hepar s.*

26th. He has expectorated during the night a and a half of muco-purulent stuff, strongly tinged bile, and horribly bitter; appears very exhausted. P 128. Perspiring freely; says he feels better; less derness and fulness over the liver.

27th. Continues to expectorate the same, and in l quantity, which he complains of being very bitter. dered grain doses of *quinine* and grain doses of *hepa* alternately, every two hours, with champagne, beef and nutrients freely.

28th. Had a severe convulsive seizure during night, and his friends requested me to allow Dr. Rol to visit him. I consented to do so, and supplied with these notes, as he refused to meet me, and charge of the case. He made little change in the t ment, agreed as to the diagnosis and prognosis of the and only ordered the inhalation of sulphurous through the ordinary vulcanite apparatus for pulver this liquid. The "scientific drift" of using the phurous acid spray in this case remains a mystery to inasmuch as the lung complication was only a secon event, consequent upon the abscess in the liver. It

duced great discomfort and suffering to the patient, and he died in the course of a few days.

If it healed the lung lesion—and I do not know that it did so—it probably closed the opening which nature had provided for the safe escape of the pus from the liver, and that pus must escape *elsewhere*, either by an opening through the integuments to the surface—which would have been equally as safe—or to the peritoneal cavity, death following in the wake of the latter with great rapidity.

I have heard that he ceased to expectorate, that no purulent discharge escaped externally, and that he died with symptoms allied to peritonitis.

Remarks.

Suppuration is a rare termination to inflammation of the liver in temperate climates. The patient in this case had only temporarily returned to this country from New Zealand. In his previous history we have a reference to an indefinite pain in the right side, from which he suffered twenty years ago, and which has recurred at intervals, when his strength has been worn down by over-work or disease. At another time he had colonial fever, which is a form of enteric fever of an intermittent type, in Australia; and six years ago, during an attack of acute rheumatism, he took calomel so freely that even the colonial doctor who prescribed it expressed surprise at the powers he showed in resisting its usual effects. It is difficult in medicine to trace the relationship existing between cause and effect, but these are events in the life of the patient which would tend to predispose him to hepatic disease. The seeds of active mischief lay dormant within his system, and were aroused into activity by the anxiety and disappointment of a delayed voyage, followed by the strain he subsequently made upon his strength to make up the lost time by over-work. His health had not been good since he had had the rheumatic fever, and this journey to England had partly been undertaken with the hopes that it would restore and renovate him. In this he had been mistaken, for at the termination of the voyage he felt no better, if as well, as he had done when he left the colony. With great energy he commenced his labours here, visited Manchester, London,

Glasgow, and Birmingham; but within ten days of his arrival broke down from complete failure of strength, and returned to Manchester. The disease at first resembled typhoid fever, and from being severely ill, he gradually improved, so that at the end of a fortnight he sat in his room and transacted some business.

"If the hepatitis run an acute course, or be attended at an early period by inflammation of the serous membranes, it may be accompanied by febrile symptoms from its commencement to its termination. On the whole, however, this rarely happens; more frequently the fever attendant upon the inflammation disappears, to return at a later period in another form." The character of the case was not recognised at this stage of the disease, and the early obscurity is not unusual. "According to the observations of Rouis, collected in Algeria, the symptoms were perfect in only 8 per cent. of the patients who came under notice, imperfect in 79 per cent., while in 13 per cent. the disease ran a latent course. These results show the difficulties which, under certain circumstances, embarrass the diagnosis of suppurative hepatitis."

On the 14th day of my attendance the patient had a serious relapse, characterised chiefly by severe diarrhœa; and five days after this we have the first mention of a positive rigor, followed by fever and perspiration, and attended with vomiting.

Of Rouis' 143 cases, only 21 per cent. of hepatitis were accompanied by symptoms of gastro-enteric catarrh, loss of appetite, nausea, pain and tension of the epigastrium, vomiting, and semi-fluid bilious stools. The frequency of diarrhœa, and particularly of dysentery, has been so often noted, that Ribes, Budd, and others have imagined the hepatic inflammation to be an extension of the disease from the gastro-intestinal mucous membrane to the liver, through the medium of the veins.

Annesley, as the result of his extensive experience in the East Indies, was led to regard the relation subsisting between diarrhœa and abscesses of the liver as entirely different from the above-mentioned, and to be due to the morbid quality of the bile secreted by the diseased liver, which produced irritation, or inflammation of the bowel, as a secondary consequence. In this case the diarrhœa, I believe, was the result of the liver disease, and not the cause of it.

On the 21st day of my attendance we have the evidence lung complication, for we have "cough, with dulness within an inch of the right nipple, and at the back her, with crepitant râles at the back and absence of piratory sounds in front."

Frerichs says: "In cases where the inflammation is pagated from the liver to the lung, a sub-acute infil-ion of the right lower lobe is developed, and is accom-ied by the usual signs of pneumonia until after the sting of the abscess, when a large quantity of pus is ectorated."

These lung symptoms advanced for five days, when the cess discharged itself through the lung. Three days ore this event took place, we had sharp attacks of a with each inspiration, which made the patient call , showing particularly that the pleura, or diaphragm, implicated.

Having determined that an abscess exists in the liver, question naturally arises—What ought to be done? the treatment of inflammation of this organ, the great at which should guide us is to cut short the inflamma-, and arrest its progress before pus has been formed. this climate this may generally be accomplished by the of *aconite*, *bryonia*, and *mercurius*. But cases like one reported, and which may occur in more southern tudes, creep on insidiously; and it is only after the nation of matter that we have to determine our mode treatment. The abscess being formed, the first ques-n is—By what means shall its contents be evacuated? the most straightforward cases, nature shows a ten-cy to point externally through the integuments of the omen or of the chest; and as the liver in these cases become attached by adhesive inflammation to the ernal tunics of the body, and the case has naturally olved itself into an ordinary abscess, a simple puncture y be all that is necessary.

But nature does not always point out the means of ving a difficult problem. The abscess shows no ten-ncy to come to the surface, and it may force its way o—

1. The bronchi.
2. The pleural cavity.
3. The stomach.
4. The duodenum.

5. The transverse colon.
6. The bile ducts.
7. The gall bladder.
8. The peritoneal cavity.
9. The right kidney.
10. The pericardium.

Of all these means of exit the peritoneal and the pericardiac cavities are the most dangerous, inasmuch as, in either the one or the other, the termination will be necessarily fatal. In order to form some idea of the probable result which will terminate the course of a hepatic abscess, Rouis carefully analysed the extensive materials collected by him for the purpose, and he has come to the following conclusions :—

The cases which terminate fatally lasted on an average—

A. When the abscess did not open externally..... 70 days.
B. When the abscesses discharged their contents externally :—
1. Through the abdominal or thoracic wall..... 70 ,,
2. Directly through the bronchi ..... 125 ,,
3. Through the bronchi, after previous discharge into the pleura..... 185 ,,
4. Through the stomach ..... 150 ,,
5. Through the colon and bile ducts.....Some months

The average duration of the cases included under Series was 110 days.

The duration of the cases which recovered was as follows :—

1. When the abscess burst through the thoracic or abdominal wall..... 140 days
2. When the abscess burst through the bronchi ..... 115 ,,
3. Ditto ditto the colon ..... 140 ,,
4. Ditto ditto the stomach ... 180 ,,

The average duration was 140 days.

(*Frerichs' Clin. Treat. on Dis. of Liver*, vol. ii., p. 1

In most cases when fluctuation can be detected ternally, the abscess has attained a large size, and althou there may be no apparent tendency to point external the danger of the pus finding its way into the abdomin cavity, and the extensive destruction of the liver tiss may be so great as to warrant instrumental aid to evacua

its contents. The operation may be performed in several ways, Bégin divided the skin, subcutaneous adipose tissue, muscles, aponeurosis and peritoneum carefully upon a grooved director, and dressed the wound with charpie. In three days, when the dressing was removed, the liver had contracted firm adhesions to the edges of the wound, and he then opened the abscess without any apprehension of pus escaping into the peritoneal cavity. Récamier advised the application of caustic potash to the most prominent part of the swelling, and after the separation of the slough, repeated the application of the caustic until the abscess was opened. The operation is said to be certain, but very tedious, and entails a loss of substance in the abdominal walls. Dr. Graves, in a case treated in the Meath Hospital, proposed that an incision about four inches long should be carried through a considerable depth of muscle, and, if possible, to within a line or two of the peritoneum, in the hope that the pus would naturally find its way through the weakened abdominal parietes. This was done, and the wound was simply plugged with lint; two days after the operation, the patient sneezed, and purulent matter in very large quantity escaped through the wound. If the external swelling is well marked, and particularly if the skin is inflamed, and the tendency of the matter is undoubtedly to the surface, there need be no hesitation in resorting to the operation, and as adhesions have probably been contracted by the liver, these precautionary measures in opening the abscess need not be adopted, and a bistoury or trocar may be plunged into the abscess. The results in even these cases are not very reassuring. Of 81 cases reported by Mr. Waring, the deaths were 66 and the recoveries 15. In all of them the abscess would appear to have been opened by simple puncture. In 58 of the 81 cases the mode of operating was specified, of these the trocar only was used in 23 cases, the exploratory needle, followed by the trocar in 19 cases, and the lancet or scalpel in 16 cases. No mention is made of the adoption of any measures to promote adhesions previous to opening the abscess.

OBSERVATIONS ON EUPATORIUM.*

By CARROLL DUNHAM, M.D.

THIS drug, which has hardly as yet an established place in the pharmacopœia, although it is a much used and highly prized "domestic" remedy, has been but imperfectly studied, and we have nothing approaching to an exhaustive knowledge of its properties and capabilities. Enough is known, however, to give it rank beside *bryonia* in regard of its febrile and gastro-hepatic symptoms.

Eupatorium perfoliatum, thoroughwort or boneset, is popularly used as a diaphoretic (a hot infusion in frequent moderate doses), or as an emetic (hot infusion, large doses) or as a tonic (cold infusion, small doses).

Its history and its uses by allopathic and eclectic physicians are well detailed in Dr. Hale's work. (*New Remedies, &c.*, p. 159 et seq.)

Eupatorium is said to have been a principal remedy for intermittent fever with the Indians.

Dr. Anderson, of New York, in 1813, published a number of cases of intermittent fever successfully treated with it in the City Hospital. He proposed it, therefore, as a substitute for *cinchona bark*. Subsequent experiments with it in that hospital were not so successful and the remedy fell into disrepute. This is the history of every drug in the allopathic materia medica. There can be no doubt that the *eupatorium* did really cure the cases which Dr. Anderson reported. But there was assuredly, some peculiarity about these cases, by virtue of which they exactly corresponded to *eupatorium*. The cases in which it was tried unsuccessfully, unquestionably, did not possess this peculiarity, whatever it was, and which must be the *characteristic* of *eupatorium*. But the physicians who were testing the remedy took no note of this; they regard a cases as virtually *alike*, because to all of them the na "intermittent" could be applied. So regarding them, a taking no note of any peculiarities wherein one case differ from another, they could not, of course, perceive w *eupatorium* might correspond to one case and cure it, a not to another.

The number of cases of intermittent fever to whic *eupatorium* is appropriate is not very large, except duri

* From the *American Homœopathic Review*, vol. vi. p. 228.

tain seasons, when an epidemic requiring it may prevail; has been the case in some parts of the State of New rk, in the autumn of 1865.

The first proving of *eupatorium* was made in Philaphia, and was reported by Dr. W. Williamson to the erican Institute of Homœopathy (*Transactions*, vol. 1,) 1847. Its great action is upon the muscular system fibrous tissues), producing great *soreness* and *aching*, l upon the gastro-hepatic system, producing a condition embling what is known as a "bilious state."

t produces intense headache, throbbing and great sense nternal soreness in the forehead and occiput, with a sation of great weight in the occiput—distress and pain-soreness in the top and back of the head.

Soreness of the eyeball; redness of the face, with dry i.

Tongue coated whitish or yellow.

Loss of appetite; thirst for cold water.

Eructations tasteless or bitter.

Vomiting after drinking; vomiting of bile, with trem-ig and with pain in the epigastrium.

Nausea and a sense of extreme prostration (this is not l prostration).

Soreness around the epigastric zone; soreness and ful-s in the region of the liver.

Constipation; urine high colored and scanty. Rough-s and rawness in the trachea. Hacking, dry cough, h flushed face; the patient *supports the chest with the d* (like *bry.*)

Weakness in the small of the back; deep-seated pain in loins, with soreness on every motion; pain in the back l lower extremities.

Soreness and aching in the hands and wrists, as if ken and dislocated; the same in the arms. Stiffness l soreness of the lower extremities, as if beaten—worse motion and touch.

Fever, commencing generally in the morning; thirst ins several hours before the chill, and continues during ll and heat. There is vomiting of bile at the end of the ll.

During the heat the face is of a dull, mahogany-red color l the eye glistens, the sclerotica being yellow.

It is a distinguishing peculiarity, that little or no sweat lows the hot stage.

The peculiar headache, the soreness of the eyes and their yellowness, the yellowish red face, the vomiting of bile, with nausea and prostration, the soreness in the region of the liver, the constipation, &c., are one group of symptoms. The soreness all over the body, from head to foot, both internal and external, are another group. These two groups together furnish an indication for *eupatorium* in certain forms of "bilious fever" (in the first stage), too strong to be questioned.

The absence of much perspiration after the heat, showing an imperfect resolution, points to the type of fever as the remittent.

Experience has confirmed these views. I regard the *severe bone pains* and the *absence* of much sweat as especially *characteristic*.

The symptoms of the gastro-hepatic region, and the character and aggravations of the pains in the body and extremities, very closely resemble those of *bryonia*. But a broad distinction at once appears when we consider the perspiration which, under Bryonia, is profuse and easily provoked, while, under *eupatorium*, it is scanty or absent. Again the *eupatorium* pains make the patient restless, those of *bryonia* make him keep very still.

Rhus tox. produces pains and aching in the limbs; but these pains are worse during repose, and they keep the patient restless, constantly changing his position, where those of *eupatorium* are not aggravated by repose.

R. D., a stout mechanic, thirty-five years old, of dark complexion, went into an ice-house one very warm morning in August, to get a piece of ice. Charmed with the coolness of the place, he foolishly remained there for a quarter-hour or longer. Suddenly he felt chills creeping over him and became quite faint. He left the ice-house as quickly as he could and went home. In an hour he had an exceeding severe chill, lasting several hours. This was followed by burning fever, which continued without abatement until the following morning when it gave place to a severe chill. As this chill was passing away I first saw the patient.

He had already become hot externally; his face was of a dull, red colour; the eyes glistened, and the sclerotics were yellowish red. The tongue had a thick, yellowish fur; there was intense headache in the occiput—an insupportable heaviness. Nausea and frequent effort to vomit, extreme tenderness in the epigastrium, fulness and

nderness in the hepatic region, with stitches and sore-
ess on moving and coughing; intolerable aching in the
ack and limbs, "as if the bones were broken." Urine
anty and of a dark mahogany color; a hard, dry cough
nd some dyspnœa. The patient although in so great
ain, lay quiet.

I had no *eupatorium*, but there was a swamp near the
ouse, and I soon found the plant. From the juice pressed
om a few leaves I prepared, with water, the third attenua-
on, and directed it to be taken in drop doses, every three
ours until marked improvement was observed.

In about ten hours the fever was gone; the chill and
ver never recurred, and next day the patient was free
om pain. On the third day I found him convalescent.

In many cases of influenza, a review of the symptoms
ill show why *eupatorium* proves, as it does, a speedy
rative.

ON THE PHYSIOLOGICAL AND THERA-EUTICAL ACTION OF CHLORAL HYDRATE: WITH CASES.

By D. Dyce Brown, M.A., M.D.

) remedy introduced of late years into practice has
re merited the description of "fashionable." We are
far wrong in saying that larger quantities of this drug
'e been consumed during the last twelve months than
any other medicine. It has been tried by the allo-
hs in the treatment of the majority of diseases, and
quite displaced, as a sleep-producer, *bromide of*
assium, which, till recently, was equally fashionable,
l was supposed to be quite as much a panacea.

Culling our observations on the action of this drug
n the published experiments and reported cases where
as been used, producing good or evil results, as the
e may be, it is evident that the medicine in question
. very powerful one, producing marked physiological
nptoms, and, therefore, valuable conversely as a thera-
utic agent to homœopaths.

To go into the whole subject of its physiological action,
deduced from the various provings of it at our com-
nd, would take much more space than can be afforded
a single paper. I therefore propose to take up in the

present paper only a portion of the subject, viz., its action on the *skin* and the *conjunctiva*. Though not properly a skin disease, but a blood disease, I have included in this paper two cases of *purpura* produced by *chloral*.

In a subsequent paper I intend to consider its action on the heart.

In the first place, I shall relate three cases of *urticaria* produced by *chloral*, which occurred to myself.

In October, 1870, I was attending a family of three children affected with whooping-cough. The cough was particularly severe in the two eldest children, especially at night, on account of which they got little sleep, and were much fatigued in consequence.

About that time, the effects of *chloral hydrate* in this disease were much lauded in some of the allopathic journals; and the mother, having heard of its reported wonderful effects from a friend, asked me, if I had no objection, to try it. I accordingly did so, and gave it at first in a single dose at bed-time.

The respective ages of the three children were 10, 8, and 6. To the two eldest I gave 10 grs., and 5 grs. to the youngest.

It had so far a good effect, that the fits of coughing did not come quite so frequently, and immediately after each attack the patients slept soundly. After some days, finding no material improvement, I resolved to try it, as some writers had recommended, given at regular intervals through the day. The two eldest had 5 grains three times a day; the youngest, whose case was much milder, had it still only at bed-time.

After getting the medicine thus for a few days, in the case of the second child, an eruption appeared on 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. At that time no record of such a skin eruption, as the result of giving *chloral*, had been published, and it did not at first strike me that it was the

ffect of the medicine, else I should have stopped it at nce. A couple of days afterwards, precisely the same henomena occurred in the eldest child. The simultaeous occurrence of the same symptoms in both made me uspect that the *chloral* had something to do with it. I herefore stopped it entirely, when the symptoms gradully subsided, but only after a few days was the eruption ompletely gone. The youngest child had none of the bove symptoms. I may here state that my impression of he value of the *chloral* treatment of whooping-cough was, ndependently of the eruption produced, not favourable. t seemed only to act as a palliative, give better sleep at ight, and to somewhat lessen the frequency of the fits of oughing.

About a month after this, having another family with hooping-cough under my charge, in all of whom the isease was in the first stage and extremely mild, I deterined to give another trial to the *chloral*, and in all to hom it was given it had an excellent result as regards e cough. The cases, as before observed, were in the rliest stage and extremely mild, and I gave from 10 to grains three times a day, according to the ages of the tients, which ranged from 17 down to 9. They became ry drowsy, but the coughs soon lost their peculiar cha:ter, and in about a fortnight they were quite free of ugh.

In one of these patients, a young lady of 14, after about : third dose, an eruption appeared on the arms and s, exactly like nettle rash, in large raised wheals, with ense irritative itching. The parents were alarmed, and it for me late at night, but by the time I arrived the h was all gone. The evening dose had, however, been en about a quarter of an hour before I reached, and on ling next morning I was told that soon after I had left : previous night, the same eruption had come out, with much itching and irritation that the patient had been pt from sleep by it. It was, however, again nearly ne, only traces of the wheals being visible. There was fever in this case. I now felt satisfied, remembering : former cases, that this urticarious eruption was entirely e to the *chloral*, of which her dose had been 10 grains.

an *experimentum crucis*, however, with the leave of : parents, I let her have another dose, when the idenal symptoms returned as before. This being conclusive,

I stopped the medicine altogether, and no further rash appeared. Had I published these cases at the time, they would have been the first recorded observations on the subject.

Several similar cases have of late been recorded in the *Lancet* and *Medical Times and Gazette*. As they are of such interest to homœopaths, as contributions to the physiological action of a powerful drug, I shall quote them.

In the *Lancet* for April, 1871, Dr. Crichton Browne, of the West Riding Asylum, in a paper entitled "*Chloral Hydrate: Its Inconveniences and Dangers*," records the following case:—

"On the morning of Nov. 20, 1870, E. R., aged 30, Ward 32, was noticed, about an hour after a dose of *chloral*, 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. A dose of compound rhubarb powder was administered, and in five hours thereafter (ten hours from the beginning of the attack) the skin had returned entirely to its normal state."

Again, in a paper in the *Medical Times and Gazette* for April 22, 1871, by Dr. Mercer, of the County Lunatic Asylum, Lancaster, the following cases are recorded:—

1. A girl, aged 20, to whom 30 grains of *chloral* was administered, and continued for five weeks. "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. Though these phenomena were thought to be due to the medicine, it was not deemed desirable to forego its good effects by reason of such a modified and transitory unpleasantness."

2. A girl, aged 16. Her dose was 25 grains at bed-time. "This also was a case in which a rather mor-

obstinate nettle-rash was observed on the day following the administration of the *chloral* draught."

Before making any remarks on this subject, I shall quote from Dr. Crichton Browne (loc. cit.) other cases where another form of skin affection was produced.

Dr. 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 40 cases in which *chloral* was tried up to the month of June, and of which I possess notes, this blushing was remarked in 19, 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 15 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 conjunctivæ, 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*. Watchful observation satisfied me that this chloral-flushing rarely presented itself after a single or even several doses of the drug, but generally occurred when it had been taken regularly for some little time. When alcohol in any form was taken along with *chloral*, then its occurrence was much more certain; indeed, the combination of whiskey with *chloral* in treatment, came to be considered a sure method of producing it. Once fairly induced, it was not so easily got rid of. The *chloral* might be omitted, and still it would show

itself, after meals, for a week or ten days, and for much longer if the use of the *chloral* had been long continued. It was a source of annoyance to those patients who suffered from it, and who were intelligent enough to express their sensations. They complained of burning heat in the face, of feeling 'all of a glow,' and often, at the same time, of a sense of giddiness, inability to walk straight or steadily, and confusion of thought."

Of course, to practitioners of the dominant school, the above cases merely present curious, interesting facts, which are of no therapeutical value whatever, and only tend to show the uselessness of most of the results of investigations into the pathogenetic action of medicines, to those who do not practise according to the law of "*similia*." But to homœopaths they are of the utmost value. *Chloral* evidently has a marked elective affinity for *the skin*. The cases of urticaria at once point out this medicine as a remedy likely to be of great value in the treatment of *urticaria*, as the skin symptoms produced by the medicine could not more perfectly resemble the non-medicinal disease. This skin neurosis frequently depends, as every one knows, on disorders of the stomach from eating indigestible food and shell-fish. I do not, however, see any evidence to prove that the chloral urticaria is the result of disorder of the stomach, as in those cases of the two children first mentioned, the coating of the tongue, loss of appetite, and fever, were evidently the result, not the cause of the skin symptoms. Besides, the experience of those who have given it largely is, that unless the dose is unusually large, in which case a white coating of the tongue, and sickness may be produced, the stomach is not at all affected, nor the appetite interfered with. In fact, herein consists its superiority over opiates when given to produce sleep in cases of sleeplessness. I therefore conclude that *chloral* acts directly on the skin; and thus in prescribing it in urticaria, we are acting directly on the affected tissue through the medium of the vaso-motor nerves.

One cannot but be struck with the analogy between the skin action of *chloral*, *belladonna*, *apis*, and *urtica urens*. The urticarious symptom is common to the two latter and *chloral*, while scarlet flushing of the face and neck, and even the whole body (as in Dr. Crichton Browne's first case, where it at first so resembled the smooth eruption of scarlatina, as to induce him to put the patient into the

wards for contagious diseases), reminds one strongly of *belladonna*. *Belladonna* undoubtedly produces the scarlet rash through the medium of the vaso-motor nerves, which being paralysed, allow the vessels to dilate, and thus cause the redness. The same thing, I believe, occurs in the case of *chloral*. A further resemblance to *belladonna* is seen in the excitement of the circulation, the giddiness, the feeling of fulness of blood in the head and face, the face "all of a glow," the headache (which we shall see in a case to be presently recorded, and in Dr. C. Browne's first case), the sharp pains in the eyeballs (noticed by Dr. C. Browne), and the injection of the conjunctivæ. This last symptom I shall speak more fully of presently. *Chloral* ought, therefore, to be a valuable remedy in cases of erythema and erysipelas, especially of the face and neck; also in cases of transitory flushing of the face, with feeling of giddiness, and fulness of blood in these parts. In scarlatina, however, it cannot act so well as *belladonna*, inasmuch as there is no evidence as yet produced of any power to produce sore-throat.

I have had no case of urticaria of late to try the *chloral* upon, but I may record the following case of skin eruption. A woman brought her child, of 2 years of age, to the Dispensary, on the 9th of May. Two days before a rash had come out upon the left arm, and, instead of going away, had next day appeared, to a slight extent, on the right arm and left hip, and lumbar region. On the following day the rash was as before. It consisted of a number of small, red spots, each rather larger than a pin's head, not raised above the skin, and closely congregated together in a large patch on the parts already named. I could hardly give a definite name to this rash; but the description will convey a better idea than a mere name; there was no fever, and the child was otherwise well. I ordered a tenth of a grain of *chloral* three times a day. She got this late on the afternoon of the 9th, and by the 11th there were no traces of it. Of course I am aware that one case proves nothing; and it might be objected that the rash might have disappeared naturally. However, I simply record it, hoping that others may follow.

One of the pathogenetic effects of *chloral*, already mentioned, requires more than a passing remark. I mean its power to inflame the *conjunctivæ*. The following case was related at the last meeting of the Medico-Chirurgical

given her sleep, but had caused excitement, restlessness, followed in the morning by re watering of the eyes, lasting for two days. She tried the *chloral* before my seeing her the secon had found the same effects follow. I urged her t more, which she did, and again the same resu viz: redness of the conjunctivæ, and watering She now discontinued the medicine, when th gradually disappeared. This patient afterwards of gr. vii.ss. produce the desired effect (slee any of the above-mentioned symptoms."

In this case there can be no doubt tha junctivitis was the result of the *chloral*, having a previously healthy eye three times after the c and subsiding gradually as the medicine was will be remembered, also, that in the cases children, related at the beginning of this pap the urticaria was developed, the conjunctivæ i very decidedly red; and in one of Dr. Crichto cases already quoted, and which case he says teristic of many," "injection of the conju reported.

I think it is clear, then, that, like most medi act on the skin, and have the power of produ matory rashes, *chloral* acts on the conjunctiv duces conjunctivitis. In the first of Dr. Crichto recorded cases, "sharp pain in the eyeballs"

o be limited to vaso-motor paralysis, or a transient skin
eurosis. Two cases which have occurred have seemed to
lemonstrate that they may also involve the constitution of
he blood and the nutrition of the tissues, and may thus
mperil life. In these two cases, *chloral* administered in
he presence of organic disease of the brain, induced what
an only be designated acute purpura—a condition in
hich, with marked constitutional disturbance, there was
lteration in the capillaries of the cutaneous and mucous
urfaces, with sub-cuticular hæmorrhage and ecchymoses.
"M. A., female æt. 69, who had been an inmate of this
ylum for many years, and who was subject to periodical
tacks of mania, occurring every six months, and ushered
i by convulsions and coma, entered upon one of her
onted paroxysms on the 1st of March, 1870, and was
dered twenty grains of chloral hydrate three times a day.
his produced sleep and cutaneous anæsthesia, and on the
h of March, a very unexpected result in the form of a
ight red blush, erythematous in aspect, but permanent
der pressure, over the chest and shoulders. This blush,
March 6th, had pervaded the whole of the trunk and
mbs, and had become mottled with livid patches and
ep red spots. The lips and buccal mucous membrane
d contemporaneously become red and raw-looking, the
ums spongy, and the tongue blistered and ulcerated in
veral parts. The breath was fœtid, the pulse 120,
ible and compressible, and the general condition that of
eat debility, with delirious excitement. On March 9th
material change had taken place, except that the ulce-
ions in the mouth had become more extensive and dis-
sing; but on the 11th the petechial eruption showed
ns of vanishing over the thorax and abdomen, where it
d never been so severe as on the arms and legs, and
ere intervals of yellowish and white skin were now
ible. The arms were of a red colour, speckled with
eds of white, dead epidermis partially separated from
subjacent cutis, and the lips were covered with sordes
d dried blood. On March 15th a sort of general des-
amation had set in, the cutis being raised in thick
nd patches, like blisters from which the serum had
en absorbed, the skin beneath being of a dull purple
our, and in some places yellow. After this a large bed-
e formed over the sacrum, and some superficial cracks
d fissures presented themselves in the neighbourhood of

the joints. Convalescence was, however, steadi tained, and the patient was soon restored to h health. During the progress of this case, narrative of which many interesting particulars h necessarily omitted, I had an opportunity of shov my friend, Mr. Pridgin Teale, who, without any me, at once pronounced it an example of purpur

"The second case to which I have referred w L. T., a female, æt. 46, labouring under heart di hemiplegia, and dementia, with excitement; ordered, as a calmative, on February 24th, 1870, of *chloral* thrice daily, and who seemed to deri from the prescription until March 15th, when reddish-purple blotches were observed round elbow, which, on the following day, had enla united with others of a similar kind which had on the shoulders and forearm. On March 17t livid marks had broken out on the face, while th had become swollen and indurated, and showed red surface a mass of minute points, or stigmata, deeper red, and not disappearing under pressure next day, dull-purple spots and discolouratio small, round, and circumscribed, others large an in shape—were seen on the legs, abdomen, a being restricted, in the latter situation, to a inches in breadth along each side of the vertebra Along with these petechiæ there was great pro strength, a tendency to somnolence, weakness a bility of the pulse, a raw state of the lips, wl entirely denuded of epithelium, and a fissured an coated tongue. On the 19th of March the spot colourations had spread in every direction, and their vividness of hue, having assumed a dee tinge. Symptoms of pulmonary congestion also Strength gradually ebbed; and after several slig of syncope, death took place on the 22nd of M the autopsy, thirty-one hours after death, the found covered with livid vibices and ecchymoses shapes and sizes, largest upon the limbs, smallest abdomen. The ankles and feet were of a diffus colour, and there was much sugillation of parts. Rigor mortis was present. The outer pericardium was adherent to the heart, which w ounces, had thin walls, dilated cavities filled

colourized clots, and valves incompetent, and enormously thickened and puckered. There was a sort of cartilaginous deposit on the outside of the right auricle. The right lung was congested and œdematous; the liver was fatty; the capsules of the kidneys were thickened and adherent, with wasting of the cortical substance. In the head a large arachnoid cyst was found, coextensive with the right hemisphere, which was flattened beneath it. It presented a reddish-green appearance, and containing several ounces of a bilio-sanguineous looking fluid. The whole brain weighed 40 ounces; the right half weighed 18 ounces, the left half 21½ ounces. There were the rusty-brown traces of an old clot in the right corpus striatum."

In case it might be said that such cases of purpura would not likely be produced in persons who had no mental or brain affection beforehand, it is important to quote Dr. Browne's remarks on these interesting cases. He says:—

"No question can, I conceive, arise that in the cases just described the purpuric affection was due to the use of *chloral*. The symptoms which they presented were of an unique kind, and almost unparalleled in asylum practice at the present day. Purpura senilis is occasionally encountered in aged insane women, affecting chiefly the dorsal aspects of the hands and arms; but purpura of the type exhibited in the above cases is, as far as I know, never met with. The *modus operandi* of *chloral*, in inducing this type of purpura, can only be conjectured. It may have been that a blood change was the first step in leading to the lesions observed. It is not improbable, however, that some alteration or withdrawal of nervous influence, interfering with the elasticity and calibre of the vessels, may also have been concerned. Whatever the action of *chloral* on the blood may be, it seems scarcely of a protective or salutary kind, as the two worst instances of typhoid fever in this asylum, during last year, occurred in women who had been taking *chloral* for some weeks before they were struck down by that malady."

These two cases are, to homœopaths, extremely valuable, as no remedy we have has produced such unmistakeable examples of purpura. The medicines, hitherto known, producing the effects most resembling purpura, are *mercurius*, *arsenicum*, and *phosphorus*; but the latter, as Dr. R. Hughes observes in his *Manual of Therapeutics*, does

not seem to produce purpura symptoms as a primary effect, but only in connexion with the morbid state of the liver induced by *phosphorus*. Not so *chloral*. Its effects are, therefore, the closest "simile" possible to purpura, and point it out as likely to be of great service in the treatment of this disease.

In conclusion, may I hope that gentlemen, who henceforth use *chloral* in the treatment of any of the affections which I have named as likely to be benefited by it, will have the goodness to record their results.

(*To be continued.*)

REVIEW.

On the Temperature in Diseases: A Manual of Medical Thermometry. By Dr. C. A. WUNDERLICH. Translated from the 2nd German edition by W. BATHURST WOODMAN, M.D. The New Sydenham Society. London, 1871. Pp. 462.

No instrument employed with the view of assisting in forming a diagnosis, or for the purpose of determining the prognosis in any given case, is capable of being used with greater accuracy, or is more reliable, than the thermometer. English medical literature has not been behind-hand in contributing to the development of the art of thermometry; and with its progress the names of Sidney Ringer, Clifford Allbutt, Long Fox and others, will always be honourably connected. But the author of the works before us stands out *facile princeps* among all who endeavoured to collect facts, and to generalise therefrom in a manner calculated to promote the use of the thermometer in the detection of disease, and to enable an estimate to be formed of its probable course and termination. Dr. Wunderlich tells us that, ever since October, 1851, he has employed the thermometer in his Clinique. For the past fifteen years no patient has occupied a bed in his wards whose temperature has not been taken; and although at first this was only done twice a day, for the last ten years from five to six daily observations have been made in cases of fever, and, in special cases, even more frequently. The number of cases of illness in which thermometric observations have been taken in Wunderlich's Clinique has amounted to nearly 25,000, while that of single observations is some millions. From the immense mass of observations thus collected, Wunderlich has determined the existence of certain common principles as regulating the course of the temperature of the body in certain forms of disease. To explain, define, and illustrate them is the object of the present treatise.

In the first chapter the fundamental principles of medical ermometry are treated of. Such, for example, as the normal erage temperature of the body; the range the temperature kes in severe diseases; the fact, that influences, which in no way sturb the temperature in health, often cause remarkable varia- ns in disease; and many others of primary importance to the ident of the clinical thermometer. As showing the estimate which Wunderlich holds this instrument, we may quote the lowing passage:—

"The general temperature of the body (blood heat), registered the thermometer in interior parts, or imperfectly sheltered ts on the surface, not locally affected, is the *expression* of the ult of a number of processes, which, on the one hand, tend to production of heat (chemical processes, so-called tissue nges), and, on the other hand, promote the giving up of heat ling by various means and apparatus, changes of heat into tion.) However varied the combinations of these processes, however their several values may change almost momentarily, that they appear dependent on almost countless accidental umstances; yet experience shows, not only that the final ult (the animal heat, or specific heat of the body), remains ost always the same in health; but also that in *disease* the iations in temperature, if not absolutely trustworthy, are yet safest standard for estimating the conditions of the whole y. Variations of temperature coincide with other fundamental structural disturbances of the diseased organism; but none hem can be determined with such accuracy as the tempera- . None of them are so independent (comparatively speak-), of trifling and subordinate surrounding influences as the perature. Very often these variations of temperature are spicuous long before either functional or structural changes be recognised."

n the second chapter we have a minute and impartial history ne art of determining the temperature of the body. Hippo- es recognised the significance of temperature as a symptom isease; but it was not until 1614 that the thermometer was ually applied for the determination of temperature. A ury elapsed after Sanctorius died ere the measurement of perature was revived, when it was so by Boerhaave. Van eten and De Haen, especially the latter, appear to have cted much attention to this means of physical diagnosis. es Currie, of Liverpool, whose name is well known in con- tion with the treatment of fever by cold water, attached much ne to the ascertainment of the temperature. Very gradually, ost imperceptibly, was attention, during the succeeding forty rs, directed to the importance of studying the temperature of body, and it was not until 1840 that the work was begun in

real earnest. From that time, but more particularly since 18 have physicians sought for information in the revelations of t thermometer. Its position as a means both of diagnosis a prognosis is assured; and it behoves all who desire to secu accuracy in the formation and expression of opinions, especiall in obscure and dangerous cases, to make themselves familia with the manner of using this instrument; and also the kind o information they are justified in expecting from it.

The third chapter is devoted to an examination of the value of the thermometer in medical practice. Though Dr. Wunderlich exhibits a good deal of the enthusiast in the estimate he forms of its importance—especially in the matter of diagnosis—its value in prognosis is unquestionable; and, in cases wearing a serious aspect, is probably more useful than any other guide at our disposal. The art of using the thermometer is next considered. The various instruments which have been introduced are described; the positions of the body most suitable for obtaining accurate observations are pointed out. The author preferring the closed axilla in ordinary cases, and the rectum in new-born infants, little children, very emaciated patients, and in collapse. His remarks on the mode of using the instrument cannot be too carefully studied. Our space is too limited to admit of our reproducing them here *in extenso;* we must, however, bring before our readers the chief points requiring care. The axilla should be carefully wiped dry; the thermometer warmed to about 85° or 90°, the index set by carefully shaking the instrument until it is at a little below 95°; in doing this great care must be taken not to shake the index down into the bulb; it should then be introduced deeply into the axilla, pressed by the arm against the thorax; and be perfectly free of all clothes—the whole of the instrument being in apposition to the skin. The position of the instrument is best secured by the arm being held *in situ* by an attendant. It should be allowed to remain for two or three minutes after the mercury has become stationary. From eleven to twenty-four minutes are generally required for the mercury to become stationary. Observations should always be made twice a day: in the morning between seven and nine o'clock, as being probably the time of the lowest daily temperature; and between four and six in the afternoon, as being when the temperature is highest. Dr. Wunderlich concludes this chapter by urging that if thermometric observations are to be of any use at all, the results obtained should be *continuously recorded,* and indicated in a ruled chart.

The chapter on Temperature in Health, which succeeds the one we have just noticed, contains many valuable observations. On the causes of altered temperature in disease Wunderlich writes fully; adducing a large number of observations,

neralising from them with much clearness. The section on
e influence of the nervous system in temperature is especially
teresting. In concluding this section he says that we learn
m observations with "enormous elevation of temperature,
at some hitherto unknown power has sway over animal heat,
ce the most remarkable alterations of temperature occur with
found disturbances of the nervous system, without corres-
ding anomalies of the circulation; and it is, perhaps, not too
ch to affirm, that the integrity of certain parts of the central
vous apparatus is more necessary for the regulation of animal
at, than that of any other parts of the body."

The remainder of the work is occupied with the consideration
the indications of altered temperature in special forms of
ease. To them we cannot refer with sufficient fulness to
der our observation of any interest, and we therefore com-
nd them to the careful study of our readers.

The translation by Dr. Woodman is most agreeably rendered.
eads easily; and it would be difficult to point to any Ger-
nisms of consequence throughout the whole of it. To the
lenham Society we are indebted for having put within our
ch the most complete and accurate treatise on the subject of
lical thermometry that has hitherto been published. The
ing of such a work cannot fail to add greatly to the already
siderable popularity of this Society with all members of the
fession.

MEETINGS OF SOCIETIES.

THE NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

e half-yearly meeting of this association was held at Wake-
l on the 12th ult. There was a large attendance of members,
ROWAN, of Barnsley, occupying the chair.

he minutes of the last meeting were read and approved of.
WHEELER, of Clapton, and Mr. AINSLEY, of Halifax, were
ted members of the association. Dr. DUNN, of Doncaster,
requested to represent the association at the ensuing
ting of Congress by reading a paper, and the request was
ded to. Other routine business having been transacted,

r. ROWAN read a paper on *Acute Rheumatism*. Dr. Rowan
rded rheumatic fever as not primarily a blood disease, but
aking its origin in a disturbance of the spinal centre; and
ted that it was from the excitement set up there that fever
e; and that to this peculiar form of febrile nervous irrita-
it was that the presence of lactic acid and increase of fibrine
he blood was due. While, however, lactic acid and excess

of fibrine were the consequences rather than the causes of rheumatic fever, Dr. Rowan thought that, when the disease is cured, whether through the agency of medicines or by the unaided power of nature, it was only by the elimination through the kidneys of these morbid matters from the blood, that recovery took place; and that this elimination takes place, for the most part, in the form of uric acid, in combination with soda, potash, and lime.

After entering somewhat minutely into the chemical pathology of rheumatic fever, Dr. Rowan related the history of several cases of this disease which had come under his notice.

The first he described as congenital rheumatism. The mother of the subject of it had, during her pregnancy, an attack of rheumatic fever. She was treated allopathically, and made a good recovery. When the child was about two years old, Dr. Rowan, happening to apply the stethescope to the chest, heard the usual bruit of rheumatic valvular disease. His observation was confirmed by that of several medical friends who saw the child. Up to this time he had had no attack of rheumatic fever, though subsequently he had many and severe seizures of the kind. He always recovered quickly when once the urine was fairly loaded with lithates. He was on various occasions subject to different kinds of treatment—allopathic, homœopathic, and hydropathic; galvanic baths had also been tried, but nothing prevented the periodical return of the disease. He lived to be 29 years of age, when he died suddenly, after having nearly recovered from an attack of rheumatic fever that had lasted three months. No post-mortem examination was made, so that the state of the heart cannot be recorded. The medicines that usually relieved him sooner than any others were *aconite*, *bryonia*, and *actea*; their use was generally speedily followed by a copious excretion of lithates.

The details of three other cases presenting no unusual features were also given. From their histories, and from other cases that had been under his care, Dr. Rowan inferred that, as a rule, when a large amount of lithates was passed, the patient made a good and often speedy recovery; but that when this excretion did not occur, the suffering was greater and the illness more protracted.

He urged that our treatment should be directed to withholding such articles of diet as are capable of being transformed into lactic acid—such as sugar and starchy food; and, secondly, to administer such medicines as are calculated to assist in transforming the fibrine and lactic acid into such products as can be eliminated through the liver and kidneys. From the perspiration alone he thought little relief was obtained. From *aconite* and *bryonia*, he felt sure, the most satisfactory results would be secured.

An animated and useful discussion, of a thoroughly practical character, followed, in which all the members took part.

On the motion of Dr. PYBURN, of Hull, seconded by Mr. BLACKLEY, of Manchester, the next meeting of the association was appointed to take place in Sheffield on the 13th October.

Dr. RAYNER, of Manchester, will be the president on this occasion, and Dr. RAMSBOTHAM, of Leeds, the vice-president.

The members dined together in the evening.

BRITISH HOMŒOPATHIC SOCIETY.

THE Annual Assembly of this Society will take place on Wednesday and Thursday, the 28th and 29th of this month. Of the papers which are likely to be read on this occasion the only one we have heard of is that on the dose, by Dr. Black, of Clifton, in continuation of one on the same subject recently read by him before this society. From the large amount of interest excited by Dr. Black's first paper, we look forward to a large attendance on the 27th and 28th inst.

BRITISH HOMŒOPATHIC CONGRESS, 1871.

THIS important meeting will be held at Oxford on the 27th inst. The general arrangements will, we believe, be similar to those which gave rise to the eminently successful gathering that took place last year at Birmingham.

The President appointed to succeed Dr. DRYSDALE in the chair is Dr. MADDEN, who will read an address *On Therapeutics and its Relation to Modern Physiology*. Each society will, as on the former occasion, appoint a gentleman to represent it, by reading a paper. The only appointment hitherto made has been that of Dr. DUNN, by the Northern Homœopathic Medical Association. The Secretaries are Dr. GIBBS BLAKE of Birmingham and Dr. COLLINS of Leamington, who will afford any information that may be required as to the business of the meeting.

ANNUAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Twenty-first Annual Meeting of the Governors of this Hospital was held in the board-room of the Institution, Great Ormond-street, Bloomsbury, on 27th April. The Right Hon. Lord EBURY, chairman of the Board of Management, occupied the chair; and among those present were John Boodle, Esq. (Deputy chairman), Charles Trueman, Esq.. B. Crampern, Esq., J. Ellis, Esq., F.R.S., Rev. A. Pope, Dr. Yeldham, Dr Hale,

Dr. Madden, Dr. Drury, A. C. Pope, Esq., Dr. Watson, and many others whose names we were unable to ascertain. The room was well filled. The Rev. Mr. Flather having opened the meeting with prayer,

The Clerk (Mr. John R. Warren) read the minutes of the last meeting, which were confirmed and signed by the chairman.

The Official Manager (Mr. Charles Trueman) then read the following report of the Committee of Management:—

"The Board of Management can but congratulate the governors and subscribers on the general well-being of the hospital; and it will be noted with satisfaction that the record under each separate head of the report is favourable.

"The total number of patients treated since the opening of the hospital to 31st December, 1870, was 89,568, of which 7,836 were patients in the past year, being 7,340 out and 496 in-patients, an increase of 468 out-patients and 1 in-patient over the preceding year. The increase in the number of out-patients, as well as the maintenance of that of the in-patients, must be deemed satisfactory.

"The balance at the banker's at the beginning of 1870 was £625 3s. 11d., and with petty cash balance, &c., formed a sum of £639 9s. 2d., whilst the total income from all sources amounted to £2,771 8s., against £3,725 5s. 6d. in 1869; but in the last-named year the sum of £1,285 13s. 1d. was received from the nett proceeds of the dinner at the Freemasons' Tavern.

"If, therefore, from this total income of 1869 the dinner proceeds are deducted, it would show the income from ordinary sources to have been £2,439 12s. 5d.; and as that of 1870 was £2,771 8s., there would appear an actual increase in 1870 of £331 15s 7d. This increase was in truth made up of increased dividend on stock, £31 15s. 2d.; increased subscriptions, £31 16s. increased registration fees, £23 16s.; and increased donations £243 2s. 4d. of the past year reach the sum of £1,145 16s. 8d the donations and of this £933 10s. has been invested in Consols &c., and carried to the reserve fund, which now amounts exclusive of house and furniture, to £7,613 3s. 11d, at a cost of £7,0[illegible] 11s. 11d.

"Of the above-named donations, £82 was paid us on account of the legacy of the late Lord Henry Seymour to the hospitals London and Paris; £20 a legacy from the late Mrs. Phœbe [illegible] per Dr. Yeldham, and £50 a legacy from the late Mrs. Elizab Cope; whilst the gifts were £100 from R. Greaves, Esq., Dr. Collins; £31 10s. from J. R. Wegg Prosser, Esq.; from our always generous treasurer, Mr. Rosher; and two s[illegible] one of £100 one of £500, from friends of Dr. Quin, again m[illegible] ful of the interests of the hospital. To these donors letter grateful acknowledgment have been sent.

enditure of the year has been £2,287 0s. 1d. against
10d. in 1869, an excess of £95 18s. 3d. This ex-
n caused principally by the increased price of meat
nd the board feel that the governors and subscribers
knowledge that such increase is not great when the
of the year are considered. There is no doubt that
will have to pay a still increased price, at least for
g the current year. The balance at the bankers,
at of petty cash, on 31st December was £120 4s. 4d.
ernors and subscribers will clearly see, not-
g the generally encouraging nature of the financial
efforts are required to keep up the efficiency of the
l how a larger reserved fund would aid them. The
erefore induced to call the attention of the governors
ers to the following remarks which were reprinted,
permission of the editors, from the June number of
Homœopathic Review, and inserted at the end of the
eport. As it is probable very many have not read
ks, the board now propose to insert them in the body
it report, feeling as they do, how completely the claims
ital have been urged and advocated, not by the board
nected with the hospital, but by parties from without
who read rightly its position and need. The remarks
ws :—

blic charity of this or any other kind can exist without
sources whence the means of support to the hospital
are two—the endowment fund and the subscription
ormer is rapidly increasing, and now amounts to
lependently of the building and furniture, worth
,000), and yields an income of £167. This is the
h Public attention should be especially directed;
strenuous effort made to obtain an addition to it of
ie results to homœopathy would be of incalculable
a sum which we believe could be obtained. When
s the large number of people—and of wealthy people,
e indebted to homœopathy for the measure of health
who have fruitlessly sought relief from many other
t have obtained it from homœopathic treatment,
sand pounds among so many is really no large sum.
d subscribers of one hundred pounds each, or four
ifty a-piece are all that are needed. Surely such a
ersons, willing and able to subscribe in this manner,
e difficult to find, even in London alone; while this
ution which has claims upon all who believe in
r throughout the country! Twenty thousand pounds
e place the hospital beyond the risk of having its
hecked by a deficiency of income; and this is a risk
ust desire to *assist in* avoiding.

"'Scarcely less important is the list of annual subscribers. The rate of progress is satisfactory, but quite capable of being improved upon, without drawing very considerably upon the purses of the large number who regularly resort to homœopathy in the hour of sickness. There are at least 300 medical men who openly practise homœopathy in this country, and in all probability as many more who do so secretly. With these latter we cannot deal; but from those who acknowledge homœopathy to be true, we might reasonably expect more help than we receive at present. Were every homœopathic practitioner to present the claims of the hospital to the consideration of only a few of his patients, each might without difficulty obtain an annual contribution of £5, and thus produce an income of £1,500 a year,

"'In thus appealing to medical men and their patients, in all parts of the country, to give increased aid in supporting our hospital, we feel ourselves perfectly justified by the fact of its being a representative institution. It is not a merely local charity; it is, as has been often urged on its behalf, an outward and visible sign that homœopathy has a hold upon the public mind. It is also said that the degree in which homœopathy is estimated by the public can be measured by the prosperity and usefulness of the hospital in Great Ormond-street. If this be so—and to some extent it undoubtedly is so—it is the bounden duty of all who desire the development of homœopathy to aid in rendering it as efficient an institution as possible. To this end money is a matter of prime necessity. Though the funds are well maintained, and have in fact been considerably increased, more money is still required. More money means more beds, more patients, greater opportunities for doing good to the sick, greater opportunities for publicly representing the remedial power of medicines prescribed homœopathically. Hence we trust that those who desire to witness progress of this kind will exert themselves to obtain more money.'

"The board would urge upon the governors and subscribers who take an interest in the hospital, as evinced by their subscriptions and donations, to do still more for it by advocating its claims on homœopathists generally, and who now pass by, to a great extent, what may be termed a Mother Hospital, in favour of local claims, which, however pressing, should not hinder support of an institution of the peculiar character which ours possesses.

"The necessity for an increase of the reserved fund becomes even more apparent when the position of the board, as regards the dinner given from time to time on behalf of the current expenses of the hospital is looked at. With much regret, the board after every effort to organise such biennial dinner, have been obliged, as is well known to all present, to postpone it until

year, when the board have every reason to hope they will be well supported; but it is clear that a larger reserved fund would render these calls less frequent, and at the same time increase the efficiency of the hospital.

"The board of management, on the part of the governors and subscribers, have tendered their cordial thanks to Miss Alexander for her goodness in both commencing and, conjointly with the board, in carrying on the chaplain's fund, which in the autumn of last year was transferred to the management of the board alone. The board trust that those who have hitherto subscribed to it, as well as others, will evince their appreciation of Miss Alexander's earnest endeavour to carry on such, by aiding that fund by their subscriptions.

"The board trust that according to the usually adopted mode, the governors and subscribers will vote their cordial thanks to Dr. Metcalf and Mr. Pope, who were appointed as the medical inspectors of the hospital, and who devoted considerable time to making a thorough inspection of all parts. Their report, which is satisfactory to the board, may be seen at length in the clerk's office.

"Messrs. Crassweller, Hughes, Rosher, and Trueman retire in rotation from the board of management, but all being eligible for re-election, again offer themselves to serve.

"There have been two resignations during the past year by officers of the medical staff, both in charge of out-patients; viz., Mr. Moore, who was only elected the previous year, and who was compelled by temporary illness to resign, and Dr. Hale, who after his election to the internal duties of the hospital had kindly continued to see out-patients up to the end of January this year. The board of management, on behalf of the governors and subscribers, have conveyed to both these gentlemen thanks for their services. The board, by virtue of the powers vested in them, there being only one applicant for the post, have appointed Mr. S. Stephens as one of the medical officers in charge of out-patients. The confirmation of this appointment will be submitted to the meeting this day.

"In concluding their report, the board wish once more to state how invaluable have been the services of the honorary medical staff—services which, under Divine Providence, have been the means of curing and alleviating much human suffering. The usual vote of thanks to them will no doubt receive the cordial approbation of the meeting, who will also be called on to thank particularly those ladies who have visited the patients from time to time, and have administered that sympathy which is doubly appreciated when coming from woman."

The Noble Chairman, in addressing the meeting, said:

Ladies and gentlemen, I now come to a duty which I have performed annually for some years—to propose the adoption of the report which you have just heard read, and I think that next year I had better give the chair to somebody else, for I have addressed you so often on this subject, that I am afraid it is not possible for me to invent anything that you have not been accustomed to hear before. It is highly desirable in supporting public institutions that the public should be convinced of their utility, and that the eloquence of those who address them on this occasion should produce the enthusiasm which all so much desired. (Cheers.) The committee have commenced their report by congratulating you upon the soundness and general well-being of the hospital. I think we have certainly made progress, some small progress, in all directions, and in the number of patients to whom the benefits of our system are extended, but, I must say, considering what one and all of our medical men are, and the large number who are now engaged in the practice of medicine on the homœopathic system, I must say that £2,000 a-year is a very indifferent figure for the sum total that is contributed by the public for the sustentation of this hospital. (Hear, hear.) You have heard, and I entirely concur in those remarks which were read from the *Homœopathic Review*. I don't want to throw blame on any one here present; but I must say there are those absent, medical men practising homœopathy in London and elsewhere, who do not take that notice of us that they ought to do, looking to the fact that they owe all their good fortune to the practice of homœopathy. I quite agree with the writer in the *Homœopathic Review*, if they would only exert themselves as they may, our balance sheet would then show very different figures to what it does now. (Hear, hear) I occasionally get letters for this meeting from country homœopathic practitioners, and they make some objections to the manner in which the hospital is carried on, but they are of so trifling a nature that I shall not mention them on this occasion. They are of a carping nature, and I am almost ashamed that such objections should exist in the mind of any body. What we are to consider is not whether the hospital is carried on in the way we should individually like or desire, but whether it is calculated to be useful. We are told that our mode of electing our medical officers is not a good one—we are told that one gentleman is preferred to another. They are elected at a general meeting—we select our medical men—all the subscribers have an equal interest and an equal power in the election of the medical staff of this institution. Everything that is done is done openly and above board, and no medical practitioner need complain of our management or of our system. Happily, I may say, we do not quarrel among ourselves; the committee of management are all perfectly

agreed, we give and take, and I really wish the faculty, the medical men, would lay aside any little objection they may have to this small thing or that small thing, and only keep steadily in view the general promotion of the system, to which nobody is more favourable, or of which no one has a higher opinion than I have. (Cheers.) I can say, after forty years' experience of it, and I do not hesitate to express my conviction, that it bestows upon humanity greater blessings than any other system I am acquainted with, or any of which I have ever read. (Loud applause.) And experience is, like religion itself, true belief, and our first object should be to to try and impart it to others. I do really think we have a fair right to expect that those medical practitioners who are now benefiting by the discovery of homœopathy should do what they can to promote the object we have in view. (Cheers.) There is nothing particularly new that calls for any observation in the pages of this report. In point of fact, the citation from the *Homœopathic Review* really exhausts most of the arguments that could be used to induce the meeting to adopt this report, and cause it to be circulated for the benefit of the hospital. I wish that those who only come occasionally to London would not confine their visit to its meetings, but would come and examine the hospital, and go through its wards, and really see what was being done for themselves. They would then be able to go back and tell their friends, from their own experience, having looked at the hospital and gone through it, without any preparation being made for their visit, and they would tell them exactly the condition in which they found it. I have no apprehension, no fear whatever, that any one would go away dissatisfied. From our official manager (Mr. Trueman), and from the ladies who visit the hospital, I learn and hear a great deal about it, and I have no hesitation in saying that it will stand comparison with any similar institution in London. We are rather in hard times just now. There has been an enormous drain upon the pockets of the benevolent to sooth the distress and to relieve the sufferings of a neighbouring nation, which has suffered from a severe war, the most terrible, perhaps, of which history gives any example. We are told that when people once begin to give they become fond of giving, and as they tell us that habits, though easily acquired, are not so easily got rid of, we may hope that this is one that will remain with them for the rest of their lives. (Cheers and laughter.) I beg to move the adoption of the report.

Mr. Gould: I beg to second it.

The resolution was put to the meeting and carried unanimously.

Mr. A. C. Pope said he rose with great pleasure to propose the next resolution—viz., "That the best thanks of the meeting be

given to the Board of Management, to the House Committee, the Treasurer, Sub-Treasurer, and the lady visitors for their zealous exertions during the past year." (Hear, hear.) He was quite sure that any one who would take the trouble to look over the institution, and to pass through the wards, would feel that all who were interested in its welfare owed a deep debt of gratitude to the Board of Management for the excellent arrangements they had made for the comfort and well-being of the patients, for the convenience of the medical officers, and for the comfort of the entire household. (Cheers.) He was happy also to have the opportunity of offering their thanks to their treasurer and sub-treasurer—two officers who had rendered most efficient service to this hospital now for many years. They had had evidence that afternoon of the great interest which the treasurer had taken in it. His name had been mentioned in the report as one of the donors to the hospital this year. Finally, they had to acknowledge with gratefulness the services of the lady visitors to this institution. These ladies went round the wards of the hospital, week after week, sympathising with the patients in their sufferings, and seeing that all their wants were properly and duly attended to; and he was sure that the fact that ladies did this, must be a a great comfort to all who had friends admitted as patients to these wards; it was also highly satisfactory to those who gave money in support of the institution to know that there is this mode of supervision at the hospital, and, he believed, it was the case that any observations made by ladies were recorded in a book kept for that purpose, and open to inspection. (Hear, hear.) He would, therefore, hope that they would thank the lady visitors, the treasurer, the sub-treasurer, and the Board of Management, and all he would say in addition was, that he most heartily desired, that, with such willing servants connected with the institution, there was much more work for them to do. He could wish that there was a larger number of patients for the lady visitors to look after: more money for the treasurer to take care of, and that the Board of Management had wider scope for their administrative skill. (Cheers.)

Mr. Slater had very great pleasure in seconding the resolution. He did so as a layman, and he was quite sure that any one acquainted with an institution of this kind would join heartily in the vote of thanks to the Board of Management, because to have a number of gentlemen giving their services, and managing to keep within their income, as the committee of this hospital did, was something to be thankful for. When they heard of gentlemen making complaints against the management it was only what was the case in all institutions, and therefore very little notice need be taken of it. If they were to say [illegible] they would probably do more. Those who talk so much

givers. On the other hand the workers were the greatest
, and the workers here were generally the workers also in
it many other charities, and the labours which these
men gave sometimes for the good of the public was some-
beyond calculation. He was sure that the noble Chair-
ould bear him out in that statement, therefore, in passing
ote of thanks he was sure they would only be according
hose ladies and gentlemen really merited. (Hear, hear.)
resolution was put to the meeting, and carried unani-
r.

Deputy Chairman (Mr. John Boodle): Gentlemen, on
of the Board of Management, I beg to thank you for the
thanks you have been so good as to pass. With regard
attendance of the board I regret that it is not more
ous to-day, but as has just been observed by the seconder
resolution, probably they are working elsewhere. I would
you also on behalf of the treasurer, who is absent, and
behalf of the lady visitors.

Crampern then moved the confirmation of the election of
S. Stephens and Dr. Wheeler to the medical staff of the
l.

Boodle seconded, and the resolution was carried unani-
r.

Rev. James Hildyard next moved that the cordial
of the meeting be given to the medical inspectors, Dr.
fe and Mr. Pope, for their able report on their inspection
hospital. He was sure the inspection of these gentlemen
thorough one, and was calculated to tend to the advantage
lfare of the hospital.

Ellis, as a Member of the Board of Management, rose to
the resolution. He could bear testimony to the care and
ss with which these gentlemen had performed their
If they would take the trouble to read the report of
entlemen, they would be convinced that what they under-
do had been properly done. (Hear, hear.) Therefore he
e greatest pleasure in seconding this resolution.

Chairman said he ought, perhaps, to remind the meeting
ese gentlemen were not members of their own medical
They were anxious to get a thoroughly impartial and in-
ent report, and it was on the table if any gentleman
like to read it. These gentlemen came and inspected
pital; they took a great deal of pains and a great deal of
, and if they pointed out anything that they thought
be remedied, the Committee of Management endeavoured
heir best to carry out their suggestion. (Hear, hear.)
resolution was put to the meeting and carried unani-
r.

Mr. A. C. Pope, on behalf of himself and Dr. Metcalfe, thanked the meeting for the vote they had just carried. It had given them very great pleasure to inspect this hospital, inasmuch as the result had been most thoroughly satisfactory. (Hear, hear.) It had been so on one point especially, and that was a most important point—the matter of ventilation. Every ward they went into—and at the time they did so they were tolerably well filled—the air was perfectly fresh and sweet. That was a matter of very great importance; and it was a great deal to say for a building like this, which had not been originally constructed for a hospital, but had been adapted for hospital purposes; it was a great thing in such a case to be able to say that the ventilation was exceedingly perfect.

Mr. Charles Trueman (the Official Manager) said it had fallen to his lot to ask them to consider the next resolution, which was one which he was sure would commend itself to their cordial approval. It was that the cordial thanks of the meeting be given to the medical staff for their valuable services, and for the care and attention paid to the sick patients under their care during the past year. He was not, however, sorry that it had fallen to him to propose this resolution, and he said they would see after he made the few observations he was about to do, that he was justified in that remark. It would be very easy for the board of management to tell them, irrespective of the general duties of the medical staff of the hospital, how very anxious they always were to aid the board by their advice and by their counsel on all occasions when it was sought for. It would be still easier on the part of the house committee to tell them certain facts connected with the medical staff which came before them; but there was one he would mention. Every week each patient on leaving the hospital went before the house committee, certain questions were put to them, and the answers to these were recorded in their books. These questions were very simple ones; they were questions as to the sufficiency of food, the goodness of the food, whether such was well cooked in the hospital, whether the nurses were kind and attentive, and if they had been so during their stay, whether they had given the nurses any sum of money, or had been solicited by them to do so, and finally they were asked, "Have you any complaint of any kind to make since you were admitted into the hospital?" The reply to this was generally, "No, no; many thanks for what has been done for us;" but to that was generally appended an expression of thanks to the particular medical officer and the house surgeon under whose charge they had been. (Cheers.) This was what the board of management and the house committee could tell them, but he would go a step further and tell them what fell to his lot only to say. Now, there were a great

any points which arose in the hospital, which were really
ints of value to the house committee; but constantly a great
any points upon which he was very glad to have the counsel
d advice of the medical staff. In matters of various arrange-
ents, the medical staff were the best counsellors they could
ssibly have, and during the past year, as previously, they had
ways been most anxious to do all they could to assist them.
at he would also say this, they knew there were certain days
two days every week—on which the attendance of the inter-
l medical staff at the hospital was imperative; but he had
own these gentlemen when they had dangerous and difficult
ses under their charge to come to the hospital on many other
ys of the week, when their attendance was a matter quite of
eir own choice. This was a matter that did not come promi-
ntly before the notice of the board of management or the
use committee. Thus they would see that they did posi-
ely owe a deep debt of gratitude to their medical staff for all
y were doing and had done; and he had great pleasure in
ving this resolution. (Cheers.)

The resolution was seconded, and carried *nem con.*

Dr. HALE said he had been called upon very unexpectedly to
rn thanks for the vote; he thought that duty devolved upon
junior member of the medical staff. He had, however, very
at pleasure in expressing their acknowledgment of the very
d and flattering way in which Mr. Trueman had mentioned
ir services, and he thought, on the part of his medical col-
gues, he could only say that it had been to them a matter of
r sincere pleasure, a great and real pleasure, to have satisfac-
ly fulfilled their duties. When they came there to take
isance of special cases, on days when their attendance was
compulsory, they were merely fulfilling a duty which every
lical man would do. None of them felt it an onerous duty
lo that which was an essential part of their daily life in
ting attacks of serious disease. On the part of his colleagues
hanked them most sincerely for their vote.

Dr. HALE again rose, and said he had been requested to pro-
e the next resolution—the re-election of the four gentlemen
ring from the board of management, Messrs. Cresweller,
ghes, Rosher, and Trueman. Among those they would
ce the name of their indefatigable and zealous official mana-
Mr. Trueman. It would be invidious, perhaps, to single
any one gentleman for special mention, because he was
e sure all were most earnest in the duties they had to dis-
ge; but he thought he might be permitted to refer again to
name, which certainly, as connected with this institution,
a household name—that of their official manager, Mr. True-
(Cheers.) As the medical men's duties had been referred

to, he might say that he only expressed the feelings of the medical officers when he said that but for Mr. Trueman their efforts would not be as successful or as agreeably performed as they now are. (Cheers.) In all cases of difficulty when it had been desirable to ask questions or advice of Mr. Trueman, that gentleman was always found ready and ever willing to give them his assistance. (Cheers.) He, therefore, had no hesitation in proposing this resolution.

This was seconded.

The CHAIRMAN said he had the honour to be the chairman of the committee of management, and he entirely concurred in all that Dr. Hale had said with regard to Mr. Trueman. They had plenty of examples of the truth of what Dr. Hale had stated, that, without the intervention of Mr. Trueman, things would not go on so satisfactorily as they did. (Cheers.) He could not except any one of the other three gentlemen proposed for re-election; so long, to use a slang phrase, as he continued to drive the team, he should be very sorry if these four horses were taken away from him. (Cheers and laughter.)

The resolution was put to the meeting, and carried unanimously.

On the motion of Dr. DRURY, a cordial vote of thanks was then accorded to the noble chairman for his conduct in the chair that day, and for the general interest he took in the hospital—the doctor remarking that as the noble lord had done so much for homœopathy, he hoped homœopathy would do a great deal for him, in giving him a long life and good health.

The Noble CHAIRMAN, in response, said: Ladies and gentlemen, Dr. Drury expressed a hope that "homœopathy will return the compliment." (Laughter.) Now, in point of fact, I am returning to homœopathy, which has done so very much for me. I have myself derived so much benefit and advantage from it that I think it my duty to do everything in my power endeavour to convey the blessing to others. (Cheers.) I hope and trust I may live long, and I do hope we shall exert ourselves to the utmost in the future, and that those 3 homœopathists who now practise in secret, because they may thus evade the dues, will come forward openly, and show the world what the benefits to be derived from homœopathy really are. (Loud cheers.)

The meeting then dispersed.

HOMŒOPATHIC PHARMACEUTICAL SOCIETY.

AT the usual Monthly Meeting of the above Society, held on the evening of the 11th ult., a very practical paper was read by MR. PEAL on "The Dispensing arrangements of a Homœopath

Pharmacy," full of useful suggestions to the homœopathic pharmaceutist. Further allusion to it here is superfluous, as we understand it will be printed for circulation amongst the members.

The other matters brought before the meeting included the following. It was resolved that for the future the meetings of the Society shall be held quarterly instead of monthly as heretofore; that country members shall be eligible for office on the executive; that the travelling expenses of such members when on the Society's business shall be paid out of the Society's funds; that the voting in elections of officers shall be conducted through the post, instead of at the Annual Meeting. A unanimous vote of thanks to Mr. Peal, for his paper, concluded the proceedings. Circulars announcing the business to be brought forward at the Annual Meeting, to be held June 20th, are in the press and will be issued without delay.

THE SOUTHPORT CHILDREN'S SANATORIUM.

The Annual Meeting of the friends of this very useful institution was held on the 26th of April. The chair was taken by the Vice President, T. J. Newton, Esq., of Liverpool.

The Chairman, having briefly expressed his regret at the absence of the president, called on the secretary, Mr. Banning, who read the minutes of the previous annual meeting, which were confirmed.

Dr. Stokes, the treasurer, next read the annual accounts. He also read the medical report, which showed that during the year ending on the 1st inst., 107 patients had been admitted into the institution—against 67 in the previous year—47 boys and 60 girls. The number of patients left in the institution on the 1st April last year was 8, thus making 115 patients altogether during the year just closed. On the 1st inst., there were 21 patients left in the institution. Of the patients discharged 55 had been cured, 31 were much improved, and 8 were no better. The report went on to state that there had been singularly little ailment among the inmates during the past 12 months. No outbreak of epidemic disease had occurred, nor had there been any severe illness except in one case. Serious inconvenience, however, had occurred through the illness of the matron and the chief servant, both of whom had recovered. The report concluded by congratulating the committee on the increasing usefulness of the Children's Sanatorium.

Mr. Banning, the hon. secretary, next read the managing committee's report as follows:—

"The Managing Committee of the Southport Sanatorium for Children have much gratification in reporting a large increase in the number of patients for the year 1870–71 over that of the previous year, an increase amounting to upwards of 37 per cent.

The extension of the means of accommodation and of benefits conferred on so large a number of poor children has not been obtained without a corresponding increase of expenditure, and at the same time your committee have to regret a small diminution in the amount of subscriptions. Under these circumstances, they trust that all friends of the charity will do everything in their power, by combined and increased efforts, to promote its efficient support.

"The very large proportion of the number of patients who have been discharged, cured and improved in health, viz., 86 out of 94, affords gratifying proof of the beneficial effects of the treatment, and of the salubrity of the climate of Southport."

It is not creditable to wealthy Lancashire that so useful an institution as this is should be crippled by want of funds. We trust that Liverpool and Manchester, where money is abundant, generosity proverbial, and homœopathy so greatly appreciated, will come forward and aid the committee and Drs. Stokes and Harvey in carrying on this most excellent charity.

NOTABILIA.

IMPURITY OF PAPER.

The necessity for protecting the preparations dispensed by our chemists in the form of powder from the influence of any medicinal matter which may be contained in the paper in which the powders are folded has always been recognised. The class of paper ordinarily employed by druggists for this purpose is that known as "demy," and a correspondent of the *Pharmaceutical Journal* (May 6)—Mr. A. Bottle, of Dover—draws attention to a form of impurity generally met with in this class of paper, which we take this opportunity of bringing under the notice of our homœopathic chemists. Mr. Bottle states that "the demies and other makes of white paper now in use in the trade, are very generally impregnated with sulphur compound, introduced for bleaching purposes; and such paper, when used for wrapping pepsine, or other powders containing free acid, will, in a short space of time, and particularly so on a damp day, give off sulphuretted hydrogen in unmistakeable quantity. My attention has been drawn to this fact by detecting the vile smell of the gas in a recently-dispensed packet of pepsine powders, and, fortunately, prior to their having been sent out. A first impression led to the inference that the pepsine, although recent stock, was either impure or undergoing spontaneous decomposition; having satisfied myself to the contrary, my attention was naturally directed to the paper in which the powders were folded, a demy of presumed good quality, and which, to the unassisted nose and eyes, appeared to be as good as could possibly be desired for the

purpose; but, upon placing a small roll of it in a test tube and saturating with dilute acid, it gave out unmistakeable evidence of the source of the annoyance. . . . . A powerful and facile mode of examination is to sprinkle a few drops of dilute acid upon a small piece of the paper to be examined; and, in about one minute, evidence will be obtained by the olfactory organs more than sufficient to damage the historic reputation of any first-class dispensing establishment using such paper for containing pepsine powders."

DETERIORATION OF MILK BY FEEDING-BOTTLES.

Professor Gunning, the Government Analyst at Amsterdam, writes:—"I object to the infant's feeding-bottles in all instances when any part of them is composed of caoutchouc or india-rubber, or any like material. There is nothing so ill-suited to the constitution of the human body as the material in question. When, in consequence of suction, the pores of the caoutchouc are enlarged, some portion of milk always remains behind in them, which cannot, or at least cannot without great difficulty, be removed. This milk quickly becomes bad, and spoils the fresh milk with which it comes in contact. The caoutchouc material in question is made up of several ingredients. White zinc or white lead is very commonly employed, which is very poisonous. My objections are not founded exclusively on *a priori* conclusions. In this country many fatal cases have happened among infants, which, on solid grounds, may be ascribed to the use of these bottles."

THE ETHICS OF ALLOPATHY.

The *New England Medical Gazette*, for March, gives the following instance of the degrading influence of allopathic ethics upon the profession; it illustrates too the proper way of meeting conduct of the kind described.

"In a country town, not many miles from Boston, a good-natured, and, as the sect goes, a liberal-minded, allopath had arranged to make an autopsy in company with a homœopathic physician who had formerly had charge of the case. As the latter resided at some distance, the autopsy was courteously fixed at an hour which would be most convenient for him. But what was his surprise, on arriving at the time appointed, to receive a message from the allopath, that, as some of his professional friends, whom he had invited to be present, were unwilling to associate with a homœopath, he must request him to withdraw, or simply remain in the room as a spectator. 'I perceive,' said the gentleman in whose mansion the meeting was to have been, 'that my house is not large enough for both of you,' and then turning to the homœopathic physician, he said, 'will you be kind

enough to make the examination, and I shall see to it in the future, that a man who can thus insult me while death is in my house, shall never cross my threshold while disease is there.'"

If allopathic practitioners who consider it a sort of allopathic duty to insult homœopathic physicians whenever they have the opportunity of doing so, were treated after this equally dignified and summary manner, we should soon cease to find any annoyance from that quarter.

THE ETHICS OF HOMŒOPATHY.

At the commencement of the St. Louis College of Homœopathic physicians and surgeons, Dr. Comstock, the Dean of the Faculty, delivered an address to the newly-made graduates. In the course of it he tendered to his former pupils the following excellent advice.

"Do not fall into a routine manner of healing diseases according to their names, but investigate well every case; and cultivate a habit of always individualizing; by so doing you will not be taken unawares should a case suddenly terminate fatally. In your intercourse with your professional brethren, let the golden rule be your guide, 'Do unto others as you would that they should do unto you;' and if a professional brother has possibly made a wrong diagnosis, or been unsuccessful in some surgical operation, before you criticise it, spare his feelings a little; in other words, put yourself in his place. If you have a consultation with any physician, you should make it a point either to learn something from your *confrère*, or perhaps teach him something. Among your patients do not gossip, or lend your ear to any gossip. Be certain to know more good of your patients and professional brethren than evil. Be dignified and decided, but not rash and unkind! Provide yourselves with all the requisite books and instruments, and every appliance of your art. Constantly add accessions to your library, and be eager to possess the latest editions of your standard medical text-books. Do not forget the importance of self-culture; and this, remember, is something you cannot gain either alone from books, schools or medical associations. Your experience must be enriched by judgment and maturer reflection, otherwise you will be found wanting in that tact and homely sympathy which will be sure to gain for you the confidence of your patients; and then enable you to continue permanently their physician. Many excellent physician has failed to secure patients because he has no tact or knowledge of the world."

HIGH DILUTIONS.

In the *Medical Investigator* (Chicago) for February, 1871, Dr. Ballard, of Chicago, reports a case of ague, which had lasted to

ays, to have been cured by a single dose of *arsenicum* 61,000. We feel constrained to ask—What do these figures really mean? By what process was this high degree of dilution obtained? To proceed after the manner of HAHNEMANN in attenuating, the manufacture of such a dilution would occupy a man, working constantly for ten hours a day, three hundred and five days! Did any one ever undergo such incessant labour as this for the purpose of producing so mythical a preparation as *arsenicum* 61,000? If no one ever did, then these figures do not represent what figures attached to a medicine are ordinarily understood to mean. The *hocus pocus* work of Fincke has been already exposed, and we should like to know how Dr. Ballard prepared *arsenicum* 61,000!

CANNIBALISM v. TOBACCO.

THE following anecdote confirms the truth of the physiologist's assertion that persistent indulgence in inordinate smoking results in the absorption of the actual essence of tobacco into the very tissues. Captain Wilkes, in an exploring expedition, interrogated a native of the Fiji Islands as to the fate of the crew of a vessel whose shattered hull still lay upon the beach. "All kill," replied the savage. "What did you do with them?" asked Captain Wilkes. "Eat 'em. Good," returned the cannibal. "Did you eat them all?" inquired the half-sick captain. "All but one," holding up a finger. "And why did you spare one?" "Cause him taste *too like tobacco;* couldn't eat him no how."—*Food Journal.*

LEAD POISONING.

WE have received very important communications on this subject from two of our contributors; the first from Professor Grace Calvert, of Manchester, who says:—"In our city great numbers of private houses have on the first floor a bath-room and lavatory, in which is a leaden cistern, supplying the hot water required. The contents of the cistern are heated by a continuous current of hot water, fed by a boiler placed behind the kitchen range on the ground floor. The cooled water from the cistern returning to the boiler is of course charged with all the lead dissolved from it; and as the occupiers of these houses are rather not aware of the action of water on lead, or do not reflect that the water which they take from the kitchen range for domestic purposes has circulated through the cistern above, it is not surprising that many of them fall victims to lead poisoning." Professor Church, of the Royal Agricultural College at Cirencester, points to a similar danger, resulting from the use of gazogenes for preparing aërated waters. He says:—"I have examined a large number of different waters—English and Foreign, old and new—and I find one defect universal. The upper part of the

long glass tube (through which the aërated water is forced from the lower vessel) is fitted into a tube of pewter. The aërated water standing in this dissolves some of its lead; and the first wineglassful of water drawn each time that the apparatus has been left to itself, turns brown when tested with hydro-sulphuric acid. Why should not the new tin-lined lead tubes be used for the metal fitting in which the little spring-piston of these machines works?"—*Food Journal.*

CORRESPONDENCE.

COMPULSORY VACCINATION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I thank you for your courtesy in inserting my last communication; and, as the subject still continues to be one of absorbing interest, venture to trouble you with a few further remarks.

With regard to the medical gentlemen to whom you have alluded, I should be the last person in the world to depreciate either their integrity, their intelligence, or their large experience of vaccination; but it would be absurd to place them above any of the physicians whom I have mentioned, of whom one is the author of the most gigantic medical work ever written by one man; another was physician to the Small-pox and Vaccination Hospital for fifty years; and the last is the first living authority on that branch of the subject which is the key to the whole question, and by which must be decided whether vaccination can be continued as a rational practice.

It has been absolutely proved that by careless vaccination scrofula, syphilis, and leprosy have been propagated; and the evidence shall be forthcoming whenever asked for. It will not, therefore, do to limit the consideration of the subject to the advantages of vaccination, inasmuch as the above diseases are all hereditary, whilst small-pox is not.

With regard to the question of despotism, all government is despotism; and when we have Divine sanction for any course of conduct, we may follow it. Sanitation has such sanction and example; but "doing evil that good may come" has only the sanction of the Jesuits. I do not say that vaccination, *per se*, is such an evil; but I do not see how large numbers can ever be vaccinated at the same time, without the propagation of very questionable lymph. I therefore think it tolerably certain that you will shortly hear of the abolition of a law from which such evils are inseparable, and which has hitherto formed such a miserable substitute for rational sanitation.

I am, Gentlemen, your obedient servant,

EDWARD HAUGHTON, M.D.

4th May, 1871.

[In inserting this letter of Dr. Haughton's, we have only to eiterate the opinion we have already expressed, that the evils hich he regards as inseparable from vaccination are where nything like due discrimination is used in the selection of mph, by no means necessary to the induction of vaccinia. hat disease of the nature referred to by Dr. Haughton has en transmitted by vaccination is possible; but, save in one or the most two instances on record, has not yet been proven to so. Assertions to the contrary have been made over and er again, we know; but, on the other hand, these assertions ve not stood the test of impartial investigation. We presume at the report of the Committee will, when it appears, throw ill more light on this matter. When it comes under our tice, we shall be prepared to sift the evidence on which it is sed. While admitting Ricord to be one of the first authorities the time in his own speciality, we deny his claims to be garded as an authority in vaccination—as being in any way mparable to those of either of the medical men named by us our last number.

The idea that "all government is despotism" is one, the discussion of which we leave to the theoretical politicians of the y; simply remarking, that if it be a despotism, despotism is ential to the well-being of society.—Eds. *M. H. R.*]

VACCINATION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I have been a public vaccinator for fifteen years, I have had frequent opportunities of observing the protective cts of vaccination during that time. Small-pox paid frequent its to my district, but never succeeded in getting a hold on it any length of time. The unprotected suffered; the protected aped.

During one of these visitations I had an opportunity of testing the efficacy of vaccination by a direct experiment. In one ily several members were attacked by small-pox, fortunately mild type. None of those who took it had been vaccinated; protected members slept in the same room with the sick, escaped.

mmediately on the outbreak of the disease I vaccinated the ngest child, aged about six months, by a number of minute ifications on *one spot* of the arm. One small perfect vesicle a appeared, and the child, sleeping in the bed with two r children affected with small-pox, remained safe from the ase.

his not only shows the protective effects of vaccination, but lso proves that one vesicle is sufficient.

y the production of a single vesicle, almost all constitutional ress is avoided, *and the painful* erysipeloid state of the arm,

consequent on the production of four or five, is greatly mitigated.

A good vaccinator should be able to vaccinate a sleeping infant without disturbing it. Parents naturally object to their children being tortured. Let them see that doctors can protect them from small-pox without hurting them in the least, and the objectors to vaccination will soon find themselves in the minority.

To take the lymph from a child in a high state of fever induced by the large number of vesicles on its arm, is to produce in the next recipient something very different from simple vaccine effects. I believe it to be the cause of many skin diseases, often falsely attributed to a scrofulous or other objectionable state of the constitution.

I wish also to lay before your readers my method of carrying and applying the vaccine lymph. I have found it simple and effective.

I have a number of circular pieces of sticking-plaster, about three-quarters of an inch in diameter. On the centres of these I place my drop of lymph. I have next a piece of thick card board, of the same size, but having its centre removed for one-third of its diameter. I place my charged plaster in the bottom of a small circular box of the proper size, over it my disc of card-board, and so on, layer on layer. In this way the lymph can be packed away expeditiously, without waiting for it to dry.

I use it by making, with a very keen lancet, a number of minute scarifications on one spot on the arm, and adapting the centre of my charged plaster accurately to the little wound. In a few days the rising vesicle detaches the plaster, and the arm is a perfect specimen of protective vaccination.

Dr. Tuthill Massy has appealed, in the *Medical Times & Gazette*, against the punctures now so commonly used, not alone in one arm but in both. The advocates of vaccination are over-zealous, and are becoming heroic vaccinators, like their deposed brethren, who delighted in "slaughtering the innocents" with "heroic *treatment*."

E. CARMICHAEL, L.R.C.S.I.

9, Goldsmith Street, Nottingham,
May 23, 1871.

[There is little doubt but that one vaccine pustule carefully produced is preferable to four, the result of careless operating. But it must be remembered that the statistics of all the small-pox hospitals during the present epidemic have shown that the number of vaccinated cases coming under treatment has been greatest in those bearing indication of only having had one pock produced. Of those having two the proportion has been

much less. Few have had evidence of having had three pocks, hardly any of having had four, and none have appeared bearing five marks. The same observation has been made at the small-pox hospital during many years. The evidence of all these institutions pointing to the conclusion that immunity from small-pox is in direct proportion to the number of vaccine vesicles produced by vaccination.—Eds. *M. H. R.*]

COMBINED HOMŒOPATHIC MEDICINES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Having just read, in the last number of the *Review*, an article on "Combined Homœopathic Medicines," perhaps a few remarks from one of Hahnemann's pupils may be acceptable to your readers in support of that article.

I was a pupil of Hahnemann from 1840 until 1842, at Paris, attending daily his teachings and directions, and I never heard nor even saw him advocate the use of any two medicines combined together; on the contrary, his careful teaching was always pointing to the exact choice of one medicine at a time, and to the importance of not changing it until it had exhausted all its action. Hence did he never alternate medicines. I never saw him do it, nor heard him teach thus any one of us.

He frequently used to say, "Observe—observe well, and having chosen *one* medicine, learn to let it act undisturbed to the end."

Such were his words and teaching, and some thirty years of practice have taught me that, when we have "observed" and "learnt" as he did and taught, it will be time enough to try to do better.

I am, Sirs, your obedient servant,

H. V. Malan, M.A., M.D.

St. Catherine's Priory, May 16th.

THE HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I have to thank you for the insertion, in your April number, of my remarks on *strychnic nitrate*, and also Dr. Madden for his reply.

I fail to see in Dr. Madden's reply any argument in favour of the present formula.

I have clearly proved that this preparation undergoes many changes, and is unreliable. This, I think, will be generally admitted is a sufficient reason for the formula being altered, or the preparation omitted from the Pharmacopœia altogether.

Dr. Madden states that Hahnemann by no means objects to compound remedies, *if they have been proved.*

I maintain it is impossible to obtain a satisfactory proving

of this preparation, it undergoing such immediate and varie changes.

Dr. Madden wishes for a name expressing the true chemic nature of the solution better than strychnic nitrate.

It is impossible to find any name that would express the tr chemical nature of this solution.

Dr. Madden objects to substituting an aqueous solution f the present one; but if a proving of an aqueous solution w obtained, its use would be more creditable to homœopath practitioners than that of the present one, of which there only clinical knowledge, and this clinical knowledge must necessity be deceptive and valueless, owing to its instability.

I am, Sirs, yours obediently,

R. S. CROSSBY.

6, Patshull Road, Kentish Town,
May 20, 1871.

NOTICES TO CORRESPONDENTS.

Papers have been received from Dr. COOPER, Southampton; M RICHARD EPPS, London; Messrs. CROSSBY & PEAL, London; a Dr. BERRIDGE, London.

Communications have been received from Dr. G. CRAIG, Birmin ham; Mr. PROCTOR, Liverpool; Mr. E. GARDINER GOULD, Sudbu Mr. FRASER, Hull; Mr. C. TRUEMAN, London; Dr. YELDH London; Dr. MALAN, Guildford; Dr. ANDERSON, Norwood; I DYCE BROWN, Aberdeen; Dr. PAYNE, Sydenham; Dr. MURR MOORE, Liverpool; Dr. GIBBS BLAKE, Birmingham; Dr. CARRO DUNHAM, New York.

BOOKS AND PERIODICALS RECEIVED.

On Sub-aqueous Vision. By R. E. DUDGEON, M.D. Reprint fr the *Philosophical Magazine*, May 1871.

The Rational Practice of Medicine: a Lecture, &c. By L. SAL M.D. Calcutta: Thacker & Spink. 1871.

George W. Childs: a Biographical Sketch. By J. PARTON. Ph delphia: Collins. 1870.

The Chemist and Druggist, May 1871.

The Chemist and Druggist's Advocate, May 1871.

Australian Homœopathic Progress, Feb. 1871. Melbourne.

The New England Medical Gazette. Whiting, Boston. March 1

The Medical Investigator. Halsey, Chicago. April 1871.

The American Observer of Homœopathy. Lodge, Detroit. April 1

The Am. Jour. of Hom. Mat. Med. Tafel, Philadelphia. March 1

Allgemeine Homöopathische Zeitung. May, 1871. Leipzic.

La Reforma Médica. Madrid. April 1871.

Rivista Omiopatica. Roma.. April 1871.

La Scuola Med. Italiana; Bull. Soc. Naz. di Med. Omeop. Ro March 1871.

Papers, Dispensary Reports and Books for Review to be sent Dr. RYAN, 2A, West Street, Finsbury, E.C., or to A. C. Po Esq., Moselle Villa, Lee, Kent, S.E. Business Communications Advertisements to H. TURNER and Co., 77, Fleet Street, London, E

THE MONTHLY

HOMŒOPATHIC REVIEW.

HOMŒOPATHY IN AUSTRALIA.

British colonization has nowhere been more successful than in Australia. Within the memory of middle-aged men this vast continent had but few towns with a population larger than a good-sized English village. In 1835 Melbourne could scarcely be said to have an existence. It is now a town of several hundred thousand inhabitants. Sydney, the oldest colonial town of any importance, had in 1851 a population of less than 60,000. At the present day it contains at least double that number of inhabitants. With equal rapidity have sprung up Adelaide, Brisbane, Hobart-Town, Launceston, and many other places of almost equal importance, though inferior in population. The two great centres—the London and Liverpool of Australia—are, however, Sydney and Melbourne. In these two cities not only has population increased, but religion, intellectual culture, commerce, and all that tends to make life prosperous and happy, have advanced with great rapidity. Both are now the seats of well-organised universities, empowered to grant degrees in arts, in law, in medicine, and in divinity. In the earlier history of the colony medicine and surgery were represented chiefly by adventurers—a condition of things inseparable from a young, sparsely populated country and an imperfectly organised society. Wherever man goes disease and

injury are certain to follow him. Educated practitioners of the healing art are far from being so sure to accompany him. Relief he must have, or attempt to gain, and the first empiric who will promise him a cure is eagerly welcomed. Hence many who knew nothing of medicine or surgery must, in the early history of the colony, have pushed their way into practice—some urged only by a sincere desire to give such aid as they thought they could afford, and others by a determination to turn the opportunity of "quacking" to their own advantage. Practitioners of this class are still numerous in the small inland towns of New South Wales; but in Sydney, Melbourne, Adelaide, and places thoroughly settled, an Act of the Colonial Legislature, similar in its aim to our own *Medical Act*, has provided for the registration of all qualified medical men—and of these there is, we understand, no lack. Medical literature is now cultivated, the *Australian Medical Journal* being a creditable periodical of its kind. Occasionally, too, the medical press of this country receives contributions from the practitioners of New South Wales. The institution of the Universities and the establishment of Medical Schools has given a stimulus to the progress of medical science in Australia, and has added to the importance of the profession there.

With the large demand for the services of homœopathic practitioners in the mother country, the temptation to our brethren to emigrate has been but slight, and the result has been that, until quite lately, homœopathy has made but comparatively small way in New South Wales. The desire for practitioners of homœopathy among the colonial population has been great, and many have been the efforts made at different times to secure suitable representatives. Though the wishes of the people have been gratified in some, they have been so hitherto but to a limited extent. Few, however, as the medical representatives of homœopathy have been, they have done a good work, and in each of the principal towns there is not only abundant

occupation for those who are there, but ample work for many more.

To whom belongs the honour of having introduced the practice of homœopathy into Australia we have not been able to learn. Long before any member of the medical profession openly practised homœopathically, several persons unconnected with the profession devoted themselves to practice, and with a very considerable amount of success.

Possibly the earliest medical representative of homœopathy was Dr. Simpson, a physician whose name is but little known here, but who is remembered by some of our seniors as the author of a very excellent exposition of homœopathy, published in 1834. In 1860 Dr. Simpson was living in retirement in the neighbourhood of Brisbane. He had held for some years the post of Governor and Commissioner of Lands.

The late Mr. Bellamy, formerly of Guernsey, was one of the first to practice homœopathy in Sydney. He left this country in the year 1854 or 1855. A year or two later Mr. Meymott, formerly of Oxford, was also practising there; he, we believe, is also dead. In 1859 Dr. Brereton, of Bradford, settled in Sydney, and has from the time of his landing been in the enjoyment of a large and lucrative practice. Dr. Irvine, formerly of Leeds, passed from Nelson to Sydney two or three years ago. In addition, one or two duly-qualified foreigners are practising homœopathy there. Last year Dr. Hartmann, of Norwich, emigrated, with the view of settling in Sydney, but he has, we understand, gone to New Zealand, and is now in practice at Auckland. The first homœopathic chemist of Sydney was Mr. John Bell, a grandson of the distinguished physiologist, Sir Charles Bell. He died twelve months since, and has been succeeded in his business by his assistant, Mr. Collins. Whether there is a homœopathic dispensary in Sydney we cannot say. In 1865 Dr. Brereton was appointed visiting

medical officer of the Tarban Creek Lunatic Asylum. His appointment raised the usual storm from the allopathic practitioners of the locality; and in a paper in the *Australian Medical Journal* commenting upon it, one of these worthies divulged the fact that homœopathy found its "most powerful advocates among the educated and otherwise intelligent." So that the course of homœopathy is much the same in Australia as it has been in England.

In Melbourne homœopathy is also well represented by three duly-qualified practitioners,—Dr. Günst, a Dutch physician; Mr. Ray, a member of our College of Surgeons; and Dr. Teague, a graduate of a Canadian University. Many years ago the demand for a homœopathic practitioner was so considerable in Melbourne that three unqualified men were in large practice there. One of them, a French-American, was, while a medical student, attracted to the mines in South America. His adventure failed, and he engaged himself as a doctor to a ship sailing to New South Wales, where he landed penniless. Happening to see some homœopathic medicines in the window of a Berlin-wool shop, he went in, and represented himself as a homœopathic doctor. While conversing with the shopkeeper as to his chances of success in practice, some one called to enquire for medicines; to him he was introduced as a homœopathic physician; a consultation and a fee followed, and it was not long before he was engaged in a considerable practice! He left the colony a few years ago for India, where he has since died.

In 1862 Dr. Madden, whose health had begun to fail, left Brighton, and sailed for Melbourne; and for two years and a half practised there with great success. Melbourne has now a flourishing dispensary, towards the support of which the local legislature contributes an annual grant of money; and a monthly journal devoted to the interests of homœopathy, edited by Dr. Günst, is

published regularly. The advocacy of the dispensary by the Bishop of the diocese and the Dean of Melbourne, on the occasion of the first annual meeting of its subscribers, gave rise to a certain amount of angry comment on the part of the *Australian Medical Journal*. This resulted in a newspaper controversy which, affording, as it did, the opportunity for the public to become better acquainted with the merits of homœopathy, gave a great impetus to the spread of our method in the neighbourhood.

In Hobart Town, too, a small monthly periodical, entitled *Notes of Homœopathy*, is published. It was called into existence by an attempt on the part of certain allopaths to extinguish Mr. Atherton, who worthily represents homœopathy there, by holding an inquest on the body of a man who died while under his care of acute phrenitis—a case which was hopeless at the time when Mr. Atherton was called in!

Not only did this piece of malice fail, but it, too, provoked a controversy in the public press. Mr. Atherton's reply to his assailant, Dr. Agnew, was a masterly defence of homœopathy, and proved him to be at once an able advocate and skilful practitioner of homœopathy.

In Hobart Town there is also a dispensary, well organised and in good repute.

In Adelaide, homœopathy was first practised by persons unconnected with the medical profession. In 1860 Dr. Wheeler, who had filled the office of house surgeon at the London Homœopathic Hospital, was induced to settle here. In no long time he found himself so overwhelmed with professional engagements, that he wrote home for a partner, and in 1866 was joined by Dr. Allan Campbell—also an ex-house surgeon of our hospital. On the arrival of Dr. Campbell a dispensary was at once opened, and the attendance of patients has proved both the need of such an institution and the appreciation in which it is held by the poorer classes in the town. On Dr. Wheeler's retirement from the colony, he was succeeded by Dr.

Miller, lately one of the assistant physicians of the hosp in Great Ormond-street.

In Geelong, a town of considerable importance, Sidney Robinson, a member of the College of Surge and a licentiate of the Society of Apothecaries, form practising in Somersetshire, and for a time in Winche has a large and influential circle of patients. The long Homœopathic Dispensary has an annual gran £50 from the local legislature.

At the well-known town of Ballarat homœopathy good repute, and Dr. Gpeck, a thoroughly qual German physician, enjoys a large practice there.

In many other places are persons who devote t selves to the practice of homœopathy without having the advantage of a medical education. Of these distinctly tell those who consult them that they are medical men; others unwisely, as well as untruly, themselves out as such, and assume the title of do Most of them are largely engaged in practice. demand for homœopathic treatment, and the confiden the people in homœopathy, must be great when unqual persons of either class can hold their own so success as these men do. We have heard Launceston spoke as a town where the opportunities for success are p liarly great; and Mr. Atherton, of Hobart Tow especially anxious to see a properly qualified sur settle there.

Such is a brief sketch of the present position of hon pathy in Australasia. The desire for homœopathic t ment on the part of the public is much more conside than are their opportunities for obtaining it. But will not long be the case. With homœopathic dispens in all the important towns; with the medical repres tives of homœopathy at present engaged in practice— of good social standing, thoroughly well qualified for professional duties, and fully competent to do battle the opponents of homœopathy; with two journals w

month by month, present a fair statement of the questions at issue; and with the supporters of homœopathy men of position, of learning, and of influence, we cannot doubt but that in no long time homœopathy will be much more widely practised, much more generally represented by members of the medical profession than it is at present.

In Australia, as in England, homœopathic practitioners are exposed to every species of annoyance which ignorance and spiteful feeling can suggest. No effort to misrepresent homœopathy is left untried by the allopathic practitioners of the country. The newspaper controversies through which we have recently waded have reminded us forcibly of those which were common here about twenty years ago. The trades'-union regulations of the British Medical Association are in full force, and are more rigidly acted upon in Australia than they are here. All this must give way—will assuredly give way.

We congratulate our brethren in Australia on the marked success which has attended their work during the last ten years. We trust that they may continue to prosper. We hope to see their numbers increased, their dispensaries more numerous, and the quality of their journals improved. They have a most important and useful work in hand; and though as pioneers their labour may be hard, they know full well that the credit attaching to their success will be proportionately great. We at home watch their career with a lively interest, and any news of their progress in diffusing a knowledge of homœopathy is ever warmly welcomed by us.

CLINICAL JOTTINGS.

By Robert T. Cooper, M.D.

The appearance of a stye on the lower lid of the right eye, in a patient taking *phosphate of iron* for debility, calls to mind that this is the second, if not the third time I have found a similar result to follow its administration.

An engraver in copper, aged 28, placed himself a short time ago under treatment for a semi-eczematous eruption on the backs of the hands and the right arm. He is in the habit of wiping off the copper filings on his lips from the style when engraving.

The right hand and arm are covered with an eruption from the back of the hand to the elbow, beyond which it never extends, while that on the left hand is limited by the wrist. The irritation is very great, being worse at night in bed and near a fire. There is an occasional but insignificant oozing, which he does not complain of until asked about it. A dark greenish blue line is present on the teeth, and the gums are soft, with patches of purplish red at their juncture with the checks. In other respects he is well.

He had been under some very distinguished specialists of the old school, besides herbalists, but without benefit.

The eruption disappeared in about two months, under the 2nd decimal trituration of *hepar sulphuris;* this being the potency I invariably employ against these palmar exanthemata. They manifest, however, a remarkable tendency to recur.

The following occurred in a zinc engraver, aged 36:—

Roughness of the skin on the back of the right hand, accompanied by very intense irritation when rubbed, that seems to go through the whole body, and by discharging vesicles; it is always worse when he catches cold, and in cold weather. His memory is very weak, and he suffers from a continual aching gnawing pain in the upper part of the back of the head.

These symptoms yielded to *hepar;* and again, on two subsequent occasions, I resorted with success to the same remedy, similar cutaneous symptoms being present. The last time he required medicine was in the middle of the winter of 1869–70; the right hand was then very much broken out, with a well-marked tendency to the formation of painful fissures. He had taken, according to the prescription of his club doctor, large doses of Devalangin's solution, but without any effect upon the eruption.

This time there was more than usual difficulty in curing him, and the irritation seemed, if possible, more intense than in previous attacks.

I put him, as usual, upon *hepar,* 2nd decimal tritura-

tion, but without any relief: one or two seemingly indicated remedies had no better effect; and as there was little oozing and great irritation, I decided to give *mezereum* Φ (see this *Review* for 1869, pp. 281—288), which removed the affection for the usual time, namely, three months; but as always happens, it has returned on his getting into a weak state of health.

Assuming that these eruptions were caused, or at any rate modified by the metals, we have—

Copper exanthem—worse from warmth; great irritation, excited by exalted temperature; greenish blue metallic line on the teeth.

Zinc exanthem—worse from cold; great irritation, excited by friction; no dental discoloration observed.

Neither case, however, deserves to be considered authoritative; there is a probability only that the eruptions were consequent upon the ill effects arising from exposure to floating particles of the metals. The copper case certainly seems to have arisen from the action of the metal; but even here we are placed in uncertainty, for the discoloration on the teeth is quite different from that described by Corrigan. According to him there is present in cases of chronic poisoning by copper, "retraction of the gums, with a purple, not a blue edge. (Taylor, *On Poisons*, p. 521, Edit. of 1869.) In our case the chief discoloration was *on the teeth;* it was well marked, and quite different from that produced by tobacco, and it had, moreover, an unmistakeable metallic appearance. The purple colour on the gums, too, did not mark the edge, but was observable in patches low down, at their juncture with the cheeks. We may, however, by reporting a series of cases like these, and comparing them together, become acquainted with the true, but at present obscure skin diseases produced by the metals themselves.

There is a form of eczema that attacks the forehead (eczema frontalis), along the roots of the hair; it comes on after catching cold, and itches when the patient is warm—in other words, when its surface is dry—thus, on coming into the house from the open air; it oozes after being washed;—such an eruption I have cured with *hydrastis* 1x, after failure with *hepar s.* 2x, *sulphur* 30, and *mezereum* Φ.

Southampton, June 1871.

OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES: WITH SUGGESTIONS FOR TREATMENT.

By JOHN ANDERSON, M.D., M.R.C.S.

(Continued from page 334.)

The stage of excavation continued. In the preceding paper various important particulars with regard to the stage of excavation were detailed; we have now to consider the three important terminal changes connected with this stage which pathology recognises and experience confirms.

1. The cavity being limited in extent, may be *tolerated* for some time. In such a case, the constitutional symptoms abate, the cough and expectoration diminish, the condition of the blood improves, the functions of digestion and assimilation are better performed, the tissues are better nourished, and absolute flesh is gained. Of 68 cases of tolerated cavity recorded by Dr. Pollock, five lived for three years, seven for five years, three for nine years, and one for fourteen years; the average of the whole 68 cases being 38.90 months.*

2. The cavity may *contract, heal and cicatrize.* A cavity which is presumed to exist in the apex of one lung only may shrink, gradually lessen, and at last be obliterated; but, connected with this terminal change, there will usually be more or less displacement of the heart, an expansion or partial enlargement of the opposite or sound lung; and a flattening of the thoracic walls: this last being an invariable phenomenon. All the important constitutional symptoms are abated or entirely gone; special physical signs indicating consolidation and defective or abnormal respiration still exist; but, nevertheless, a large amount of health is enjoyed; and life may be prolonged for many years. This favourable state of things is not, however, very frequent, for of 4530 cases carefully noted by Dr. Pollock personally at the Brompton Hospital for Consumption, he could only place on record 81 instances in which the patients seemed progressing towards a cure of cavity.† It must not, however, be supposed that even

* *Elements of Prognosis in Consumption.* † Op. cit.

under the most favourable circumstances any thing like perfect and vigorous health can be enjoyed. The physical and mental powers will not bear, and ought not to be subjected to, other than a moderate strain, for there is always a danger of sudden and possibly severe hæmoptysis, which may lead to a sudden breaking up of the cavity, and an extension of the softening process; or, failing this, there may be at any time a renewal of the blood disorder, and a fresh deposit of tubercle, with softening, excavation, and a complete breaking down, probably a fatal one, of physical health and strength.

That the healing process is seen after the formation of cavities, is established by the unanimous testimony of the best observers. Dr. Watson says, "when a single vomica occurs, it may be completely emptied of its tuberculous matter, gradually contract and ultimately be obliterated."* Dr. Pollock says, "there is now no doubt that cavities close and heal up; the numerous cicatrices found in the lungs of persons who have died of other diseases can be referred to no other cause than the healing of small cavities."

Jones and Sieveking state that "the cavities may disappear altogether, leaving a dense white fibrous tissue ramifying irregularly in the surrounding tissue; or the obliteration is incomplete, the cavity remains partially open, and the character of the lining membrane undergoes a change assimilating it to a serous membrane; or, which is more commonly the case, converting it into a vascular villous covering, resembling a mucous membrane."†

Andral remarks that traces of cicatrization are found in individuals who, at one period of their life have been subject to a severe affection of the respiratory organs, which was regarded as phthisis; or in such as have been cured of a previous pulmonary attack; but have succumbed to a subsequent one of the same character. Pathological researches prove, says Dr. Turnbull, that cavities in every stage have healed up, cicatrices and puckerings having been found after death at the summit of the lungs.‡ Rogée found that out of 100 aged persons who died at Salpêtrière, five had cicatrices of cavities which had healed. Boudet found that of 197 cases, ten had cavities completely healed.

* *Lectures on the Practice of Medicine.*
† Op. cit.
‡ *An Enquiry into the Curability of Consumption.*

Bennett out of 73 cases found concretions and puckerings in 28. Barlow says that "the cavity produced by the softening of a mass of tubercles may heal, and therefore the cure of any of the tuberculous diseases of different organs is not a pathological impossibility; although the arrest of the disease is rare, owing to the tendency to a continual deposition of fresh tuberculous matter."*

Niemeyer's views are thus expressed: "If the cell growth is not so abundant as to lead to a considerable compression of the walls of the alveoli, and of their nutritive blood vessels, the cheesy masses may become still more inspissated; and the shrunken, atrophied cells may break up into a detritus." At the same time, "an abundant formation of connective tissue takes place in the lung. The connective tissue, by its gradual shrinking, occupying much less space than the sound lung tissue which it replaces, the lung becomes smaller, the thorax contracted; and, as this contraction has but narrow limits, the bronchi are dilated into oblongated round cavities. This is the most frequent mode of formation of cavities in chronic phthisis."†

Upon this subject Dr. William Addison makes the following important remarks. "If we expect to discover means whereby large tubercles may be removed, and caverns healed, so as to be replaced by pulmonary texture, we must be disappointed, for no such cures take place. But if we confine our expectations within the limits of natural laws, we may hope to arrest the progress of a retrograde metamorphosis, by promoting the fibrous type in the secreting walls of cavities. When this can be accomplished by art, a state within the meaning of the term cure has been effected; concretions, tubercles, puckering of the parenchyma, scars, fibrous bands, and cartilaginous cicatrices may remain, limit the function of respiration, and alter the constitution; but the accumulation or production of cell-organisms, and the growth of granulation fabrics being abolished, unnatural secretions cease, a life of usefulness is prolonged, and health is comparatively restored."‡

Several illustrative cases are given by Laennec,§ by

* *Manual of the Practice of Medicine.*
† *Clinical Lectures on Pulmonary Consumption.*
‡ *On Consumption and Scrofula.*
§ *On Diseases of the Chest.*

ett,* by Dr. Quain,† by Dr. Pollock,‡ by Dr. W.
on,§ all of which are well worthy of attentive perusal
tudy. There are also some interesting illustrative
d preparations in Guy's Pathological Museum, from
. the following are selected for description. (1)
r part of right lung showing a large cavity, the result
-gone phthisis; no sign of present disease; wall of
callous. (2) Lung with vomica, containing a firm
ineous clot. (3) Upper lobe of lung, containing a
a three-quarters of an inch in diameter. It appears
e been of considerable standing, and has a tolerably
h internal lining. The surrounding structures, but
ially the interlobular cellular membrane, are thick-
and indurated. There is some appearance of recent
culous deposit in the neigbourhood, and depression
uckering on the surface of the pleura corresponding
(4) Depression and puckering of the upper lobe of
ung, described as following the obliteration of a
culous cavity. Some cretaceous matter is observed
e lung at this part. (5) Portion of lung showing
d bronchial tubes, forming large cavities, one from
three inches in diameter. In connexion with this
ption of preparations of morbid anatomy, reference
be made to an interesting drawing of the lung of a
it who died of phthisis whilst labouring under
etes mellitus," illustrating one of the papers written
r. Addison, of Guy's. The apices of the lungs are
extensively disorganised; but not a vestige of
cle to be detected in either lung; it is purely a case of
monic phthisis. The drawing further shows the pul-
ry tissue in a state of red and grey hepatization, also
excavations in the apex of the lung, and smaller ex-
ions in various parts. ||

The cavity being neither tolerated nor obliterated,
advance and progress until *perforation* takes place,
is, the ulcerative process extending to the superficial
ture of the lung, an opening is formed in connexion
the pleural sac, constituting one phase of that morbid
tion known and recognised as "pneumothorax."
is by no means a very uncommon result of phthisical
ganisation, and probably occurs in reality oftener

* *he Pathology and Treatment of Pulmonary Consumption.*
ancet for 1852, and *Transactions of Pathological Society.*
‡ Op. cit. § Op. cit. || Op. cit.

than it is recognised and diagnosed. Dr. Scott considers this morbid condition of sufficient impor be regarded as a distinct fourth stage of phthis hence he describes it as the "perforation stage."] "the progression of excavation naturally tends penetration or perforation of the pleura, and pleural adhesions, would be almost unavoidable. ration is therefore a natural consequence of pro excavation, and occurs long after softening or ca been diagnosed. I am satisfied that perforation occurs in a very considerable proportion of adv old standing cases of phthisis."*

The symptoms of perforation are very severe tressing; intense stabbing pain in the side, dry great difficulty of breathing, spasms of the in muscles, the heart's action much depressed, the p quent, feeble, and sometimes irregular. The signs are very characteristic, and are thus desc Dr. Alison. "Tympanitic percussion sound, a respiration, metallic tinkling sound, water splashin vocal fremitus and vocal resonance increased, loud cough short and incessant, vital capacity very low, somewhat diminished." The perforation leading pleural sac is generally a small oval aperture, or fissure, a few lines in length and situated in the of the third and fourth rib near the axilla, and g on the left side. Louis found the left side af seven out of eight cases, Hasse in nine out of sixte Reynaud in thirty-three out of fifty cases,† Walshe five out of eighty-four cases.‡ As the result of pe and the escape of air into the pleural cavity, the comes much compressed (collapsing, in fact, in cons of its own natural elasticity), and death ensue immediately from syncope and collapse, or, in time, from pleural inflammation or effusion. Dr. says that the prognosis is difficult to determine at set, he has known perforation to be fatal in twelv in a few days, in a week or two, and, in rare c covery from its immediate effects.§ A few such i

* *The Physical Examination of the Chest in Pulmon sumption.*

† *Manual of Pathological Anatomy*, by Jones and Sievek

‡ *On Diseases of the Lungs and Heart.*

§ Op. cit.

are recorded by Walshe, Laennec, and Pollock. Laennec says, "the effusion of air cannot exist for any length of time without giving rise to severe symptoms, and even death. In upwards of twenty cases recorded by Dr. Townsend, none lasted more than five months. In seven cases by Louis, thirty-six days was the longest period of survival. Dr. Alison gives eight cases, of which six died within six weeks, one at two months, and one lived eighteen months.* Of twenty cases occurring at the Brompton Hospital for consumption, Dr. Pollock records that all but one died under one month, some in a few hours from sudden collapse, others from more gradual sinking, and all from asphyxia. From this description it will be seen, that in this state or stage of perforation, death is almost always the inevitable result.

Taking a general review of the stage of excavation with its terminal changes, it would appear that the formation of a cavity, particularly of the circumscribed character, marks an important crisis in the history and progress of tuberculous disease; and that, although hitherto, the symptoms may have been most urgent and the prognosis very unfavourable, yet it occasionally happens that with the formation of a cavity, many of the threatening symtoms subside, the general health improves, and a more or less lengthened period of immunity from fatal disease may be reckoned upon. A period of great danger has been passed through in the stage of softening, and the breaking up of the softened mass of tubercle, and now the prospect of a renewed and lengthened life, may occasionally be held out. This subject involving as it does, the arrest, the retrogression, and possible curability of pulmonary consumption, is one of the deepest interest and importance both to the physician and the patient. It will be found not only to present valuable indications as regards "Suggestions for Treatment," but also to brighten up the otherwise gloomy prospect in connection therewith.

The first section of "Observations on Phthisis," comprising the minute anatomy of the lung, the nature, origin, and developement of tubercle, the locality and effects of pulmonary tubercle, being now brought to a conclusion, a very brief review of the various forms and

* Quoted from *Elements of Prognosis in Consumption*, by Dr. Pollock.

stages of phthisical disease generally (a concise description of which has just been completed), will form a fitting prelude to a consideration of the important subject of "Diagnosis," the second section of enquiry proposed in this series of papers on Phthisis. An attentive perusal of the preceding papers, and a consideration of the subject generally, from other sources, must lead to the conclusion that the hitherto received pathological opinions concerning tuberculous disease in general, and phthisis in particular, require considerable modification, and that phthisical disorganization is not always the result of tubercle only, but that other causes may, and often do, produce a similar result. It has already been shewn that all the phenomena engendered by deposit, softening, and excavation, may be manifested, and yet on post-mortem examination, no trace of tubercle was to be found, but that the originally exciting cause was either inflammatory products, in the form of exudations and deposits, the result of previous catarrhal pneumonia, or blood clots, or syphilitic gummata, which breaking up and disintegrating, produce all the symptoms and signs of phthisical disease. It has also been demonstrated, that in addition to the ordinarily received and recognised stages of chronic phthisis, namely, those of deposit, softening, and excavation, there existed an earlier stage than these—the premonitory stage, and that even prior to this latter stage there were, in many cases, certain abnormal conditions of the system and deviations from health, which might be formulated under the distinctive appellation of the "pretubercular state." So that as regards the various forms of phthisis, irrespective of those which were merely due to age or intensity, or some incidental cause, there were distinctly to be recognized—the tuberculous, the tuberculo-pneumonic, and the pneumonic phthisis; the first, the result of tubercle only; the second, the result of pneumonic inflammation and tubercle combined; the third the result of the inflammatory products of pneumonia only. And also, that in reference to the different stages of phthisis there were to be recognized the premonitory stage, and the several stages of deposit, softening, and excavation, the whole being preceded frequently by that abnormal condition of health entitled the pretubercular state.* It

* A due recognition of these important pathological facts, will of incalculable value to homœopathy, suggesting as they do, plan treatment, and giving special indications for medicines, in the use which the most successful results may be confidently anticipated.

thus be seen, that so far from phthisis, when thus comprehensively considered, being an easy and simple disease to diagnose, it is often an exceedingly difficult one to recognise, whether as regards its existence at all, or as contra-distinguished from other diseases which it may simulate; and more especially difficult, if the importance of diagnosing the disease both as to its type and form, as well as its particular stage be admitted. But if in addition to this, it be imperative to extend the diagnosis still further, and to discriminate in each stage of the disease, the exact condition of the lung, so as to form a prognosis for chronicity, recovery, or arrest, the difficulty in question will be greater still. And if beyond all this, the attempt be made to diagnose the premonitory stage, and even the pretubercular state, when physical signs are entirely absent, and constitutional symptoms are not well marked nor defined, then it will be seen, that this difficulty of diagnosis, though not insuperable, is really a great one, and can only be expected to yield to the patient, experienced, painstaking observer, who brings every resource to bear upon a matter, which in helping him to form a prognosis, may involve the most momentous results, social, educational, moral and hygienic.

But, it may be asked, what is the object proposed in connection with the diagnosis of phthisis, especially in the earliest stages, how far is that diagnosis to be carried out, and with what end in view. It is desired to diagnose the existence of any abnormal condition or symptoms that would indicate, however imperfectly, the possibility of near or remote phthisical disease; also, the existence of any pulmonary disease at all, and if any, its nature, namely, whether it be phthisis, bronchitis, or chronic pneumonia, or anæmia, dyspepsia, or even typhoid fever, and, therefore, no pulmonary disease whatever. Also, if it be decided that the disease is phthisis, what variety thereof, the tuberculous or pneumonic, &c. And again, what stage of the disease, and what period of that stage; the whole leading to a prognosis, not in reference to recovery or death merely, but to those intermediate stages of partial restoration, prolonged ill health, or deferred fatality; all involving the most important issues to the suffering patient, as well as offering to the physician valuable indications for treatment, both medicinal and otherwise. The diagnosis of disease, says Dr. Marshall

Hall, in his work on diagnosis, constitutes the foundation of the practice of medicine; accuracy in diagnosis is essential to the safe and successful treatment of disease. For the purpose of rendering diagnosis as perfect as possible, every symptom, every source of judgment and of discrimination, must be carefully collected and examined. It is by the accumulated force of all the means of discrimination that diagnosis can alone be effected. As a preliminary to the examination of the symptoms of diseases, the mind ought to familiarize itself with the phenomena presented by the human body in a state of health, the eye should be experienced in discriminating the differences of age, sex, temperament; of noting certain special conditions of the system, the effects of internal emotion, the agency of external causes, the countenance, the attitude, &c. Thus diagnosis flows from an examination and comparison of the phenomenal symptoms of disease, and of certain other subsidiary sources of discrimination. Perhaps nothing so tasks the skill and tact of the physician as the matter of diagnosis. He has carefully to note each symptom, and to determine its absolute and relative value, to trace out the past history of his patient, and connect it with his present state or condition. He has to judge of the harmony or apparent discrepancy that may exist between symptoms and physical signs, to determine how far the inherent vital force may counteract the tendency to disease, or ward off its fatal result, or present only a feeble barrier to the further development of serious symptoms, eventually laying the foundation for important organic disease, or grave functional disturbance. He has to make each individual case a special study, to judge it on its own merits, yet not neglecting the side light thrown upon it from other apparently similar cases and former experiences. Again, he must remember, that he has to battle with an adversary that must inevitably be successful at one time or other (for is it not a fact that "death has passed upon all men") and finally, perchance the most difficult of all, he has to admit the possibility of failure, even after the most painstaking investigations and elaborate conclusions therefrom have been made, and to see with composure that the patient gets well in spite of his portentous diagnosis and clinical condemnation, or that the patient succumbs when he had fondly hoped that the danger was averted, or had entire

passed away. Thus the importance of a correct diagnosis will be at once admitted; and especially so in reference to phthiscal disease when it is remembered that "consumption would not be so incurable a disease if it were earlier recognised;"* and that "there are few diseases which differ more in their features, of which the diagnosis is sometimes more obscure, and the precise prognosis more open to doubt, than those which may be classed, and are generally understood to be embraced, under the general term of pulmonary consumption."†

But it is not diagnosis, merely as an important department of medical science, or as presenting a basis and indications for correct medical or hygienic treatment, that the writer would mainly insist upon; but rather diagnosis considered as an important means to a still more important end, namely *prognosis*, the value of which it is impossible to over-estimate. Diagnosis therefore, in its direct relation to, and close connection with, prognosis, for it is the latter that chiefly interests the patient and his friends; and on the correctness of which so many momentous questions and results depend. The connexion between diagnosis and prognosis is most intimate and close, if not necessarily so in the domain of pure abstract science, it certainly should be so in the mind of the physician. The diagnosis, with its many sources and resources, is as the rich ore and metallic earth which are useless until submitted to the smelting and refining process; the prognosis is the valuable metal itself, which, elaborated from the diagnosis by careful thought and study, may be given out in the varied forms of counsel or hope, caution or guidance, for the benefit and well-being of suffering humanity.

To be of any real use in the way just indicated, the diagnosis should be made very early, especially in those members of families where from hereditary predisposition, or the general condition of the health, or any special symptom, a suspicion may exist of latent chest disease. All the appliances of modern science and modes of in-

* Dr. J. H. Bennett. "*Pathology and Treatment of Pulmonary Consumption.* Dr. B. gives eight remarkable cases of errors in diagnosis; phthisis existing when not suspected; and phthisis not existing when it was supposed to be present; in one case it was spinal irritation and amenorrhœa, which yielded to treatment; in another, only an elongated uvula.

† Dr. Peacock. *St. Thomas's Hospital Reports.* 1870. A paper on pulmonary consumption well worthy of attentive perusal.

vestigation (the stethoscope, the microscope, the thermometer, the chemical tests), should be laid under contribution and brought to bear in any one given case, not forgetting that common sense observation of the general health and physical condition of the patient, which will often materially aid the otherwise earnest and scientific physician. This leads to a consideration of the "sources of diagnosis," which will form the subject of the ensuing paper. (*To be continued.*)

OBSERVATIONS ON OPIUM.

By Carroll Dunham, M.D.*

No drug is so universally used in the old school of medicine. The great Hufeland affirmed, that if he had to choose one remedy from the Materia Medica for exclusive use it should be *Opium*. Its extensive use amongst Allopathists follows from these facts. The old school have few specifics, and those are but seldom used. Most diseases being attended with pain must be either subdued by acting specifically upon the causes of pain, or else the pain must be relieved by a palliative anodyne, while the disease is sought to be cured by the use of revulsive agents addressed to other organs of the body than those which are the seat of disease. The latter is the mode almost universally employed. Hence the constant use of anodynes. For example, in severe sclerotitis, the old school would use revulsive agents addressed to the bowels (purges), and to the skin (blisters). But, at the same time, to subdue the pain in the eye, a dose of *opium* would be given.

Now homœopathy does not do so. It gives a drug that acts specifically on the cause of disease, and upon the organ diseased, and on no other; and then there is no need of an anodyne. These are the reasons why *opium* is so much used by allopathists, and so little by homœopathists.

Hahnemann's observations, though requiring some modification, perhaps, in consequence of the wider experience of late years, are most instructive.

"The primary result of weak and moderate doses during whose action the organism is affected in a passi

* From the *American Homœopathic Review*, vol. vi. p. 437.

ıner, appears to be that of exciting for a short time the vity and irritability of the muscles subject to its action, also to diminish for a longer time that of the muscles ch are not subjected to its influence; to excite the gination and courage, but also to deaden and stupify feelings, the sensibility, and the presence of mind. ler a longer continuance of its action, the organism, ts power of reaction, produces a condition exactly the rse, a want of excitability and activity in the involun- muscles, an absence of ideas, langour of imagination, ı timidity and oversensibility of the general feeling. ain symptoms are more palpable in some individuals in others. No medicine relieves suffering sooner *opium*. It is this property that has induced phy- ns to employ it so largely—a source of immeasurable ı. If the use of *opium* in diseases were as beneficial is frequent, no other medicine would make so many s; but exactly the reverse takes place.

The power of this medicine, and its rapid action, cate that its effects should be studied thoroughly before g it.

Now, as *opium* has hitherto been but little used, pting as an antipathic and a palliative, and its primary ts only have been opposed to diseases, no medicine appeared so soothing, or has so apparently suppressed bid symptoms, although soon followed by results more essing than the original disease. In short, nothing caused more positive evil after apparent good.

In all kinds of coughs, diarrhœas, vomiting, sleeples- , melancholy, spasms, nervous affection, and, above n severe pain, *opium* is indiscriminately given on the nd that it is the best remedy in such cases. But its easurable evil results do not appear among the primi- effects of *opium*, which are precisely the reverse.

Therefore, we can very easily imagine how few salu- and enduring effects can be obtained in the greater ber of morbid and physical affections; and this is ed by daily experience.

If *opium* has been found to cure coughs, diarrhœa, ıess, spasms, &c., in a few cases, it is only when these ptoms first show themselves in persons previously in l health, and are but slight. *Opium* will sometimes re the patient quickly to health, because, if the ptoms are at once destroyed, the body is restored to

its former condition, and the tendency to their
suppressed.

"But, because this palliative action is slight
recent cases succeeds in a few instances, it
follow that *opium* really possesses the power
them permanently in all cases.

"It cannot convert them into sound health,
they are symptoms of other diseases with whi
does not coincide homœopathically. For this rea
seldom been used without injury to the patient,
standing coughs, continued diarrhœa, habitual
ness, chronic sickness, spasms, anxiety, and trem
they have been for some time established.

"In administering *opium* for these complaint
that it is on the principle of soothing, procurin
porary suspension of suffering; that subsequen
relieve only by increasing the dose, which e
becomes less effective, and at the same time cr
diseases, an artificial malady, still more serious
tressing than the first.

"But it is yet more striking to observe, that
present time the use of *opium* has been abused
it in all kinds of pains, however deep seated
however long standing. It shocks our under
and seems like returning to the absurd idea of a
medicine, to expect from it the cure of diseas
different to each other.

"All pains soothed for the moment, by *opiu*
after a short time, when the stupefying effect is
very often are still more intense than before;
last they will only yield to stronger and larg
which create in return other serious diseases n
sufferer. The use of *opium* in confirmed pain is
empirical and deceptive to the patient, leadin
attribute to other diseases the mischievous con
that are due to it alone.

"By treating all pains antipathically by *opium*
seen the use of this drug bring in a train of e
quences—stupor, constipation, and other serious
which appertain to *opium*, and without which
not be what it is. But persons have deceived t
as to the character of these inevitable effects.
of perceiving in them results inherent in the
opium, they have considered them as derived fi

accessory properties, which they have taken unwearied pains to separate from it. Hence the various corrections that have been tried for two thousand years, in the hope of soothing spasms and pains without bringing on delirium or constipation; of suppressing vomiting or diarrhœa without causing stupor; of procuring sleep without heat, headache, tremors, languor, depression and extreme sensitiveness to cold.

"But all this is fallacious. By all these means *opium* is only rendered less active without changing its nature."

By a series of arguments and illustrations of this character, Hahnemann shows, that the almost universal use of *opium* is a resort to a temporary palliative of suffering, not to a specific for the cause of that suffering, whatever that cause may be. Whereas *opium* could only be used with propriety in those diseases to which the correspondence of its symptoms shows that it may be a specific remedy. These are very few in number. Hence homœopathists make but infrequent use of *opium*.

Instead of an elaborate analysis of the *opium* symptoms, I shall call attention only to a few of the infrequent applications of *opium*, viz.:—In apoplexy; constipation; lead colic; and wakefulness.

Apoplexy.—The following description of the effect of a large dose of *opium* is taken from Stillé and Beck:—

"The head feels full and hot, and sometimes light, there are buzzing noises in the ears, the face and eyes are injected, while the pupil is more or less contracted. Flashes of light are apt to appear before the eyes; the ideas are confused and extravagant, and sometimes there is delirium; the pulse is fuller and more frequent; the skin is hot, the mouth and fauces dry; generally there is nausea, and, in some cases, vomiting. To these symptoms depression succeeds, the pulse beats more slowly, and often irregularly; the head feels heavy and full, and all the senses lose their acuteness; the countenance assumes a stolid, stupid, besotted expression, produced by the rigidness of the features, the dullness of the eyes, and the dropping of the lids; there is a strong indisposition to think or move; or, more properly, an inability to make any exertion, either of mind or body; the speech is thick and hesitating; the muscles of the limbs are affected with spasmodic movements, and if the patient attempt to walk, he feels dizzy and oppressed, and staggers like a drunken man.

"An irresistible propensity to sleep follows th symptoms, and, when yielded to, the breathing becon laborious and often stertorous, while the general surf of the body grows pale and damp, and the hands and f cold." The effects of still larger doses are similar, thou more decided and not preceded by a period of exci ment. They are—giddiness, insensibility and immobili respiration hardly perceptible, and a small feeble pul which sometimes becomes full and slow. The eyes shut, the pupils contracted, and the whole expression the countenance is usually that of a deep and perf repose. As the effects increase, the lethargic state becon more profound, deglutition is suspended, the breathing occasionally stertorous, the pupils are insensible to lig the countenance is pale and cadaverous, and the musc of the limbs and trunk are relaxed."

These same words might be used to describe one fo of cerebral apoplexy.

"After death from *opium* poisoning, the convolutions the brain are found to be flattened, the vessels of t cerebro-spinal axis and its investing membrane are gorg with black blood, and the capillaries of the brain give c on incision minute drops of the same fluid. A serc liquid is usually met with in the ventricles of the bra and under the cerebral face of the arachnoid membran

Thus both the symptoms and the *post mortem* appe ances resemble those of one form of apoplexy, and it not therefore suprising that *opium* has been found a n valuable remedy in even apparently hopeless cases of affection.

It would seem that we should hope more from it w the apoplexy had not been preceded by chronic sympt of lesion in the substance of the encephalon, such would indicate a destructive process (softening, example,) as going on some time prior to the apople stroke. In such cases we have undoubtedly a consi able coagulum in the brain substance, and the case wo naturally be almost hopeless.

In several severe cases of cerebral apoplexy with found coma, when *opium* had entirely failed, Dr. J. Bar of Brooklyn, has succeeded in effecting a cure with *a* In his opinion, which is based on much experience, w this remedy, *apis* is a medicine of great importance cerebral and spinal affections, whether they mani themselves chiefly by coma or by spasms.

Constipation.—*Opium* produces a suspension of the secretion from the mucous surfaces of the digestive canal, *e.g.*, the dry mouth and fauces. It probably, therefore, lessens the amount of excrement. It also paralyses the intestine. These two actions combine to produce an obstinate constipation, an effect of *opium* which is universally admitted, recognized, and by allopaths regretted. We are, however, by it enabled to cure certain analogous forms of severe constipation.

Most prominent among them is the constipation from paralysis of the intestine, caused by lead and known as a concomitant of "painter's colic."

Retention of Urine.—It is doubtful whether *opium* diminishes the *secretion of urine*, but it certainly does cause its retention in the bladder. This it does, perhaps, chiefly by blunting the sensibility of the lining membrane of the neck of the bladder, so that the fulness of the bladder is not recognized by the patient. It may also paralyse the longitudinal and circular fibres of the bladder. Though the mass of urine is retained, and the bladder full, yet some urine may dribble away unknown to the patient.

This whole condition is very different from that produced by *stramonium*, which produces *suppression* of urine, causing the kidneys to suspend their functions.

In retention of urine, *opium* is our best remedy. It may occur in fever, in acute illness, or frequently after childbirth.

Do we never use *opium* as a palliative in acute and very painful affections, for which we have not found a specific remedy? I have twice thought it necessary to do so. On each occasion I have regretted it. It did mischief. The patients, after a temporary relief, got worse, and then, after all, I found by hard study the proper remedy (as I ought to have done at first), and cured the cases as I might and ought to have done in the beginning without *opium*, had I known enough.

In evidently incurable diseases, when the patient is moribund, as in cancer, &c., *opium* may perhaps be given, but even in such cases, though there be no hope of recovery, it should be sparingly used.

NOTES ON THE BRITISH HOMŒOPATHIC PHARMACOPEIA.

By Messrs. R. S. Crossby and C. J. Peal.

The following notes on the Pharmacopeia have been drawn up, not with the intention of criticising or casting reflection upon the compilers, but in the hope that by drawing attention to the errors noted, the next edition of the Pharmacopeia will be the best ever brought before the notice of homœopathic chemists.

Perfection can never be attained; but it behoves us to endeavour to approach that standard as nearly as possible; therefore let us hope, when the Pharmacopeia is republished, it will reach nearer to the standard of perfection than it appears to do at present.

We purpose following up the present notes from time to time as opportunity offers.

Acidum Hydrocyanicum, page 39.

Sp. gr. given as 997 should be .997. In the tests Barytic Chloride is referred to, this should be Barium, or Baric Chloride, the same salt occurs further on in the book as Baryta Muriatica; and there the present name is correctly given as Baric Chloride.

In the tests for this acid the following occurs: "Treated with a minute quantity of Sulphate *or* Persulphate of Iron," &c., this should be Sulphate *and* Persulphate. Prussian blue would not be formed if either were used singly; the test depends on the conversion of the cyanogen into ferrocyanogen by the iron of a ferr*ous* salt, and the combination of the ferrocyanogen so produced with the iron of a ferr*ic* salt, therefore a mixed solution of these salts should be used.

This preparation is very liable to decomposition, therefore the lower attenuations should be frequently prepared afresh, by keeping, it darkens in colour, depositing a black substance containing carbon, nitrogen, and perhaps hydrogen, ammonia being also formed at the same time—of this liability to decomposition no mention is made in the Pharmacopeia.

Acidum Muriaticum, page 40.

In the tests Barytic Chloride should be Barium or Baric Chloride. No test is given for sulphurous acid. If

uid drachm of the acid, mixed with half an ounce of illed water, be put into a small flask with a few pieces ranulated zinc; and while the effervescence continues, ip of bibulous paper, wetted with a solution of acetate ead, be suspended in the upper part of the flask above liquid for about five minutes, the paper will not be- e discoloured—this is one of the most delicate tests sulphurous acid. Sulphurous acid is sometimes present Hydrochloric acid, being produced by the deoxidation he Sulphuric acid by the presence of organic matter he Chloride of Sodium, which passes over with the drochloric acid. In the test above given the nascent drogen evolved by the action of the Hydrochloric on the Zinc, decomposes the Sulphurous acid forming er, and evolving Sulphuretted Hydrogen, which er blackens the solution of Acetate of Lead, forming d Sulphide:—

$$\underbrace{H_2SO_3}_{\text{Sulphurous Acid.}} + \underbrace{3H_2}_{\text{Hydrogen.}} = \underbrace{3H_2O}_{\text{Water.}} + \underbrace{H_2S}_{\text{Sulphuretted. Hydrogen.}}$$

$$\underbrace{Pb2C_2H_3O_2}_{\text{Acetate of Lead.}} + \underbrace{H_2S}_{\text{Sulphuretted Hydrogen.}} = \underbrace{PbS}_{\text{Lead Sulphide.}} + \underbrace{2HC_2H_3O_2}_{\text{Acetic Acid.}}$$

cidum Nitricum, page 41.

n the tests Barytic Chloride should be Barium or ic Chloride. No test is given for the presence of non- tile impurities. It should leave no residue when porated to dryness.

cidum Oxalicum, page 42.

he Pharmacopeia states Acidum Oxalicum is prepared xidising sugar or starch by the action of Nitric Acid heat; and that it can be readily obtained from the ufacturing chemist. If the latter is the source we ot depend upon the acid being made according to method, when it is to the interest of manufacturing nists to make their chemicals according to the best most profitable methods. Oxalic acid is now seldom mercially prepared by the action of Nitric acid on r, or starch, but by another process, namely, the n of alkalies on sawdust, which is a less costly method reparation. The acids made by these two methods be distinguished, if kept in corked bottles, by the

appearance of the cork, that made with Nitric acid will gradually bleach the cork, owing to the presence of a small quantity of Nitrous or Nitric acid; but when made by the action of alkali on sawdust, no such change will occur. In the tests Barytic Nitrate should be Barium or Baric Nitrate.

Acidum Phosphoricum, page 43.

In the tests Barytic Chloride should be Barium or Baric Chloride. The Pharmacopeia states: "Hahnemann directs this to be prepared by the action of Sulphuric acid on calcined bones. It can be obtained readily from the manufacturing chemist." This would lead one to suppose that the preparation obtainable from manufacturing chemists is prepared according to the method Hahnemann directs. This acid is usually prepared by the oxidation of Phosphorus by Nitric acid. Made according to Hahnemann's directions it would be impure and not correspond to the tests given. The characters given of it are: "colourless, transparent, glassy solid—its solution in water gives a canary yellow precipitate with Argentic Nitrate." Such is not the case, as it requires previously neutralizing with an alkali. If any precipitate does form it is very slight. A test is given for the presence of metaphosphoric acid; this acid would invariably be present in a solution of an acid corresponding with the characters given, owing to its exposure to the heat employed in its evaporation—a molecule of water being driven off as is shown by the following formulæ:—

$$\underbrace{H_3PO_4}_{\text{Acid Phosphoric.}} = \underbrace{HPO_3}_{\text{Acid Metaphosphoric.}} + \underbrace{H_2O}_{\text{Water.}}$$

The B. P. formula for Acid Phos. Dil. corresponding to our 1x dilution might be given with advantage, as metaphosphoric acid is invariably absent from that solution. A test is also given for the presence of Nitric acid, which itself indicates that the acid referred to in the test is prepared according to the B. P. process. This test would not be necessary if the acid were made according to Hahnemann's directions.

Acidum Sulphuricum, page 43.

In the tests Barytic Chloride should be Barium or Baric Chloride—Printer's error—diluted water should be *distilled* water.

Aconitum Napellus, page 45.

The Pharmacopeia orders the tincture to be made either from the freshly collected leaves or flowering tops, and from the fresh or dried root, using proof spirit. It is not possible to obtain a uniform tincture by following these vague instructions, as the amount of active principle varies very much, the root being far more active than the leaves and flowering tops. As the active principle is more soluble in rectified spirit than in proof, it follows that the former would be preferable. To insure an approximate uniformity, it would be better to recommend the root *only* to be used, stating at the same time whether fresh or dried. No characters of the root are given by which it may be recognised, without which the description cannot be considered complete. (For characters see B. P.) It would be advisable to state at what period of the year the root should be collected; the best time is the winter or early spring, as at that time the old root has not been exhausted by the new one, which is nourished at its expense. Often, throughout the Pharmacopeia, the term "Parts employed" is used; in a many instances only *one* part is used, in which cases it would be better to say "Part employed."

Actæa Racemosa, page 46.

"Part employed—The root." It would be better to state the dried root, as this plant is of foreign growth, and if prepared here the dried root must necessarily be used. In the characters, the stem is described as *glabous* instead of *glabrous*.

Æsculus Hippocastanum, page 46.

The part employed is stated "the ripe nut deprived of its shell." It would be more distinct if stated, "the ripe kernel deprived of its testa," and whether to be used fresh or dried. Proof spirit is ordered for preparing the tincture, but owing to the oil and albuminoid matter contained in the kernel, rectified spirit would make a better tincture.

Æthusa, page 47.

Under Habitat, the Pharmacopeia states, "a common weed." This sentence is out of place under the heading "Habitat." "Abundant throughout Europe" is all that is required

Agaricus, page 48.

The Pharmacopeia states, "natural order Cryptogam[illegible]ia." This should be, "Cryptogamia, natural order Fungi."

Agnus Castus, page 48.

Time for collecting is given "when in flower and see[illegible]" This should be the period of the year when the berr[illegible] are *ripe*.

Allium Cepa, page 49.

The tincture is directed to be made with proof spiri[illegible] using 1 to 20 parts of the dry material. This should b[illegible] 20 parts of spirit to 1 part of dried material.

Allium Sativa, page 50.

This tincture also is directed to be made with proof spirit, using 1 to 20 parts of dry material. This should also be 20 parts of spirit to 1 part of dried material.

Alumen, page 51.

Symbolic formula of this salt is given as

$$Al_2K_2(SO_4)(H_2O)_{24}$$

This should be

$$(Al_2K_2(SO_4)_4(H_2O)_{24}) \text{ or } (Al_23SO_4,K_2SO_4,24H_2O)$$

As potash alum is now seldom met with in commerce, it would be best to guard against the substitution of ammonia alum, by giving a test for the presence of ammonia. By simply heating it with a solution of caustic potash, if ammonia be present it will be given off; or by Nessler's test, which is an extremely delicate one. No test is given for the presence of iron. It should give no precipitate with the ferro or ferridcyanide of potassium. Barytic Chloride should be Barium or Baric Chloride. In the tests Potassic Hydrate and Potash, synonymous terms, are both employed. The two words "of Potash" ought to be left out.

Alumina, page 52.

Described as "pure clay"; is not properly designated, as pure clay is Silicate of Alumina. In the directions for the preparation of Alumina, the term Ammonic Hydrate would be more consistent than "Liquor Ammoniæ," as the use of the Latin name is inappropriate to a sentence of English words. Barytic Chloride should be Barium or Baric Chloride.

Ammoniacum, page 54.

In the characters, it states "it is soluble in ether but not in alcohol." It is only partially soluble in ether, and also in alcohol, the resin being dissolved by both these menstrua, gum remaining insoluble. A tincture can be made, and has been for many years in use. This resembles Assafœtida, which is also a gum resin, and directed to be prepared in tincture.

Ammonium Carbonicum, page 54.

The symbolic formula given is

$$2(NH_4CO_3)CO_2$$

This should be, on the authority of Miller's Elements, fourth edition,

$$2(H_4N)_2CO_3)CO_2$$

In the tests the name Chloride of Barium should be Barium or Baric Chloride. If a pure Carbonate of Ammonia is required, that known as "Volcanic" should be used. Here the term Nitrate of Silver is used instead of Argentic Nitrate used previously; one name should be adhered to throughout the book.

Ammonium Muriaticum, page 58.

In the tests for this salt the term Caustic Potash is given, previously three synonymous terms have been given, namely, Potassic Hydrate, Potash, and Potass. There can be no reason for using so many names for one article, one name should be used throughout.

Ammonium Aceticum, page 58.

Mode of preparation given is "made by neutralizing Ammonic Carbonate with Acetic Acid"; this would be more correct, if it stated "made by neutralizing Acetic Acid with Ammonic Carbonate."

Ammonium Citricum, page 59.

Symbolic formula given as

$3(NH_4)C_6H_5O_7$ should be $(NH_4)_3C_6H_5O_7$

Ammonium Phosphoricum, page 59.

Present name given as "Hydrodi-ammonic Phosphate," should be "Hydro-diammonic Phosphate." Symbolic formula given as

$2(NH_4)HPO_4$ should be $(NH_4)_2HPO_4$

Ammonium Succinatum, page 60.
Symbolic formula given as

$$2(NH_4)C_4H_4O_4 \text{ should be } (NH_4)_2C_4H_4O_4$$

Ammonium Tartaricum, page 60.
Symbolic formula given as

$$2(NH_4)C_4H_4O_6 \text{ should be } (NH_4)_2C_4H_4O_6$$

Antimonium Crudum, page 63.
Symbolic formula is given as the Oxide Sb_2O_3 instead of the Sulphide Sb_2S_3. In the tests the term Hydrosulphuric Acid is used, previously for this compound the term Sulphuretted Hydrogen has been given, here again is an instance of more than one name being applied to the same substance. It further states, that its solution in Hydrochloric Acid mixed with water gives an orange red precipitate. This is decidedly wrong, as the precipitate is white, or nearly so—Oxychloride of Antimony being formed, as shown in the following formulæ:—

$$\overbrace{12SbCl_3}^{\text{Chloride of Antimony.}} + \overbrace{15H_2O}^{\text{Water.}} = \overbrace{2SbCl_3.5Sb_2O_3}^{\text{Oxychloride of Antimony.}} + \overbrace{30HCl}^{\text{Hydrochloric Acid.}}$$

It is exceedingly difficult, if it be possible, to obtain the body free from Iron or Arsenic, especially the former.

Antimonium Tartaricum, page 64.
Synonym should be Synonyms; Hyrdogen should be Hydrogen.

Antimonium Oxidatum, page 65.
Present name is given as Antimonious Acid, this is not properly designated, it should be Antimonious Oxide.

Apocynum Cannabinum, page 67.
It would be better to describe this as American Indian Hemp, which it is. The name Indian Hemp alone is very likely to cause its being confounded with the true Indian Hemp, Cannabis Indica.

REVIEWS.

On Chronic Diseases of the Organs of Respiration. Being a series of Clinical Observations on Diseases of the Air-passages and Lungs. By JOHN MEYHOFFER, M.D. Zurich, &c. Vol. I., Diseases of the Larynx and Bronchial Tubes. London: H. Turner & Co., 1871.

The number of really practical and original works in homœopathic medical literature is small in comparison with that of such as are simply compilations. Of late, happily we have had several books of real value—books capable of affording help to the practitioner in his daily duties. We have had less of Jahr, and more of personal verifications of the records of the Materia Medica. Our authors have written with larger views of the requirements of "cure-work." It is not, however, that drugs are trusted less now than formerly, but that dietetics, climatology, and the general management of disease are more carefully investigated, than was the case some years ago. Homœopathic practitioners have thus shown themselves to be careful and cautious observers, and to have kept themselves well up with the march of physiological and pathological science.

The work before us is a good example of the improved quality the treatises emanating from homœopathic physicians. It is record of clinical experience enlightened by a sound physiology, accurate knowledge of disease, a careful study of the Materia Medica, and a familiarity with the best and most recent medical literature in England, France, and Germany. Dr. Meyhoffer a thoroughly practical writer; and his communications are—as contributions to our *Review* have frequently proved—replete with interest and instruction. His commentaries on the treatment described as having been pursued in the various cases detailed, are eminently critical and impartial; and prove that he has been fully alive to the necessity of that "vigilant care" which, as he remarks in his introductory chapter, "is necessary in order to guard our judgment from falling into the error of too readily attributing to medicinal action, the results of the beneficial influence of climate or diet."

The introduction constitutes a concise dissertation on the first principles of general pathology. All pathological phenomena Dr. Meyhoffer shows, traceable to a deficiency in the fundamentary functions of life; to a diminution of either the functional, nutritive, or formative irritability of the organic cell. To place the organism in the circumstances best calculated to increase functional power, is therefore a *sine qud non* in treating disease, and, within certain limits, it is admitted that in some

genuine, acute inflammatory diseases this is all that is requisite; but, he adds, that "in localised chronic diseases, however indispensable are hygienic prescriptions, they generally prove inadequate to restore health to an impaired constitution, particularly when degeneration is the eloquent herald of death. Hygiene must then be supported by means capable of restoring the lost specific irritability of the tissues." p, 39.

This brings our author to the enunciation of the principle on which such means should be selected :—

"But few physicians," he writes, "have been *clairvoyant* enough to see that similar conditions, in variously named pathological processes, demand the same curative agent; while, on the contrary, different conditions of the same disease require different means of healing. What we want to know is, what are the leading principles in the choice of a special medicine in a concrete morbid condition? With an answer to this question Hahnemann opened the road to experimental empiricism, and it is to his renown to have effected thus an unity between art and science. He not only paved the way to a knowledge of the action of drugs on the healthy organism, but also removed the obstacles which impeded our comphrehension of the modifications which a medical agent effects in the diseased one. Thus he harmonised the physiological schools, which, however, have adopted his experimental principle, but not its scientific application to disease. Hahnemann's therapeutical law, *similia similibus curantur*, enables those who accept it to select a remedy with the certain precision of its positive effect. But the evidence of its action is not to be looked for in the production of new physiological and pathological symptoms, rather in the disappearance of the morbid phenomena against which it has been directed. The *modus operandi* of the drug is not to cause a perturbation in the vital processes, but to promote in the morbid cellular function the manifestations of normal life. Thus it follows, as a matter of course, that the medicinal stimulant must, in quantity and intrinsic power of action, be adapted to the degree of irritability of the tissues in any individual case, so as not to exhaust the remaining vitality in an organ already enfeebled by disease. This doctrine of therapeutics has lately received a sanction from a quarter whence it was least to be expected; Claude Bernard has laid down as a law that 'every substance which in large doses abolishes the property of an organic element, stimulates it if given in small ones.' ('Introduction à la Médécine Expérimentale.')" pp. 40–41.

The administering in disease medicines sufficiently powerful to produce physiological effects constitutes the grievous error of the physiological school—involving as it does a diminution of

vitality—of that the restoration of which is so essential to a return of health.

On one very important point for successfully selecting drugs for the treatment of disease under the guidance of the law of similars, Dr. Meyhoffer is very decided. On the necessity imposed upon the homœopathic physician of individualising cases of disease, he writes:—

"Not only does the irritability of the organic tissues differ in degree and peculiar manifestations of life, according to the individuality, but it is also subject to variations in the same person at divers ages and under different conditions. Hence a disease of the same special character, affecting a large number of persons, will exhibit some features common to all of them, but, at the same time, each patient will manifest some phenomena, *sui generis*, as a token of his peculiar susceptibility. Again, the same disease, bronchitis, pneumonia, tuberculosis, &c., takes different forms and characters according to the various periods of life." pp. 44–5.

However great may be the value of a pathological theory in directing the prescriber to a *class* of medicines, the "totality of the symptoms" must still be the ground upon which his final selection is made. How much of disappointment in homœopathic practice, how much of a resort to antipathic expedients on the part of homœopathic physicians are traceable to a neglect of this all important rule!

That our author is no blind worshipper of a therapeutic dogma, that he is perfectly alive to "the limits of the law," and to the measures by which its deficiencies may be most efficiently supplemented, is made evident in the following passage:—

"Although the homœopathic principle is the only true guide to a real physiological process for healing functional disorders by medicinal agents, it is but just to observe that the administration of the latter according to the rule 'opposites cured by opposites,' may, under peculiar and rare accidental circumstances, be fully justified. There exist, however, other means, the action of which, when judiciously employed, tends also to increase the vitality of the organic tissues; no physician ought to ignore or hesitate to use them when indicated; these are—electricity, in its divers forms and degrees; gymnastics, the various manipulations of the hydropathic treatment; Turkish baths, change of air and climate. As regards the use of mineral waters, the law of similiars will also hold good as a rule for their special application, although in some cases their indication must be derived from our knowledge of their action *ex usu in morbis*, and not from chemical speculations." pp. 46–7.

We now pass on to a consideration of the plan Dr. Meyhoffer in discussing the several forms of dise his book treats. As we have already remarked, it clinical. Each chapter reads like a carefully prepar illustrated clinical lecture.

Catarrhal laryngitis, follicular laryngitis, plastic c phic laryngitis, chronic inflammation of the muscles cords, perichondritis laryngea, tubercular laryngitis laryngitis, spasmus laryngis, paralytic aphonia, and are considered in separate chapters.

The pathological condition which constitutes eac first of all described, its symptoms traced to their sev and cases—of which there are reports of forty-two detailed in illustration alike of the pathology and t the disease under consideration. The indications for ment of medicines are clearly and fully given. Thes are not mere transcripts from text books of Materia are such as the author's experience has verified. T on diet are based on sound physiological teaching. of the numerous mineral springs of France, Germa land, and Austria are set forth with much comple the advantages and disadvantages of the different h are fairly stated.

In each case reported the laryngoscopic observatic fully recorded. This instrument, properly used, diagnosis of laryngeal disease accurate, and leaves doubt as to the result of the treatment. By it process can be watched as distinctly as can an atta conjunctivitis without any artificial aid. Many are t physiological and pathological, which the use of thi has solved; and much that was hypothetical in dia rendered certain.

Having at the opening of a chapter defined th which it treats, our author proceeds to a description as revealed by the laryngoscopic mirror; he next gi analysis of the characteristic symptoms, and foll narrative of one or more cases: giving in each the symptoms present at the time the patient was seen nation of the facts on which the diagnosis is base ment adopted, and the course which the disease pur

As an illustration of Dr. Meyhoffer's manner o disease, we quote the following on *hypertrophic laryn*

"*Symptoms.*—These consist pre-eminently of loc disorders; the rigidity of the hypertrophied tissues impairs the mobility of the several parts of the produces consequently the most varied and seriou

of voice: besides, the thickening of the tissues, by causing a reduction of space, may become in its turn a great obstacle to respiration.

"Of all functional derangements the alterations of voice are the most frequent and serious. The obstacle to the emission of sound, or to its clearness, lies in the vocal ligaments or the parts connected with them, the arytænoids, or the inter-arytænoidean fold; in the partial or general swelling of the ventricular bands (in which case they not only exclude the vocal cords from view, but altogether hinder their vibration); or in the ary-epiglottidean folds, and impedes mechanically the movements of the latter during phonation. The voice is altered in the triple sense of sound, resonance, and tone; it is muffled, husky, hoarse, cracked, or abolished; or the sound may be clear but the tone changed, being shrill or resembling the falsetto voice. The change is the result of a spurious anchylosis of the arytænoid cartilages, by which the dilatation of the glottis is either extremely limited or rendered impossible. Impaired breathing is a natural consequence of this condition. In other cases, on the contrary, the approximation of the arytænoids is impeded by hypertrophy of their lining or by the swelling of the inter-arytænoidean fold; the voice is then deep, hollow, hoarse, and complete aphonia may be the final result. These alterations of tissue necessarily operate on the ventilating function of the larynx, by narrowing the space of the glottis, either by the swelling of the vocal ligaments, the tumefaction of the ary-epiglottidean fold, or the hypertrophy of the whole lining of the organ. The breathing is continually more or less difficult, sometimes attended with paroxysms of suffocation, and death may even occur through œdema or through recurrent inflammatory attacks on an already considerably thickened mucous membrane.

"Owing to the multiplication of the anatomical elements of the laryngeal lining, the reflex sensibility of the latter diminishes. Hence, cough is only observed when there exists inflammation of the vocal cords attended by secretion. There is no pain, even on compression of the larynx. Deglutition is difficult when the texture of the epiglottis has experienced great alterations; hence dysphonia, aphonia, and dyspnœa are the most prominent symptoms of plastic laryngitis; they differ in degree and character according to the extent and intensity of the morbid process, or to the parts affected. The course of this disease is slow and indefinite; it shows frequently a periodical improvement and exacerbation, with tendency to aggravation, the first coinciding with spring and summer, the last with autumn and winter. In other instances the affection remains stationary for months or years." pp. 122—4.

As further illustrating the clearness with which Dr. Meyhoff analyses and interprets the phenomena of disease, we wou refer the reader to his description of laryngeal spasm (pp. 203 210). The number of medicines referred to contrasts pleasau with the lengthy and bewildering catalogues presented to us the numerous compilations which have, until recently, constitut the bulk of the medical literature provided for us by homo pathic practitioners. The lack of numbers is far more th compensated for by the distinct indications, which are given those on which Dr. Meyhoffer has relied at the bedside. these we can but notice two or three.

Manganum is a remedy comparatively little used by us, a indeed, our knowledge of its physiological action is very im perfect. What of influence it possesses upon the larynx has been gathered entirely *ex usu in morbis*. Dr. Meyhoffer has found it "very efficacious in laryngeal catarrh, in weak, anæmic individuals, or in such as exhibit tubercular deposits in the lungs, with voice hoarse in the morning, but becoming gradually clear after the expulsion of lumps of consistent mucus; moderate partial injection of the ventricular bands and venous dilatations in the throat and pharynx." p. 72. He uses the acetate in the 1st and 2nd dilution.

Of the value of *Iodine* and *Iodide of Potassium* in all for of laryngeal disease, but especially in such as is tubercul Dr. Meyhoffer has formed a high estimate. When ulceration the arytænoid cartilages exists, whether of a simply infla matory, tubercular, or syphilitic type, he applies, at intervals a few days, a solution of three grains of iodine to a drachm glycerine, or directs inhalation of three grains of iodide potassium dissolved in an ounce of water On the use of iodi in spasm of the larynx we find the following very suggesti remarks :—

"Whatever may have been said to the credit of this metallo in the treatment of spasmus glottidis, is not to be contradicte still it must be honestly stated that its selection has not be determined by corresponding spasmodic symptoms, but general pathological principles; and why not? We learn fro these very principles that the laryngeal spasm is, in the majori of instances, the result of mal-nutrition, and do we not u Iodine and the various preparations of lime to correct and pr vent the morbid effects of this evil to the benefit of the infa sufferer? We know no medicines which have a more thoroug and lasting curative effect than Iodine and Lime, when rachit and tabes mesenterica are concomitant phenomena with th convulsive affection of the larynx; but they must be employe with perseverance, and as long as any signs of the nutritive disorder remains." pp. 216–17.

Natrum Muriaticum, or chloride of sodium, is a medicine in the remedial power of which Dr. Meyhoffer has great confidence. To the demonstration of the *rationale* of its action, he consequently devotes considerable space. He directs especial attention to its value in the treatment of some cases of chlorosis. Referring to its use in this disease, he writes:—

"The effects of the salt, as far as they concern the subject under consideration, may be summed up as follows: atony of the alimentary canal, insufficient secretion of the digestive liquids, rare and scanty defecation; depression of the assimilating functions, muscular weakness, deficient oxidation, and tardy formation of new hæmatic elements. Hence the pale, cachectic skin and diminution of animal caloric. The nervous system being no longer provided with a sufficient amount of oxygen and constructive materials deviates, in its turn, into a morbid direction, and determines, besides neuralgic affections, functional aberrations in the vaso-motor nerves.

"Palpitation of the heart, vascular dilatation, and catarrhal phenomena in the respiratory apparatus are leading features of the salt disease." p. 296.

It is however in the form of brine baths, and in inhalations of the salt, that Dr. Meyhoffer appears chiefly to prescribe chloride of sodium in laryngeal disorders. He gives an interesting *resumé* of the experiments of Kaufmann and Hoffmann, and the results of his own experience in taking these baths at Lacey in Switzerland. From the former he says it appears:—

"That the predominating action of the immersion of the body in brine water for from twenty to thirty minutes with a temperature of from 80° to 90° F. is to accelerate the retrogressive metamorphosis; the kidneys act more freely and the elimination of urates is increased, not only relatively, but absolutely. After immersion the body nearly always loses weight, but the loss is more than counterbalanced by a greater consumption of food; thus, the person increases in weight in spite of the active moulting process caused by each bath. These effects are due to the absorption of the salts through the skin; the action is slow, and only manifested after the third or fourth bath by the increase of chlorides in the urine. This augmentation continues while the bathing experiment lasts, these salts being more abundant on the days of immersion than on others, while with the suspension of the baths the elimination of chlorides returns rapidly to the habitual mean. . . . .

"After five or six baths a decided change is perceptible, the contractions of the heart grow more energetic, a more pressing

sensation of hunger necessitates a richer supply of food, muscular action requires more power, congested tissues show signs of returning contractility of the capillary walls, and the patients are soon able to expose themselves to atmospheric variations with greater impunity. Excitable, nervous temperaments are less fitted for this treatment, as it increases the irritability; the nights become restless, and appetite fails under it with them. These symptoms may also occur when the baths are taken too warm or of too long duration, when they contain too large a proportion of brine, or, lastly, when after a certain number of baths the organism becomes saturated with chlorides. In the latter case the treatment should at once be suspended, and in the former ones modified according to circumstances." pp. 103—5.

The brine springs of Germany are numerous, but those of Oeynhausen are preferred by Dr. Meyhoffer. Their temperature is 89° F. and therefore they need no artificial heating; there is a constant current maintained in the bath; and there is at the bathing establishment a room adapted for the inhalation of brine vapour, which exercises "a peculiarly sedative influence on the congested surfaces of the throat and respiratory tubes."

A brief account is given of the experiments of Wiedasch in inhaling evaporated sea water for an hour a day during a series of days. From these, and from his clinical observations, Dr. Meyhoffer gives the following indications for the use of saline inhalations:—

"Irritative weakness of the pulmonary lining, capillary congestion, relaxation and softening of the mucous tissue, with or without hypersecretion and incipient hypertrophy, fall specially within the range of their action. As most of these conditions are extremely frequent we need not be surprised at the importance which common salt has acquired amongst medicated inhalations.

"We know no remedy which more efficaciously cures the painful susceptibility of the throat and air-tubes, and thus acts as a preventive agent against the repeated recurrence of inflammatory processes in these parts, than saline vapours or spray." p. 132.

Selenium is another medicine, less generally known than Dr. Meyhoffer's experience with it testifies that it ought to be. The pathogenesis of it was originally published in the *Archives* and is embodied in Hempel's Edition of Jahr's Manual. The indication for its use in laryngeal disease which can be derived from this proving are marked, but by no means so strikingly so as to render its sphere of action sufficiently distinct. Guided by the

ew symptoms here recorded and by some experiments of Labuteau on several dogs, Dr. Meyhoffer was induced to pre-cribe it in tubercular laryngitis; and he did so with very excellent results; of which one very striking illustration is ecorded (p. 147, *et seq*). He says, "it is especially in the eginning of tubercular laryngitis, whether complicated with ctive pulmonary consumption or not, that we have experienced n many instances its beneficial effects. In more advanced esions *selenium* and its salts are of no avail." Dr. Meyhoffer ses both *selenium* and the *seleniate of soda*, the former in lilutions from 6 to 30, and the latter in the 3rd; and also by nhalations, dissolving half a grain in an ounce of water.

Of *cod's-liver oil* Dr. Meyhoffer writes that it "justly merits the high reputation which it has acquired in correcting those deficiencies of nutrition commonly comprehended in the terms scrofulosis and tuberculosis. But, on the other hand, there is perhaps no remedy which has been so much misused, and thereby effected so much harm as this animal oil." p. 115. The cases in which it is serviceable and those in which it is injurious are described as follows:—

"In patients exhibiting a strumous diathesis, of a slender nd lean figure and thin transparent skin, we generally find ombined a frequent pulse, great excitability of the nervous ystem, with high specific gravity of the urine—all signs of an ccelerated metamorphosis. It is in this condition that the ction of Cod-liver oil has obtained its anti-scrofulous fame. In short time after its use the angular forms acquire more round-ess, and the general susceptibility, as well as the morbid phe-omena, give way to its influence. Scrofulous individuals, owever, who exhibit a fatty, puffy, leucophlegmatic body, ollen nose and upper lip, slowness of the cardiac contractions, effective irritability of the nervous system, and low specific ravity of the urine, far from being benefited by Cod oil, are the ery victims who have been made to swallow it by quarts, and l to no purpose. The reason of this is obvious; fat requires early double the amount of oxygen for its combustion (100 : 282·14) to that demanded by albumen (100 : 153·31), and as it rinces a greater tendency to the generation of acid than the tter, acts, when introduced into the organism, the part of a oderator to the metamorphosis of nitrogenous substances. On he other hand, that part of the oleaginous matter which has ot furnished its share towards the production of animal heat y combustion, does so by its accumulation under the cutaneous urface, or enters as a necessary element into the formation of ells. It is thus evident that Cod-liver oil can only be of service hen the destructive nutritive process prevails over the con-

structive one, and that otherwise its agency must rather increase than diminish a lymphatic tendency of constitution." pp. 116–17.

Dr. Meyhoffer's experience in this matter will, we think, be confirmed by all who have freely prescribed cod oil; while his *rationale* of its action is in strict harmony with physiological science.

Into the precise sphere of action of several other medicines Dr. Meyhoffer enters with equal fulness and clearness. Especially does he do so in the instances of *bichromate of potash*, *aconite*, *phosphorus*, and the various salts of *lime*, the characteristic indications of several of which are very well given (p. 306 *et seq.*). In the chapter on *Bronchitis*—the pathology of the various forms of which is described in a very satisfactory manner—the indications for all our most reliable "cough medicines" will prove, we think, worthy of frequent reference by most homœopathic practitioners.

The conditions under which electricity is available in the treatment of laryngeal disease are carefully examined. Local galvanism, Dr. Meyhoffer thinks, is of more value in paralytic aphonia than any other remedial measure. But it must be applied with due regard to the nature of the paralysis. After pointing out the difference in physiological action of the induced or intermittent current and the constant current, he says:—

"The *intermittent current* in causing contraction, acts almost exclusively on the muscles, and thus indirectly on their nutrition. The *constant current* on the contrary has a direct influence on all the anatomical elements by stimulating osmosis and the chemical processes; it determines in the nervous elements dynamical effects which may, according to its force and direction, increase or abolish their vitality.

"If we apply these premises to paralytic aphonia, it will at once be clear that the source of electricity to be selected is the *constant current*, when the affection is caused by deficient vitality of the nerves, and the *intermittent current* when the muscles of the larynx have lost their contractile power. The influence of the constant current on nervous vitality depends, however, also on its *direction*." p. 284.

Of the direction, some interesting observations have shown him that in paralytic affections this should be centrifugal, and not, as is the ordinary practice, centripetal.

A highly nitrogenous and stimulating diet is so much the routine prescription of physicians at the present day, that it is quite refreshing to find one teaching common-sense principles on this all-important matter of food. It is too much forgotten, that it is not the quantity of food that is swallowed that "renews life," but the amount which is digested, by which a lowered

ity is raised. In commenting upon a case of ulceration of larynx following typhoid fever, Dr. Meyhoffer thus refers to plan of feeding successfully adopted in this case, and to the ciples which should regulate dietetic prescription in such s:—

The immense loss of organic matter which attends pro-ed fever naturally indicates the necessary supply of plastic ients, but it would be a grievous blunder to introduce into dimentary canal, debilitated by exhaustive disease, as well om inaction, nitrogenous substances in a solid form. Food applied would not only be impossible of digestion, but, half efied, would act as foreign fermenting matter on the devital-mucous tissue, and be cast out accompanied by all the signs ntestinal irritation. This had already happened to our ent.

Constructive materials must, therefore, be supplied which ain in due proportion all the elements essential to the nal building up of the weakened organs, for the absorption hich the mere osmotic function of the alimentary apparatus ces.

An aliment which answers in every respect these premises ilk, either administered pure or mixed with a small dose of dy, in case the stomach should prove too inert for its diges-. Beef tea, especially Liebig's cold prepared beef extract, is excellent auxiliary, which may be sometimes taken instead ilk. By adding hydrochloric acid to the latter it becomes only a rich, easily assimilated, nutritive substance, but also ild excitant of digestive solvents." p. 402.

he extracts we have given will enable our readers to estimate quality of the pabulum provided for them by Dr. Meyhoffer e volume before us. We commend it to their careful study, ng assured that while it will interest all, many will gain not w useful hints from its perusal.

'e regard it as one of the most eminently useful books that come under our notice for some considerable time; and e thanking Dr. Meyhoffer for having furnished us with so ructive a record of his personal experience, in a form so ractive, we cannot but express a hope that this first volume, e publication of which we have so long looked forward, may dily be followed by that of the second.

Conditions of Health: A Pamphlet for the People. By J. ITCHELL, L.R.C.P. Edin. London: H. Mitchener, Oakley-uare. 1871.

his pamphlet is the substance of a lecture delivered by the or to a "Young Men's Society." Commencing with a con-

cise sketch of the physiology of nutrition, Mr. Mitchell proceeds to argue that for the maintenance of *mens sana in corpore sano* the following conditions are necessary:—1. A regular and adequate supply of proper food. 2. Clothing suited to the season and occupation. 3. A uniform temperature in-doors. 4. A frequent change of posture. 5. Daily active out-door exercise. 6. Regular bodily and mental occupation. 7. Intervals of rest and change of occupation. 8. A regular time for sleep. 9. Daily cleansing of the whole body. 10. A plentiful supply of fresh and frequently changed air.

Mr. Mitchell gives good, sound and clearly stated reasons why these conditions are necessary to health. It would indeed be well if persons in all ranks of society realised their necessity. We can commend Mr. Mitchell's pamphlet as setting forth important facts in a practical, intelligent and interesting manner.

MEETINGS OF SOCIETIES.

THE MIDLAND HOMŒOPATHIC MEDICAL SOCIETY.

The half-yearly meeting of this Society was held at the Homœopathic Hospital, Birmingham, on Friday evening, 29th of April. Dr. Bradshaw, of Nottingham, the President, occupied the chair. There were also present Drs. Gibbs Blake, Wynne, J. Thomas, Collins, and Craig; Messrs. H. Robertson, Lawrence, A. C. Clifton, and George Clifton, of Leicester.

Dr. Fenton Cameron, of Derby, and Mr. George Clifton, of Leicester, were elected members of the Society.

Dr. Bradshaw, having warmly thanked the members for the honour they had conferred on him by electing him president, proceeded to read his paper entitled *Occasional Notes*.

He commenced by remarks on arthritic ophthalmia, in the course of which he alluded to his own sufferings from this very painful disease. *Aconite, belladonna, spigelia*, and several other remedies he had derived no benefit from, but from *artemisa v.* he obtained very speedy relief. From the use of this and *mercurius corrosivus* in various dilutions his eyeball had escaped that entire destruction with which it was at one time threatened, and some vision had been left to him.

Passing to some observations on *lachesis* he referred to its well marked influence over the pneumogastric nerve, especially its laryngo-pharyngeal branches. It was, he thought, very useful in checking some of those distressing symptoms which occur after sleep; as, for example, in affections of the heart when the patient suddenly awakes and feels in danger of suffocation from intense difficulty of breathing, attended with violent palpitation

and a sensation of choking as if something were rising in the throat. No remedy relieved these symptoms so readily as *lachesis*. Many of the disorders of women at the climacteric period, especially when the symptoms appeared chiefly in the left side, were much benefited by the same medicine.

Naja too was, Dr. Bradshaw considered, a remedy of importance in cases where there is much pain, with or without palpitation, about the apex of the heart, somewhat resembling a mild intercostal neuralgia, generally stationary and not aggravated by any muscular movement or bodily exertion, but often attended with great debility of the nervous system and depression of spirits. Dr. Bradshaw remarked that the naja poison was said to kill without destroying the coagulability of the blood, while after death from lachesis it remained perfectly fluid.

Cannabis sativa was next noticed as being the only medicine, the proving of which had given rise to a peculiar sensation described by patients as being like cold water dropping over the region of the heart. It was a symptom met with in pale, ill-looking persons who, without any organic disease of the heart, and with a quiet pulse, complained in addition of palpitation, gradual loss of flesh and strength, and gave other indications pointing to imperfect oxygenation of the blood, generally arising from having worked and lived in ill-ventilated rooms. After a time the sympathetic nervous system becomes affected, and some irritation in the cardiac ganglia is set up, giving rise to the peculiar symptom alluded to. *Cannabis sat.* promptly relieves it, while the removal of the cause, and simple treatment restore the tone of the patient.

Dr. Bradshaw next drew the attention of the meeting to acute hepatic diseases, prefacing his remarks by reading the notes of two cases that had recently been under his care, in one of which a calcareous mass was passed by the bowels. After the acute inflammatory symptoms had subsided in such cases, Dr. Bradshaw agreed with most homœopathic physicians in thinking that *aconite* was of no use, while *belladonna*, on the contrary, was of the greatest service.

In ascites and general dropsy Dr. Bradshaw had seen much good result from the use of *apocynum canabinum*, but only in massive doses.

In diplopia arising from functional disturbance he had rarely found *gelseminum* to fail in giving relief.

Dr. Bradshaw concluded his paper by some general remarks on the difficulties attending the practice of medicine, and on the necessity felt even by the most experienced practitioners of constant study to keep up with the progress of science.

Remarking on the paper that had been read, Dr. Blake mentioned that he had been present at the *post mortem* examination

of the man who some years ago was received into the University College Hospital after having been poisoned by a rattlesnake at the Regent's Park Zoological Gardens, and stated that in his case the blood was found coagulated.

He had found *Carduus marianus* of service in right hypochondriac pain in liver disease, and also when there was tenderness over the third or fourth dorsal vertebra.

Mr. LAWRENCE had found *nux* 12 the most useful medicine in assisting the passing of gallstones.

Mr. CLIFTON, of Northampton said that *lachesis*, *naja*, and *elaps*, especially the latter, were some of his favourite remedies. He had found *lach.* most useful when the left ovary was affected, and also in some affections of the left tonsil. He had not seen much result from *naja*, but *elaps* was a favourite with him in phthisical diarrhœa. He spoke of *berberis* as being extremely useful in biliary calculi, and extolled Tilden's concentrated extract of *apocynum* as *the* drug in ascites. In this he was borne out by his brother, Mr. George Clifton, of Leicester, who related one or two cases where its exhibition had been followed by a decided diminution in the urine of the patient.

Dr. COLLINS wanted to known why *elaps* had been employed in the diarrhœa of phthisis. He had always found *arsenic* and more ordinary remedies have the desired effect. He has found lithia water of much use in renal calculi.

Dr. THOMAS remarked that in many instances there was very severe pain in the hypochondrium without any congestion or other disease of the liver. He often thought that in a case of gall stones, the last doctor and the last medicine were the best.

The discussion was throughout a most interesting one.

Dr. BLAKE exhibited a case of vitiligoidea tuberosa and a splendid photograph of a case of vitiligoribis plana, which is also under his care.

Notes of the first of these cases appeared in this *Review*, vol. xiv., p. 305, but the disease had partly returned.

Dr. THOMAS, who has now for some time had the Ophthalmic Department of the hospital in thorough working order, exhibited several interesting cases with the ophthalmoscope.

The members visited the wards of the hospital, and the following were some of the most interesting cases seen:—

A case of typhoid fever; one of aneurism of the innominate artery; one of ovarian dropsy, with a solid, probably malignant, tumour; a case of hemorrhoids, in which excision and the cautery had been used; two cases of chorea, which had been successfully treated by *mygale aviculare* were also in the hospital. One of these was a man, a plumber, who had also some symptoms of lead poisoning.

In addition there were, amongst others, a case of mitral disease (rheumatic), one of bronchitis, and another of accident to the knee joint.

It was the general impression of the members that the exhibition of cases added greatly to the advantages to be derived from such meetings as this, and that the more practical our *réunions* were made the more interesting they were.

The next meeting will be held at the same place on the last Friday of October.

THE LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY. SESSION 1870–71.

President.—Dr. Simmons.
Vice-President.—Dr. Moore.
Treasurer and Secretary.—Mr. Proctor.

The meetings have taken place on the first Wednesday of every month from October to May inclusive. Eight meetings were held last session,—the fourteenth of the Society.

The following papers were read and discussed:—

In *October*, "The President's Address;" *November*, "The Treatment of Scarlatina with *Crotalus*," by Dr. Hayward; *December*, "On Homœopathic Pharmacy," by Mr. Isaac Thompson, of Liverpoool; *January*, "On Gastric Catarrh," by Dr. Simpson; *February*, "Personal Experience of Cape Colony," by Mr. Simpson; *March*, "On Variola," by Mr. Proctor; *April*, "The Vital Relations of Catalysis and Fermentation," by Dr. Drysdale; *May*, "A Review of Dr. Smith's 'Cyclical Changes,'" by Dr. Murray Moore.

The following books were bought for circulation amongst the members:—

Beale on "Disease Germs," Pavy on "Digestion," Tanner on "Pregnancy," Angell on "Diseases of the Eye," Ferguson's "Surgery," Grauvögel's "Text Book of Homœopathy," Darwin's "Descent of Man," Niemeyer's "Lectures on Phthisis," Macpherson on "The Baths and Wells of Europe."

Mr. Mahony was elected an ordinary member, and Dr. Simmons resigned in consequence of his leaving Liverpool for Cheltenham.

The ordinary members at present are:—

Dr. Drysdale, Dr. Moore, Dr. Hayward, Mr. Hudson, Mr. Proctor, Dr. Murray Moore, Dr. Black, Dr. Simpson, and Mr. Mahony.

At the last meeting Dr. Blackley was proposed for membership, and the office-bearers for next session were nominated.

HOMŒOPATHIC PHARMACEUTICAL SOCI GREAT BRITAIN.

On the 20th ult., the annual meeting of the above s held at its temporary rooms, 445, Strand, when t report was presented and adopted. The officers fo year then retired, and a vote of thanks, acknowl efficient manner in which the business of the societ conducted during the past year, and conveying the b of members, was recorded.

Hitherto the executive has been composed entirely members. Opinions having been expressed that cou bers would be likely to interest themselves more z the welfare of the society if they were eligible fo canvass was made, and four expressed their willingnes

The voting arrangements having recently undergon revision in order to enable members at a distance voice in the management of the society, the electi executive board was this year for the first time ac through the post, with the following results:—

President—Mr. T. C. Pottage, Edinburgh.
Secretary—Mr. G. Cheverton, Tunbridge W
Treasurer—Mr. J. Thompson, Liverpool.

In future the meetings will be held quarterly, on Tuesdays in October, January, March, and June.

The society begs to acknowledge with best than tribution of microscopic slides, received from Dr. Mac amongst which are some subjects possessing great inte homœopathic pharmaceutist.

THE AMERICAN INSTITUTE OF HOMŒOI

The twenty-third annual meeting of this large ass homœopathic physicians was held at Philadelphia o 7th, 8th, and 9th of last month. We have received reports of the sittings on the 8th, but too late to en give any extended account of the proceedings. We l able to do so next month. Meanwhile, we are happ that some three hundred homœopathic physicians we comprising delegates from fifteen State Medical Socie two county and local societies, twenty hospitals and twenty-two dispensaries, nine medical colleges, and eig journals. The bone of contention at the meeting, of have received a report, appears to have been the ad women medically educated and legally qualified t medicine, to membership of the Institute. The this question was long and exciting, and the discuss

what irregular in its character. The end, however, was that the ladies won! The arguments used in support of their claims were not, we regret, uniformly gallant. Dr. LORD, for example, appears to have voted for their admission because he could not help himself! The following is the report of his speech:—

"Now there is no use of having this disturbance. There was a king in Africa, and he kept a man standing before his door all night to give him notice in the morning when the sun was going to rise. The sun was ordered that he must not get up before his Majesty, but his Majesty took particular care to get up before the sun.

"Now, gentlemen, I don't like the women,—of course with a few exceptions. But nevertheless her sun is up. We may not know it, but it is eight o'clock in the morning. [Applause.] Now it is no use to fool away our time. Let us come right up square to the work, and not wait until noon, when we cannot look at the sun, for as sure as there are women, we have got to submit to their coming here." [Applause.]

Accordingly there were added to the rôle of members of this Institute, Mercy B. Jackson, M.D., Harriet S. French, M.D., and Harriet Judd Sartain, M.D.

Papers on subjects of great practical importance were numerous. The proceedings of the session were brought to a conclusion by a grand banquet at the Continental Hotel, at which 380 ladies and gentlemen sat down. Toasts, sentiments, and speeches abounded, and we are told that "at a seasonable hour the party broke up, highly pleased with the entertainment."

NOTABILIA.

DIABETIC URINE.

DR. MEYMOTT TIDY in a paper *On the Estimation and Detection of Sugar in Diabetic Urine* recently read before the Medical Society of London, thus describes Moore's test so adapted as not only to detect sugar, but to estimate its amount in any given specimen. We quote from the abstract of Mr. Tidy's paper in *The Medical Times and Gazette* (June 3):—

"*Moore's Test:* the dark colour due to molassic acid produced when diabetic urine was boiled with potash solution. A series of solutions were placed on the table containing different but known quantities of sugar, but in each the same quantity of alkali. They ranged from 0·28 gr. of sugar to 2·0 gr., and the difference of tint was perfectly marked. Dr. Tidy proposed an adaptation of Vogel's method for estimating sugar. The method of working was as follows:—

A potash solution containing 1 gr. of potash to every sept (7 gr.) of water having been made, take 10 septems of the uri add 10 septems of the solution; boil for one minute, dil with distilled water in a four ounce phial (similar to those u for the test solution), and then compare with the test soluti labelled as containing known quantities, until the exact tint found. The small quantity of urine employed does not col the water so as to interfere with the test. If any precipitat produced by boiling, it must be filtered. If the test was m than that indicated by a two grain standard bottle, it must numbered and diluted. The experiment made gave—

1·25 gr. in 10 septems } = 17·86 per 1000 gr. of urin
12·5 gr. in 100 septems }
12·5 gr. in 700 septems = 8·6 per oz.

Dr. Tidy proposes to get rid of the trouble of the stand solutions by using gelatine coloured of different tints, as sta ards of comparison."

UNCONSCIOUS CEREBRATION.

It is when the sleep is not wholly natural, but stimulated narcotics, that mental feats assume their most prodigic dimensions, and the process of geometric reasoning or ca investigation are replaced by the wildest flights of tower fancy. The difference between normal dreams and those p duced by opiates, so far as I can learn, is mainly this, that the former we are always more or less active, and in the la passive. Whatever sights we behold in the natural dream, own share in what is going on is prominent. In the abnor dream the marvellous scenery is by far the most important of the vision. In a word, we are on the stage in the first c and in the stalls in the second. The cause of this sing distinction must needs be that the action of morphia, hasch &c., paralyses more completely the voluntary and active po than is done by natural sleep, wherein indeed the true consc will is dormant, but a certain echo of it, an unconscious wi ness, still survives, leaving us the semblance of choice energy. On the other hand, while the opiate obscures e such moonlight of volition, it excites the fancy and m creating powers of the brain to supernatural vigour, causing pass before the eyes of the dreamer whole panoramas of bea or horror. The descriptions of such miseries in "The C fessions of an English Opium-Eater," and many other boo afford amazing evidence of what leaps the Pegasus of fancy capable under the spur of such stimuli on the brain. He also the singular facility in adopting suggestions and impressio which distinguishes hypnotism from natural dreaming seems a great degree to prevail. All opium-eaters speak of the fearf

degree in which every painful idea presented to them before sleeping becomes magnified into portentous visions of terror. A scent suggesting blood caused one gentleman to dream of an army of skinless men and headless horses defiling for hours before his eyes; and "The Old Man of the Mountain" no doubt contrived to suggest to his assassins, before they ate the haschish, those ideas which resulted in their dreams of houris and paradise. Besides the picturing of marvellous scenes, passively beheld, it seems that narcotics can stimulate the unconscious brain to the production of poetic or musical descriptions of them; the two actions being simultaneous. Here we have surely the most astonishing of all the feats of this mysterious power within us; and whether we choose to regard it as a part of our true selves, or as the play of certain portions of nerve-matter, in either case the contemplation of it is truly bewildering. What truth there may be in the well-known stories of "Rousseau's Dream," or of Tartini's "Devil Sonata," I cannot pretend to decide. In any case, very remarkable musical productions have been composed in sleep. But take the poem of "Kubla Khan." Remember that the man who wrote it, in only a few of his multitudinous waking productions rose into the regions of high poetical fancy or anything like inspiration of verse. Then see him merely reading, half asleep, the tolerably prosaic sentence out of Purchas's "Pilgrimage:" "Here the Khan Kubla commanded a palace to be built, and a stately garden thereunto, and thus ten miles of fertile ground were enclosed in a wall." And, dropping his book, from this mere bit of green sod of thought he suddenly springs up like a lark into the very heaven of fancy, with the vision of a paradise of woods and waters before his eyes, and such sweet singing breaking from his lips as,

> "The shadow of the dome of pleasure
> Floated midway o'er the waves."

interspersed with weird changes and outbursts such as only music knows—

> "It was an Abyssinian maid,
> And on her dulcimer she played,
> Singing of Mount Abora."

Consider all this, and that the poem of which this is the fragment reached at least the length of three hundred lines, and then say what limits shall be placed on the powers which lie hidden within our mortal coil?—*Macmillan's Magazine.*

THE MEDICAL ACTS AMENDMENT BILL.

The morning papers of the 10th ult., informs us that on the previous day a deputation waited upon Mr. Forster, at the

Education Department, to present a memorial from the Medical Reform Association, stating that they viewed with amazement and regret the steps taken by the so-called orthodox or allopathic practitioners, as set forth in the Medical Acts Amendment Bills, which seek to exclude utterly the entire body of medical dissenters, called homœopathic, hydropathic, &c., thereby monopolising the practice of medicine, surgery, &c., throughout the United Kingdom. The deputation was introduced by Mr. Joseph Cowen, who said that they would shorten the time the deputation had to occupy as much as possible. There were eighteen doctors present, who were all able to speak as to the object of their memorial better than he, and therefore he would at once call up Mr. Hitchman of Liverpool. Mr. Hitchman said that the large part of the medical profession which they represented had studied the subject of medicine with a view of alleviating the sufferings incident to humanity, and they wished to protest against their exclusion from the practice of medicine, surgery, &c., which, if the bill passed, would ensue. They wished for medical freedom, and hoped that Mr. Forster would do his best to assist them in the matter. Mr. Pearce, Mr. Thornton, and Mr. Seckstone followed, further explaining the wishes of the deputation, and Mr. Forster said that he had very little time to stay, and therefore could not say much. He was under the impression that he had to receive a deputation from the orthodox medical practitioners, and, finding this not to be so, he was not so well prepared to answer them on the subject of the deputation. All he could say was, that if the bills got into committee, which, at this time of the session, was very doubtful, what they had said would have the most careful consideration of the Government. Mr. Cowen thanked Mr. Forster for his kindness and attention, and the deputation withdrew.

Who these gentlemen are who undertook to represent the views of "a large part of the medical profession" we do not know. Mr. Pearce is probably the Dr. Pearce so well known for his tirades against vaccination, but he is not a man likely to be selected by any homœopathic medical society to represent the views of its members either on this or on any other matter. As to Mr. Thornton and Mr. Seckstone we cannot even surmise the grounds on which they have assumed to represent a large part of this profession. There is a "Medical Reform Association" we believe in connection with the British Medical Association, which has or had its head-quarters at Birmingham. We shall not be far wrong in concluding that the one for which Messrs. Hitchman, Pearce & Co., were the spokesmen, is something quite different. Possibly it is a society chiefly comprised of herbalists, also known by the unpleasantly suggestive designation of "Coffinites." The majority of "Coffinites" are, we

believe, entirely uneducated, so far as medicine is concerned. Perhaps they constitute "the large part of the profession" so feelingly referred to by Mr. Hitchman! We may inform the deputation, that, supposing either of the Medical Reform Bills now before Parliament should ever become law, no person having had, and having given sufficient evidence of having profited by, a medical education would be excluded from the practice of medicine or surgery. Certainly all others would be, and most justly so. It is simply a piece of intolerable presumption for a few medical men of no weight whatever in any section of the profession to wait upon a Minister of State, and profess to represent the views of a large part of the profession! The views of homœopathic practitioners were certainly not—as it was stated that they were—represented by Messrs. Pearce, Hitchman & Co., on the occasion referred to.

The measures to which Messrs. Pearce, Hitchman & Co., desired to take exception were brought on for a second reading on the 14th ult., by Dr. Lush and Mr. Brady respectively. Their career was brought to a close by Mr. Forster, who, after stating that it was impossible that either Bill should pass this Session, said:—

"From the number of questions pressing on the Government for legislation, he could not pledge them to bring in a Bill next year, but it was their wish and anxiety to do so. If they were unable to deal with the subject next year, and if any private member, such as his hon. friend the member for Salisbury, or any other, took up the subject, no obstacle would be thrown in the way of the fullest consideration of it by the House; and if it was desirable the Bill might be referred to a Committee upstairs."

So that the friends of Messrs. Hitchman, Pearce & Co., the pork butchers, commercial travellers, greengrocers, and others of a similar class who desire to add to their incomes by representing themselves as medical men, and to this end assume titles calculated to induce the public to believe that they have received a medical education—have scope for their nefarious energies during another year.

REPORT OF THE SELECT COMMITTEE OF THE HOUSE OF COMMONS ON VACCINATION.

The following Report was published at the close of the month of May;—

"Eight sittings of your Committee have been occupied in hearing the evidence of persons who assert that vaccination is useless and injurious, and who therefore object to its enforcement and encouragement by the law.

"After careful consideration of this evidence, and of medical and other evidence given in reply, your Committee agree with the general opinion—

"That the cow-pox affords, if not an absolute, yet a very great protection against an attack of smallpox, and an almost absolute protection against death from that disease.

"That if the operations be performed with due regard to the health of the person vaccinated, and with proper precautions in obtaining and using the vaccine lymph, there need be no apprehension that vaccination will injure health or communicate any disease.

"That smallpox unchecked by vaccination is one of the most terrible and destructive of diseases as regards the danger of infection, the proportion of deaths among those attacked, and the permanent injury to the survivors; and therefore

"That it is the duty of the State to endeavour to secure the careful vaccination of the whole population.

"Your Committee have no doubt that the almost universal opinion of medical science and authority is in accordance with Dr. Gull when he states that 'vaccination is as protective against small-pox as small-pox itself; with Dr. West when he gives as the results of his experience as Physician to the Children's Hospital in Great Ormond-street, and as having had charge of between 50,000 and 60,000 children since 1835, that 'he does not think that vaccination does produce disease;' and with Sir William Jenner when he says, 'I should think myself wicked, and really guilty of a crime, if I did not recommend every parent to have his child vaccinated early in life.'

"Against this evidence in favour of vaccination, the prevalence of the present small-pox epidemic, especially in the metropolis, has been alleged.

"Your Committee, however, believe that, on the one hand, if vaccination had not been general, this epidemic might have become a pestilence as destructive as small-pox has often been where the population has been unprotected; and that, on the other hand, if this preventive had been universal, the epidemic could not have approached its present extent.

"Vaccination is generally believed to require repetition about the age of puberty; but, as it is almost impossible to enforce re-vaccination, it is most important that all children should be vaccinated, both for their own sakes and that of the community, to prevent their catching and spreading disease.

"There are three classes of children who being, by the conduct of their parents, left unvaccinated are themselves in great danger, and may become centres of infection to others:—

"1. There are the children who are utterly neglected by their parents.

"2. There is the much larger number of children of parents

who, while not denying their duty or desiring to disregard it, postpone its fulfilment, and who from carelessness or forgetfulness delay to protect their children until driven to the vaccine station by the panic fear of an epidemic.

"3. There are the children of those parents, very few in proportion to the whole population, who assert that vaccination will do harm.

"With regard to the first and second of these classes, there can hardly be any objection to the principle of a compulsory law, though there may be practical difficulties in its application; but in dealing with the third class, it becomes necessary to weigh the claims of the parent to control as he thinks fit the medical treatment of an infant child, as against the duty of the State to protect the health of the community, and to save the child itself from a dreadful disease.

"While weighing these conflicting claims, your Committee have had to consider the effect of the change in the law introduced by the Act of 1867, which, contrary to the provisions of the previous English or present Irish Acts, makes the parent liable to repeated convictions and penalties for not allowing his child to be vaccinated.

"There appear to have been several cases of infliction of more than one fine or imprisonment in regard to the same child, and your Committee, though by no means admitting the right of the parent to expose his child or his neighbours to the risk of small-pox, must express great doubt whether the object of the law is gained by thus continuing a long contest with the convictions of the parent.

"The public opinion of the neighbourhood may sympathise with a person thus prosecuted, and may in consequence be excited against the law; and, after all, though the parent be fined or imprisoned, the child may remain unvaccinated. In such a case the law can only triumph by the forcible vaccination of the child.

"In enactments of this nature, when the State, in attempting to fulfil the duty, finds it necessary to disregard the wish of the parent, it is most important to secure the support of public opinion; and as your Committee cannot recommend that a policeman should be empowered to take a baby from its mother to the vaccine station, a measure which could only be justified by an extreme necessity, they would recommend that whenever in any case two penalties or one full penalty have been imposed upon a parent the magistrate should not impose any further penalty in respect of the same child.

"It has been suggested that the parent's declaration of belief that vaccination is injurious might be pleaded against any penalty, but your Committee believe that if the law were thus changed, it would become a dead letter. Prosecutions would

soon cease, and the children of the many apathetic and neglectful parents would be left unvaccinated, as well as the children of the few opponents of vaccination.

"Your Committee are glad to find that wherever the Guardians endeavour to carry out the law it is very generally and, indeed, almost universally, enforced; but there are some amendments by which they think the Act referred to them might be made more efficient.

"By section 28 the Guardians of any parish may appoint an officer to promote vaccination and to prosecute persons offending against the Act; and it appears that in the majority of the Unions such officers have been appointed, and that the law in consequence is more efficiently administered. Your Committee recommend that this appointment be made obligatory on the Guardians.

"They are also strongly of opinion, that the registration of vaccination should be simplified; that the vaccination officer should keep the vaccination register, and that therefore the certificates under the Act should be sent to him; and also that the registrar of the district should forward to him a monthly return of births and of the infants that have died.

"The suggestion has been made that a considerable proportion of the expenses of working the Act should be contributed from moneys to be voted by Parliament. Your Committee believe that efficient working would be promoted by such contribution. Without doubt local agency must be relied on for administration, but central inspection and control are also needed, and would be much more powerful if a payment towards the expenses could be withdrawn in cases of maladministration."

The foregoing Report is, as we always anticipated that it would be, eminently favourable to vaccination. On the Committee were several members whose views were to a large extent in harmony with those propagated by the Anti-Compulsory Vaccination League. We must infer, therefore, that the evidence laid before them was so overwhelmingly in favour of the protective power of vaccination, that they could do nothing less than concur in a report declaring it "the duty of the State to endeavour to secure the careful vaccination of the whole population." Though the majesty of the law may feel satisfied by "two penalties or one full one," for non-compliance therewith, we fear that this temporising will, with the aid of the declamation of the League, only serve to render small-pox a permanent instead of, as it has been, only an occasional source of disease and death. It will henceforth be understood that on payment of a certain sum of money or after enduring a certain period of imprisonment, a parent may be allowed to give his child the best

possible chance of contracting small-pox, and of being a centre whence the plague may extend throughout his neighbourhood. Verily the League ought to hold a festival!

THE LATE DR. JOHN EPPS.

Mr. J. F. Clarke, in a recent number of the series of *Autobiographical Recollections of the Profession*, now appearing from his pen in the *Medical Times and Gazette*, gives an interesting account of the "Gerrard Street," or "Dermott's" School of Medicine, which was in considerable repute some five-and-thirty years ago. After sketches of Mr. Dermott, the lecturer on anatomy, physiology, and surgery, and Dr. Michael Ryan, who lectured on medicine, midwifery, and medical jurisprudence, we are introduced to our old friend the late Dr. John Epps, whose duties involved lectures on materia medica, botany, and chemistry. Mr. Clarke's account of him is amusing, and will, we doubt not, interest many of our readers. It is as follows;—

"John Epps, Doctor of Medicine of the University of Edinburgh, was, I believe the eldest son of Mr. John Epps, who, some fifty years ago was noted for having a ham and beef shop in almost every part of London, and was the subject of one of the most humourous of Hudson's comic songs. Dr. Epps was a better educated man than either of his colleagues, and he had natural ability of a very high order. He was conscientious and painstaking as a lecturer, but he had an imperfect practical knowledge of either of the subjects on which he lectured; somehow or other he managed to instil a fair amount of information into his pupils. He knew more of materia medica than of chemistry or botany. The latter two sciences were taught by him less practically than could have been desired. He, however, 'pegged away' with his experiments in chemistry, and would make the students alternately prepare gases, apply the tests for poisons, &c. His laboratory was somewhat small but compact. The amount of glass destroyed on some mornings was very great—a serious loss at that time, when glass was of an enormous value compared with the present day. He, however, never lost his temper, never said an unkind word; even when the blundering pupil had smashed a dozen or more of his best glasses, the good natured little man would say, 'Try it again, my friend, you will get on better soon.' He confined his teaching of botany chiefly to the system of Linnæus. His style of lecturing was clear and attractive. He had a fund of anecdote, and was what Bacon called 'a full man.' He had read much, and was possessed of varied knowledge. I recollect on one occasion two or three of the students played him an innocent trick, which afforded him an opportunity of showing his readiness in resources. A bet was made that Epps would not be

able to tell the name of a plant which one of the students would present to him; this wager was accepted. Accordingly H—, a Yorkshire pupil, after lecture one morning, produced a plant, I think it was the *mercurialis perennis*, and handing it to the lecturer, said he would feel obliged by being informed of its name. Epps smiled and said 'My friend, I should be happy to tell you, but you would derive more benefit by finding it out yourself. Do so, and if I find you correct when I come to-morrow morning I will give you my *Life of Dr. Walker*. In the meantime a name was invented—I cannot remember exactly what it was. The next morning punctually at ten—for he was always punctual—in walked the little Doctor with a book under his arm. 'Well my friend,' said he, addressing H—, 'have you discovered the name of the plant.' 'Yes,' said H—, 'it is'—so and so. 'Very good; and here is my *Life of Dr. Walker*.' Those in the secret could scarcely refrain from a laugh, but a proper decorum was observed. H— won his wager.

"Epps had very strong political views. He was one of the school of Burdett and Cobbett; but, unlike Dermott, he never mentioned politics in his lectures, or, if he did, it was in the most cursory manner. Out of school he had no such reserve, and would speak at public meetings, or write articles of the most advanced kind. When an election was going on in his borough (Finsbury) it was his custom to have in front of his house in Great Russell Street a large placard with the names of his favourite candidates emblazoned on it. He was an excellent speaker, spoke always to the point, and had a dry quiet humour which made him a favourite with his audience. He was a ma[n] of extraordinary industry and perseverance, and never su[c]cumbed to difficulties or hard work. He was a a firm belie[v]er in phrenology; Dermott was as much opposed to it. Derm[ott] though an energetic and practical speaker, was no match Epps in debate. He lost his temper and blurted out offen[sive] epithets, his wit was low and personal. Epps, on the contra[ry] never got out of temper; made fun of his antagonists in a g[ood] natured way, and was usually thoroughly up in the subject was treating.

"In person, he was below the middle height, and had som[e]thing of the appearance of a Quaker. He wore a broadis[h] brimmed hat, low down on the forehead, which was one of th[e] finest I have ever seen. His features were regular and pleasi[ng] in expression. After the Gerrard Street School broke up, h[e] took to the practice of homœopathy. He died a year or tw[o] since, full of years and with the kind regrets of many of tho[se] who admired the man, whilst they regretted his 'noncor[-] formity.'"

The phrase "took to the practice of homœopathy" is one a[t]

suggest sinister motives. Dr. Epp's thorough sincerity is too ll known to admit of such an interpretation. He was, we have derstood, led to the study of homœopathy by the phrenological velopment of HAHNEMANN as seen in the well known bust by vid. His determination to practically test it arose from his dy of Dr. Curie's writings, and, like all who have carefully died and practically tested homœopathy with the industry and severance which Dr. Epps threw into everything he undertk to master, he became convinced that it was a far better thod of treating disease than that he had learned and been ustomed to teach.

THE "MISERABLE MUTTERINGS" OF A "DISAPPOINTED" ALLOPATH.

a recent meeting of the Birmingham and Midland Branch the British Medical Association the President, Mr. OLIVER MBERTON, one of the surgeons of the General Hospital of t town, in the course of his "Address," took the opportunity displaying his utter ignorance of homœopathy and his scorn those who are practically acquainted with it in the following iserable mutterings:"—

For twenty years and upwards I have been curious to watch se performers on remedies, said to be, aquatically prepared he principle of total immersion and infinitesimal dilution: they have attempted again and again to hang themselves on cience, with which they have had nothing and never will e anything in common. For my own part, I am glad of this ortunity of expressing my utter disbelief in the truth of a ement made by Mr. Chance, on the occasion of the annual ting of the Homœopathic Hospital, reported in the *Daily* t of the 22nd of February last, when, after adverting to the umstance that the medical officers of the Queen's Hospital declined to inspect their system 'out of fear,' also called ntion to the fact 'that the medical practitioners of the old ool were more willing than formerly to associate with homœoiic physicians.' If this is true, gentlemen, it is to be reted that we don't know these 'old practitioners' by name, we might honour them as they deserve. But I see you say myself—You don't believe that there are any in our midst are 'hoisting false colours,' and you indignantly deny that e is any nearer approach, on our parts, to the miserable terings of these disappointed people, any more than there the 'cancer cures' and stone dissolvees, with whom we may arently leave the 'dilutors.'"

Mr. Pemberton's twenty years watching has been very barren result, if it has done no more than to induce him to tell

his medical friends that the medicines used by homœopathic practitioners are "aquatically prepared!" Who Mr. P.'s authority for this curious assertion is we know not; who it is that "said" our remedies were thus prepared we cannot tell. It is no uncommon thing for a person who wants to obtain general credence for a statement which he knows is not true to ascribe it to some unnamed, some supposititious authority. What science it is with which "they have had nothing and never will have anything in common" that homœopathically practising physicians have again and again attempted to hang themselves on to, Mr. Pemberton does not state. So far as the science of medicine is concerned homœopathic physicians have at least as much connection with it, and on it they are fully as dependent as Mr. Pemberton and his audience. Mr. Pemberton may feel it gratifying to his hatred of homœopathy to indulge in statements so absurdly false as only to excite the ridicule and contempt of men of liberal education, unfettered by the shackles of prejudice; and he may meet with sympathy from persons as narrow minded as himself; but, if he thinks to delude the public of Birmingham by circulating such a monstrously absurd notion as this through the local papers, he will unquestionably find that he has overshot his mark. Our experience and that of many professional friends fully endorses the opinion of Mr. Chance which Mr. Pemberton so indignantly repudiates. We are not aware of any "miserable mutterings" on the part of homœopathic practitioners. And most assuredly we are not disappointed people. On the contrary, we have abundant reason for congratulating ourselves on the endorsement of the truth of homœopathy seen in the daily increasing absorption by the profession at large of the methods of using remedies which were first suggested by the law of *similars*. *Aconite* in inflammatory fever, *ipecacuanh* in vomiting, *arsenic* in cholera, *corrosive sublimate* in dysent[illegible] are but a few of the numerous illustrations that are avail[illegible] in support of the position that, however much we may gri[illegible] over the low moral tone which can allow men to admit the tr[illegible] of homœopathy in practice and publicly to declaim against it, have no reason to be disappointed at the impression created the results of our practice in spite of the efforts to baulk the made by so powerful a trades' union organisation as that over branch of which Mr. Pemberton temporarily presides.

"Miserable mutterings" anent homœopathy come from M[illegible] Pemberton's party often enough, and no member of it, when reflecting on the development of homœopathy in Birmingham, has probably suffered more bitter disappointment than Mr. Pemberton himself. Twenty years spent in watching the progress of homœopathy, in a town like Birmingham, must be especially disappointing to one who, like Mr. Pemberton, has determined to denounce it under any and all circumstances, who

has committed himself to the opinion that it is false and its practitioners fools or knaves, and is bent on sticking to his opinion; who for twenty years has left no stone unturned, no opportunity untried to damage the social and professional position of those medical men who in Birmingham practise homœopathy. To such an one the present position of homœopathy must be very disappointing indeed. When he began "to watch" there was only one homœopathic practitioner in his town—now there are half-a-dozen—and of these two are full graduates and gold medalists of the University Mr. Pemberton delights to honour! When he began to "watch" there was but a small dispensary—now there are one large dispensary and several private ones, and a hospital, small, it is true, but with every prospect of being considerably enlarged. When Mr. Pemberton's "watching" began, for a homœopathic practitioner to endeavour to obtain a public appointment in Birmingham would have been absurd—now homœopathic practitioners are specially advertised for to fill such vacancies! All this is very disappointing! and quite enough to make a person of Mr. Oliver Pemberton's temperament mutter miserably!

PROGRESS OF HOMŒOPATHY IN THE UNITED STATES.

From the report of a committee appointed by the Albany County Homœopathic Medical Society to investigate the circumstances attending the dismissal from office of certain homœopathic practitioners who held the appointment of "Pension Surgeons," we obtain the following striking facts, illustrating the progress of homœopathy in the Great Republic of the West.

"As evidence of the ratio of increase of homœopathic physicians compared with that of the population two instances may be cited.

"During the past seven years the number of members of the Albany County Homœopathic Medical Society residing in this county has increased one hundred per cent., while the increase of the population has been only about twelve per cent., and the increase of the members of the Albany County Allopathic Medical Society, as indicated by the list published in the City Directory, is only ten per cent.

"During twenty-six years ending 1867, the number of homœopathic physicians in the city of Philadelphia increased over seven-fold, while the increase of population of the city during the same period was three-fold; the ratio of increase being more than double that of the population. During the same period the number of allopathic physicians had actually decreased nearly ten per cent."

Dr. Van Aernam, to whose sectarian zeal we are indebted for the publication of this welcome intelligence, has been compelled to resign his post of Commissioner of Pensions. It will, therefore, be out of his power in the future to remove properly educated surgeons from an honourable office, solely because they prescribe medicine homœopathically. Doubtless, his successor will take warning from his fate.

A HOMŒOPATHIC VETERAN.

Dr. Theodore J. Rückert, of Herrnhut, the author of that most laborious cyclopædia of clinical experience with homœopathically selected medicines known as *Klinische Erfahrungen in der Homoopathie*, has just completed his homœopathic jubilee —he has been engaged in practice as a homœopathic physician for fifty years. He is probably the senior homœopathic physician of Europe. On this occasion his medical friends and neighbours have presented him with numerous congratulatory addresses and marks of their personal esteem. To them he makes the following reply, published in a recent number of the *Allgemeine Homoopathische Zeitung* :—

"Thankful to our Heavenly Father, who has permitted me to reach so great an age in a state of health comparatively good, I saw with joy the anniversary of the day on which, fifty years ago, I made the first step towards commencing practice as a homœopathic physician—a step all the more important to myself, inasmuch as none of my colleagues had preceded me in arriving at this point. Although I had intended to pass this festive day in quiet only, in the circle of a large family, I was not wholly successful in doing so, for in the early morning I was aroused by the sound of trumpets, and the post brought me letters from sympathising colleagues and friends.

"To my especial delight, however, I received through the President, Dr. Hirschel, a most tastefully written address from our Central Society, which will give me a lasting recollection of this day. My pleasure was renewed, whilst we were assembled at midday round the family table, by the arrival of a telegram bringing me the congratulations of the '*Free Society for Homœopathy in Leipsic*,' of which I am an Honorary member.

"Whilst I now express my most cordial thanks to the two societies, as well as to the honoured colleagues who were commissioned with the addresses, for their friendly sympathy, I must also add the wish, that God may permit these my colleagues to pass such a day as I have, and not them only, but also countless members of this society, to the benefit of our noble art."

"Herrnhut, June 4th, 1871." "Rückert.

We desire to avail ourselves of the opportunity of uniting with our German colleagues in congratulating Dr. RÜCKERT on having been permitted to pass so many years of real usefulness in the world; and also on the reception of so gratifying an acknowledgment of the real value of the work he has accomplished, from those who of all others are best qualified to form a just estimate of its worth.

BARTH'S SELF-ACTING TANK ENEMA.

This enema is the perfection of simplicity. It consists of a tank capable of holding a sufficiency of fluid for any ordinary injection, and a lengthy elastic tube with the requisite insertion piece. The tank being filled and suspended from a nail in the wall, six feet or more from the ground and connected with the tubing, the requisite pressure for injecting is obtained. The degree of pressure can be regulated by the height of elevation of the tank. Its advantage is its simplicity, and consequently the little likelihood of its getting out of order.

CORRESPONDENCE.

REPLY TO "QUERIST."

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your May issue, "Querist" asks:—"Is there any drug, the internal administration of which you have found to cure any of the following diseases?

1. Vesical catarrh
2. Uterine catarrh
3. Vesical paralysis
4. Infantile enuresis

} of two or more years' standing."

As nobody replies, we suppose nobody knows "any drug" endowed with virtues so startlingly transcendant, and far surpassing the panaceas and polychrests of even the mighty Morison or the far-famed Parr!

Rather than choke "Querist" with that bugbear of enquirers, "the totality;" unwilling to "politely tell him he is a mongrel," we have consulted our records for cases of vesical catarrh. The result:—

1. *Vesical catarrh.*—More cases have undoubtedly yielded to *nux vomica* [3x] than to any other remedy. In one case of many years duration the catarrh was cured by *copaiba* 1x, and recurring about the same time in the ensuing year, disappeared after the administration of *chimaphila* 1x.

Dulcamara has done most for us in the young.

2. *Uterine catarrh* (? cervico-metritis).—When the discharge is bland and milky, *pulsatilla* 3x; yellow, *sepia* 6x, *hydrastis* 3x;

flaked and corrosive, *merc. corr.* 3x. If complicated by urinar difficulties, *nux vom.* 3x or *actæa rac.* 1x.

The cure is certainly expedited by the simultaneous topica application of a concentrated form of the remedy indicated; bu "Querist" asks only for internal medicines.

3. *Vesical paralysis.*—"Querist" cannot surely mean the idiopathic vesicular paralysis is "met with every day in h practice;" and if it be connected with spinal disease, we mu of course look to spinal remedies. *Gelseminum*, *belladonna*, an *causticum* promise most.

4. *Infantile enuresis* is certainly not an easy stile to leap.

Hitherto *bell.* has done most, and "Querist" should test i higher dilutions.

Causticum 30 has cured the condition. Should these fa *cina*, *gels.*, *physalis*, *plantago*, and *thuja* enjoy a reputatio Moral control, regimen, a cool bed, "taking up," cold douche spine, removal of rectal irritation, even an elastic ring round penis have been advocated as adjuncts.

I have the pleasure to be, Gentlemen,

Yours obediently,

Reigate. EDWARD T. BLAKE, M.B., M.R.C.S.

NOTICES TO CORRESPONDENTS.

Communications, &c. received from Dr. G. MOORE, London; NANKIVELL, York; Mr. FRASER, Hull; Dr. MADDEN, London; BAYES, London; Dr. ANDERSON, Ventnor; Dr. DUNHAM, New Y Dr. COOPER, Southampton; Dr. HAUGHTON, London; Mr. CRO London; Dr. MAFFY, Wakefield; Mr. CLIFTON, Northampton; GIBBS BLAKE, Birmingham, &c.

BOOKS AND PERIODICALS RECEIVED.

On Chronic Diseases of the Respiratory Organs. Vol. I. B MEYHOFFER, M.D. London: Turner & Co. 1871.

The Twenty-first Annual Report of the London Homœopathic Hosp 1871.

The Food Journal, June 1871. London: Johnson & Co.

The Chemist and Druggist, June 1871. London.

The Chemist and Druggist's Advocate, June 1871. London.

The New England Medical Gazette, April, May, and June, 18 Whitney, Boston.

The North Am. Jour. of Hom., May 1871. Boericke & Tafel, New Yor

The Am. Jour. of Hom. Mat. Med., April 1871. Tafel, Philadelphi

Allgemeine Homöopathische Zeitung, June 1871. Leipzic.

La Reforma Médica, May 1871. Madrid.

Rivista Omiopatica, May 1871. Rome.

Papers, Dispensary Reports and Books for Review to be sent Dr. RYAN, 2A, West Street, Finsbury, E.C., or to A. C. POP Esq., Moselle Villa, Lee, Kent, S.E. Business Communications an Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.

THE MONTHLY

HOMŒOPATHIC REVIEW.

ON THE DOSE OF A HOMŒOPATHICALLY-ACTING MEDICINE.

The large discrepancy of opinion which exists among homœopathic practitioners as to the exact size of the most appropriate dose of a homœopathically-acting medicine is a matter of notoriety, and, no less so, of astonishment, to those who are unacquainted with the difficulties attending its discovery. The vast range of dose, in which we have ample evidence that a homœopathic medicine will operate curatively, renders the selection of that which is best adapted to individual cases, no easy matter. The cure of disease has, in innumerable instances, been the direct consequence of homœopathically-selected medicines, given in grains of the pure substance, and in drops of the strongest procurable tinctures; and also of infinitesimal doses of dilutions, extending from the 1st to the 200th. When we appeal for direction to different physicians—men of integrity and experience—we find one enforcing the need of the crude drug being always given. Another assures us that we must have some degree of dilution; but that the 1st, 2nd, or 3rd dilutions suffice to secure all the advantages to be derived from attenuation. A third insists on our adhering in all cases to the 30th. A fourth is positive that no physician who prescribes a medicine in a lower "potency" than the 200th ever obtains the full efficacy of his pre-

scription. As a rule, the higher the dilution which is stated to be the best of all, the stronger is the language in which it is advocated. The acrimonious manner in which the subject has been debated, the arrogant tone assumed on one side, and the contemptuous utterings of the opposing party, have largely tended to prevent that dispassionate review of all the circumstances surrounding the administration of medicine, without which we cannot hope to obtain an answer to the question, "What is the size of the most appropriate dose of a homœopathically-acting medicine?"

On two occasions during the last session of the British Homœopathic Society the dose was the subject of discussion, the papers preceding it having both been read by Dr. BLACK.*

At the approaching Congress, Dr. BLACK will, we understand, again introduce this question; and we trust that the discussion which will then take place will elicit some more definite principles of dose and dilution selection than any we are at present in possession of. Meanwhile, we purpose to review the chief principles which have influenced some of the more prominent and experienced homœopathic physicians in their choice of a dose; and, in so doing, shall once more direct the attention of our medical brethren to the subject in all its bearings, hoping in this way to add to the fruitfulness of the discussion we anticipate at Oxford in September.

Dr. BLACK, in his published paper, has given the history of the gradual diminution of the dose from the crude substance up to the 30th dilution, so far as this can be gathered from the writings of HAHNEMANN, sufficiently clearly to render but few observations on this part of the subject necessary.

We must, however, remark that Hahnemann rests his

* The first, and by far the more important of the two, is published in the *British Journal of Homœopathy* for July, p. 569.

claims to pronounce dogmatically on the size of the dose, and the appropriate dilution, upon his "experience." No better claim could be adduced were we in a position to examine the quality of this experience. Unfortunately, we are not in this position. Two specimens, and but two only of his experience, are left on record by him. The one consists of a case cured by the pure tincture of *bryonia*, the other of one by the 12th dilution of *pulsatilla*, both giving evidence of the highest accuracy in prescribing, and the most rapid success in achieving the end of all prescribing. It would, we hold, have been far more satisfactory had we had a much greater number of such cases. It would have been so, because, at the time when HAHNEMANN was in active practice, any knowledge of the natural history of disease could scarcely be said to exist. No physician of that period would have believed that a pneumonia could be recovered from by simply resting in bed. A passage in one of HAHNEMANN's writings shows that he was aware that such might be the case. In his introduction to the proving of *opium*, he says:—"Chronic "diseases are the true criterion of the healing art. Com- "plaints, slight and of quick accession, are cured with "and without medicines, evidently by the strength of the "system alone; and unless medicines relieve them in a "much quicker and more desirable manner than they "would have got well of themselves, a cure cannot be "said to have taken place." Still he limits such recoveries o cases "slight and of quick accession;" and now, the xpectant treatment of Viennese and Parisian physicians, ollowed, as it has been, by a similar method adopted y not a few British hospital physicians, has proved hat even severely acute disease will, in time, pass away, nder the influence of rest, careful nursing, and udicious feeding. The province of the art of drug administration is to shorten this time. Had we, then, reports of HAHNEMANN's practice in acute disease we should be able to estimate the degree to which the period

of illness was shortened by his medicinal method. So, too, in chronic disease. Forty and fifty years ago few patients suffering from chronic disease escaped without serious drugging being added to their existing ailments. If it were in our power to analyse HAHNEMANN'S cases of chronic disease, we should be better able to discern between the effects of the suspension of active drugging and the directly curative influence of the medicines he prescribed, than it was possible for any physician of that period to do with any approach to accuracy. HAHNEMANN'S experience then —the basis of all his teaching—is an experience we cannot examine, cannot criticise, and, therefore, cannot appreciate the entire force of. Such being the case, however justifiable may be our appeal to it in support of general propositions, it is not available to prove such as are particular. It points to the general adequacy of homœopathy to meet the necessities of disease, so far as the administration of medicine is concerned; and it affords abundant reason for putting homœopathy to the test of clinical investigation. But, on the other hand, we cannot gather from it that his practical application of homœopathy was the best that can be devised. It does not, for example, supply us with evidence that the 30th dilution is the best attenuation in all cases, that a globule saturated with a tincture of this dilution is the proper dose under every circumstance. On the contrary, it is impossible to study *all* his directions about the dose, without being struck with the frequent contradictions in which he involves himself; the hasty conclusions, so emphatically pronounced, at which he occasionally arrives, and the marked influence which theoretical speculations of doubtful validity exercised on all his practical work. We must not, therefore, rest satisfied with the teaching of HAHNEMANN upon this question of the dose. On the contrary, we are bound to bring to bear upon its solution the observations of all who have carefully examined the results of their experience in the use of homœopathically-selected medicines.

In discussing the question, we have, *first*, to consider the reasons for prescribing small doses at all; and, *secondly*, those which have operated with different physicians in selecting doses of various degrees of attenuation.

A homœopathic medicine should be given in a small dose, on three grounds:—

1. The fact that the homœopathic medicine has not only an elective affinity for the organ diseased, but is capable of exciting in that organ a morbid process similar to the one it is given to remove, indicates that its influence must, under such circumstances, be so unusually powerful as to require controlling. JÖRG, of Leipsic, has often been quoted in illustration of this principle, and, as we know of no one who has put the matter more clearly, we will quote him once more. In arguing that "medicines operate most powerfully upon the sick when the symptoms correspond with those of the disease," and that consequently the quantity of a medicine so prescribed must be less—considerably less—than where the full physiological action of the drug is required, he says, "it is the very nature of the thing that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing."

2. Directly arising out of this fact we are cautioned to prescribe infinitesimals in order to avoid aggravation. To attain this end, however, there appears to be no real necessity to fall back on a very high dilution. It is very generally admitted that no dilution higher than the 6th, save exceptionally, excites aggravation at all; and it is rarely indeed that any dose beyond one grossly material will do so. When a real increase in the manifestation of disease has occurred, one that can be directly traced to an excessive dose of the medicine prescribed, and can be clearly shown not to have arisen from the unchecked progress of disease, through too small a dose having been given, the dilution must, of course, be changed for one higher. At

times, it happens, in unusually sensitive patients, that symptoms peculiar to the medicine, independent altogether of those of the disease under treatment, will be observed, and give rise to a considerable degree of restlessness and discomfort. Phenomena of this class are not aggravations of the disease, but medicinal perturbations; and it has been noticed that they are best met, not by altering the dilution to one higher, but to a lower,—by giving a larger dose.

3. Diluted medicines have been esteemed more active on the ground of a supposed increased power developed during the process of trituration and succussion, and that this increased power is in a direct ratio to the degree of attenuation. The only ground upon which this theory can be sustained with any show of reason is, that certain substances known, or supposed, to be inert in the crude state, have proved themselves very valuable remedies in a dilution. Such are *calcarea, silicea, lycopodium, natrum muriaticum.* In the action of triturated preparations of these drugs there is, however, no evidence of increased power; but simply of physiological adaptation. How, then, is it probable that this physiological adaptation is obtained? What change does a substance undergo during the process of trituration? Mr. SONSTADT, in a paper published in this *Review* (Dec., 1870), traces it to the effect of rupture of the molecules rendering energy, hitherto latent, apparent, as force able to do work. Every molecule of all simple or chemically combined substances, he writes, when "in its entire state contains most of its energy in a closed circuit (somewhat as does a magnet with its keeper on), and while in this state so much of its energy is potential, not actual. Every such molecule may be torn asunder, and, while divided, the energy before latent becomes apparent as force and able to do work." After some comment upon this, he goes on to say, "In the homœopathic triturations, at a certain stage of the process, the molecules are torn asunder by mechanical force (or by forces engendered by mechanical force), and

retained asunder, thereby keeping an active virtue, which appears only momentarily in chemical processes." The whole advantage of trituration, according to this very probable theory, consists in the setting free of latent force by mechanical molecular rupture. To secure this end, there is clearly no necessity to triturate beyond a very narrow range; and that this is the case, clinical evidence fully assures us.

We may conclude, then, that when the homœopathic theory has to be carried out, doses, small as compared with those necessary to respond to antipathic indications, are in the very nature of things essential, in order to avoid aggravation of the existing disease; while, in certain instances, small doses are also requisite in order to obtain the full power of the drug.

We now pass on to notice the circumstances which have led physicians to employ different dilutions and different doses.

Nearly all authors who have borne testimony to the curative power of medicines, whether undiluted or attenuated to a very high degree, have recognised the necessity of being guided in the selection of a suitable dose by circumstances having reference to the *patient*, to the *disease*, and to the *medicine* itself.

1. *The patient.*—While the susceptibility to medicinal action varies with different persons in health, in disease it is specially increased so far as certain medicines are concerned, viz.—so far as such as have an elective affinity for the tissues directly disordered. For example, a medicine which in a healthy person will excite congestion of the kidney, will, in one suffering from this condition, act upon the kidney in a much smaller dose than it would do in health. The kidney has become especially sensitive to the influence of such an agent. Temperament has been observed to modify the susceptibility of the action of

drugs. Thus TRINKS says, that the melancholic, sanguine, and choleric temperaments display the greatest susceptibility, the lymphatic the least; and all writers agree in the hyper-sensitiveness of persons of a nervous temperament. Sex and age both modify the degree of susceptibility to the action of medicine. *Cæteris paribus*, the female, and the two extremes of life are more easily acted upon than the male and middle aged. Climate, too, affects the susceptibility of the individual: a very dry climate increases, and one that is damp diminishes it. The mode of life is operative in the same direction. Occupation, diet, indulgence in stimulants and narcotics, the long-continued or habitual use of drugs in large quantities, all tend to render the body more or less amenable to the action of drugs.

These observations prove that in some individuals a larger dose will be required to modify diseased action than will be needed to do so in others.

2. *Disease.*—No practical rule has obtained more general acceptance than that which directs to the employment of doses comparatively large in *acute*, and of such as are absolutely infinitesimal in *chronic* disease. This rule derives support from the theory that the action of a comparatively large dose is more intense and rapid, and more speedily exhausted; in short, more "acute" than is that of an infinitesimal, and hence the effects of the former are more like the disease than are those of the latter; while a high dilution is more extensive and more continuous in its action than is a large dose. If this rule were proven true, we should be disposed to account for it rather on the ground that the symptoms of acute disease correspond with the "generic" or "absolute" symptoms of a drug, symptoms which promptly follow a large dose, or series of large doses, taken by an ordinary healthy person; while the symptoms of chronic disease are for the most part like those drug symptoms, denominated

by Dr. Drysdale "contingent," and by Dr. Madden "idio-dynamic," viz.—such as arise only in persons who, when in health, are especially susceptible to medicinal influences, and only appear after taking small doses of a drug for a considerable length of time.

This rule is, and has been for many years, generally acted upon by both English and continental physicians. Dr. Edward Phillips advocated its general adoption in a paper read at the Edinburgh Congress in 1852. He did so on no theoretical grounds, but simply as the result of a somewhat considerable experience, and from having compared the effects of different dilutions of the same medicine, in persons liable to occasional attacks of the same form of disease, such as ulcerated sore throat, acute dyspeptic headache, &c. In chronic disease he adduced clinical evidence to show that the same medicines which had failed to give any relief in the 3rd and 6th dilutions, proved curative in the 30th.

Trinks thinks that with a few exceptions this is a correct rule. Aegidi and Clotar Muller, on the other hand, are of opinion that it is one by no means worthy of general acceptance. Besides these authors, we have Dr. Carroll Dunham, of New York, contending that the high dilutions are superior to the low in the treatment of both acute and chronic disease. In the *American Homœopathic Review* (vol iv.) he published a very impartial and elaborate paper, on *The Use of High Potencies in the Treatment of the Sick*, in which, after stating his case with much clearness, he concludes, "That in both acute and chronic diseases the preference, other things being equal, is to be given to the higher over the lower potencies. * * * That experience shows that, while the majority of cases, both acute and chronic, are cured more speedily by the high than by the lower potencies; yet, in some cases, the converse is observed." But he adds, as another deduction from his investigation, that "the question whether the high potencies are more

generally successful than the lower, and in what proporti they are so, is yet to be determined by statistics dra from methodical experiment." In this essay Dr. DUNH relies greatly upon a series of experiments carried out the Leopoldstadt Hospital, by Drs. WURMB, CASPAR, a EIDHERR. For three years all cases of pneumonia we treated with medicines in the 30th dec. dilution, for thr other years with the 6th dec., and for four years mo with the 15th dec. The results are as follows:— group 1 fifty-five cases were treated with the 30th de dilution: their residence in hospital averaged 11·3 da each. In group 2 thirty-one cases were treated with t 6th dec.: they were in hospital 19·3 days each. Gro 3, treated with the 15th dec., consisted of fifty-fi patients, whose average stay in hospital was 14·3 da each. It should be added, that the meteorological co ditions were more unfavourable to pneumonia during t first period than during either of the others, while the were most favourable to its recovery during the seco period. This is, we believe, the only series of cases c record showing the comparative results of different dos in one disease, obtained in the same hospital. Pneumo was, however, an unfortunate disease to select for the pu pose in view, inasmuch as Dr. HUGHES BENNETT has sho that without any medicinal treatment whatever uncom cated cases will recover in a comparatively short ti At the same time, it was a disease where the degree intensity, the rate of progress, and the actual date recovery could be better watched than in almost any oth And, again, it must be remembered that the period wh the highest dilution was used—that when the success the treatment was most rapidly secured—was one wh pneumonia was more likely to be a severe disease th during either of the others. But the relative number patients in each group must be considered. In the seco group the number was not equal to two-thirds of either the other groups, and it is, therefore, hardly fair to co

pare it with them, inasmuch as a few bad cases among thirty-one would influence conclusions much more than among fifty-five. On the other hand, Drs. WURMB and CASPAR have given us their results in the treatment of acute rheumatism with high dilutions, and these are admitted to be in no way an improvement on those following expectant treatment; while, as Dr. BLACK showed at the Congress of last year, recovery followed homœopathic treatment, with low dilutions, on an average, some ten days earlier than it did on the expectant plan.

Efforts have been made to regulate the dose by the organ which is the seat of disease. Thus Dr. SHARP writes that "different doses of the same drug are sometimes characterised * * * by acting upon different organs." (*Monthly Homœopathic Review*, vol xi., p. 741.)

Dr. NEIDHARD (*British Journal of Homœopathy*, vol. xxvii., p. 533) says, that his experience points to the special adaptability of the higher and highest dilutions to all diseases of the brain, spine, and nervous system, and, as a general rule, to diseases of the skin; while the lower dilutions and material preparations he has found more useful in all diseases of the mucous membrane, particularly of the bronchia and lungs; that all chronic diseases of the liver require the largest doses, and that syphilitic disease he had never been able to cure without the employment of the lower preparations.

Dr. TRINKS* regards the nature and character of the disease, rather than its situation, as a determining circumstance. Diseases that display in all their phenomena great energy and intensity, and rapidity of evolution, attack the most important organs, betray much malignancy, and threaten the integrity of the whole organism, or of certain parts of it, demand, he says, an energetic and rapid medicinal influence. On the forms of disease requiring high dilutions he is less decided, and apparently

* Dudgeon's *Lecture on Homœopathy*, p. 424.

restricted himself to their use in some cases of hys neuralgias and spasmodic affections and chronic gout

Dr. MADDEN (*British Journal of Homœopathy*, xxvi.), has argued "that different doses of the same will be found suitable to different phases of the acti that drug." That is to say, that a medicine, the p genesy of which may bear a likeness to several forr disease, will meet each in a different dilution far better it will in one that is uniform. The importance of this position, were it proven, can be scarcely overrated. only regret that it has at present so small an amount o dence to support it. The 12th is said, by Dr. MAD to be the dilution of *chamomilla* best suited to meet cases of reflex irritability of the gastric and inte mucous membranes in childhood, for which it is indic Dr. HIRSCH, on the other hand, strongly recommer weak infusion of the flowers in such cases. The 18t been said to be the most useful dilution for *bryonia* indicated in acute rheumatism; while Dr. BLACK, YELDHAM, and others, tell us that in the 1st and cent., and 3rd dec., we can get far better results tha do with the 18th.

Beyond the general conviction, then, that in a diseases, and in no small proportion of such as are chr the lower dilutions and small doses of the crude dru more promptly curative than the higher dilutions, we very little that is definite in the observations we summarised. The classifications of disease that have attempted afford no certain guide. Each disease in w one author has assigned one dilution, or, within a limited range, one set of dilutions, as affording the useful dose, has been repeatedly cured with equal effici by medicine given in a very different dilution. theory advanced by Dr. MADDEN, to which we referred, is one which *prima facie* appears so prob that it is a real disappointment to find it supporte evidence so limited and so doubtful.

3. *The medicine* remains for consideration. That certain medicines act better in a high dilution, while others require to be given in the 1st or 2nd, or in the undiluted substance, is a proposition which meets with a large amount of consent from practical writers. HAHNEMANN, notwithstanding his assertion that the 30th dilution is that best adapted for *all* medicines, is not unfairly quoted in support of this opinion. In the third volume of the *Materia Medica Pura*, *digitalis* is directed to be given in the 15th or 30th, *ledum* in the 15th, *ipecacuanha* in the 3rd, *hepar s.* in the 3rd, *sulphur* and *argentum* in the 2nd, *scilla* in the 1st, *guiac* and *sarsaparilla* in the mother tincture, *camphor* in one-eighth of a grain. With many other medicines a similar broad scale of dose is inculcated. The late Dr. CHAPMAN published in the *Homœopathic Times* the names of the medicines contained in a pocket case carried by HAHNEMANN a short time before his death. The dilutions of these medicines varied from the 3rd to the 30th.

Dr. GOULLON says that one class of remedies act equally well in the undiluted state and in the 30th attenuation. These include *aconite*, *belladonna*, *ipecacuanha*, *chamomilla*, *arsenic*, *nux vomica*, and others. Another set he believes to require dilution such as *lycopodium*, *natrum muriaticum*, *carbo vegetabilis*, &c. A third class, he adds, must be given either in the 1st or 2nd dilution, or the pure tincture to produce any effect; such are *petroselinum*, *taraxacum*, *valeriana*, *millifolium*, *arnica*, *colchicum*. (*British Journal of Homœopathy*, vol. iii.) Dr. HIRSCH, in his essay on *The Dose* (a translation of which appears in the *British Journal of Homœopathy*, vol. xxv.), points to certain medicines as manifesting their healing virtues better in an undiluted state, and to others, again, in which these are more promptly obtained by a higher dilution. TRINKS also divides the *materia medica* into three classes: one comprising medicines that ought to be given in the high dilutions, one in which the medium dilutions should

be chosen, and the third, comprehending thc must be given in the lowest dilution or the pure s The medicines named by TRINKS as those re high degree of dilution do not differ widely fi given under this head by GOULLON.

At a recent meeting of the *British Homœopath* Dr. DRYSDALE, in the course of a speech on Dr paper on *The Dose*, remarked that some year noticed that he was prescribing certain medicine *viola tricolor*, *verbascum*, *sambucus*, *sarsapa* others, much less frequently than he had forme and on investigation he found that this had ar his having been frequently disappointed in obse good effects from them. He also noticed that had prescribed them, he had done so in the attenuations. He resolved that when indicated again prescribe them, but in doses of the undil ture. He had done so, and his confidence in of these medicines had been restored.

The order in which the symptoms produced manifest themselves is, by some authors, rega guide to the selection of a dose. Dr. E. M. HA that when the primary symptoms of a drug which correspond with the disease to be treat dilution should be selected; when it is the symptoms that are depended upon, the dose sl considerable one. Dr. DRYSDALE divides the of a proving of a drug into those that can be pr will, and those contingent on the presence of susceptibility;—symptoms which he respectivel nates *absolute* and *contingent*. In availing ou the former, the dose should be so regulated a "aggravation;" in prescribing on the basis of the dilution should be high—but Dr. DRYS opinion that the 6th dilution is one sufficientl all practical purposes. Dr. WELLS of Brookl vours to prove that the dose or quantity of

required in any given case is in the "inverse ratio of similarity." In a case where the similarity between the proving of a drug and the symptoms of a disease extends beyond the "generic" to the characteristic symptoms, the dilution, on this principle, ought to be a proportionally high one. The symptoms described as characteristic are, to all intents and purposes, similar to those called by Dr. Drysdale contingent.

Lastly, we come to the rule propounded by Dr. YELDHAM (*Brit. Journ. Hom.*, vol. xxviii. p. 750) and Dr. BLACK (*Ibid*, vol. xxix. p. 570), that the suitable dose lies "near the limit of physiological action. Both sustain this proposition by reference to their personal experience. Both have employed high dilutions. Eighteen years ago Dr. YELDHAM related, at a meeting of the British Homœopathic Society, the particulars of a severe case of psoriasis in which he gave *arsenicum* 200; rapid improvement took place, and with some variation continued until, at the time when Dr. Yeldham was addressing the Society, the boy was quite well.* Subsequent experience has assured Dr. YELDHAM that such a result is exceptional, and that in the majority of cases the best dose of *arsenic* in psoriasis is from the 20th to the 50th and the 100th of a grain: "one not sufficient to excite the physiological action of the medicine."† So also Dr. BLACK, in the paper referred to, after thirty years' experience, writes: "I began the practice of homœopathy by using the higher dilutions, encouraged by the personal exhortation of Hahnemann, but the exigencies of practice soon led me to reduce the scale. I now think the suitable therapeutic dose so near that dose which can excite physiological action in the healthy body, that a range from crude substances to the 3rd centesimal dilution is amply sufficient to meet all the requirements of practice." The argument is sustained by the proposition that "a dose is sufficient

* *Brit. Journ. Hom.*, vol. xi. p. 490.

† Ibid, vol. xxvi. p. 756.

when it stimulates the diseased part to healthy action without exciting aggravation, or the occurrence of chemical or physiological action." True aggravation is easily recognised, and as easily met by a diminution of the dose, and therefore need scarcely be regarded in considering what is the most suitable dose. When a medicine is given in a quantity short of exciting its physiological action, an aggravation occurs only exceptionally, and only in individuals unusually susceptible.

Though not previously formularised as a rule of art, the principle of restricting the dilutions to the 3rd centesimal and the preparations below it, has long been acknowledged by not a few physicians whose sound judgment and large and thoughtful experience command our respectful attention.

Thus Dr. W. ARNOLD of Heidelberg, in giving the results of twenty years' practical study of homœopathy, writes as follows:—

"After I was convinced of the truth of Hahnemann's law of cure, I deemed it my duty to listen to the repeatedly expressed desire of the Reformer, and repeat his experiments exactly. As far as the doses were concerned, I did this with great unwillingness and with complete scepticism as to the result. Nevertheless, I saw not a few cases recover after the administration of medicines in the 10th, 20th, and even 30th centesimal dilution. I observed, not only the speedy cure of acute disease, but also frequently a remarkable change in many chronic cases. I grant readily that many of the cures, which encouraged me in the commencement of my homœopathic experiments, were not due to the small doses of medicine exhibited; but, that all the results are to be ascribed to the healing power of nature alone, I can by no means convince myself, even with all the forces of scepticism. I saw in not a few cases which had resisted the most different modes of treatment, cure take place after a small dose of a carefully chosen homœopathic medicine. In not a few cases, however, I waited in vain for any curative result from the small doses; but nevertheless, distrusting myself rather than the precepts of HAHNEMANN, I at first sought the cause of

ilure, not in the insufficiency of the dose, but in error in the hoice of the medicine. This brought on me many cares and roubles, until I saw myself obliged to descend to lower dilu-ions. I was soon convinced that these yielded much more ertain results, without the so much dreaded disadvantages. In his manner, guided by experience, I arrived step by step at the osition that it is never necessary to administer medicine in ay dilution or trituration higher than the 6th dec. (3rd cent.), id I have never had to complain of any hurtful collateral action any primary action that disturbed the cure. But, I must d, that it is only very seldom, and with very powerful medi-nes and in very susceptible patients, that I ever go so high as e 5th or 6th dec. dilution—that in general I confine myself the 1st and 2nd dilution or trituration, though not un-equently I find it necessary to go up to the 3rd or 4th decimal lution for these purposes. In the six lowest decimal dilutions d triturations, I consider that we possess a scale suitable to ord the corresponding doses for all the present known diseases. a period of ten years I have never found it necessary to go ove the 6th decimal dilution, but I have often been obliged to e the specific remedy in stronger doses, such as several drops the pure tincture, or one-fourth, one, or even several grains the original preparation."*

Conclusions so cautiously arrived at by a physician of high culture and practical sagacity of Dr. WILHELM NOLD cannot fail to carry a very large amount of ight with them. In the main, too, they are corro-rated by the experience of a large proportion of those o have been long engaged in the practice of medicine mœopathically.

We now proceed to enquire what practical lessons may gathered from the recorded experiences of which we ve given a *resumé.*

1. The susceptibility of different individuals to be in-

Das Rationell Specifische oder Idiopathische Heilverfahren, &c., Dr. WILHELM ARNOLD. Heidelberg, 1851. Quoted in the *Brit. an. Hom.*, vol. x. pp. 340-1.

fluenced by medicinal agents differs widely in a certain proportion of instances. This susceptibility is also modified—increased or diminished—by the circumstances by which such persons are surrounded. Beyond, however, rendering caution necessary in prescribing for those who may *à priori* be assumed to be unusually sensitive to the action of medicine, this peculiarity does not indicate the special suitability of any particular dilution or dose.

2. Medicines in all degrees of attenuation have proved adequate to the cure of a very large number of diseases.

3. No real advantage has been distinctly shown to belong to high dilutions which cannot be secured from fractional doses of the crude drug, and from the 1st, 2nd, and 3rd centesimal dilutions. This is an exceedingly important conclusion, and yet one that on the evidence before us appears inevitable. It is important, because the use of high dilutions can only be defended on the plea of necessity. At the last meeting of the British Homœopathic Society, Dr. MADDEN in the course of some remarks on Dr. BLACK'S paper, put his objections to the use of high attenuations with much distinctness. They are as follows:—

a. "We can never be certain that we are giving the medicine at all, unless we make the dilutions ourselves." This is a very serious matter, and at once exposes observations made with high dilutions to much doubt. So strongly did Dr. DUNHAM—by far the most able advocate of high dilutions—feel the force of this objection, that he made all his dilutions himself; and hence his observations have received a degree of consideration which has been but rarely extended to those of other physicians. The satisfaction of being able physically to demonstrate the presence of medicinal matter is a very great inducement to adhere to the lower attenuations.

b. Dr. Madden further remarked that "the constant use of high dilutions renders patients hyper-sensitive, not only to drugs but to all causes of morbid disturbance."

When we consider that it is from the use of dilutions in very sensitive individuals that most of the "contingent" symptoms have been obtained, this observation will be generally accepted. These preparations seem oftentimes to disturb tissues as yet unaffected by disease, without altering such as are already disordered.

c. Then again it was noticed that "the action of high dilutions is more easily interfered with than is that of fractional doses." If such is the case—and when we consider how much stress medical men, who habitually use these attenuations, lay on abstinence from all condiments, from perfumes, &c., avowedly on the ground that they will "interfere with the action of the medicines"—we have another very real objection to these preparations.

d. "The action of high dilutions is more specialised, and hence, while one of several medicines might, in fractional doses, cure a case, one only—the *similimum*—will do so in a high dilution." This renders these preparations practically undesirable, as it adds one more to the already too numerous chances of failure in selecting the appropriate medicament. It may be said that the recognition of such an objection justifies carelessness in practice. We do not think that such criticism is fair; inasmuch as if half-a-dozen medicines are equally available for the cure of a given case of disease when prescribed in a low dilution, while only one of the six will be so in a high attenuation, the physician's chances of making a wrong and therefore an inert selection are proportionally diminished by giving the former. It becomes, therefore, an objection of much practical moment. We do not wish it to be supposed that a physician can, by giving a comparatively larger dose of a medicine, make up in so doing for a want of similarity between its action and the disease-process he desires to cure. Such is certainly not the case. But, to ensure the action of a high dilution, a degree of exactitude in taking into account the very delicate and, indeed, scarcely perceptible shades of disease is requisite,

which is not needed when a lower attenuation is prescribed. Similarity is essential, and the greater the similarity the more rapid and certain the medicinal action; and when this similarity is of the highest possible degree, the highest attenuation may be relied upon. It is practically impossible—*ars est longa, vita est brevis*—for a physician to be so uniformly accurate a marksman as the use of high dilutions requires.

f. It is the practice of physicians who use these very high attenuations to give one dose, and, as they term it, "allow it to act;" several days or weeks elapsing before the medicine is repeated; and as Dr. Madden remarked, such a procedure "may be interpreted into giving a patient time to recover without any medicinal interference whatever."

4. In our preceding remarks we have shown that there are circumstances, both in relation to disease and its medicinal remedy, which render low dilutions in the majority of cases and small doses of the crude drug in not a few, advantageous in bringing about as prompt and decisive a cure as can be obtained by art. The majority of physicians of large experience have, as we have seen, come to this conclusion as the result of that experience. They have tried medicines in all dilutions, and have found the most uniformly successful results where they have prescribed the lower attenuations. Markedly is this the case with Dr. DRYSDALE, Dr. BLACK, Dr. ARNOLD, Dr. TRINKS, and Dr. KIDD, who, some years ago, in some remarks he made on this subject at the British Homœopathic Society, said that he had experimented with all dilutions, from the 1st to the 800th, but that though he had obtained satisfactory evidence of the curative power of all, he had found that it was only exceptionally and uncertainly manifested above the 6th. Among medical men who do not recognise the homœopthic law as a basis on which to select a drug, we find many who prescribe homœopathically notwithstanding, and when they

do so they give small doses of the crude drug. Such persons order drop doses of *ipecacuanha* in vomiting, drop doses of *cantharis* in cystitis, drop doses of *aconite* in inflammatory fever, and so on. The results they achieve in this way are at least as good as those we secure with the dilutions of the same drugs. Are we to decline to profit by experience of this sort because it comes from men who, though they anathematise when they preach, imitate us so considerably when they practise? Certainly not,—*fas est ab hoste doceri.*

There may be some risk of producing temporary aggravation in using medicines of this strength, but it is small, of no real consequence when it does occur, and can be easily guarded against. The remark of HAHNEMANN, in one of his earliest papers, that "scarlet fever is a much more serious evil than a few troublesome symptoms produced by somewhat too large a dose of *belladonna*," may be applied to all diseases and to all medicines.

It has been said, as Dr. MADDEN remarked on the occasion already referred to, that one of the objections to fractional doses consisted in their giving "a semblance of allopathy" to our practice. This we cannot help. It is the due reward of our having laid so great, so unwarrantable a stress upon the diminution of the dose. We know perfectly well that no dose, however large, can render a medicine antipathic, or allopathic to a disease; neither can a medicine in any dose, however infinitesimal, become, in consequence of its infinitesimitality, a homœopathic one. We have no right to withhold from our patients such advantages as we may have reason to believe a fractional dose to possess over one that is infinitesimal, from fear of being misrepresented or misunderstood. Surely we have been both misrepresented and misunderstood sufficiently long to have become callous to anything of the kind. If not, we hope that, at any rate, we have pluck enough to endure both, and equanimity adequate to find all needful consolation in the *mens conscia recti.*

Does the habitual use of fractional doses lead to the antipathic employment of drugs? We do not think that it does. It is the neglect of the study of the *materia medica* that tends in this direction. Is a physician obliged to prescribe hastily for a patient suffering from severe pain? It is not because he commonly employs fractional doses of homœopathic medicines that he now falls back on *chloral* or *morphia*; but because he knows of no medicine homœopathic to the condition, he must relieve after some fashion, and because he will not look into his Repertory and his Materia Medica to find one. This is the source of the careless prescribing, of the resort to palliatives—to mere palliatives—of which, alas, at the present day, we hear far too much; more, far more, than is creditable either to the ability, the industry, or the conscientiousness of some who know that the homœopathically-acting medicine gives the greatest certainty of cure, the most positive amount of relief from pain.

To solve our dose difficulties, Dr. BLACK has proposed a systematic series of experiments, in which he invites all homœopathic practitioners to unite, the results of which he asks all to record. Satisfied himself that the proper dose in all cases lies near to the point where the physiological action of the drug begins, feeling sure that, if a large amount of evidence should more fully prove this to be the case, much light will have been thrown upon a great deal that is now far from clear, he suggests that we should restrict the range of dose to within the 3rd centesimal dilution.

Several speakers, in the discussion following both of Dr. Black's papers, objected to being "tied down" to any dilution. Dr. BLACK, we are sure, desired to limit no one's freedom of action. It was the precise circumstances which showed the necessity for a higher dilution than the 3rd that he was anxious to learn from those who objected to his proposal. And we must confess that no one was

prepared to define these circumstances. As the subject will again come on for discussion at the approaching Congress of medical men practising homœopathy, we trust that these gentlemen will be able then to state the exact grounds on which they prefer one dilution to another. By so doing, they will add much to the solution of existing difficulties. Dr. BLACK's experimental investigations have assured him that "all the requirements of "suitability are met within a range extending from mate- "rial doses of the crude substance up to the 3rd centesi- "mal dilution, and never need to exceed that point." Is this the result of general experience, and, if not, wherein lie the exceptions to it? The real difficulty in applying Dr. Black's general proposition, to keep "just within the limit of the physiological dose," consists in ascertaining what the physiological dose is. With but few exceptions, we have no record of the doses used in the provings. To ascertain the actual physiological dose of each drug this information is essential. It is so, especially because the two classes of symptoms, the absolute and the contingent, followed very different doses. We have just received a report of 15 provings of *lilium tigrinum* from America. The observations have been made upon men and women, in different parts of the States, having no intercommunication. They have been conducted by Drs. CARROLL DUNHAM and W. E. PAYNE, so that we have every guarantee for their genuineness. The 3rd centesimal, and the 30th centesimal, as well as the pure tincture, and other attenuations, were used in their experiments. The similarity in the results of the different experiments is very striking. What, then, we would ask, would be the limit of the physiological dose of *lilium?* The same question must be put to each drug in order to settle the dose question on Dr. BLACK's basis with any approach to scientific accuracy.

We would suggest that all who may be disposed to follow out Dr. BLACK's proposition should, in putting their

results on paper, have a regard to all the circumstances respecting the patient and the disease, on which, as we have already remarked, most writers on this question have laid stress.

Having now laid before our readers as clear a statement as is in our power of the position in which the question——*what is the best dose of a homœopathically-acting medicine*—stands at the present time, and of the proposal Dr. Black has made towards advancing it, we may be allowed, in conclusion, to express a hope that all who take an interest in this important matter will carefully reflect each on his own experience, and endeavour to extract from it some additional evidence of the relative value of large and small doses, of low and high dilutions, and, if possible, to deduce therefrom some principles which may assist us in elevating this question from the region of empiricism to a well-grounded scientific basis.

CLINICAL NOTES.

By Dr. J. Lawrence Newton.

Case 1.—*Pleurisy, with effusion.*

March 2nd, 1871. I was to-day requested to visit Miss A. B., æt. 17 years. She had been ill for three months, under allœopathic medication, and yesterday the case was pronounced hopeless. When I reached her bedside, I found her unable to lie down, and complaining of great difficulty in breathing. Percussion pointed out great resistance and complete dulness over the whole of the left thorax, which was much enlarged and bulging. On auscultating the right side, I found puerile respiration; but on the left there was not any respiratory murmur audible. The heart was beating violently under the right nipple; pulse 130; tongue cracked and dry; skin hot, and face was flushed with a hectic tint. The cough was incessant day and night. Diarrhœa and perspiration combined to debilitate the poor girl, and to make me dread the occurrence of purulent effusion. The illness dated from a chill, which produced a severe stitch in the l

side. I need scarcely say my prognosis was guarded. I did not see any occasion to alter the diet, and merely ordered *kali hydriodicum*, 3 x., gr. ii., every two hours.

5th. Miss A. H. thinks her breathing is less laboured, and her cough easier; but she grumbles at a new symptom—frequent micturition. I, therefore, gave only *one* drop every two hours.

12th. There is a perceptible improvement in my patient to-day. Cough, diarrhœa, perspirations, difficulty of breathing, and palpitation, were all mitigated. When I examined the chest with the stethoscope I was delighted to hear at the left apex the respiratory sounds.

Rep. medicine every four hours, as Miss A. B. is getting tired of the frequent repetitions.

19th. Progressing favourably. The chest is clearing nicely, and the recumbent position is occasionally assumed for a short time.

26th. Physical examination enabled me to encourage the parents to anticipate the restoration of their daughter to health. The chest was becoming freer from dulness, and resistance from above downwards was less. Rep.

April 7th. My patient is able to get about a little in her bed-room, and is daily gaining strength. She blames the medicine for causing great heat in the mouth, so I ordered half a drop of *kali hydriodicum*, 3 x. every six hours.

21st. All objective and subjective symptoms are better. *Sacch. lactis* three times a day.

May 5th. Miss A. B. is eating heartily, and gaining flesh and strength. She does not think the last medicine is doing much good.

℞. Syr. Ferri Iodid. ℗ (B. Ph.) gtt. viii.
Aquæ ʒ viii. Cap. ʒ ss. ter die.

The medicine was taken for one month, and then produced head symptoms, which obliged me to discontinue it. I carefully examined the chest at this time, and diagnosed as follows:—Permanent dislocation of the heart to the right side, with thickening of the left pleura. She is now (July 6th, 1871) taking cod-liver dragees, and has for some time resumed her place in the family circle. Her parents have left Cambridge for a neighbouring village, but have promised to bring their daughter to see me if she is at all, or in any way out of sorts. Should a relapse, or illness of any kind occur, I will at once pub-

lish it. I feel, I think, justified in entering in my note book, "*cured*."

CASE No. 2.—*Post Diphtherial Amaurosis, with Patellar Bursitis.*

March 7th. Mrs. B., æt. 45, was this morning led into my consulting rooms, on account of loss of sight. I examined her eyes with the ophthalmoscope, but, though the discs were pale, I was at a loss to account for the great amount of impairment of vision, until she told me she had never been well since she had "putrid sore throat." The pupils of both eyes were dilated and sluggish. With the right eye she could only distinguish between light and darkness. The field of vision with the left eye was very limited. I roughly tested it with three fingers—these she could see when approximated, but if at all separated only two were visible. On looking into the throat the right palate appeared slightly paralysed, and the uvula was deviated to the left. I ordered a generous diet (this she never attended to), and one drop of *gelseminum* ℚ every three hours.

14th. The sight is improving. Rep.

21st. Can count fingers to-day with the *right* eye, and the left is much better. Rep.

28th. Eyes are nearly well, but is very lame through an attack of inflammation in the right patellar bursa, which has been enlarged for some years. *Bell.* ℚ gtt. ss. qq. 4 tâ h.

April 3rd. Inflammatory symptoms have abated, but the bursa is hard and painless.

℞. *Silica* 3 x. gr. ii. ter die.

17th. Bursa is much smaller and softer. Eyes are quite well. ℞. *Silica* 3 x. gr. ii. bis die.

May 1st. Knee is well. Discharged "CURED."

CASE No. 3.—*Idiopathic Pneumonia.*

March 10th. Last night Mr. B. drove in an open trap from the station to his own house, and, as he felt very chilled, went straight to bed, and took a dose of *aconite* 3. This morning he requested me to visit him, as he had a great deal of pain in his chest. His pulse was 130, tongue coated, thirst great, and skin was *pungent*. His chief complaint was of a pain under the left mamma, as if a knife were sticking in there. There were no physical

symptoms whatever in either lung, except an *obscure puerility of the vesicular murmur in the base of the left lung posteriorily.*

℞. *Acon.* 1 x. (of the tincture of the root), two drops every hour till evening.

8.30 p.m. Perspiring freely, and feels easier. There was decided puerile respiration over the whole of the left base. Rep. *aconite* every two hours during the night.

11th. Skin perspiring. To-day the puerile respiration had given place to a small crepitating râle over the left base. There is little cough, but the expectoration, which is very scanty, is prune-juice in colour. Pulse is 110. ℞. *Phosphorus* 3 x. gtt. i. qq. 3 tiâ h. To have a linseed meal poultice on if the pain is severe. The poultice was never used.

12th. Feels more comfortable. Rep. *Phos.* 3 x. qq. 4 tâ h.

14th. Better in every way. Pulse is 84. There is well marked crepitatio redux in left base. Rep. *phos.* every six hours. To have a mutton chop.

21st. Mr. D. is to-day quite well. There is not a trace of his illness left in the lung.

Case No. 4.—*Infantile Pneumonia.*

May 9th, 1870. A. B., an infant at the breast, was three or four days ago exposed in a shower of rain. It was to-day brought to my house. It was very feverish, irritable, and sick. Respiration hurried, and if it took a deep breath, it cried. The teeth were not, apparently, troubling it. The only physical signs of disease I could find were small crepitating râles in the bases of the lungs posteriorly. *Phosphorus* 3 gtt. ss qq. 4 tâ h.

11th. The child seems better in every way. Rep. *Phosphorus.*

13th. Still improving. *Phosphorus* to be taken every six hours.

16th. The child seems quite well, but as the mother is anxious for more medicine, I gave some *sacch. lactis* for ten days.

Case No. 5.—*Pneumonia.*

Miss A., æt. 10 years, returned home on January 1st from school, where she had had measles some six weeks

previously to breaking up. During January 2nd she seemed feverish and poorly, and I was called on the 3rd.

Status presenus: Pulse 140; tongue coated and dry; tremulous; skin hot, pungently so; bowels regular. The child complains of a sharp cutting pain under the left mamma, as if a knife were sticking through the chest. There is decided peurile respiration in the base of the left lung, both anteriorily and posteriorily. Heart sounds are normal, and there is not any pericardial or pleuritic friction sound.

℞. *Acon.* 1 x. one drop every hour till the skin gives way, and then the medicine to be repeated only every three hours.

July 4th. A restless painful night, though the skin is freely perspiring. Pulse 130. This morning a slight cough came on, with a little bloody expectoration. The puerile respiration has entirely disappeared, and given way to an equally extensive small crepitation.

℞. *Phosphorus* 3 x. one drop every two hours. Milk diet.

5th. A little delirium during the night; pulse is down to 90; pain and cough are scarcely complained of; lung sounds are modified.

Rep. *Phosphorus* every four hours.

7th. *Crepitatio redux* is now audible. Child is improving in every respect. To have beef tea: the *phosphorus* every six hours.

9th. Child is up and dressed this morning. Looks, and says she feels quite well. Ordered *sulph.* 3 x. one grain ter die for ten days, and took my leave.

Remarks.

1. I have quoted these three cases, not to indicate the power of homœopathy over severe cases (though I think they do so), but to point out certain clinical facts of interest in regard to pneumonia. At one time I used to be afraid of using *phosphorus* in any disease until the heat of the body had given way under *acon.* or *bryonia*, but numerous cases have convinced me that *phosphorus* will often act better as a febrifuge, when homœopathically called for, than our great antiphlogistics *aconite* or *veratrum viride.*

2. I am emboldened to call attention to a fact in the history of pneumonia, which, in my opinion, is not sufficiently recognised, viz.—the immediate precedence of

puerile respiration to small crepitation in the lung in pneumonia. I believe that, if searched for, puerile respiration may always be detected before the supervention of crepitation.

3. Cough, in these cases, was slight, and yet the amount of mischief in the lungs was considerable.

4. In them I used no palliatives, and yet the disease was so readily subdued that by-standers thought the effects of the medicines magical.

5. During typhoid fever, which has not been nipped in the bud by *baptisia*, puerile respiration enables us to predict the inevitable supervention of pneumonic complications. I have never been deceived by it.

Case No. 6.—*Traumatic Ophthalmia.*

Some time since, a sweetmeat manufacturer rushed in to see me immediately after a drop of boiling sugar had flown into his eye. The agony he suffered was distressing to witness. He rolled on the carpet in uncontrollable anguish. I mixed half a drachm of *hamam. virg.* ♁ with an ounce of water, and put a few drops into the eye. This relieved the pain in a short time, and I sent him home, with instructions to apply the collyrium every hour or two till quite easy. The next morning he called, and though the conjunctiva was much congested, he was free from pain. The eye was well in three days. My patient told me he had on two former occasions met with a similar accident, but did not recover from either of them under three weeks. I have often derived great benefit from *hamamelis virginica* in cases of traumatic ophthalmia. The internal use of drop doses of the mother tincture was, at times, appeared to assist the outward application in bringing about a normal state of things.

Case No. 7.—*Ranula.*

M. A. came to the dispensary on January 7th, to learn whether homœopathy could prevent her being compelled to undergo an operation on her mouth. She had for several months been much troubled with "an enlargement of a gland under her tongue," which had been subjected to a somewhat heroic treatment, comprising leeches, purgatives, and, apparently, mercurials. A few days since she went to the hospital, and was there advised to submit

to a trifling operation. Her own dread was of cancer, but the attending surgeon assured her it was "ranula." The tongue was pushed upwards and to the left side by a globular, semi-transparent, fluctuating tumour, of the size of a pigeon's egg. I told her that the most expeditious mode of cure would be by passing a silk thread through it for a short time; but, if she liked, I would try the effect of medicines. She chose the latter alternative, so I gave her *calc. carb.* 3 x. gr. ii. ter die.

January 21st. The tumour is smaller and softer. Rep. *calc.*

February 5th. The ranula is completely absorbed, the only trace of it being a remnant of the cyst. Omit medicine.

19th. I had a visit for thanks from my ranula patient to-day. She is quite well.

Case No. 8.—*Polypi of the nose.*

Miss F., æt. 35, called on March 7th to show me her nose. The chief complaint she made was of obstruction to breathing, especially when lying down. The nostrils were full of mucous polypi. I gave her a 3 ii. box of finely powdered *tannin*, of which I told her to snuff up the nostrils a small pinch night and morning, and to have gr. ii. of *calc. carb.* 3 x. ter die.

March 21st. The snuff has brought away several fragments of the polypi. Rep *omnia.*

April 4th. Both nostrils are perfectly free from polypi, and my patient is quite well.

I may add, that up to the present date she has been quite well—a period of more than twelve months. The above is by no means a solitary case of polypus that I have cured in a similar manner. For some years I have been in the habit of applying finely levigated *tannin* to mucous polypi, and my success has fully warranted the use of it. The *calc. carb.* is prescribed at the same time, but I do not consider that it expedites the cure.

29, Regent Street, Cambridge.

OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES: WITH SUGGESTIONS FOR TREATMENT.

By JOHN ANDERSON, M D., M.R.C.S.

(Continued from page 404.)

THE importance of diagnosis in reference to phthisical disease having been dwelt upon in the preceding paper, we have now to consider the various *sources of diagnosis*, which may be thus enumerated.—1. The past history of the patient. 2. The family history and predisposition. 3. The general condition of the patient's health; his present history and position. 4. Abnormal symptoms, local, general, and incidental. 5. Thermometric observations. 6. Physical signs. 7. Microscopic investigation of the sputum, the blood, the urinary secretion. 8. Chemical investigation of the same. 9. Any special point that may aid in forming a correct diagnosis not included in the foregoing. These sources of diagnosis require separate consideration, some briefly, others more at length.

1. *The past history of the patient.* It is exceedingly important to have a clear, truthful and succinct account of the patient's past history; and if he be in middle or advanced life, it may be necessary to go into the remote past, so as to connect it with the more immediate past and present. This will often throw much light on his present condition; and greatly help to determine the diagnosis of any particular malady, or special tendency thereto. The phenomena attendant upon pulmonary consumption, says Dr. W. Addison, render it at least probable that that malady is not primary; but one consequent upon anatomical changes of a secondary character, which precede the evolution of the symptoms. Should this be true, important consequences follow; for the previous history of the person, in respect of all former illnesses and cures, with reference to these changes, must become known before the etiology can be understood; and before a sound basis of therapeutics can be laid down for the recovery.* The enquiry into the past history should be minute and searching; and ought to embrace some or all of the following particulars at least. The habits and mode

* *On Consumption and Scrofula.*

of life in the past, regular or irregular; the occupation, active or sedentary, healthy or deleterious; the climatic influences to which the patient has been exposed; any previous attacks of illness, especially pneumonia, bronchitis, hæmoptysis, rheumatism, syphilis, dyspepsia, or persistent diarrhœa; any great mental depression, such as long-continued grief, disappointed hopes, or overwhelming and protracted anxiety. The family history should also be carefully enquired into; but this is of sufficient importance to demand special consideration.

2. *The family history and predisposition.* Considerable difference of opinion exists as to the relative importance of hereditary or family taint as a true source of diagnosis. Some attach great value to the fact of hereditary predisposition, others regard it as one of comparatively trivial import, and an element of diagnosis not to be relied on at all. It is very much a question of statistics; and perhaps the real value may rest between the two extremes; for it is a fact that the children of phthisical parents do die of consumptive disease; and it is also a fact that such children grow up to mature and even advanced age, and at last die of some other malady. Hereditary taint is an undoubted reality; and so powerful is its influence that tubercles have been met with in the bodies of newly-born children, and have even been found in the lungs of the fœtus. By hereditary predisposition is meant the occurrence of the same disease in the offspring that existed in the parents; not that hereditary predisposition only will produce tubercular disease; but if in those cases where there ar all the favourable circumstances for the developmen the disease, the hereditary tendency be superadded, chances are greatly increased in favour of such devel ment. It is supposed that males transmit disease w much greater tendency to sons, and females to daughte In the Report of the Consumptive Hospital for 1849, it stated that fathers transmitted disease to sons in 59 p cent. of cases, and to daughters in 43 per cent.; and th mothers transmitted disease to daughters in 56 per cen of cases, and to sons in 40 per cent. Dr. Pollock found phthisis to be hereditary in 30 per cent. out of 1200 cases and that of 179 cases of acute phthisis, "only 34 could positively state that there was no family taint either parental or remote."* Dr. Cotton found that of 1000

* *Elements of Prognosis in Consumption.*

histories of cases obtained from the records of the Consumptive Hospital, 367 cases were hereditarily predisposed, 582 being males, and 418 females. On the other hand the analysis of 446 cases, made by Dr. Walshe, led to the conclusion that "phthisis in the adult hospital population of this country is, to a slight amount only, a disease demonstrably derived from parents." These cases, however, says Dr. W., throw no light on the amount of transmission in children, in whom hereditary influence is probably more widely traceable.* It must also be borne in mind that some forms of phthisical disease are acquired, the result of pneumonia, syphilis, intemperance, and some other exciting causes; the proportion estimated is at the rate of two-thirds hereditary, one third acquired, and therefore not hereditary. On this subject of inherited predisposition, Niemeyer thus forcibly expresses himself, "I do not hesitate to say, in spite of all assertions to the contrary, that it is by no means sufficiently proved that tuberculosis, in the strictest sense, is an inheritable disease; but quite as decidedly must we pronounce in favour of a frequent occurrence of an inherited disposition to pulmonary phthisis. Nor is it at all rare that, under favourable conditions, an innate or inherited tendency to phthisis should disappear. The noxious influences by which the tendency to consumption is acquired, or the inherited disposition intensified, are insufficient and improper food, bad and damp dwellings, want of exercise and fresh air, and various weakening and exhaustive influences, such as venereal excesses, long continued suckling, depressing mental conditions, &c. The reason why the children of consumptive persons have an increased vulnerability to pneumonic inflammations ending in cheesy deposits, is because the inflammatory nutritive changes occurring in them lead, as a rule, to a very abundant production of indifferent and perishable cells; and thereby to a cheesy metamorphosis of the inflammatory products."† Notwithstanding all these apparent discrepancies of opinion and statistical research, it must still be admitted that the family history and predisposition is an important element of diagnosis, especially in the very earliest stages of threatening pulmonary disease. The enquiry instituted in reference to hereditary taint should be tolerably minute

* *On Diseases of the Heart and Lungs.*

† *Clinical Lectures on Pulmonary Consumption.*

and exhaustive. Not only the history, habits of life, and condition of health of the parents should be obtained, but also that of the uncles, aunts and grandparents, if possible. The general health of the brothers and sisters of the patient should be noted, also the resemblance to his father or mother in feature and conformation; and if it be found that tubercular disease has existed in the family, the age at which such disease (especially in the parents and grandparents,) was manifested; and the circumstances of habit and manner of life under which it developed itself, should be accurately recorded. Connected with this subject of hereditary taint is the question of contagion in reference to tuberculosis. There are some physicians who regard tubercular consumption as a contagious disease; amongst others, Dr. W. Budd, who considers it to be a true zymotic disease, due to "a specific morbific matter," which is propagated from one person to another, and so disseminated through society.* The correctness of this opinion has, however, yet to be confirmed.

3. *The general condition of the patient's health, his present history and position.* This source of diagnosis might be characterised as a general but shrewd observation on the part of the physician of the physical appearance of the patient, his stature, development, physiognomy, mental power, temperament, robustness or delicacy, the condition or capability of the functions of digestion (as exemplified in the degree of nutrition), circulation and respiration. And such an element of diagnosis as this, though apparently trivial, is not to be too lightly thought of. It may serve to modify, correct, regulate or ratify the more important and special points of diagnosis to be made hereafter; and especially will it be considered important now that the fact of a premonitory stage of phthisis is generally admitted, and its existence recognizable by careful observation. There is a peculiar aspect, says Dr. Dobell, which, to the practical eye, is almost unmistakeable as a sign of the earliest step in consumption; to acquire this power of observation requires experience, and peculiarly the *tactus eruditus* of the physician.† "The first impression which a patient makes on his physician is always an important element in the diagnosis; in most cases it enables him to form some idea of his patient's previous habits of life; to

* *Practice of Medicine*, by Dr. Tanner.
† *On Tuberculosis*, by Dr. Dobell.

determine whether he is suffering from a slight or a severe illness; and, in many instances, to decide at once upon the nature of his complaint."* Dr. Marshall Hall attaches much importance to the *coup d'œil* of the physician; the general sum of appearances of a patient, or of a disease. There is something, says he, in the general aspect and appearance of diseases, on which the experienced physician founds a diagnosis, and that very quickly.† In addition to this quiet observation on the part of the physician, questions should be asked of the patient as to his present mode of life, whether married or single; if any family of children, their number and state of health. Enquiry should also be made as to his present occupation: especially whether engaged in any of those pursuits which have a peculiar tendency to engender chest disease, namely, cotton-mill work, corn-meters' work, steel grinders' and miners' work. Also whether he is confined during the day in close and ill-ventilated apartments, or exposed to inclement weather, or to sudden changes of temperature. The patient's temporal circumstances should also be asked, whether they are those of competence, or of poverty; the latter too often implying deficiency of wholesome food, want of proper clothing and undue exposure to cold. It is also important to know something about the locality in which he dwells, whether healthy or deleterious; the house which he inhabits, whether built on clay or gravel, exposed to cold winds or sheltered; and particularly whether his sleeping apartment is sufficiently large and thoroughly ventilated.

4. *Abnormal symptoms, local, general, or incidental.* This forms a most important source of diagnosis; and the following symptoms require special notice and attention. These abnormal symptoms may be local, general, or incidental; latent, obscure, or marked; organic or functional; very important, or comparatively slight; but they are all worthy of notice in their place; and by their presence or absence, their intensity or triviality, they will materially help to the formation of an accurate diagnosis, and a correct prognosis: always remembering, however, that symptoms must not be estimated singly as of so much absolute value; but that they must be taken for the most part in their entirety. As Dr. Aitken justly observes:

* Hooper's *Physicians' Vade Mecum*, by Dr. Guy.

† *On Diagnosis*, by Dr. M. Hall.

"The interpretation of symptoms can only be successful after a close observation of the patient, often prolonged and repeated, so as to connect present results and appearances with the past history. Each symptom must be estimated at its due value, one must be compared with another, and each with all; the liability to vary in some symptoms, and the absence of certain usual ones must all be taken into account. Thus only can a correct diagnosis, prognosis, and indication for treatment be made."* No particular classification or arrangement of the symptoms to be considered in detail is attempted, at the same time, each one will be described, as nearly as may be, in order of development or of importance, together with its diagnostic value and prognostic indication.

1. *Gastric disturbance.* In nearly all cases of phthisical disease, the digestive organs, and indeed the gastro-intestinal tract generally, are more or less affected. Dyspepsia, in some form or other, is one of the earliest symptoms; and long-continued gastrodynia is often suspicious of phthisis. Dr. Wilson Philip was the first to notice that there were some forms of dyspepsia which ended in phthisis; and it seems that the peculiar feature of this dyspepsia consisted in the difficult assimilation of fatty matter. Bearing in mind the pathology of tubercle and tuberculosis, especially in relation to blood disorder and impoverishment consequent upon defective nutrition, it is not surprising that the digestive and assimilative organs should manifest a want of due functional power at the very outset of phthisical disease: should be a feature indeed of the pretubercular state itself, as well as of the premonitory stage. The special characteristics of this gastro-intestinal disturbance will be thirst, nausea, even vomiting, acid eructations, a furred tongue, which afterwards becomes dry, red and shining, loss of appetite, flatulence, dyspepsia, diarrhœa occasional or persistent; and in some rare cases, constipation. These combined symptoms are seen in their greatest intensity in acute phthisis, the early stages of which are sometimes characterized more by the gastric than by the pulmonary symptoms, their severity being so great as to occasion the greatest suffering to the patient. Dr. Pollock found that of 113 cases of rapid phthisis, 97 presented gastric symptoms of more or less severity within the first three months.

* *Science and Practice of Medicine*, by Dr. Aitken.

Laennec found the stomach sound only in one-fifth of all his dissections of phthisical cases. Louis records softening of the gastric membrane in one-tenth; and ulceration of the large and small intestines in five-sixths of the cases examined after death.*

Diarrhœa is a very important feature of this gastro-intestinal disturbance; at first it may be only occasional, arising chiefly from irritation, and not connected with any ulcerative process; but eventually it may become frequent, and indicative of severe ulcerative lesions of the intestinal mucous membrane. Sometimes Brunner's glands are enlarged and tuberculized; and, according to Louis, if there be extensive destruction of the mucous membrane of the colon, the evacuations will be numerous, reddish, or putty coloured, fluid, and of putrid odour. Dr. Walshe says that persistent or frequently recurring diarrhœa is always a premonitory sign in a young adult of the tuberculous diathesis.† Dr. Watson states that habitual diarrhœa from an unexplained cause (especially if costiveness be the habit), indicates incipient phthisis.‡ Dr. Pollock observes: 'Diarrhœa does not often accompany the earliest stages of any of the varieties of phthisis; but the persistence of diarrhœa is always a grave symptom."§ In its persistent form diarrhœa is chiefly associated with the fourth or excavation stage of phthisis. Dr. Thompson thinks that the connexion between phthisis and dyspepsia has been too strongly expressed. His opinion is that the originating elements of phthisis are first apparent in the mesenteric glands, where a disturbed and hurried function occasions an imperfect performance of their part in the elaboration of healthy blood.‖ It will be obvious from the foregoing statements that gastric disturbance, in some one or other of its varied forms or manifestations, is a symptom of some diagnostic value, not only in the premonitory stage of phthisis, but also in reference to the pretubercular state; whilst a persistent diarrhœa indicates a prognosis of grave or doubtful character.

2. *Pyrexia.* Febrile symptoms more or less marked or intense in character, and occurring in the form of dry heat, afternoon chills, remittent occasional perspirations

* Quoted from Dr. Pollock's *Elements of Prognosis in Consumption.*
† *Diseases of the Lungs and Heart.*
‡ *Lectures on Practice of Medicine.*
§ Op. cit. ‖ *Lancet*, July 22nd, 1854.

with quick pulse, are sometimes present in the very earliest stages of tuberculous disease; and when existing in connexion with emaciation, and not to be accounted for by any obvious or special cause, they form a most important element of diagnosis. This symptom is, however, so intimately connected with the temperature of the body, as indicated by the thermometer, and the subject of Thermometry being of sufficient importance to justify its consideration as a special "source of diagnosis," the remarks on the febrile state, or pyrexia, will be more fittingly relegated to that department of enquiry.

3. *Emaciation.* This forms a most important symptom, both from its frequency and very early manifestation. It is not an external wasting only, it extends to internal organs; and the alterations in the adipose tissues are the same as in other forms of emaciation. It arises from a deficiency or perversion of nutrition; and it may be one of the direct results of tubercular disease; or a consequence of that condition of system which is the precursor of such disease. The appetite may be good, a fair amount of food may be taken, digestion may not be very seriously impaired; but the power of assimilation is so interfered with, that the blood loses its true normal character, the balance between waste and replenishment is interrupted, and hence emaciation takes place. This wasting may be gradual and slow, there may be occasional intercurrences of cessation; yet, nevertheless, it is progressive, and ends at last in some cases in complete marasmus. Dr. Walshe ranks emaciation among the most constant and most striking phenomena of phthisis; in some cases it precedes all other symptoms, local or general; and the presence of tubercles, or the constitutional state of which those tubercles are the local evidence, obviously acts as an efficient cause of wasting.* Dr. Barlow thinks it would be more correct to attribute the emaciation to that defect or perversion of nutrition of which the deposition of tubercle is one of the results.† Dr. Dobell attaches great importance to this symptom of emaciation, arising from the supply of properly prepared fat being cut off from the blood, owing to a defect in the action of the pancreas.‡ "Emaciation often commences before the disease can be

* *On Diseases of the Lungs and Heart.*
† *Manual of Practice of Medicine.*
‡ *On Diseases of the Chest.*

to be well-established, so that the patient has often one or two stones in weight before he applies for lical advice in advanced stages. The emaciation is uliar; three pounds loss one week, two pounds gain next week; and this goes on for weeks or months, but ays a balance against the patient. At the close the amounts to four, five, six, or seven pounds a week.* t emaciation alone, as Dr. Pollock observes, is not ficient to induce disease, nevertheless, the rapid re-ction of the volume of the body, implying, as it does, a evious derangement of the assimilating processes, must a vital action fraught with danger to all the decar-nizing organs. Dr. Tanner considers loss of weight a y early, and therefore a highly important, sign of pul-nary consumption, in fact, one of the most constant, as ll as one of the earliest results of the deposit of tubercle. slow and gradual fall being more serious than a rapid l irregular diminution in weight; a steady loss always ceding tuberculosis. This suggests the question, what he weight of a perfectly healthy man in proportion to height and age. Mr. Dawson has compiled a table of proportion existing between the age, the height, and weight of a healthy man, from observations made upon 0 prisoners at the Liverpool Borough Gaol. The ults of his investigations do not indicate a progressive rease in height or weight.† Dr. Hutchinson has piled a table (from an examination of 2650 healthy at the middle period of life,) of the mean weight of individual at a stature ranging from 5 feet 1 inch, to 6 . The weight of the former was 120 pounds, that of latter was 178 pounds, an intermediate stature of et 6 inches, giving a weight of 145 pounds.‡ It will be seen that this symptom of emaciation is one of con-rable importance in helping to diagnose the early ex-nce of phthisical disease, its chief value, however, as a gnostic mark, lies in the manifest existence of such ciation (especially if it be progressive), without any quate cause to account for it. The prognosis arising efrom, as to the actual existence of disease, or of ending tuberculization, is one of grave import; and cates the necessity of prompt attention and further in-

* *Science and Practice of Medicine*, by Dr. Aitken.
† *Journal of the Statistical Society of London*, vol. xxv.
‡ Quoted from *Practice of Medicine*, by Dr. Tanner.

vestigation. It is, however, only just to remark, in connexion with this symptom of emaciation, that sometimes in phthisis there is not only no wasting, but, on the contrary, plumpness and rotundity. In such cases there is no hectic flush, and generally a sound state of the alimentary canal. This statement is confirmed by the experience of Dr. Walshe.*

4. *Cough.* This is generally an early and an essential symptom. The cough may be dry, or accompanied by some expectoration; it may be hard, bronchial, or cavernous; it may be restricted to the early part of the day, or most frequent only at that time. It may be so exceedingly slight, as almost to escape notice, except to the practised or anxious ear; but it may be that its real importance is in an inverse ratio to its apparent insignificance. Such a cough as this is short and dry; and is mainly kept up by some permanent irritant in the lung tissue, such as crude tubercle would necessarily be. Dr. E. Smith says that, in the early stage of phthisis, there is only a small or moderate amount of cough, short, irritable in the early morning and soon after rising, worse in cold weather; and arising probably, chiefly from pharyngeal irritation.† The cough of the second stage of phthisis (deposition stage), is a short one, often attended by flushing of the face, not preceded by a long inspiration; but several coughs at a time, with quick and forcible inspirations and expirations. The cough itself not being a loud or distressing one, excites little or no attention; and its very existence is often denied. A cough of this character may occur at various intervals during the day; but it will be more especially obvious in the early morning, and on rising. Dr. Scott Alison attaches much importance to the cough in early phthisis. He considers it not unfrequently the first sign which awakens suspicion; and that it may exist before any physical signs are appreciable, the deposition of minute tuberculous masses being sufficient to irritate and produce cough; but not sufficient to give dulness on percussion.‡ Niemeyer's opinion is that cough as well as expectoration precede pulmonary phthisis in numerous cases by a longer or shorter time, being due to the prodromal catarrh. A tedious and troublesome cough,

* Op. cit. † *Consumption, its early and Remediable Stage.*
‡ *The Physical Examination of the Chest in Pulmonary Consumption.*

says he, with but little expectoration, is most suspicious, giving reason to fear not a pneumonic process, but a tuberculosis of the bronchial mucous membrane and of the alveoli. The other peculiarities of cough and expectoration which are mentioned by the authors as being characteristic of tuberculosis, are to us signs of phthisis, but by no means signs of the former. It will thus be seen how important it is to recognise and diagnose this cough; and that when this symptom exists, not to be accounted for by any obvious cause, and manifesting certain well-defined characteristics, it is a diagnostic mark of some value, indicating, if not the actual fact of tubercular deposit, at any rate its extreme probability.

5. *Expectoration.* This forms a very important element of diagnosis, and will come under notice again when treating of "Microscopic investigations." In appearance and character the sputa may be watery, salivary, mucilaginous, mucous, flocculent, purulent, or sanguineous; in colour, the expectoration may be white, yellowish, or ash colour; in consistency it may be thin, tough, or viscid; in odour, simply nauseous, or absolutely fetid. In quantity it may be very trifling, or very abundant, varying from one or four drachms to eight, ten, or sixteen ounces in the twenty-four hours. Of twenty-nine cases recorded by Dr. Thompson, the range was from one and a half drachms to four ounces.* In the early stage of phthisis the amount is comparatively small: from two to four drachms in the twenty-four hours. Each sputum may be distinct and separate, intermixed with a colourless or diffluent phlegm; or the sputa may coalesce into one or more masses. Sometimes calcareous particles of different sizes may be expectorated; in Guy's Museum there are specimens of masses of earthy matter expectorated, varying in size from a pin's head to a pea, and even larger Sometimes fibrinous moulds, resembling roots of plants, have been coughed up from the bronchial tubes, termed "bronchial polypi." Of this, examples are given by Dr. Warren in the first volume of the "Medical Transactions." Dr. Thompson describes the four following series of changes in the expectoration in the different stages of pulmonary consumption. 1. *The salivary or frothy*, containing stringy mucus; and arising from irritation, the result either of pulmonary congestion, or of slight tubercular deposit.

* *Lectures on Pulmonary Consumption.*

2. *The mucous or gelatinous*: transparent, not stringy, resembling a drop of isinglass; and indicating a more confirmed affection of the bronchial tubes. 3. *The flocculent*: peculiarly characteristic of secretion from a vomica, modified by the absorption of its thinner constituents. This expectoration, when spat into water, assumes the form of globular masses like little balls of wool or cotton; sometimes flattened and called by the French, nummular. 4. *The purulent or poriaceous*: indicative of phthisis far advanced; and (if unmixed with froth), usually involving both lungs.* In the early stage of phthisis Dr. E. Smith† describes the expectoration as generally semi-transparent, or only very slightly opaque, and without definite form. It comes chiefly from the fauces and pharynx, and usually occurs in the morning and after meals, following the cough. The blackish matter in expectoration, supposed to be due to the London smoke, is the black matter of pigment cells. The sputa, typical of acute phthisis, consist, according to Dr. Aitken,‡ of frothy mucus, often speckled with blood; when the tubercles soften, muco-purulent or purulent; sometimes thin and colourless, containing specks of opaque matter, or streaks of opaque white or buff colour, or bloody, or opaque, distinct, homogeneous masses, or rugged pellets like boiled rice, or large flocculent masses, smooth in outline, and not coalescing. In the last stage of phthisis the expectoration is often of a rusty green, dirty sanies, or a rusty muciform serosity. Upon the symptom generally Niemeyer remarks§: "The fine sharply marked, deep-yellow stripes which appear in the sputa expectorated in the course of a common catarrh, though not a sign of commencing tuberculosis, yet they are the sign of a catarrh of the smallest bronchi, with a product very rich in cells; and when the catarrh occurs in this situation, and in this form, we have most to fear its extension to the alveoli A no less dangerous sign is an intimate admixture of blood with the slimy or muco-purulent sputa, because, as a rule, it indicates the beginning of a pneumonia."

* Op. cit. † Op. cit. ‡ Op. cit. § Op. cit.

(*To be continued.*)

DISEASES OF THE STOMACH.

By Dr. Bayes.

contribution to the Therapeutic part of the Reper-
I subjoin an outline of a plan which I think will
nend itself as thoroughly practical. It combines the
ntage of not being entirely new to either allopath or
œopath; for while it embraces and enlarges on the
ıgement contained in the "Nomenclature of Diseases"
ted by the London College of Physicians, it also
ts, to a large extent, the plan used by Jahr in his
ertory, which is familiar to all homœopathic phy-
ns, and which, though imperfect and faulty in its
ls, is one of great practical utility.

do not propose, in the Therapeutic part of the Reper-
to attempt to point out the minutiæ of exact symp-
tic correspondence, but merely to indicate the medi-
most generally useful in given forms of disease,
ing broad symptomatic and organic correspondences,
eaving the search after the finer shades of individual-
o the Symptomatology.

ıe Therapeutic part of the Repertory will, in such a
become the "general practitioner" of our art, while
Symptomatology will remain the "consulting phy-
ı."

r all ordinary purposes this "Repertory" will suffice
guide, but in the rarer varieties of disease, in obsti-
and complicated cases, and in idiosyncrasies, the
tomatology must supplement our search in the
rtory by research into the record of pathogenetic
toms as detailed in the Symptomatology.

am convinced that the most successful practitioner
cæteris paribus, be the man who most closely con-
his Symptomatology in the treatment of disease,
sing his medicine from its most direct relation to the
of nerve whose partial paralysis is the cause of
se. But some busy practitioners have not the time
arch in every case, and some men have not the
tic power required, and in all cases "least force"
ld be an axiom in medicine as in mechanics, and it is
eless to spend an hour over a case where five minutes
es to enable us to determine the right curative agent,
would be to use a sledge-hammer to drive in a tin-
r employ an elephant to push a perambulator.

Hence I submit the following plan, in which I adopt the "nomenclature" of the College of Physicians, adding subdivisions which accord with certain classes of the disease, as most commonly met with in practice; a method which I partially indicated in a paper read before the British Homœopathic Society, and which appeared in the *British Journal of Homœopathy* for January 1871, page 140.

Where more than one medicine is indicated, a knowledge of the general sphere of each of the medicines will enable the accomplished homœopath at once to choose that which is most suitable to the case in hand; while the beginner or student, in such case, must consult the latter part of the chapter which contains the symptomatic indications, to enable him to decide which among these most closely corresponds to the whole picture of the case. It is not intended, in this plan, as I have said before, that the "Repertory" should supersede the "Symptomatology;" it more properly proposes a "Therapeutical Index" and Summary. The practitioner who has already well-studied his Symptomatology will generally find the Repertory sufficient, using it as an "aid to memory." From his previous knowledge of the medicines, he needs only to have the names of a group put before him, or at most the symptomatic indications relating to the organ diseased, to enable him to select, with fair precision, the most accurately corresponding of the group. But the student and young practitioner must be warned against thinking or acting as if it were practically a matter of little moment as to which of three or four remedies he uses, and also against relying on local indications alone. Each drug may be curative to varieties of disease bearing the same name, but in the individual case before him, the practitioner may find that one medicine in the group may prove rapidly curative, while another has no beneficial influence. The variety in such case may be caused by something in the constitution of the patient, or may arise from some external circumstance or from some habit; but in any case, the seat of the pathological change which has given rise to such variety must be ascertained, if he wish to meet with marked success in its treatment.

In selecting an organ, the STOMACH, the treatment of whose diseases should occupy a chapter in the Therapeutic work, we follow an arrangement which is consonant with

our Symptomatology; but, in place of treating "Taste and Appetite," "Gastric Symptoms," and "Stomach" as if they related to different organs, as is the case in the Symptomatology, and which has been followed in Jahr's Repertory, I would propose to include these three under the head of "Affections of the Stomach," in our new Repertory.

I would, however, adopt the nomenclature of the London College of Physicians, and treat the subject under the name of "Diseases of the Stomach."

In another particular I would also depart from Jahr's arrangement, in that I would define, exactly, what is meant by each disease named, as succinctly as is consonant with clearness, but still sufficiently at length to make the disease definitely recognisable.

In this way I would attempt to remove the reproach which has been freely used against our system by its opponents, that our pathology is at fault, and that when we record the cures of this or that disease, that we do not indicate the same acute or severe affections which they meet with in their practice under the same name.

It will also add no little to the value of the work to the student, that it should contain clear definitions of disease.

I would alter Jahr's method also on another point. I would first follow the definition of the disease by giving, not only the names, but the broad characteristic indication for each medicine named, but I would reserve the "Symptomatic Indications" to the end of the chapter, where I would collect the whole of the medicines chiefly indicated in "diseases of the stomach," and arrange in one group, under the head of each separate medicine, the symptoms relating to "Taste and Appetite," "Gastric," and "Stomach," in their separate pathogeneses.

It also occurs to me, that in order to make our Therapeutic Repertory as useful a guide as possible, adjuvants should be noticed as well as medicinal agents, so that the whole curative armamenta may be included in one glance.

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DISEASES OF THE STOMACH.

Gastritis.

Synonyms.—Gastric fever. Mucous fever. Inflammation of the stomach. Acute gastric catarrh.

Definition.—Acute inflammation of the stomach or of some part of the stomach, characterised by great tenderness on pressure over the stomach or over that part which is inflamed; acute pain immediately after swallowing food, usually accompanied by frontal headache, great prostration, feeble voice, depressed spirits, great anxiety, want of appetite, nausea, vomiting of food and in severe cases of all fluids taken into the stomach. Fever in some cases, but chilliness and cold perspirations in others, and in some cases alternations of both, with distinct remissions; the attacks of fever most marked after the retention of food.

Varieties.—Sub-acute and chronic gastritis present no inherent difference of symptoms from the acute form, but simply shew less acuteness and severity of suffering, and the tenderness, nausea, vomiting, &c., are less marked. In some cases of sub-acute or chronic gastritis, the symptoms relating to the stomach may be so little defined in the earlier stage as to escape notice for a time; the headache, prostration, depression, and want of appetite, with occasional attacks of fever, may be only subjective symptoms; and the diagnosis may remain obscure till a careful physical examination reveals the gastric tenderness.

Acute gastritis is rarely an idiopathic disease, but is usually the result of irritant poisoning; the sub-acute and chronic forms are frequently met with.

The acuter forms of indigestion are considered by some authors to arise from gastritis, and to require the same treatment.

Idiopathic gastritis and its varieties indicate the following medicines:—

ACONITUM NAPELLUS when general fever is well marked, and the disease is of the so-called sthenic type.

ANTIMONIUM CRUDUM when vomiting and violent retching with continued nausea are prominent symptoms, with white, moist tongue.

ANTIMONIUM TARTARICUM where continued vomiting is the chief symptom.

ARGENTUM NITRICUM where pain at the œsophageal orifice and in the stomach are very prominent; the pain sets in while swallowing or immediately after.

ARSENICUM ALBUM.—The tongue is red and mucous surface denuded-looking; burning pains; great prostration.

BAPTISIA TINCTORIA where the fever assumes a remittent or typhoid form, the gastric symptoms being less prominent than the general symptoms.

BELLADONNA where the pains are marked by distinct intermission, always coming on towards evening and ceasing about midnight; also, where the *head* symptoms are prominent, with dilatation of pupils; the vomiting is sudden, and ejected with great force.

IPECACUANHA where there is easy vomiting; griping pains in bowels; yellow moist tongue; tendency to dysentery; mucous vomiting, streaked with blood.

KALI CARBONICUM where the mouth is sore from vesicles and there is great throbbing at the pit of the stomach.

MURIATIC ACID in the latter stages of the disease, when prostration is marked; a feeling of sinking without power to eat; ulcers in the mouth.

NUX VOMICA where there are a very foul yellowish tongue, furred very deeply at the back; where the patient has been too free in the habitual use of stimulants, or where sedentary employments and high living have caused the disease; constipation; bilious temperament.

PULSATILLA where the tongue is moist but very white; persistently bitter taste; palpitation at the pit of the stomach; leuco-phlegmatic temperament.

VERATRUM VIRIDE.—Burning sensation of tongue and œsophagus, with yellow fur along the centre of the tongue.

Adjuvants.—Ice, in small portions, taken internally; wet-pad externally; hot fomentations to spine.

Diet.—Milk by teaspoonsful, as it can be borne, gradually followed, as improvement sets in, by mild farinaceæ and by meat broths, &c.

(The more exact symptomatic indications will be placed at the end of the chapter:—

GASTRITIS from Irritant Poisons.—See Poisons and their Antidotes.)

(Then I should continue to describe, in the same way—

CHRONIC ULCER,
HÆMATEMESIS,
PERFORATION,
DILATATION,
STRICTURE, &c., &c.,

giving their definition, treatment, &c., and finally give the symptomatic indications.)

SYMPTOMATIC INDICATIONS.

Aconitum Napellus.

Appetite, Loss of, with sourish taste in mouth; or bitter taste with pains in the chest and under the ribs.

Aversion to food.

Eructations.—Empty or ineffectual effort to eructate.

Hiccough, especially in the morning, or else after eating or drinking.

Pains and Sensations.—Pressure as of a load or stone in the stomach and pit of the stomach (with feeling of repletion); it increases to asthma, or extends to the back with contraction; sensation of stiffness as from lifting.

Painful feeling of swelling in the pit of the stomach, with want of appetite and paroxysms of shortness of breath.

Sensation of contraction in the stomach as of astringents.

Violent pains in the stomach after eating or drinking.

Tightness, pressure, fulness and weight in the hypochondria.

Scraping sensation, from the pit of the stomach to the throat, with nausea, qualmishness, and as if water would rise.

Taste.—Bitter or insipid and fishy, as from stagnant water or from bad eggs.

All foods and drinks, excepting water, taste bitter.

Taste as of pepper.

Thirst.—Burning, unquenchable thirst for beer, which sometimes oppresses the stomach.

Vomiting and Nausea.—Rising of sweetish water into the mouth, like waterbrash, sometimes with nausea.

Loathing, qualmishness, nausea, and inclination to vomit, especially in the pit of the stomach, sometimes while walking in the open air; sometimes worse when sitting and better when walking.

Inclination to vomit, as if one had eaten anything sweet or fat.

Vomiting with nausea, thirst, general heat, profuse sweat and eneuresis.

Vomiting of blood; of blood and mucus; of green bile; of lumbrici.

Inclination to vomit, with violent diarrhœa.

In an hysterical person, before eating in the morning, vomiting of mucus with nausea, and gagging renewed after eating and drinking, with stomach-ache and violent pressive pains in the forehead and orbits of the eyes.

Vomiting of large quantities of dark-red, coagulated blood.

Clinical Observations.—Inflammatory states and acute ›rile conditions, with the pulse and tongue indications be found in these states and conditions, would, *cæteris ribus*, indicate *aconite*.

Antimonium Crudum.

PPETITE, Want of.

RUCTATIONS bitter, like bile; gulping up of a fluid which tastes of the ingesta; hiccough.

AINS AND SENSATIONS.—Painfulness of the stomach when pressing upon it.

Pain at the stomach as from excessive fulness, with appetite.

Cramp-like pains at the stomach.

Burning, spasmodic pains at the pit of the stomach, in paroxysms.

Heartburn, tension and pressure in the pit of the stomach.

Pressure at the stomach, early in the morning, with thirst.

Feeling of hunger in the region of the stomach, on waking, without appetite; not relieved by eating.

Laziness and disposition to lie down after dinner.

Lassitude, tremulous fatigue and heaviness in all the limbs after dinner.

Difficulty of breathing after supper.

ASTE.—Thirst, violent with dryness of lips.

Thirst, in the evening and at night.

OMITING AND NAUSEA.—Nausea with vertigo.

Nausea after drinking a glass of wine.

Nausea and vomiting.

Vomiting, terrible, with convulsions.

Vomiting of slime and bile.

Vomiting, violent, with diarrhœa and excessive anguish.

A FRAGMENT FROM THE CYPHER REPERTORY: WITH AN ATTEMPT TO READ BETWEEN THE LINES.

By J. H. Nankivell, Esq.

Chapter 4.—Eyes. *Section* 1.—Character.

Ab. Bright, sparkling.	Hyo. Red.
Æth. Projecting.	Lah. With heat of body.
Bell. Staring.	Mil. —
Cth. Staring.	Nx. v. Staring.
Cup. Projecting.	Opi. Staring.
Hy. x. Staring.	Sbi. Photophobia.

Analysis of the above:

Projecting.—Æth. Cup.
Staring.—Bel. Cth. Hy. x. Nx. v. Opi.
Redness.—Hyo.
With heat of body.—Lah.
Photophobia.—Sbi.

Corresponding Symptoms and Clinical Observations.

Æthusa.—*Glistening, staring, inanimate, strange look. dilated or insensible pupils.*

It will be seen that this group of symptoms would, in very rare instances, be found associated with idiopathic diseases of the eyes. Being allied to *cicuta* and *conium*, *æthusa* is especially a cerebral medicine; and as we have not in this place to treat of cerebral disease, it will be sufficient to mention that the medicine appears to be indicated in congestive affections of the brain, but it has not been often administered.

Belladonna.—*Glistening, shining, as if protruded. Wide open from retraction of lids. Contraction, dilatation, or immovable pupils.*

Throughout the whole of this group of medicines, the physician will have to distinguish carefully when the symptoms point to real disease of the eyes; and when they are only symptomatic of brain malady. *Belladonna* is a noble remedy in retinitis, iritis, scrofulous and arthritic ophthalmia. Nor should we forget the preparations of its active principle, *atropine*; nor the local uses which

ias, especially in iritis. *Bell.* has been found curative
ptosis, an opposite and probably alternating effect of
medicine to that above-mentioned, viz., retraction of
. In the photophobia of scrofulous eye affections it is
oble remedy; but often requires to be supported by
enicum. It has cured the different states of the pupil
en in the text; also when associated with incipient
iurosis, weakness and dimness of sight; and we have
wn it cure squinting in a child twelve months old.

CANTHARIS.—*Protruded, fiery, with steady, staring*
k. Eyes in spasmodic motion.
It is almost unnecessary to point out how truly cerebral
se symptoms must be, with few exceptions. From the
dy of Jahr it may be concluded that the medicine has
t been much used in ophthalmic disorders, nevertheless,
m its relations to apis, it might no doubt at times lend
elping hand which no other drug could yield to us.
is probably indicated when there is found associated
h the symptoms quoted the following also, smarting,
rning, stinging, soreness, excoriation, lachrymation.

CUPRUM.—*Eyes rolling to and fro, wandering, staring*
d sunken, protruded, glistening. Red, inflamed eyes,
h wild looks during phrenzy. Pupils dilated, or rather
nobile.
Hahnemann also mentions vacillation of sight. This
dicine has great power in controlling spasmodic affec-
ns of the muscles. I have found it of most important
vice in an exquisite case of thorea, with "eyes rolling
nd fro." *Cuprum* has cured aching in both eyes, with
l, sunken look, as after watching. It may also be tried
nervous winking and twitching of the eyes, especially
he character of the expression corresponds with our
t; and, finally, in "obscuration of sight."

HYDROCYANIC ACID.—*Eyes half open, distorted, pro-*
ded, difficult motion of eyeballs. Lids wide open as
alysed. Pupils dilated, insensible, immovable.
This medicine may probably lend a help in "amaurotic
dness; obscuration of sight; dimness and gauze before
eyes;" but these are the only hints which our Materia
dica affords as to its uses, except perhaps when the
ptoms we have quoted are found well marked in the
anced stages of Asiatic cholera.

HYOSCYAMUS.—*Eyes staring, distorted, protruded, convulsed. Open eyes distorted in different directions. Contraction on dilatation of pupils.*

Henbane has cured—*Far-sightedness with dilatation of pupils. *Staring, distorted eyes. *Open and distorted. *Convulsed and protruded. *Sparkling and red and sparkling; or, rather it has modified and antagonised those nervous disorders and disturbances which have originated with such appearances and conditions; it is also useful in strabismus and diplopia.

LACHESIS.—*Redness of the eyes. Distortion. Sensation as if the eyes had become larger. Pressure as if they would start from their sockets.*

It would seem to be plainly indicated when redness of the eyes is associated with a feverish heat of the body; when there is so much congestion of the eyeballs that they feel larger than ordinary; and as if starting from their sockets, the orbits seeming too narrow; also in that redness caused by a large bundle of injected vessels proceeding from internal canthus towards the cornea, resembling an incipient pterygium. Rhatany has also this last symptom.

MILLIFOLIUM.—This medicine does not afford us any corresponding symptoms further than this, that we have "jerking of the eyes, and tension of the left upper lid." It is said to be indicated for congestion of blood to the head and face (with which the *bright and sparkling* appearance of the eyes might be associated); we find in the provings also, "Sensation as if the whole mass of blood would rush to the head;" also "rushing of blood when stooping, relieved by raising the head;" and, furthermore, "redness of face without feeling hot internally" all these experiences might undoubtedly be in relation with our rubric, and point to this simple herb.

NUX VOMICA.—*Glistening. Complete obscuration of sight for some hours, like amaurosis. Dilatation of pupils, with slow breathing.*

This noble remedy plays an important part in the paragraph which we have chosen for our little essay. In relation with "dilated pupils" may be cited "complete obscuration of sight for some hours," such symptoms may be, and indeed are, associated with weakness of sight in drunkards, students, sempstresses, the victims of exhaustion

n moral or immoral causes, &c., &c.; or we may find
e states in approaching apoplexy. "Slow breathing"
arly points to cerebral respiration in which, for the
st part, the breathing is slow and quick by turns; now
parently ceasing altogether, and again hurried, quick,
petuous.

Opium.—*Glistening, staring, glassy. Lids tremble, and
ly cover half of the eyes. They hang down as if
ralysed.*

These are plain marks of oppressed circulation and,
erewith, of interrupted innervation; as also "the eyes
l too large, and are like those of a dying man." The
pils at first contract, but afterwards may dilate. It is
y clear from the provings of opium that it has very few
ations with idiopathic diseases of the eye; and therefore
symptoms quoted must be considered in relation with
sms, convulsions, lethargy, sopor, fevers, delirium
mens, apoplexy. In a case of fever, accompanied with
ssy, glistening eyes, and muttering delirium, and sleep-
sness for 48 hours, we have seen *opium* in finitesimal
es produce tranquil sleep and rapid convalescence;
our experiences of the effects of dilutions of *opium*
m 3 to 30 in sanguineous apoplexy with profound
por, &c., have not been satisfactory.

Stramonium.—*Eyes glisten, stare as somnolent. Pupils
tract and dilate.*

This potent drug is said to have cured the disordered
ditions giving rise to—*Dilatation of pupils. *Spark-
g eyes. *Glistening ditto. *Staring and somnolent
o; but, unhappily, we have no record of the diseases
which these symptoms must have appeared as parts and
as only of a chain of associated symptoms. Amblyopia,
murotica, and hemeralopia are said to have been cured
stramonium.

Remarks.

t is somewhat unfortunate to begin at the beginning of
Cypher Repertory for the purpose of making an
mpt at elucidation, because the 1st section does not
rd by any means a good example of what this book of
rence can do as a help in practice. For it will have
n seen that the majority of the symptoms are more in
tion with grave cerebral affections than with true

ophthalmic disease. The book, with its hieroglyphical pages, is not much studied in our school; and, it must be confessed, does in its existing form, when honestly consulted, occupy too much time for those who are engaged from morn to night with an extensive practice.

The members of our profession who take no pains to test the truth of the homœopathic law and method of healing; and even many who are convinced of this truth, but carry out the method in an irregular and instinctive manner, are in the habit of speaking slightingly of the assistance which any Repertory can yield; but the time will most probably come when such helps to more accurate and definite practice will be highly esteemed.

Unless our clinical observations and practice are found to be in harmony with provings of medicines, our therapeutics must again degenerate into that empiricism from which we have so laboriously struggled to escape.

9, Bootham, York.

REVIEW.

Brain Exhaustion. By FREDERICK NEEDHAM, M.D., &c. (Reprint from the Transactions of the St. Andrew's Medical Graduates' Association). London: Odell & Ives, Princes Street, Cavendish Square, 1871. pp. 14.

There is, in the whole range of medical enquiry, scarcely any subject of greater or more painful interest than that which forms the subject of the paper before us. As the medical superintendent of a large and admirably managed Lunatic Asylum, Dr. Needham has, of necessity, had numerous opportunities of observing the terrible consequences of what Marshall Hall termed "brain fag," and his observations are, therefore, of especial value.

Dr. Needham commences with a summary of the physiology of the brain, dwelling especially on its nutrition. He then shows that "if from any cause the minute cells of which the grey matter of the brain is made up become impaired in their nutrition, and consequent power of healthy action; if in any manner the supply of blood becomes altered, except within certain limits, or the quality of such supply becomes depraved or defective; then we at once see the effects, in the manifestation of impaired action; in those phenomena which we recognise as mental unsoundness, not necessarily that sort or degree of insanity which makes it requisite to shut up its subject in

ic asylum, but still a departure from health, a negation of al soundness in its strictest sense."

anæmia of the brain, either from mal-nutrition or from ficient nutrition, Dr. Needham correctly traces the earlier toms of many cases of mental unsoundness.

ıe following description of the signs of brain exhaustion is ıe to life, that we give it entire :—

The first well-marked indication which usually presents in these cases is a failure in the faculty of attention, and ısequent loss of memory and mental concentrativeness. patient finds himself to be unable to fix his attention for together upon any one subject; he cannot read or pursue n of thought with anything like persistency or advantage. ɔ is a discursiveness of mind—a weariness which appears event his applying himself continuously to the same pur- or long together—and so he wanders off from one occupa- o another, touching each, but effecting no useful work in The patient is usually fully conscious of his mental itude, and struggles to overcome it by strenuous exertions his attention; but all such efforts are vain, and volition ately becomes affected to an extent which renders the will cally inoperative. If this state of things be permitted to ıue without the intervention of proper treatment, confirmed ıtia or well-marked softening of the brain may ensue. d, in many cases which ultimately recover completely, :oms closely approaching those which indicate these con- s, are not unfrequently met with, giving rise to the ɜt apprehensions on the part both of the medical attendant ·iends."

ɜ prognosis in cases of this kind may be favourable, though ed, provided they are seen early, and that the patients are red to submit unhesitatingly to the directions of the ɨian. Dr. Needham's treatment of such cases consists in ant cessation of work, and absolute long-continued rest of ınd mind." Without the fullest attention to this injunc- ll other treatment is simply nugatory. We would also k that the length of time during which this rest must be te is considerable, and likely enough to tax severely the ce of both the physician and the invalid. It certainly to be continued sometime after the recovery of the more ısly bodily ailments of the patient. Many a relapse has ed in these cases from a return to work as soon as the t felt himself "fit." Sleep, Dr. Needham says, should be ·ed by "sedatives;" by which, we presume, he means ia, chloral, and the like. The best of all sedatives, the ne which, of all others, is most "specific" to the con-

dition of brain present in such cases is, we believe, alcohol. In a paper on the *Physiological and Therapeutic Effects of Alcohol*, read before the British Homœopathic Society in 1864,* Mr. Pope showed, from experiments on man and the lower animals, that alcohol produces, as its specific effect, an abnormal waste of nervous tissue; that the expenditure of nervous power was, under its influence, greater than normal metamorphosis could meet; and, he added, that clinical experience taught that the sphere of alcohol in disease was to be found where nervous exhaustion, undue waste or expenditure of nervous power, were the prominent indications of danger.

Opiates and narcotics of that class tend rather to oppress the brain than to give it that stimulus to healthy action which it so urgently requires. Dr. Needham does not omit alcohol from his therapeia, for he adds, "give stimulants in moderation, and a plentiful supply of nutritious food." Still, he evidently looks upon alcohol rather in the light of a "food" than as a medicine. On the contrary, we think that there is abundant reason to regard it in these cases as a medicine, and that a specific medicine. "Carefully examine for, and treat on general principles, any non-cerebral mischief which may, by reflex action or otherwise, be inducing cerebral irritation or preventing proper depuration and renewal of the blood." Substitute the word "homœopathic" for the word "general," and Dr. Needham's observation is important.

Rest, long-continued rest, in a dry, bracing atmosphere, alcohol in the form of brandy at night, and of Burgundy at least twice in the course of the day, with any medicines that may be indicated by the bodily condition—of these none is more generally useful in the earlier stages than *nux vomica*, or its alkaloid, and in the more pronounced condition of incipient softening than *phosphorus*—we have found to be the most successful method of treatment to pursue in such cases.

We feel it the more necessary to insist on the use of alcohol in these cases, because we fear that the prejudices, which its great abuse in all sorts of disease has entailed upon it, render some patients very unwilling to avail themselves of its invaluable aid as a restorative of nervous power, when this has become exhausted by mental labour, pressed beyond their capacity to endure. By the timely use of an alcoholic stimulant many of these cases might be cured, for the want of it too many lapse into a condition of more or less permanent mental feebleness.

* *Annals of the British Homœopathic Society*, vol. iii., p. 308.

NOTABILIA.

E GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

t Annual Session of this body commenced on the 4th and minated on the 10th ult. A session limited to six days is a elty in the history of the Medical Council! It appears that ıle has been established by which its members can only be l for six days work; so the luxury of making long speeches become one too expensive to be indulged in; thus time, talk, money are all saved, while the interests of the medical pro-ion suffer no loss.

ıt its first meeting Dr. GULL and Mr. QUAIN were introduced he places of Dr. RUMSEY and Mr. CÆSAR HAWKINS. The sident, Dr. PAGET, in his opening remarks gracefully alluded he services the retiring members had rendered to the Council, , in so doing, the general public. He then referred with ret to the failure of the Medical Acts Amendment Bill of session, and passed on to notice the business about to be before the Council

)r. ACLAND asked the President to state the causes which to the withdrawal of the Medical Acts Amendment Bill of session.

The PRESIDENT in reply, stated that he had no special in-nation on the subject; nevertheless he entered somewhat) detail regarding the failure: the substance of his answer ng that the bill was opposed on all sides, and a compromise ich was offered, was rejected; hence Mr. Forster had no rnative but to withdraw his ill-starred measure.

n answer to Dr. STOKES, the PRESIDENT stated that the rernment had refused to pledge themselves to introduce a dical Reform Bill next session; but had undertaken not to ose any private member in doing so.

list of examining bodies, whose examinations fulfil the con-)ns of the Council, was then laid on the table, and gave rise)me discussion.

he Report of the Committee on Professional Education was read by Dr. PARKES. After giving the details of the rovements made by the several examining bodies, which in truth both considerable and important, the report states "great progress has been made" by the licensing bodies the path indicated in the various reports of the visitors of Medical Council, and of the Committee on Education." It lded "that the licensing bodies have shown a determination nprove their curricula and examinations; and that, in ral cases, both *are now much* more efficient than formerly."

Several suggestions of further improvement are made in this report, viz. :—

1st. That the teaching of pharmacy and therapeutics should be separate; the former being taken at an early, and the latter at a later period of the curriculum. A resolution to this effect was subsequently proposed and agreed to.

2nd. The report recommends that an entire winter session, instead of, as at present, one summer session, should be devoted to midwifery, and that the amount of practical instruction should be increased. A resolution to this effect was also proposed, but it, together with several amendments, was negatived.

3rd. It was also recommended that a course of systematic lectures on pathological anatomy should be required in a curriculum. A resolution issuing out of this recommendation—"That it is desirable that systematic instruction in pathological anatomy should form a part of professional education," was adopted.

4th. Regular class examinations were also advised by the report; and the following resolution was agreed to: "That it is desirable that class examinations should form a necessary part of every course of instruction."

The report concludes with some remarks on the plan of conjoint boards of examinations—on the union, that is, of the corporations in England, in Scotland, and in Ireland, for the purposes of examination. A resolution in favour of such a proceeding was agreed to by the Council in 1870. On this occasion it is suggested by the report that if such an arrangement could be arrived at, Government interference, in the shape of an Amended Medical Act, might be obviated.

In a discussion on the amended report of the Education Committee, the action of the Council in respect of conjoint Examining Boards was again the subject of warm debate. Finally it was resolved: "That a meeting of the General Medical Council be held early in 1872 to receive the proposals of the bodies for conjoint examination; and to consider whether any or what steps should be taken to carry out the resolution of the Council in favour of such combinations."

At one meeting (July 7) Dr. BENNETT stated that the Committees of the Colleges of Physicians and Surgeons of England had arrived at an agreement on the formation of a conjoint Examining Board for England, which there was every reason to believe would be endorsed by the respective colleges. The scheme proposed consists essentially in the formation of a Board of Examiners appointed by the co-operation of the College of Physicians of London, and the College of Surgeons of England and such other authorities mentioned in Schedule A of the Medical Act as were willing to join them, it being understo-

liberty should be left them still to confer their honorary nctions and degrees, whilst each will abstain from indelent action in giving admission to the Medical Register. examiners are to be appointed by a "Committee of Refer-," the members of which are to be appointed by the several perating authorities, and to be *ineligible* to examinerships. Committee of Reference is to consist of one representative ıedicine, and one in surgery of each of the English Univers uniting in the scheme; four of medicine appointed by the ege of Physicians, and four of surgery by the College of geons. The important feature of this plan is that the ıiners would no longer be appointed by the corporations as ı; but by an intermediate body, "the Committee of Refer-;" this committee would look out for the best examiners are to be obtained, and submit these names to the several perating bodies for approval.

discussion took place on the best method of teaching clinical icine, which, though it resulted in no resolution, served to r the increasing attention paid to this most important ion of the medical curriculum; and also the great improve-t which of late years had taken place in the mode of clinical uction.

discussion was raised by Dr. STORRAR on the study of ıistry, in a resolution proposing to make it optional with ents to acquire an "adequate" knowledge of this science e entering on the professional course of study. The resolu-was lost.

ıe names of two registered practitioners, viz., Edwin Lowe Henry Norris, who had been convicted—the one of felony he other of misdemeanour—were removed from the register. Pattison—whose name it will be remembered was erased the register in consequence of certain letters written by to Mr. C. H. Frewen with regard to the case of his wife, a he threatened to publish—petitioned to have his name ced on the register. A letter was also read from Mr. en, stating that he had no vindictive feeling against Dr. son, and should be glad if his name were restored, if the ıcil thought proper. Mr. Frewen added that, though he ved no human skill could have cured his wife, he thought death was hastened by Dr. Pattison's treatment. The ion was refused.

a application from the Board of Public Examiners, Cape of l Hope, to have their third-class certificate in literature and ıce, which had been assimilated to the Matriculation ex-ıations of the London University, recognised as fulfilling conditions of Council with respect to preliminary examina-, was, after reference *to a committee*, acceded to.

The whole of one meeting was occupied in examining a charge of "infamous conduct in a professional respect," laid against Mr. W. H. Kempster, of Battersea. It was that he had permitted one William Goodson, an unqualified person, to practise under the colour of his name, and had signed certificates of the death of persons whom he had not visited. Mr. Goodson, it was proved was Mr. Kempster's assistant, and did not share any profits with him, so that the first part of the charge fell to the ground. As to the second, it was proved that it is customary with many surgeons in large union and club practice to employ unqualified assistants in visiting; and for the principal to sign a certificate of the death of a patient seen only by such an assistant. The principle relied on being *qui facit per alium facit per se*. Mr. Kempster was honourably acquitted of the charges against him, which appear to have been got up by a rival practitioner!

The investigation, though one full of annoyance and inconvenience to Mr. Kempster, showed very fully the inevitable irregularities attendant upon signing certificates of death according to official form; and a resolution was agreed to, stating the conviction of the Council that an amendment of the laws in force in regard to death registries is most urgently required, and drawing the attention of the Home Secretary to the fact. The form of certificate has, we understand, been recently altered, but not sufficiently so.

The report of the Finance Committee showed that the Council this year had a balance in their favour of £642 : 2 : 6. Dr. Sharpey resigned his office of Treasurer, and after a vote of thanks for his services had been passed, Dr. Bennett was appointed his successor.

The report of the Pharmacopœia Committee, which was to the effect that they had done nothing, was received and adopted.

The report of the Committee on Visitation of Examinations was postponed for consideration at the next meeting of Council.

The Committee on Education was not re-appointed.

A vote of thanks to the President brought the proceedings to a conclusion.

The proceedings of this meeting must, we think, convince any one, who will carefully examine them, that the education of medical students is much more thorough than it was even a few years ago; and that the examinations are more practical and more stringent than they ever were. It must also, we think, be acknowledged that it is to the Medical Council that we are indebted for these most important improvements in Medical Education and Examinations. If the members of the Council have talked more than was necessary, they have, nevertheless, rendered essential service to the profession and to the public.

HOMŒOPATHY IN CANADA.

our readers will be aware, in the second session of the Ontario liament a Bill was passed "to amend and consolidate the s relating to the medical profession, and to make more effec- l provisions for regulating the qualifications of practitioners medicine and surgery, and to incorporate the medical pro- sion of Ontario." Under this Act there is established "a uncil" made up in certain proportions of representatives from different medical schools,—allopathic, homœopathic, and ectic, to regulate the general education of the profession, so as that is common to all, and to secure also that the special- of each shall be as fully understood as possible by those may wish to practise medicine according to this principle hat.

hat this result has excited unbounded opposition from the pathic portion of the profession is only what was to be ected. Various have been the means suggested to evade it arious are the amendments that have been proposed to roy it! The first meeting of the Council was satisfactory, the Toronto *Daily Globe* (June 15, 1871) tells us that the nd was not wholly unsatisfactory; but it adds, that

Towards the close of the sittings there was a proposal put ard, which, if persisted in, is likely to destroy the united n of the Board altogether. Dr. Workman, desiring to extend hospitality to the superintendents of the different lunatic ums in the States who were lately on a visit to our city, nearly succeeded in throwing the apple of discord into the ical Council by inviting only those members of the Board were of his way of thinking in medicine to meet at dinner distinguished visitors. The good sense and good taste of e thus sought to be invidiously honoured obviated the diffi- y by leading all of them to decline Dr. Workman's invita- on account of its casting a slight upon other members of Board."

he proposal referred to is, that all who have received their ical education in the United States shall, before being itted to examination, pass two years in some Canadian lical school, and so contribute towards the support of Cana- medical professors! The object of this movement is to s as hardly as possible upon candidates who present them- es for examination in homœopathic therapeutics; and it mplishes this end because, as there is in Canada no medical ol where homœopathy is taught, these gentlemen must in their medical education in the United States, where there several homœopathic medical colleges of good repute. The e adds sensibly enough:—

"We are very much inclined altogether to doubt the wisdom of this arrangement apart from any apparent or real injustice to a particular school. Why not make the examination as stringent as is thought necessary, and let those who can pass it have the necessary licence, whatever may have been the place or school where they have received their medical education."

The feeling aroused against this proposal is so strong, that we are told—

"Unless this regulation is rescinded, the whole arrangement will come to an end, and each school will fall back on the common-sense plan of having separate boards of management, entirely independent of each other, and seeking, each in its own way, to raise the standard of professional education to as high a point as may be thought desirable or practicable."

This would be a consummation greatly to be regretted; for though during the first few years of the existence of a Council so constituted harmony of feeling may not be a very prominent feature in its proceedings, still, in time this even will become established, and association and mutual deliberation will in the long run ensure mutual respect and perchance esteem among its members.

OUR "DISTINCTIVE POSITION."

THE *British Journal of Homœopathy*, for July, publishes a letter from Dr. Edward Haughton, addressed to the Secretary of the British Homœopathic Society, announcing his desire to withdraw from that Society. In this letter he states that he has sent a paper to this *Review*, which he does "not think can be reconciled with the exclusive profession of homœopathy." As Dr. Haughton has thought fit to announce thus publicly the fact of his having sent us an article for publication, and as that article has not appeared in our pages, some explanation seem to be called for. It does not appear simply because it sho w that the knowledge the writer possessed of the principles homœopathy was too imperfect, too ill-defined, to render able to discourse upon it with any advantage, and that his perience of it had been too limited to render his opinion of value, or of its want of value, of any significance. It also ad cated measures of treatment which the large majority of phy cians—non-homœopathic physicians—have long since abandon as uncertain and unsound. Under these circumstances, we d not think it desirable to impose it upon our readers; neith should we have made any allusion to its having been sent to u had Dr. Haughton not requested our contemporary to inform the world of his having offered it to us.

In commenting upon Dr. Haughton's communication to the ciety, the *Journal* takes the opportunity of making the follow-g remarks upon our "distinctive position:"—"What, then (it ay be asked), do you mean by allowing yourselves to be known homœopathic, by sustaining a Homœopathic Society, and by rrying on homœopathic journals? We mean just this:—We lieve an important truth to be contained in the system of erapeutics, inaugurated by Hahnemann. We regard *specific* dication, wherever it can be had, as by a long way the best de of treating disease; and we believe that the principle *imilia similibus*" is the best guide to the discovery of the cific remedy in each case. We believe, further, that in rying out this system, Hahnemann and his followers have de many valuable discoveries, viz.—in the matter of new dicines, of modes of preparation, of dose, of way of adminis-tion, and so on. We would gladly advocate and practise s creed of ours, undistinguished otherwise among our lows; but, by some strange disorder of vision, its maintenance s come to be regarded as a professional crime. To avow erence to it means to be—so far as established institutions concerned—ostracized, excluded, silenced. We are forbidden advocate it in society or journal, to put it in practice at spital or dispensary. What can we do, if we hold allegiance truth, the supreme duty, but go with it without the camp, ring its reproach? The discussion, the development, the erimental application refused to it elsewhere, we are bound supply; and this we do by our homœopathic societies, our nœopathic journals, and our homœopathic hospitals. Their stence implies no sectarian feeling, nor any exclusiveness of ctice. The truth they embody is positive, not negative: it s, this thing is the best where it can be had, but it pro-nces nothing as to the relative goodness of other things, or o the range of its own applicability. We find these out by erience, and our distinctive position means nothing but a n of liberty to exercise ourselves, by word and act, in ob-ing such experience.

We owe it, then, to the truth, whose vision has been granted that we in no wise deny it, but at all risks serve it and g it into action. We should be guilty of moral degradation we shrink from the consequences to us personally, and se to follow its leadings; or if we adopted its embodiments practice, while concealing the source of our inspiration."

THE LATE DR. EPPS.

our last number, we extracted from one of Mr. CLARKE's *utobiographical Recollections of the Medical Profession*," his

account of the late Dr. Epps. In doing so, we noticed that Mr. Clarke's remark referring to Dr. Epps's practising homœopathy, that "after the Gerrard-street school broke up he took to the practice of homœopathy," was one apt to suggest sinister motives. In the *Medical Times and Gazette*, of the 8th ult., our observation is quoted, and the following in comment is added:—"This was not the intention of the writer of the sketch; and it is only due to the memory of Dr. Epps to say that he was a thoroughly upright and conscientious man, however mistaken, and would not have practised homœopathy if he had not fully believed in it."

We have much pleasure in finding that Mr. Clarke, in the use of this phrase, meant nothing more than that at the particular period referred to, Dr. Epps began to practise homœopathically; and also in inserting his testimony to Dr. Epps' thorough integrity, one which all who knew him will cordially endorse.

BRITISH CONGRESS OF MEDICAL MEN PRACTISING HOMŒOPATHY.

THIS important meeting will be held at Oxford, on WEDNESDAY, the 27th September. The meeting will take place at the RANDOLPH HOTEL, Beaumont Street.

The President, Dr. MADDEN, will deliver an address *On Therapeutics in its Relation to Modern Physiology*. Papers have also been promised by Dr. BLACK, of the British Homœopathic Society, *On Posology;* by Dr. DUNN, of the Northern Homœopathic Medical Association, *On Thirty Years' Experience Homœopathy applied to Surgery and Obstetrics;* by Dr. WYNN THOMAS, of the Midland Homœopathic Medical Society—*Reports of Surgical Cases;* and by Dr. MOORE, of the Liverpool Homœopathic Medico-Chirurgical Society, *On Uterine and Ovarian Disease.*

Membership of Congress will be restricted to duly qualified members of the medical profession practising homœopathy in Great Britain and Ireland. The President will take the chair at ten o'clock in the morning. There will be an adjournment at one o'clock for an hour. The members will, with any friends they may choose to invite, dine together in the evening. Dinner will be served at six o'clock.

No paper will, with the exception of the President's *Address*, occupy more than twenty minutes in reading. The observations of members in the discussions following the paper will, it is expected, be limited to ten minutes each.

The Secretaries on this occasion are Dr. GIBBS BLAKE, 24, Colmar Row, Birmingham, and Dr. COLLINS, Euston Place, Leamington. It is hoped that all gentlemen who intend to be

present at the Congress will communicate with the Secretaries before the 23rd of September, in order that time may be allowed for making the necessary arrangements.

HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held at Oxford on the day, and at the place of meeting of the British Homœopathic Congress, viz.—at nine o'clock, at the Randolph Hotel, Beaumont Street, on the 27th September.

It is hoped that all members who can possibly attend will do so; that all who have promised work for the Society will be prepared to state the progress of such work; and that the Chairmen, especially, of the different Committees, will bring up a report of the work of the Committees for the past year.

JOHN W. HAYWARD, *Hon. Sec.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

WE have received from Dr. McClatchey, of Philadelphia, and Dr. Carroll Dunham, of New York, full reports of the proceedings of the meetings of the Institute, to which we briefly referred in our last number. We regret that the pressure upon our space this month, and the date on which the reports came to hand, preclude our doing more at present than acknowledging their receipt. In our next issue we purpose presenting our readers with a full abstract of the papers and discussions that took place during the four days.

CORRESPONDENCE.

THE PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your current number you publish some "Notes on the British Homœopathic Pharmacopœia," contributed by Messrs. R. S. Crossby and C. J. Peal, among which some very unfair criticisms appear.

I cannot but feel that these gentlemen would have acted far more wisely had they forwarded the results of their reading to the authors of the work, in order that the really important corrections might have been officially published, as others have hitherto been, and your space saved by the omission of numerous unimportant clerical errors until a second edition appears.

In your July number of last year, in calling attention to the obligation all homœopathic physicians and chemists were under to the editor of the work, you remarked: "Though he has had the co-operation and counsel of the committee, and the ready help of the sub-committee of chemists, the large bulk of the necessary work has fallen upon his shoulders." This can be truly said

with regard to the pharmaceutical part of the work, notwithstanding the labours of the sub-committee of *pharmacy* (a large number of experiments remaining to be made, or being incomplete, when it was found necessary to satisfy the impatience manifested by a number of the profession by publishing a first edition); and when the comparative failure of the sub-committee of *chemistry* is considered, it is matter of surprise that this branch should have been as complete as it now is.

While I do not doubt that Messrs. Crossby and Peal had no intention of causing dissatisfaction with the Pharmacopœia, I think you will agree with me that the course they have taken in publishing their "Notes" unexplained, is calculated to produce in the minds of homœopathic chemists, and especially of those most deficient in chemical knowledge, that diffidence and distrust of its instructions which you so strongly condemn, and which, with regard to former Pharmacopœias, has led to so wide a difference in the preparations of different pharmaceutists.

I think few will doubt that the work is now that which Messrs. Crossby and Peal express a hope that the next edition may be, viz., "the best ever brought before the notice of homœopathic chemists," though all will share with them the desire that, when re-published, it will more nearly attain the standard of perfection.

Having said thus much, allow me to point out briefly a few inaccuracies in the "Notes," beginning with that headed

Acidum Muriaticum.—It is stated that "no test is given for sulphurous acid." This is not strictly correct, as its presence would be detected by the sulphuretted hydrogen, a light-blue milky tinge being given, or a white precipitate being thrown down after a few minutes, thus:—

$$\overbrace{(HCl)}^{\text{Hydrochloric Acid.}} + \overbrace{SO_2}^{\text{Sulphurous Acid.}} + \overbrace{2H_2S}^{\text{Sulphuretted Hydrogen.}} = \overbrace{(HCl)}^{\text{Hydrochloric Acid.}} + \overbrace{2H_2O}^{\text{Water.}} + \overbrace{S_3}^{\text{Sulphur.}}$$

It may not be undesirable, however, to add the test suggested, which is a very delicate one.

Acidum Nitricum.—It is stated that "no test is given for the presence of non-volatile impurities. It should leave no residue when evaporated to dryness." This is precisely the test given: "Evaporated to dryness it leaves no residue."

Acidum Oxalicum.—As this is directed to be purified by recrystallization, subsequently to its purchase of the manufacturing chemists, there need be no apprehension of mischief arising from the difference of preparation mentioned.

Acidum Phosphoricum.—I for one should not infer that because Hahnemann's method of preparing this drug is given, the preparation readily obtained from the manufacturing chemists is assumed to be from the same source, especially when the

British Pharmacopœia has been so largely quoted from, and it is actually stated under the heading "Preparation," that "the solution in water recommended by the British Pharmacopœia under the title of 'Dilute Phosphoric Acid,' contains 1 grain in 10 minims, and hence forms our 1x preparation.

For the reason above stated a comparison of the positive tests given for its identity with those of the British Pharmacopœia, would naturally suggest itself; and would lead us to conclude that the ammonio-nitrate of silver was intended instead of "argentric nitrate"—such an error would easily arise in altering the nomenclature.

The test for metaphosphoric acid is given in connexion with those referring to the glacial acid before mention is made of the "1 in 10 watery solution," which is distinguished from the original solution of the solid drug.

This test, and its description as a solid, is perhaps unnecessary.

Aconitum Napellus.—It does not follow because the root is the more active part of this plant that it necessarily contains all the properties of the entire plant; on the contrary, the latter is supposed by some to contain qualities deficient in the former, and for this reason separate tinctures have been in use for many years, both in this country and on the continent, and both are frequently prescribed by the same practitioner under varying circumstances. There is, therefore, nothing vague in the description given of the parts employed.

The quantity of proof spirit directed to be used in making the tincture of the root is quite sufficient to dissolve all the alkaloid it contains. The only question that remains is, whether this can be extracted by the process given. This can be decided approximately by experiment.

Œsculus Hippocastanum.—The expression, "ripe kernel," implies that the testa has already been removed, and it appears to me equally correct to say "the ripe nut deprived of its shell."

A tincture could not be prepared from the fresh nut of the usual strength of rectified spirit (60 O. P.), a large percentage of water being contained in it.

Allium Cepa and *Allium Sativa.*—The errors noted under these heads were published and corrected, among other errata, and addenda issued with the Pharmacopeia.

Antimonium Crudum.—This test is evidently quoted verbatim from Professor Bloxam's *Laboratory Teaching*, page 33, whose authority should have been a sufficient guarantee for its introduction.

Apologising for thus trespassing on your space,

I remain, Gentlemen, yours obediently,

JOHN M. WYBORN.

35, Moorgate Street, E.C., July 24th, 1871.

[We certainly do not think that Messrs. Crossby and Peal's papers are calculated to produce distrust of the Pharmacopœia. So far as they have gone, their criticisms have been of a character which do not affect the practical value of the work, although they challenge somewhat its character for absolute scientific accuracy. We would that all chemists took sufficient interest in the scientific part of their business as to subject the Pharmacopœia to the most rigid of criticism, and then expose the results of their labours to the comments of their colleagues. In this way, and in this way only, can we hope to obtain a perfect pharmacopœia.—EDS. *M. H. R.*]

ERRATUM.

For "was found coagulated," line 4, page 430, *read* "was found *partially* coagulated."

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. MADDEN, Dr. BAYES, Mr. TRUEMAN, Mr. CROSSBY and Mr. PEAL, London; Dr. GIBBS BLAKE and Dr. G. CRAIG, Birmingham; Dr. DRYSDALE and Dr. HAYWARD, Liverpool; Dr. COLLINS, Leamington; Dr. DYCE BROWN, Aberdeen; Dr. NEWTON, Cambridge; Dr. COOPER, Southampton; Dr. ANDERSON, Ventnor; Dr. DUNHAM, New York; Dr. MCCLATCHEY, Philadelphia; "QUERIST," &c.

BOOKS AND PERIODICALS RECEIVED.

Publications of the Massachusetts Hom. Med. Soc. Vol. I., 1840—60. Taunton, Mass.: Hack & Son. 1871.
British Journal of Homœopathy, July 1871. London: Turner & Co.
The Food Journal, July 1871. London: Johnson & Sons.
The Chemist and Druggist's Advocate, July 1871.
Plain Instructions for the Management of the Teeth, by W. BOWATER. Birmingham.
The Calcutta Journal of Medicine, July to Dec., 1870. Calcutta.
Homœopathic Progress in Australia, April and May, 1871. Melbourne.
The United States Med. and Surg. Journal, April 1871. Chicago.
The American Journ. of Hom. Mat. Med., May 1871. Philadelphia.
The American Homœopathic Observer, May and June, 1871. Detroit.
Allgemeine Homöopathische Zeitung, July 1871. Leipsic.
La Reforma Médica, June 1871. Madrid.
El Criterio Médico, May 1871. Madrid.
Rivista Omiopatica. Rome.
Il Dinamico, Nov. 1870 to May 1871. Naples.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., or to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS.

E remembrance of the pleasant interchange of thought, the friendships renewed, and of the practical lessons hered at the Congress held last year at Birmingham, l, we trust, prove sufficient to induce all who were reat to take part in the meeting about to assemble at ford. The prospect of enjoying such pleasures and 'antages cannot fail, we should hope, to stimulate many o were not with us in Birmingham to join us at Oxford. ver before was a meeting of homœopathic practitioners d in this country which was so thoroughly successful as Birmingham Congress. This success is, we feel ured, an augury of a large, a profitable, and an enjoy- e gathering this month. So much gratification was ressed by those who were present, so much regret has n felt by the absentees, that we look forward to meet- all who were with us on the last occasion, and to ng many who then remained at home.

The programme of business presents a pre-eminently ctical character. The address of the President, Dr. DDEN, on *The Relation of Therapeutics to Modern ysiology*, is certain to be one full of interest and in- action. The subject is one of many attractions. It is hing less than the development of art out of science.

Dr. WILKS has taught within the year that the practice of medicine, so far as the art of drug prescribing is concerned, is sheer empiricism. Dr. Madden's thesis involves the giving to this art a scientific basis. The President is, both by his long professional career, and his scientific acquirements, a physician thoroughly well qualified to undertake the demonstration of the relation subsisting between therapeutics and modern physiology.

The subject of the *Dose* will be presented for discussion in a paper by Dr. BLACK, who, it is well known, has devoted considerable attention to the various questions involved, in ascertaining the most suitable dose in which to administer our medicines. We trust that our observations, in our last number, will induce many to come prepared to take an active and useful part in the debate which Dr. Black's paper will call forth.

The remaining papers—three in number—are all of a thoroughly practical character; papers which cannot fail to contain much that will help in their future work those who hear them; papers which will, we trust, elicit from many who will be present some of the fruits of a mature and carefully studied experience. Dr. MOORE, of Liverpool, will take up the subject of ovarian and uterine disease—a most important department of medicine and surgery—one on which Dr. MOORE's long experience in an extensive field of observation will enable him to speak with authority.

Dr. DUNN, of Doncaster, will detail some of the results of his thirty years' experience in bringing homœopathy to bear on surgical and obstetric practice. All who have been conversant with the large amount of real work that Dr. Dunn has performed in his little hospital at Doncaster will look forward with much interest to the prospect of hearing its benevolent founder, and accomplished surgeon, detail some of his results, and point—as none is better fitted to do than he is—to the share which homœopathy has had in their achievement.

WYNNE THOMAS, the surgeon of the Birmingham eopathic Hospital, will bring together the notes of surgical cases, and thereon found a paper essentially cal, because purely clinical.

s interesting to remark that the subjects chosen by out of the five gentlemen who will address the ess are of a surgical character. Time was when opathic practitioners directed their attention almost ively to the medical side of the profession. This ly arose partly from the fact that homœopathy bore specially upon disease, as distinguished from injury; because many disorders which were handed over to rgeon's knife were found to be curable by homœo- ally-acting medicines; and partly, no doubt, from lated positions of homœopathic practitioners indu- em to decline surgical operations, in which profes- assistance was essential. Of late, however, both nd in America—very markedly so, indeed, in the country—surgery has received a much greater share attention than formerly. This we take to be a very cant indication of progress on our part. And we o doubt but that the discussions at Oxford will a greater amount of surgical ability to exist amongst n we were aware of.

year the Congress was held in the great midland of manufacture. On this occasion we assemble at st ancient and most influential seat of learning in nd. Dating back to beyond the days of ALFRED the the University of Oxford has nurtured and sent ome of the most brilliant intellects of our country. few of the great lights of medicine have been the ornaments of the university. HARVEY, whose hes revolutionised physiology, was a Merton man; e also sprung LINACRE, the founder of the College ysicians. The name of RADCLYFFE, of University e—the fashionable, and, therefore, successful phy-

sician of the metropolis in his day—has left behind him as the fruits of his career, the Infirmary, the Library, and the Travelling Fellowship, all of which ensure the remembrance of his name in the annals of philanthropy, of science, and of literature. FLOYD, of Queen's—a medical knight—was, Dr. Richardson tells us, the first physician to accurately investigate the "pulse." LOWER, of Christchurch, is associated with some of the earliest careful studies of the anatomy of the heart, and to the little prominence at the angle of union of the superior and inferior venæ cavæ in the right auricle, his name is permanently attached. To the same College belongs the honour of having trained THOMAS WILLIS—the first anatomist who gave to us a really satisfactory account of the structure of the brain and its circulation. With the distribution of vessels at its base, his name will remain for all time.

JAMES—of James's powder fame—was an Oxford man; so too was SIR THOMAS BROWN, more creditably known as the author of *Religio Medici*; and SYDENHAM, though his doctor's degree was derived from Cambridge, was a bachelor of medicine of Oxford, and is claimed, and rightly too, as one of Oxford's most brilliant sons.

Such are a few—a very few—of the many eminent physicians who, in the days that are gone, drew their first draughts of learning from the ancient Colleges of Oxford. In our own day the reputation of the medical degree of the University is worthily sustained by Acland, Chambers, Hawkins, Black of St. Bartholomew's, the Ogles, Alderson, Rolleston, and many others; while on the senate, the pulpit, the bar, and upon our literature, the influence of Oxford learning, and of Oxford training, has for several centuries been powerfully impressed.

While each of the Colleges recalls to the scholar and the man of science the memory of many who have laboured worthily and well in their several vocations, the city itself is intimately associated with some of the most momentous periods of English history. In short, Oxford is

city which affords matter of interest to a large variety of cultivated tastes. Hence, in addition to the advantages belonging to the Congress, as a meeting of professional brethren earnestly endeavouring to develop to a yet higher degree of perfection the science and art of medicine, a visit to Oxford is in itself an attraction calculated to add to the more strictly professional inducements to attend our assembly this month.

We trust that the efforts which have been made by the Secretaries, Drs. GIBBS, BLAKE, and COLLINS, to render this Congress as successful as that of last year, will meet with a ready response from all homœopathic practitioners, and that they will find their exertions rewarded by the pleasure of seeing a large and influential gathering of their medical brethren in that most interesting seat of learning—the city of Oxford.

The members of the Hahnemann Publishing Society will hold a meeting previously to the delivery of the President's address, when the very important subject of the Therapeutic Repertory will be discussed; and a plan will be submitted by the Therapeutic Committee, which, it is hoped, will meet the views and wants of the members of the profession.

ON THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF CHLORAL HYDRATE.

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

(Continued from page 358.)

SINCE writing the former paper on this subject, I have found other references to the power of *chloral* to produce conjunctivitis, which I here introduce before going to another part of its action.

In the *Medical Times and Gazette*, Sept. 18th, 1869, a report is given of a paper read by M. Demarquay, at a meeting of the Académie des Sciences, in which the following occurs:—"On the attentive examination of

animals so soporized (by *chloral*), the ocular and palpebral mucous membranes are found injected." Again, in the same journal, April 9th, 1870, the following letter to the editor occurs:—"Sir, the effects of *chloral* on the eyelids may be novel and interesting to some of your readers. With your permission, I will give the details of a couple of cases. A lady, who had taken the medicine in rather large doses—80 or 90 grains in 6 or 8 hours—has each time had a curious inflammation of the lids, upper and lower, such as is seen in urticaria, with great irritation in the margin of the lids, and separation of the eyelashes. The last time the irritation persisted for several days. In the next case, the symptoms have been described so graphically by the patient herself, that I give her own words:—'I found the *chloral* produce a curious effect on my eyes all day—an extreme weariness, with heat, redness, and swelling in both upper and lower lids, so that it was an effort to keep them open—and towards evening the lids were painful to the touch. The following day they appear quite bruised.' I may add, in other respects, the medicine has decided good effect. A medical friend writes to me of a cardiac case, with loss of sleep, where it was very efficacious:—'After taking it every night for a fortnight, he began to have an uncomfortable feeling in his eyes: the lids got stiff and cold.'—I am, sir, M.D."

Again, in the *Edinburgh Medical Journal*, June, 1870, in the report of a discussion on a paper on the effects of *chloral*, it is stated that "Dr. David Gordon had observed a peculiar papular eruption and a form of conjunctivitis, as the result of *chloral*."

I had better, also, here refer to a case just published in the *Lancet* of June 24th, 1871, illustrating its action on the skin. The case is recorded by Mr. A. H. Husband. A woman, æt 56, came under his treatment for some "tumour" in the womb, the nature of which he does not state, accompanied by profuse and offensive discharge. To relieve the acute pain felt by the woman, he gave her *morphia* and *cannabis indica*, which failed to produce good effect. He then gave her, on the 18th February, 20 grains of *chloral*, which, on the 25th, was increased to 30 grains. "This dose was continued till March 1st, when she became covered from head to foot by a red eruption, accompanied by fever and great irritability of the skin. This extraordinary appearance continued for

several days, and then the skin began to scale off in a manner similar to that seen in scarlet fever. A few days after the appearance of the eruption I showed the case to my friend Dr. Fell, who compared the state of the skin to that sometimes presented by persons who have eaten shell-fish."

In the present paper, having disposed of these additional facts relative to conjunctivitis, I propose to consider the action of *chloral* upon the *heart;* and, in doing so, I shall first bring forward cases illustrating its pathogenetic action on this organ.

Case I.—Dr. Crichton Browne (*Lancet*, April 8th, 1871) says:—"Cases already made public prove inconstably that it has the power of weakening the action of the heart, and even of arresting it altogether. My experience of its use has included several cases in which syncope, or intense pallor, with failure of the pulse and vomiting, have followed single or repeated doses; and in the following cases it seems highly probable that *chloral* was directly responsible for the fatal termination:—

B., aged 46, who had been an inmate of this asylum for four years, suffering from melancholia, varied by outbursts of impulsive violence, complained much, in February, 1870, of complete insomnia, which embittered his life, and was telling upon his general health. After the trial of several drugs, *chloral* was found to answer best in procuring sleep, and was accordingly ordered for him—one dose of 30 grains to be taken every night. From February 4th, when the prescription was written, up till December 4th, he continued to take the night draught, with only very brief and occasional intermissions. He professed to feel greatly relieved by it, and to obtain no sleep when it was omitted, this latter statement being borne out by the reports of the night attendants. He improved in mental condition under its use, becoming more tranquil, cheerful, and self-possessed. He displayed, however, in a marked degree those phenomena of vaso-motor paralysis which I have above described. (*Lancet*, April 1st, 1871.) Five minutes after the *chloral* draught, his face 'glowed out' of a deep red colour, which shortly mantled over his neck, brow, and ears. At the same time he grew a little unsteady in walking, spluttered when speaking, and looked as if partially intoxicated. Habituation in the use of the

drug did not diminish these effects, but neither did it seem to increase them. During November and December he suffered at times from sudden pangs of fear or agony, in which he clenched his hands, and cried out as if in pain and terror, being unable, on his recovery, to give any explanation of the attack. On December 22nd he complained of shivering and purging, and was carefully examined by one of the medical officers without the discovery of any disorder. The next day he said he felt much better. On the evening of the 24th he had his tea at 5·30 p.m., and his dose of *chloral* earlier than usual, at 6·45. At 7·10 an attendant noticed that he was reeling about the ward, looking flushed, stupid, and confused, as if quite drunk. He lifted a chair, attempted to carry it down the dormitory in which he slept, fell against a bed, became deadly pale, gave a few spasmodic gasps, and died. Medical assistance was at hand; artificial respiration was established within three minutes, and all possible restoratives applied, but without the slightest effect. The body was pale, the muscles flaccid, the pupils widely dilated, and a seminal emission had taken place at the moment of death. The state of the medicine bottle showed that rather less than the proper dose of *chloral* had been administered. A post-mortem examination was performed forty-three hours after death. The body was found well nourished. Rigor mortis was present, with a large amount of hypostatic congestion, and mapping out of the superficial veins over the whole body in dull purple lines. The pericardium contained no fluid, but on its visceral layer were several large white fibrous-looking patches. The heart weighed 15 oz.; its walls were thin on the right side, but thicker than usual on the left; its valves were competent; its cavities of large size, dilated, and filled with dark fluid blood. The lungs were both engorged with dark blood. The liver weighed 66 oz., and was fatty; the spleen 10 oz., being considerably congested. The kidneys weighed 8 oz. each, and were unusually bulky; their capsules were free, and their cortical substance was pale, but their pyramids were congested, and almost of a black colour. The stomach contained half-a-pint of dark fluid, and some portions of partially digested food; its mucous lining was intensely congested. The skull was thickened in front, and adherent to the dura mater. The sinuses were empty, and the arachnoid thick-

ened and of a milky appearance. The whole brain weighed 60 oz., and was generally anæmic. The ventricles were fully occupied by clear fluid."

The following cases are recorded by Dr. Fuller, of St. George's Hospital, in a paper entitled, "Dangerous and Fatal Results from the use of Hydrate of Chloral," in the *Lancet* for March 25th, 1871:—

Case II.—"On February 9th, 1870, J. S. was admitted under my care into St. George's Hospital, suffering from slight anasarca and bronchitis, connected with chronic Bright's disease. He was restless and nervous, and unable to sleep, and, therefore, after he had been some days in the hospital, and was exhausted for want of sleep, I ordered the *chloral* draught of the hospital (containing 30 grains of *chloral*) to be taken at bed time. Soon after he had taken it he jumped up in bed, clutched at his heart, and complained that the medicine produced a sense of burning. In the course of a few minutes he became violently delirious, and though after a time the delirium subsided, so much depression ensued, that Dr. Jones, our resident officer, had great difficulty in sustaining his heart's action. Gradually, however, the heart recovered itself, the pulse returned at the wrist, and in a few hours he was out of danger. Having just read M. Liebreich's assertion that *hydrate of chloral*, when in contact with an alkali, is transformed into chloroform and formic acid, it occurred to me that the extraordinary results witnessed in my patient's case might be attributable to an alkaline condition of the stomach, whereby the *chloral* was at once converted into chloroform, and thus induced the symptoms which were observed. I, therefore, determined to try it once again, taking care on this occasion to guard against such an occurrence by administering the *chloral* in combination with a full dose of acid. The result, however, was precisely the same as on the first occasion. Again, there was the same sense of burning and oppression at the chest, followed first by violent excitement and delirium, and subsequently by collapse, with failure of the heart's action; and on this occasion, as on the last, Dr. Jones was long doubtful whether the man would recover. I need not add that I did not make trial of a third dose, even experimentally."

Case III.—Dr. Fuller also (*Ibid*) records the following case:—"On the 1st of last January (1871), I was called in consultation to see a case in which 30 grains of the *hydrate of chloral* proved fatal. The patient, a young lady aged 20, who was previously in fair health, complained, on December 29th, of constipation, and other symptoms of stomach derangement, for which her medical attendant administered a pill at night, followed by an aperient draught in the morning. On the 30th the bowels acted, and she was relieved; but she passed a restless night, and on the 31st complained of uneasiness in the lower part of the abdomen, which was attributed to the approaching menstrual nisus. As she was very hysterical, a neighbouring practitioner was sent for early, and when he met the family medical attendant in the afternoon, they determined, as she was nervous and restless, and had obtained little or no sleep on the previous night, to give her 30 grains of *chloral*. She took the dose about 10 p.m., on the 31st, and almost immediately became much excited, and complained of pain in the chest. In about an hour the excitement passed off, and she fell asleep and slept heavily all night. In the morning she was sleeping so heavily, and looked so pale, that the family became alarmed, and sent for the gentleman who had seen her the previous day. When he arrived, she was very pale, and breathing heavily, a sort of deep sighing respiration; there was no pulse at the wrist, and her extremities were rather cold. It was impossible to rouse her in the slightest degree. He gave her stimulants, and applied warmth to the extremities, and gradually the pulse returned at the wrist, though at the best it was only just perceptible. The family medical attendant subsequently met him in consultation, and together they did all that appeared to be expedient; but as everything failed to rouse her, or in any way to alter her condition, they asked me to meet them in consultation at 2 p.m. When I saw the patient she was lying on her back, with her eyes closed, and breathing heavily, the respiration having a distinctly sighing character. She was very pale, and somewhat cold; the skin was dry; the pupils were large and dilated, but acted sluggishly under the influence of a strong light; the pulse was scarcely perceptible; but the heart was beating regularly, about 120 in a minute, and though its action was very feeble, its sounds were clear, and its rhythm normal.

There was no distension of the abdomen—indeed, it was flat and soft; there was no contraction or rigidity or undue flaccidity of the limbs. It was impossible to rouse her in the slightest degree; but when fluid was put into her mouth she swallowed without much difficulty, so that she took a full-sized wineglassful of brandy-and-water in the course of ten minutes. The indications for treatment being obviously to sustain the heart's action until the effect of the *chloral* had passed off, we determined to give her brandy and diffusible stimulants as far as possible by the mouth, and to supplement our efforts in that direction by repeated injections up the bowel of strong beef-tea and brandy. However, everything proved unavailing. She continued in much the same condition until about nine o'clock the following morning, when she sank, without having exhibited the slightest consciousness or moved a muscle from the time she fell asleep on the evening of the 31st. . . . . (Case IV.) Dr. Tuke" (Dr. Fuller goes on to say) "informs me that in a man whom he saw suffering from the effects of intemperance, 30 grains very nearly proved fatal, the symptoms of depression and failure of the heart's action being most alarming; and Mr. Fred. Webb, of Maida-Vale, has given me the particulars of another case (Case V.), in which an elderly man nearly lost his life from the effects of 30 grains. The faintness, pallor, and depression of the heart's action was excessive, and for some time Mr. Webb was in doubt whether he would be able to sustain the pulsations of the heart until the effects of the *chloral* had passed."

Case VI.—In the *Practitioner*, March 1870, Dr. Russell Reynolds writes: "I was called to see a lady of middle age, who had, for the relief of neuralgia, taken *hydrate of chloral*. On the third day before my seeing her she had taken 10 grs. and 15 grs., and had found much relief. On the day before she had taken a larger dose with good effect. On the day of my being summoned the dose had been increased to 45 grs. or 50 grs., and there had followed complete relief of pain; but in the course of an hour 'faintness' was felt, and when I saw the patient this had increased to an alarming degree. Two hours had passed since the last dose was taken, and I found the patient with cold extremities; an excessively rapid, weak, irregular, and intermittent pulse; jactitation

of limbs; an intolerable sense of sinking, and o
at the pit of the stomach; gasping breathing,
fusion of thought. I observed at this time, and
quarters of an hour subsequently, that the radial,
and tibial pulses were all of the character I now
—frequent, weak, irregular in both force and
and frequently intermittent—but that the heart w
regularly, although with increased frequency ar
ished force. Stimulants, with white of egg,
ministered freely; warmth was applied to the ex
sinapisms were put on the cardiac region; fres
introduced plentifully into the room; and at th
an hour from my first seeing the patient, the p
become much steadier, though still very freq
very weak. The syncopal feeling had dimini
feet were warm, and there was a tendency to sle
state of comparative freedom from urgently d
symptoms lasted for longer than an hour, when
any apparent cause—they returned with increased
The patient now seemed in the gravest dang
superficial pulses were almost imperceptible, a
they could be detected, presented the characte
described. Still the heart was regular in its beat,
feeble, and intensely rapid in its pulsations.
wandered much; there was utter prostration of
strength, the limbs being extended, the head lov
aspect was at times that of impending dissolution
was great dyspnœa, a sense of suffocative opp
the base of the chest (in front), and urgent thi
treatment previously adopted was again push
ously, and at the end of an hour and a half s
obtained, and sleep followed. The next mornin
the pulse quite regular, and of its normal freque

Case VII.—In the *Practitioner*, April 1870,
cus" writes: "With the approval of my medical
I gave 4 grains of *hydrate of chloral* to my ch
of 3½ years of age, for seven nights in succession
to allay the constant sickness dependent on
cough, from which he was suffering. In this th
was perfectly successful; and having been adn
for seven nights in succession with no apparent
sequences, it was omitted on the eighth night, a
next day the patient exhibited symptoms precise

to those mentioned by Dr. Reynolds (Case VI. in this paper), only of less severity. They yielded to food and stimulants, accompanied by small doses of tincture of *nux vomica*, and for two days the patient appeared quite well, but on the third day the same symptoms returned with increased severity. The same treatment was adopted as before, and with the same success, and there has been no return of the unfavourable symptom since. This case seems remarkable from the smallness of the dose employed."

Case VIII.—"M. Noir relates (in the *Gazette des Hôpitaux*, Dec. 1869) a case of amputation under *chloral*, as a warning. The patient, a man aged 64, took 5 grammes of the *hydrate;* in two hours amputation of the leg was performed without his making a movement or uttering a cry. But the pulse then became filiform and uncountable; and a state of alarming coma lasted for eleven hours. Then violent delirium, with vomiting and pain in the stomach, came on, and lasted for eight hours, leaving the patient in the most extreme prostration, and all bad effects did not pass off for many hours longer."—*Med. Times and Gaz.*, Aug. 13, 1870.

Case IX.—"A patient of Dr. Habershon, affected with aneurism of the thoracic aorta, suffering great pain and occasional attacks of dyspnœa, was ordered half a drachm of *chloral* at night, with a view of giving relief and procuring sleep. He became unconscious immediately after swallowing the draught; the face and hands turned livid and cold, and he breathed only at long intervals. Indeed, for about five hours, death seemed to be impending. In the course of the next day, however, he had so far recovered as to be to all appearance none the worse for the dose."—*Lancet*, Sept. 17, 1870.

Case X.—Mr. Herbert M. Morgan says:—"I was lately called, in great haste, to visit a child about 8 years of age, who had taken the wrong medicine by mistake. I found the child with a deadly white face, and scarcely any colour on the lips, breathing slowly and quietly, almost pulseless, the pupils natural, and the hands and feet rather cold; he was very drowsy, and it was with difficulty that he could be made to understand or speak. I found that another child had given him a dose intended for an adult, and containing 25 grs. of *hydrate of chloral*

(the child was taking medicine for a simple sore throat, and was not much amiss). I caused him to inhale freely the vapour of ammonia, and made him swallow some whisky and water, which he soon vomited; and as soon as it was ready, he had some strong coffee. All the time he begged to be let alone, and to be allowed to sleep, and said he was sure it was bed-time. The account which his sister gave was, that for a few minutes after she had given him the dose he went pale, and fell off his chair, and rolled about on the floor; she thought, at first, he was acting for her amusement. In about an hour after taking the dose, he was much better, and continued to take some coffee, and was quite well again next day, after a night's sleep."—*British Med. Journ.*, June 18, 1870.

I shall now record the results obtained by different observers, in experiments upon animals.

In the *Archives Generales de Médecine* for Sept., 1870, Dr. Ernest Labbée says: "*Hydrate of chloral* is possessed of a very characteristic action on the circulation. Thus, in a few minutes, 15 centigrammes of this substance stops the action of the heart of a frog in the diastole; the organ then is of a deep colour, blueish; its auricles are much distended, its general dimensions are nearly doubled." He then gives the following experiment: "A very lively frog was placed in a suitable position for examining, under the microscope, the circulation of the interdigital membrane; 15 or 20 centigrammes of *chloral* dissolved in a little water was then injected under the skin of the back. At the very first the capillary circulation does not seem to be troubled, the blood globules pass under the eye with enormous rapidity, but their progress soon begins to slow; the smallest capillaries become obstructed, the blood current turns to go along the larger vessels which become blocked in their turn, for the blood globules crowd together in the form of oscillating columns, filling up more and more the network. By degrees the blood stagnates, the arterioles of largest calibre become impermeable, then all movement ceases finally. In the rabbit it took 2 or 3 grammes to arrest the heart in the diastole. Goujon and Labbée, after injecting 2 grammes of *chloral* into the jugular vein of a dog, saw the animal fall as if struck by lightning; its heart beat tumultuously; but it soon calmed, and the normal rhythm returned."

Mr. Spencer Wells says, in relating experiments made him on animals: "If, however, the dose is too large l the animal dies, the ventricles and the auricles will found distended with blood. Death takes place from alysis of the heart."—*Med. Times and Gaz.*, Sept. 18, 69.

M. Demarquay, in a paper before referred to, stated t in animals under the influence of *chloral*, "the beats of the heart become so frequent that at last they not be counted."—*Med. Times and Gaz.*, Sept. 18, 69.

n the *Med. Times and Gaz.*, Oct. 23, 1869, in a summary experiments made by MM. Dieulafoy and Krishaber, it tated that they found that "*chloral* modifies greatly rhythm and number of the motions of the heart."

n fact, all who have written or experimented on the on of *chloral* are agreed in its power to affect the rt by paralysing it. Thus, besides the authors already ted, I may refer to Dr. Hughes Bennett (*Edin. Med. rnal*, June 1870, p. 1134); M. Ferrand and M. Gubler *lletin Général de Therapeutique*, Jan. 30); Dr. B. W. hardson (*Med. Times and Gaz.*, Sept. 4, 1869, and r. 6, 1869).

t will be well here to introduce some cases that have n recorded where *chloral* was given in cases of heart ase as a therapeutic agent, and we shall then be able educe conclusions from the whole facts before us.

he following case is recorded by Dr. W. Strange, sician to the General Hospital, Worcester:—

ASE XI.—"A Welsh gentleman, 76 years of age, highly nervous and excitable temperament, has for s been a martyr to gout in all its forms, the hands feet exhibiting a mass of deformity from chalk stones. arteries are extensively diseased, the pulse having hard and inelastic feel which accompanies atheroma, st the heart's action is feeble and unrhythmical. ut four months ago he became subject to severe cks of angina, which always seized him at night, after had been asleep from one to three hours. On the sion of the first severe attack I found him in a com- e state of orthopnœa, bathed in cold, clammy sweat, extremities cold and blue, pulse imperceptible at the t—in fact, apparently in a dying state. He was

rescued this time by means of brandy, with heat and friction to the surface, and the same means were had recourse to on several subsequent occasions. The attacks, however, recurred with equal severity almost every night, and death appeared imminent. The tongue now became loaded, black and dry, and the teeth covered with sordes; nothing but brandy could be taken; the pulse remaining, nevertheless, very feeble, and the surface always cold. Finding that stimulants combined with sedatives failed to ward off the frightful night-attacks, I very doubtingly —in fact, with fear and trembling—ventured to administer 25 grains of the *hydrate (of chloral)* one night, sitting with him to watch the effect. In less than half-an-hour the patient fell into a quiet sleep, during which the surface regained its warmth, the breathing being tranquil and regular. The pulse also improved under its operation. Next day the old man declared that 'he had not enjoyed so good a night's rest in all his life.' The *chloral* was therefore continued; and if the first dose failed of its full effects, an extra half dose was given an hour or two afterwards, with the effect of always preventing the so much dreaded attack of angina. The dose was soon afterwards increased to 30 grains, a little sulphuric ether and aromatic spirit of ammonia being conjoined with it. What is most singular is that, invariably, when even the nightly dose of *chloral* has been omitted, that night the attack of angina has returned at about the same hour as at first. This patient has now taken the *chloral* every night for about four months, the total quantity amounting to about 3600 grains; the almost certainly fatal effect of such repeated attacks of cardiac syncope have been warded off, and his life has been consequently prolonged. Nothing would now induce the old man to pass a single night without his dose of *chloral*."—*Med. Times and Gazette*, Sept. 24, 1870.

Dr. Strange's remarks on this case are so pertinent and homœopathic, that I cannot do better than quote them. He says: "Now, what are we to infer from the undoubted effect of the *chloral* in this case, in warding off attacks of cardiac syncope, as to its physiological effect upon the nerves of the heart? I imagine this: that *chloral*, like several other drugs of the sedative class, operates very differently, according to the amount of the dose exhibited:

like *digitalis*, for instance, which, whilst in large doses paralyses, in smaller it only calms or strengthens the art's action. Certainly, however poisonous to rabbits d small animals in full doses, the *chloral* did operate as calmative, and therefore as a tonic, to the nerves of this l man's heart, as evinced by the improved pulse, the nquil breathing, and the warm surface whilst under its fluence. Clearly, too, there was no after depressing tion, for if so, we should have expected to find the run-ng down of the heart's mainspring to be hastened, in ace of retarded, under its use. In fact, there was clearly conservation of force rather than an expenditure of it; d this, I take it, is a valuable fact." (*Ibid.*)

When one sees a physician like Dr. Strange admitting homœopathic action of *chloral*, *digitalis*, and "several ier drugs of the sedative class," one cannot but regret t he should not enquire whether a similar double action not to be observed in all other drugs.

Dr. Strange also records the following case (*ibid*):—

Case XII.—"A country gentleman, aged 72, long bject to heart symptoms, characterised by occasional ntings, heart spasms, palpitation on exertion or emotion, which lately has supervened some mitral obstruction. has never experienced an attack of regular gout, being abstemious liver, and of regular habits, but there are ny symptoms of the gouty diathesis. In March 1869, ound him unable to lie down in bed, passing his nights h broken rest in an easy chair; the palpitation and lopnœa being extreme whenever he attempted the umbent position; and his general health was suffering consequence, although as yet there was no anasarca. asionally his symptoms would mitigate, but there was permanent relief. This spring (1870) he reluctantly sented to try the *chloral* at bed-time. It was given in grain doses, with a little spirit of ammonia and sul-ric ether, as in the case last quoted. This dose inva-ly gave him a better night's sleep, and soon enabled to resume his rest in bed. He is now, with occa-al attacks of cardiac dyspnœa, able to attend to his es as a county magistrate, walks tolerably well, and n rides at a foot-pace several miles a-day."

n a leading article on *chloral*, in the *Medical Times Gazette*, Aug. 13, 1870, the editor states that Dr.

J. W. Ogle reports that "he derived most satisfaction from its employment in cases in which, by their nature, preparations of opium and morphia were contra-indicated, as certain cases of cardiac disease. . . . . In some cases of heart disease he had observed peculiarly happy effects from the combination of *chloral* and *digitalis*."

In a paper entitled "Clinical Notes on the Relief of Nocturnal Dyspnœa arising from Disease of the Heart," by Dr. Habershon, of Guy's Hospital, in the *Lancet*, March 11, 1871, he mentions *chloral* as one of the remedies of service in cases of "failing power of the heart's action from loss of blood, and from sudden shocks to the nervous system," and in cases of nocturnal dyspnœa, produced by failing muscular power of the heart, from degeneration of the muscular fibre, from an atheromatous condition of the vessels, from idiopathic anæmia, from disease of the aortic valves and dilatation."

In the *British Medical Journal*, April 2, 1870, Dr. Stephen Monckton, Physician to the West Kent Hospital, records the following case:—

Case XIII.—"Mr. D., an acute and sprightly old gentleman of 72, had been going wrong for some weeks with heart-symptoms, probably dilatation of the right cavities. There was dyspnœa, tumultuous action, no bruit, feeble and very irregular pulse, with some cough and expectoration. By February 1st his countenance had become rather livid, his dyspnœa urgent, and his legs swollen to the knees. After several nights of short and broken sleeps, from which he awoke in distress, his daughter begged permission to give him some opiate pills then in the house. Instead of them, he took 30 grains of *chloral* at 10 P.M. He was asleep in five minutes, roused and spoke to his daughter at 3 A.M., then slept again till 10 A.M., without disturbance, stupor, or dyspnœa. I found him comfortable, but sleepy, at 10.30; unwilling to remain in bed, because of a mutton chop that was waiting on the breakfast table. He has taken a few more doses, and is in greatly better condition."

Case XIV.—A woman, nearly 70 years of age, is at present coming up occasionally as a patient at the Dispensary. She is the subject of heart-disease—no valvular mischief, but irregularity of action. There are only 48

proper contractions of the heart in the minute, to each of which the pulse beats; but beside these contractions, and directly following the diastole, there is an attempt at a second contraction, producing two sounds, but too feeble to affect the pulse, and better described as an abortive attempt at a second contraction, than in any other way I can think of. She complained of severe pain over the sternum and region of the heart, coming on worse at night, but not completely absent all day. The pain seemed to take away her breath at night, and made her sit up in bed. She also had palpitation, and shortness of breath on going up a stair. The pain was evidently that of angina pectoris. I ordered her *chloral* gr. i. ter die. After taking one dose of it, she felt sick, and fancying it was the medicine which had caused the sickness, she refused to take any more of it. I then put her on *arsenic*, which considerably relieved the pain, and lessened the severity of the attacks. After a time I persuaded her again to try the *chloral* in the same dose. She came up again in a few days, saying she was so much better, and was now quite free from the pain, even at night. I continued with it, and when she came back again in about a week, she stated that she had not felt so well for a long time. I advised her to go on with it, and I have not since seen her.

After reading such cases and facts as I have brought together, there can be no doubt in the mind of any one that *hydrate of chloral* shows a most marked elective affinity for the heart, and in consequence deserves our careful study and attention. It is not sufficient, however, merely to come to this general conclusion, but we must be certain, as far as possible—1. In what manner it affects the heart; 2. In what place in the physiological symptoms the heart symptoms occur; and 3. What would probably be the best dose to administer in the treatment of cardiac affections?

First, then, in what manner does it affect the heart? Does it act upon the muscular walls of the heart, or upon its nervous supply? Experiments prove that it is not upon the muscular fibres that it acts.

M. Labbée, in a paper already quoted from in the *Archives Gen. de Med.*, September, 1870, says that after the arrest of the heart's action by *chloral*, any

mechanical stimulus will re-awaken its irritability," and he accordingly rejects the notion that the heart is affected through its muscular tissues. We must agree with him, as that experiment is sufficiently conclusive, in the negative. He then gives another experiment, demonstrating its action on the nervous supply of the heart:—"In a frog, in which the medulla (*le bulbe*) was cut through, the arrest of the heart by means of *chloral* was only produced very slowly. It is true that the circulation is less active, and the absorption of the medicine more rapid; but this fact proves, nevertheless, something; for, although the heart-beats of a frog in which the medulla is untouched are brought to a stand-still at the end of five or six minutes, we see them, in a frog chloralised with the same dose, continue for more than an hour, after the section of the medulla. . . . . The action on the medulla, then, seems to me, probable; secondarily, the pneumogastric, and its branch of Cyon, and the intra-cardiac ganglia are affected."

These converse experiments prove, I think, that it is on the nervous supply of the heart, and not on its muscular fibres, that *chloral* acts, and this is the opinion held by all experimenters and observers. Before going to the next step in the investigation, I may diverge a few sentences, and remind the reader of the heart's nervous supply, according to recent investigations, and the part which each portion of it plays in the various actions of the heart. There is—1. The sensory or moderating nerve of the heart, or nerve of Cyon, which conveys impressions from the heart to the brain. This nerve in the rabbit derives branches from the vagus and the superior laryngeal nerves, and descending by the side of the carotid artery and cervical sympathetic anastomoses in the chest, with branches of the first thoracic sympathetic ganglion, and then sinks into the heart. Impressions conveyed from the heart to the brain by this nerve influence the pressure of the blood, but only through the medium of—2. The sympathetic, which regulates the amount of blood-pressure in the heart and vessels.—3. There is the accelerating nerve of the heart, which, when stimulated, produces acceleration of the heart's action. This nerve in rabbits and dogs is found to arise from the third or the lowest branch of the inferior cervical ganglion of the sympathetic. —4. There is the vagus, which increases the force, but

diminishes the frequency of the number of heart-beats. The vagus and the accelerating nerve then antagonize one another.—5. There are the instrinsic motor ganglia of the heart. The action of *chloral* in physiological doses then would seem to be—1. Paralysis of the vagus; since we have found that the heart-beats become feeble, often irregular, and very rapid.—2. Either stimulation of the accelerating nerve, or simple want of action upon it; this nerve, then, endeavouring by rapid action of the heart to make up for the paralysis of the organ; rapid action of the heart being a symptom of debility, instead of power in the organ.—3. Paralysis of the sympathetic. This statement may be called in question. Since stimulation of the vaso-motors produce increased tension and consequent lessening of the calibre of the vessels, if the sympathetic were paralysed, it may be said that we should have fulness of the pulse with, at the same time, softness. The observations of Bonchut, Burdon-Sanderson, and Anstie, made by aid of the sphygmograph, prove that a single dose of 30 grains, "the effect of which was, to throw us, without any symptoms of cerebral inconvenience, into a light and gentle sleep," produced elevation of arterial pressure (*Practitioner*, March, 1870, p. 171), thereby showing stimulation of the sympathetic. Although, then, from an over-dose, the pulse gets feeble, and often hardly perceptible, instead of getting soft and full; yet, I think, I may fairly argue that the sympathetic becomes paralysed. For—1. Through means of the paralysis of the vagus, and of the intrinsic ganglia, the force of the heart-beats become lessened, and the increased rapidity of the beats indicates a debilitated state of the heart; other factors then than mere action of the vaso-motor nerves come into play. The pulse then, from an overdose we should expect to find, as it is, feeble, and often imperceptible.—2. From numerous and well-known experiments, it has been amply proved that stimulation of the vaso-motor nerves, produced by a moderate dose of a medicine, is invariably followed by reaction in the shape of paralysis, from an over-dose.—3. We find this vaso-motor paralysis, produced in other parts of the body, from an over-dose, as shown by the flushing of the face and neck, and sometimes of the whole body. (See cases already given.) I think, then, I may fairly say that an over-dose of *chloral*, sufficient to affect the heart, produces paralysis of the sympathetic.—4.

Then follows paralysis of the intrinsic motor ganglia, as the heart is found with its cavities not contracted, but dilated, and full of blood.

In what cases, then, will *chloral* likely be useful therapeutically? I should say—1. That in simple muscular debility or fatty degeneration of the walls of the heart, or dilatation of its cavities, *chloral* could not be at all put in comparison with *digitalis*. But, on the other hand, these cases hardly ever exist without evidences of nervous deficiency, as shown by irregularity or intermittency of action, palpitation, &c. We may, therefore, give *chloral* in such cases with great hope of good result, at least, in the relief of the neurotic symptoms.—2. In feebleness or irregularity of the heart's action, from deficient innervation, that is to say, in what is termed functional disorder, showing itself by feeble contractions of the heart, easily excited action, easily quickened pulse, palpitation, and uneasiness about the precordial region, with, perhaps, shortness of breath on exertion, arising from the same cause, I should have every expectation of benefit from *chloral*, which would stimulate the nervous apparatus to a healthy state. Here it would compare with the snake-poisons and with *cactus*.—3. In cases of actual syncope, or tendency thereto, *chloral* would likely prove a valuable stimulus.—4. In cases of angina pectoris, and pains in the pericardial region, more or less resembling angina (see cases 2, 3, 6, 11, and 14), I should expect *chloral* to be a valuable remedy, as indeed some of the cases above referred to prove.

Next, as to the question—In what stage of the physiological effects do the heart-symptoms occur? All experimenters are agreed. I, therefore, need not quote special references. The unanimous opinion is that the heart is last of all affected. The cerebrum is first affected, then comes the sympathetic, and, lastly, the heart. This point is, finally, of some importance, as indicating the best therapeutic dose. I am inclined to think that, when a medicine produces a consecutive series of physiological effects, one set of effects appearing from a comparatively small dose, and others only coming on after an increased quantity, and this in an almost uniform manner, the doses should differ when given homœopathically for different objects. Thus, in the case of *chloral*, a much smaller dose will produce cerebral effects than will affect the heart, and

most of the cases of heart-symptoms above recorded, y only came on from a single large dose, or from long-tinued smaller ones, which were each sufficient to effect purpose for which they were given, namely, to produce p,—its principal cerebral effect.

n cases, then, of heart-affection, where we deem *chloral* able, the dose should, I think, not be very small; ably 3, 4, or 5 grains, three times a day, for an adult, ld not be too much. A dispensary patient, a woman, 15 (case 15), whose case I have not recorded before, as is still under treatment, came complaining of noises in head, giddiness, and headache. I found that she had t irregularity of the pulse, and of the heart's action, sounds being very feeble as well. I ordered her *ral*, in doses of 5 grains, three times a day, and after ng taken it for about a week, the heart-beats and e, though still feeble, became perfectly regular. In 11, also, the dose was by no means small, and yet llent results ensued.

he action of *chloral* on the cerebrum remains yet to onsidered. This I hope to do in my next paper.

(*To be continued.*)

EW OBSERVATIONS ON THE INFLUENCE OF HIGHLAND AIR IN THE CURE OF INCIPIENT PHTHISIS.

By Dr. Liedbeck, of Stockholm.

(Translated from the Swedish by Professor Georgii.)

as often been remarked that the air at the sea-side been found "too strong" for patients suffering from nonary consumption on their first removal thither; on the other hand, they have felt better in their own try homes; still more so, perhaps, when living at a -yard, or in a fir-wood, or on high mountains; nay, even e common inland air. The popular expression, how-about the sea air being "too strong," is more rational might at first appear, because of the greater atmo-ric pressure on the borders of the sea than on more ated ground—the expression "too strong" being n to indicate rather a relative than an absolute con-n in nature.

ut some persons would, perhaps, be disposed to ask

what influence a greater or less degree of condensation of the air could have on the cure of phthisis? The answer is simply this—Phthisical patients, equally with all other living beings, find themselves under the necessity, in a mountainous country, of drawing deeper and fuller breaths, in order at each inspiration to obtain the same amount of oxygen as at the sea-coast. They are obliged involuntarily, day and night, without ceasing, by their own effort, to make deep inspirations; and by this continuously enforced process of exercising the breathing power, it becomes more developed, and will, in many instances, equal, if not surpass, the results obtained by a careful medico-gymnastic treatment, which is only applied once or twice a day. It is a well-established fact that pulmonary consumption is unknown among the native population of the highlands of Switzerland, because they learn, during their whole lifetime, the art of respiration, under the teaching of Nature herself, more effectually than they could do so in artificial conditions, under the training of the most skilful teacher of gymnastics. And the man who has once become habituated in the school of nature to inhale the air with a full expansion of the chest will, afterwards, on a less elevated ground—on the plain—continue to breathe in the same manner, because the capacity of lung-expansion has increased in the same ratio as the power of the muscles of inspiration and of the whole respiratory apparatus has once and for all been vigorously developed.

Although Norway has in general higher mountains than Sweden, it has not, as yet, made any use of this advantage in the treatment of pulmonary consumption; and it is only within the last few years that an establishment for this purpose has been in existence in Sweden. This establishment is situated at Mösseberg, near Falköping, 750 feet above the level of the sea. Mösseberg is essentially a water establishment, but we find from the report of the physician attached to the establishment, that in addition to the usual forms of disease successfully treated after Priesnitz's method, he makes emphatic mention of "the extraordinarily beneficial results which have been obtained at Mösseberg in several forms of lung-affection, especially in chronic bronchitis and incipient phthisis."

The old custom in Sweden, and one which has its corresponding practice in other countries, was to send patients

affected with incipient pulmonary consumption to the West Coast, and Marstrand has thus been called—more by the Germans perhaps than by ourselves—the Madeira of Sweden. The credit due to these two islands—the real—no less than to its northern substitute, as far as the cure of consumption goes, is, however, rather doubtful; and it has been shown that the dry air of the stéppes of Russia, with the addition of the use of *koumis*, affords much more favourable results in the cure of phthisis than the air of these islands.

The many tombstones and monuments in the cemetery of Nice, erected over foreigners who came thither in search of health, but found a grave, tell a sad tale of the inefficiency of the place, viewed as a health-resort in phthisis.

At Görbersdorff, in the Riesengebirge, with an elevation of 1,700 feet above the sea-level, there has existed during the last ten years an establishment for the treatment of pulmonary consumption, under the direction of Dr. Brehmer. Physicians from various quarters have borne testimony to the good results obtained at Görbersdorff, in comparison with the exceptional benefits resulting from travel by land or sea, or from the cautious use of the water-treatment. In reference to this treatment it has been alleged that the founder of the modern water-cure, Vincent Priesnitz, died of phthisis at the original establishment, Gräfenberg, even before the disease had reached its last stage. It may not be out of place to notice *en passant* an entirely different result in the case of the inventor of the modern movement-cure, P. H. Ling, who, attacked by pulmonary phthisis at an early age, yet managed to keep it at bay by his kinesiatric applications, until, at last, from a combination of unfavourable circumstances, the disease obtained the mastery at the age of 63. I am inclined, however, to believe that the pure highland air (without the aid of baths or other remedies) will generally be found to afford the best help in the first stage of consumption, whilst, in its last stage, highland air, equally with other remedial processes, will probably be found of no avail.

PROBABLE INVASION OF CHOLERA.

By Dr. Bayes.

Cholera is again approaching England. Towards the close of this year, or possibly in the autumn, we may expect this scourge; it has already spread through Russia to Poland, and is slowly coming upon us by the same route which former epidemics have followed.* A few remarks on the natural history of this disease are therefore worthy our attention.

In the Sanitary Report for India for the year 1870 there are several interesting matters relating to this epidemy. On page 11 of the Abstract Report we read as follows:—

"The view held by Dr. Bryden,† at which he arrives through statistical data, is that there is a movement of epidemic cholera independent of all conditions. A district enclosed by a line drawn along the 86th meridian of E. longitude, from the mouths of the Mahanuddy to the roots of the Himalaya, and another line parallel to this, drawn from the N.E. angle of the Bay of Bengal to the Himalaya, extending over an area of 122,500 square miles, is in Dr. Bryden's view, the perennial home of Indian cholera, where it always exists in its endemic condition, appearing and disappearing at different times and at different seasons. From this endemic area spring up those '*bodies of cholera*' which overflow the boundary from time to time, invading at last the regions of Asia, Africa and Europe which happen to be in their course, and the *materies* of cholera, whatever it may be, has a period of growth, existence, decay, re-vitalization and death, these states being under the influence of time, place and atmospheric conditions.

"A further communication from Dr. Bryden has been forwarded by the Government of India in Sanitary Despatch (No. 8), 20th May, 1870, bringing to notice the appearance of epidemic cholera towards the end of October last on the eastern coast of Africa, and an outbreak at Zanzibar which commenced on the 20th of November, and pointing out the probability of its spreading to Europe.

"This appearance of cholera on the eastern coast of Africa

* Since this article was written the epidemic has progressed still further westward; it has reached Konigsburgh, and is anxiously watched for at our northern ports. August 16th: The mortality at Konigsburgh is about 50 per cent.

† Dr. J. L. Bryden, Statistical Officer attached to the Sanitary Commissioner with the Government of India.

is anticipated in Dr. Bryden's report in relation to the history the epidemic cholera of 1868 and the spring of 1869, and its gnificance defined. At that time no advance of the epidemic olera of 1868–9 beyond the limits of Hindostan had occurred, hough the movement was regarded as imminent.

"Following the epidemic movements of cholera in Bengal in ne and July, it was reported to the Government of India that olera invading Persia had committed great ravages at Shiraz d Ispahan, and while still existing in Northern Persia had tirely ceased elsewhere about the middle of August. The olera of this advance appears to have been felt also in Southern ssia, for in July a few cases occurred at Kieff. The dis-pearance of this cholera in August is (Dr. Bryden believes) homologue of the disappearance which, towards the end of gust, occurred over an enormous tract in the Gangetic and ntral Provinces.

"From anticipations founded on parallel events in the epi-nics of 1856 and 1861, Dr. Bryden remarked on the pro-ility of a further epidemic movement of cholera over Northern lia in the first week of September, and this movement did ur and he was disposed to believe that the cholera of the t week in September was a cholera truly invading an un-upied area, and that this invading cholera, which in the erut district and in Southern Russia dates from the same k, was one and the same movement, and were beyond ques-due to the cholera of the same epidemic.

In the light which Dr. Bryden reads parallel history, he siders that the epidemic now in progress has still before it February, 1870) a vital existence of at least two years, e it was in April 1868 that its movement from out of the mic area occurred; that about the 12th of May indications he re-appearance of cholera might be looked for in the dis-s of the northern epidemic routes, the tract south of the na, Agra and Gwalior; that in the Central Provinces era would be present in nearly every district, commencing March and April; and that in the event of the spread to pe of this cholera and that present in Southern Russia, istence through 1870 and 1871 may be expected."

Dr. Bryden's view that the cholera *materies* is a living ty which grows, lives, moves, decays, re-awakens to and dies; that each epidemic lives a certain number ears, and then dies; founded, as it is, on many years' ful observation of the natural history and geography he disease, has great practical value. It teaches us to t the disease as one of parasitic-germ origin when we t with it in the human body; and the full appreciation

of this fact, that cholera is a parasitic entity, shows us in what direction to look for its true antidote.

Dr. Bryden's view also has a direct bearing on the question of quarantine. He says that "the cholera miasm has a remarkable resemblance to that of the miasm producing malarial fevers, but that it has its own specific character. He holds that cholera miasm may exist without population. The existence of population is only the condition under which its presence is manifested; that it will cross unpeopled deserts and attack the districts beyond, if lying in the direction in which it is progressing, and hence that all attempts to arrest its course by quarantine must necessarily be futile; that once started on its course it must fulfil its life period, which, for Northern India, appears to be four years."

The force which carries cholera from one district to another, and from one country to another, appears to be the wind, acting on this miasm as it does on the clouds.

As to local peculiarities affecting the spread of the disease, Dr. Bryden says that well-wooded districts shew an exemption from cholera, while the denuded parts of the country are very liable to the miasm. The natives of India, knowing this, rush into the jungle to escape the epidemic. On the other hand, it is most prevalent where men are crowded together over a small surface, but is less malignant where men are scattered over a larger surface of land.

When cholera has invaded a district, the following defective sanitary conditions aggravate the epidemic:—

"Malaria.
"Crowding.
"Defective ventilation.
"Fairs, feasts, and other concomitants.
"Sudden atmospheric changes in temperature, rain, &c.
"Damp subsoil, tainted ground.
"Impure air from nuisances.
"Tainted water.
"Imperfect conservancy.
"Fatigue and exhaustion.
"Careless dietetic regimen.
"Unripe food.
"Tainted food.
"Every agency, in short, which tends to lower the standard of health, and excesses of every kind, especially in the use intoxicating drinks, predispose to attacks of cholera."

n a Report on the Treatment of Cholera, appearing in same abstract, by Dr. Murray, the following stages or rees of the disease are recognised :—

stly. Malaise, generally present, marked by depression pirits, want of appetite, torpor of the bowels.

ndly. A copious light-coloured purging, the stools lually becoming more and more watery, and at length urless like rice-water, feeble pulse, cold breath, coun- nce dark, eyes congested, scanty urine, wandering ips.

rdly. Collapse.

he general treatment recommended by Dr. Murray, ie first stage, comprises avoidance of all excess, espe- y in eating and drinking, all fatigue, depressing pas- s, fear, and the like. Gentle stimulants, rest, and as to diet, are specially insisted on.

i the second stage *perfect rest* is absolutely ordered.

i the collapse iced water, ice in morsels, cleanliness, nth applied externally, the avoidance of everything ly to agitate or exhaust the sufferer, are the chief ns relied on. All these recommendations appear to ost judicious.

he medicinal treatment recommended by Dr. Murray prises anodynes, opiates, carminatives, astringents, huric acid drinks, &c., in the first two stages ; but in last stage—that of collapse—he says " Medicines are io use ;" " Doing too much may destroy the last ice of life."

he recital of the above medicinal means shews us how pletely allopathy stands where it did in the treatment is fatal disease. There has been no positive progress at system, which arrogates to itself the title of scien- medicine ; the only progress has been of a negative , *i.e.*, the allopaths are told to hold their hands from g any medicine at all during the stage of collapse, hey should kill their patient.

homœopathy in the same condition of immobility? or e prepared to encounter this disease with newer and r weapons. Has the light which has been thrown e natural history of the disease been of any practical o us, or is such knowledge as useless to us as it has rto proved to the older school of medicine? Are we st satisfied with the expectation of curing 66 per cent. ur cholera cases (which has been our former expe-

rience), or are we to look for higher things, and, by our science and our art, to combat the *materies* of cholera without and within the body, as well as to cure the depressed vitality of function and structure which it has caused within the body?

Whether it be possible to destroy the cholera miasm (or cloud of *materies*) on its route across continents, is a question which must be left to state medicine. If cholera miasm be a cloud of parasitic vital bodies or germs, floating in the air and propelled in the direction of the wind, checked by very high land, until a certain increase in the body of the miasm allows it to overtop and overflow the obstruction; if it flow along down valleys and is wafted over seas, it presents a most formidable aspect; but, nevertheless, we may hope that science will enable us, at some future time, to erect a barrier against it, and to destroy the vitality of this cloud of disease at some point in its course. It is merely a question of cost and of ingenuity. The cost of simultaneously disinfecting a long range of country would probably equal the cost of a great battle, and the attack might even prove unsuccessful; but the effort would be, to say the least, as patriotic and as noble as that which covers fields with the slain and ends in triumphal national exultations.

But, as physicians, our immediate care is to combat the effects of this miasm when it has entered into a community, and is prostrating and slaying its members, and when it has entered into an individual, and is preying on his vitality.

Knowing that the enemy we have to encounter is a vital entity, which pollutes the air, the water, and the food, that it multiplies itself or fructifies most rapidly, wherever decomposition is going on most rapidly, our first endeavour is to see that our air is kept as pure as it can be kept, within and around our dwellings, by cleanliness in all the offices in and round our houses; by the disinfection of those places where decaying matters are placed, such as dust-bins, &c.; by the frequent purification of our water-closets, &c.; and by the daily pouring some disinfecting fluid down every aperture leading to our drains.

In assuring, as far as possible, the purity of the water, it is our duty to see that the cisterns are kept clean, and, further, it is advisable to filter all the water used for drinking purposes.

As regards medicinal treatment, keeping in view that
e morbific cause is material, the treatment of the first
) stages, that of malaise and that of diarrhœa will
obably be found most successful when small material, or
ost material doses are given.

Dr. Rubini's method of giving *camphor* in saturated
ution (in spirit 60° over-proof) deserves the first place.
ormation on the effects of his method will be found in
current literature for 1866 and 1867. When I was in
ples in the early part of the year 1870, I had the
asure to make Dr. Rubini's personal acquaintance, and
ad a long conversation with him on the question. He
rmed me that not only his own subsequent experience,
that of his colleagues in Naples, fully bears out his
rtion that *camphor*, given in doses of 5 drops of the
rated solution (*i.e.*, 2½ grains of solid *camphor*) every
minutes, increased, if need be, to 10, 12, or even 50
ps, will cure every case of cholera. He says that after
w doses the disease subsides, then the doses may be
en at larger intervals. "In two, three, or four hours,"
says, "reactionary fever will set in, with abundant
spiration, and then cure will follow." He claims to
e cured every case which came under his care. During
treatment of a case of cholera, every pan into which
lera evacuations are poured, should have Condy's fluid
carbolic acid placed into it, so that the evacuations may
disinfected immediately they leave the body; and all
ets or linen which may be soiled should be plunged at
e into disinfecting fluid.

Next to Rubini's method, *arsenicum*, *cuprum acet.*, and
atrum are the most frequently indicated remedies.
e two former (bearing in mind the germ theory of the
ease) offer the means of meeting both indications, that
destroying the cholera germ while, at the same time,
y will act, homœopathically, as specific stimulants to
tracts invaded by the disease. The *arsenicum* may
given in the 3rd decimal dilution, or in the form of
wler's solution; the *cuprum aceticum* in the 1st cen-
mal trituration, respectively, in a single dose of 3 drops
3 grains, followed by frequently administered doses
. grain or 1 drop, until the disease yields. *Ipecacuanha*
veratrum album 1st, *iris versicolor* 1st, all undoubtedly
e their place, according to their homœopathicity, in
treatment of the diarrhœa and vomiting; but their

action is, probably, simply of a specifically-stimulating kind, and does not affect the vitality of the cholera germs in a direct manner; their sphere of usefulness is to be found in the latter stages of the disease, after the diarrhœa and vomiting have persisted for some time. While we should expect to find *camphor* useful in all stages, from its effects on the nervous system, we should look upon *arsenicum* and *cuprum*, in their low dilutions, as being chiefly useful in early stages of the disease, *i.e.*, during the first stage and the earlier part of the second.

In the stage of collapse the sphere of the higher dilutions would come into play. If the disease have run on into the stage of collapse, we no longer should look on the destruction of the cholera-germs to hold any part in our indication, but simply, then, have this problem to solve, how best to rouse the vitality of the stricken and almost paralysed cell-life of the body. Here, especially, we must bear in mind that the patient is hovering between life and death, and that the gentlest possible specific stimulation is all that the organic cells can bear, remembering that all stimulants are paralysers, if given in doses too large, relatively, to the condition of vitality of the parts to which they are directed.

I commend to the careful consideration and experiment of my confreres the above suggestions as to the treatment of the epidemic with which we are threatened, and would suggest to those who carry cases of anti-cholera medicines, that while they furnish themselves with the lowest dilutions to meet the onset of the attack, they should also possess themselves of the 30th, or even of higher dilutions, with which to rouse the feeble energies of the all but dead organic cells.

A few words as to prevention—An occasional dose of *camphor* should be taken whenever the patient feels a little depressed, or when there is looseness of the bowels.

A flannel belt worn round the abdomen,* and careful avoidance of chills and damp, are among the best preventive means to be adopted by those exposed to the contagion of cholera.

58, Brook Street, Grosvenor Square.

* Messrs. Turner & Co. sell an admirable belt of this kind, with a small plate of copper in the centre.

OBSERVATIONS ON PHTHISIS: DIAGNOSIS IN THE EARLIEST STAGES: ITH SUGGESTIONS FOR TREATMENT.

By JOHN ANDERSON, M D., M.R.C.S.

(Continued from page 490.)

NUING the subject of the "*Sources of Diagnosis*," the head of "abnormal symptoms," of which those tric disturbance, emaciation, cough and expectora- vere described in the last paper, we come now to nsideration of—

Hæmoptysis.—This symptom is an exceedingly im- it and interesting one from a variety of circumstances. nands the most attentive consideration were it only ts frequency, and the alarm it necessarily excites in nd of the patient and his friends. Hæmoptysis is the uence either of congestion of the lungs or of some of those organs; the morbid condition with which nost frequently associated is the development of les, although it is occasionally due to cardiac affec- especially mitral disease and hypertrophy of the entricle. It may also arise from some other causes, s special interest at present in this investigation, is nexion with the development of tuberculous disease. nportant to decide accurately that the effused blood reality pulmonary; it might possibly proceed from ms, fauces, or the stomach; but careful investigation enerally decide the point, although, sometimes, agnosis from hæmatemesis may be difficult, owing contents of the stomach being occasionally rejected moptysis. The hæmoptysis may arise from the s membrane of the bronchial tubes, or from a tuber- cavity, or from the air cells themselves, in which ase there would be extravasation internally, as well ie hæmorrhagic effusion externally. Dr. Pollock that in the early stage of phthisis, the hæmoptysis ainly due to congestion, more or less intense, of the nary vessels, arising from the local inflammatory accompanying the deposit of tubercle, and from re on the pulmonary veins, and not from any breach face in the lung or vessels, such as occurs in the or third stages of phthisis (softening and excava-

tion), and that viewed in this light, it is undoubtedly a relief to the local disorder.* In quantity, the effused blood may vary from a mere discolouration of the sputa, a point or streak of blood, to a tea-spoonful, a table-spoonful, a few ounces, or even pints or quarts. Dr. Pollock records a case of eight quarts in a young man, aged 20, in the second stage of phthisis (softening) occurring within the first three months of illness.† In appearance, the blood in hæmoptysis may present a venous red tint (rare), a florid red, or a brick red, or a light flesh-like pink hue. If the quantity be at all manifest, it is usually frothy and florid red; if excessive, it will be vomited or gulped up; if only very moderate, it will be expectorated with the act of coughing. There are usually some attendant symptoms that should be noticed, namely, præcordial oppression and soreness, some dyspnœa and palpitation, a salt taste in the mouth, debility and depression, flushings, perhaps dry cough, pulse frequent, sharp and compressible, laryngeal irritation. There is very little doubt that hæmoptysis, quite irrespective of quantity or frequency of recurrence, is generally to be associated with phthisical disorganization of the lungs. At the same time, it is not, as a symptom of such disorganization, always so dangerous as might at first be supposed; in some instances, it may even act rather beneficially by relieving local congestion, and so lessening the severity of some of the concomitant symptoms. Out of 131 cases of phthisis, Dr. Walshe found that only two deaths could be traced to the direct or indirect influence of hæmoptysis, and his conclusion is, that "frequently recurring hæmoptysis does not reduce the mean duration of life, after seizure with tuberculous symptoms in any given mass of cases."‡ Out of a great many cases of phthisis, Dr. Rees had only known of two deaths from hæmoptysis. Twenty-one cases of fatal hæmoptysis occurring in the Brompton Consumptive Hospital are recorded in the second medical report; these were examined after death, and all had disease in both lungs. Dr. W. Addison says "that hæmoptysis is fatal in one case out of forty only, and that it is really of much less consequence when the quantity of blood is small, than the change of structure of which it is

* *Elements of Prognosis in Consumption.* † Op. cit.
‡ *On Diseases of the Lungs and Heart.*

sign and consequent."* As regards the prevalence of
noptysis as a symptom of phthisis, impending or mani-
ed, Dr. Walshe found it to occur in about 81 per cent.
ases, and Dr. Pollock in about 63 per cent. of all cases
hthisis, being more frequent as three to one in the
stage (deposition). In an analysis of 1,200 cases,
noptysis occurred in 701; but the proportion was less in
e phthisis, for of 179 cases, 82, or nearly one-half,
no hæmoptysis.† Dr. Tanner states that hæmoptysis
rs in about two-thirds of all the cases of phthisis, and
bout one-half the cases of tubercular phthisis.‡ Of
1 cases of phthisis tabulated in the Report of the
pital for Consumption, irrespective of sex or age, 870
hæmoptysis more or less developed. At the same
, it must be remembered, that while on the one hand
most acute phthisis may exist without any hæmoptysis,
æmoptysis may exist, and yet there may be no tuber-
us disease. Dr. Pollock found that of 446 cases of
tuberculous disorders resembling consumption, a very
proportion had hæmoptysis, and, in addition to these,
arefully noted 191 instances of spitting of blood with-
onsumption, depending on cardiac disease, bronchitis,

Hæmoptysis is most frequent in the stage of depo-
n; it then arises more especially from intense pulmo-
congestion — transudation from the over-charged
laries, the pulmonary circulation being obstructed by
tuberculous development, the right ventricle of the
t acts with an increased energy, the blood is thrown
unusual force into the lungs, and thus hæmorrhage is
uced. In some cases, according to Dr. R. Hall,
is a fatty degeneration of small blood vessels, which
r some temporary muscular exertion or mental excite-
t do literally give way or break, and the flow of blood
ien a veritable hæmorrhage from a patulous vessel,
not a mere transudation.‖ Sometimes, hæmoptysis
cates the period when the process of softening com-
ces; but it is more frequent, again, in the stage of
vation, and then it arises from the positive rupture of
ssel, and then the hæmorrhage is sometimes profuse.
396 cases of hæmoptysis, Dr. Copland found that 509

* *On Consumption and Scrofula.* † Op. cit.
‡ *The Practice of Medicine.* § Op. cit.
‖ *On the Mode of Development of Tubercle in the Lungs in Chronic Phthisis.*

occurred before the softening stage, 187 after softening. Occasionally, after death, a large excavation has been found filled with blood, either fluid or coagulated, or the purulent matter in a cavity has been found tinged with blood. Of 351 cases of *profuse* hæmorrhage, Dr. Pollock found that 163 occurred in the stage of excavation, 143 in the stage of softening, and only 45 in the stage of deposition.*

It is important to consider how early in phthisical disease hæmoptysis may show itself. Its frequency in the deposition stage has already been mentioned; but the question arises, is it ever present in the premonitory stage, and if so, what is its value in reference to diagnosis. Microscopic research shows that enveloped red blood corpuscles may be found in the sputa, when to the naked eye no trace of blood is seen; and Dr. R. Hall states that this "microscopic hæmoptysis is seldom, perhaps never, altogether absent in those cases of commencing phthisis in which the more obvious expectoration of blood is wanting."† This opinion is confirmed by the observations of Dr. J. C. Hall.‡ Dr. Walshe says that hæmoptysis frequently occurs at the very outset of the disease, or after the expiration of the first month—rarely within the first month, unless it has actually appeared as the first among the first symptoms. Streaked or tinged sputa are of very common appearance amongst the earliest symptoms, but rarely, or never, the first symptom singly and alone.§ Dr. Pollock considers hæmoptysis to be often one of the earliest symptoms; and in a great number of cases to mark the very beginning of tubercular disease in the lung.‖ There can be no doubt that hæmoptysis (comprising in the term that which is absolutely microscopic, or only a mere speck or tinge in the sputum) may be regarded as one of the earliest indications of impending phthisical disease, as well as one of the first symptoms evidencing the actual existence of tubercular deposit. Its value in diagnosis is therefore great; and its presence as a symptom is to be carefully considered in forming a prognosis for the future. Andral states that every time that hæmoptysis shall be observed to supervene during

* Op. cit. † Op. cit.

‡ *Hints on the Pathology, Diagnosis, Prevention and Treatment of Thoracic Consumption.*

§ Op. cit. ‖ Op. cit.

the progress of an affection of the chest, the nature of which admits of doubt, there will be strong presumption in favour of the presence of tubercles. Louis is strongly of opinion that hæmoptysis (with some few exceptions) whenever it happens, renders the presence of tubercles in the lungs extremely probable; excluding cases of amenorrhœa and of mechanical injury to the thorax, he did not meet with a single example of hæmoptysis among 1200 patients except such as were phthisical. Dr. Copland considers that the expectoration of blood is often a very early indication of tubercular formations in the lungs.* Watson states in his *Lectures on the Practice of Physic* that "if a person spit blood who has received no injury of the chest, in whom the uterine functions are healthy and right, and who has no disease of the heart, such an one is almost sure to have tubercles in the lung." Dr. Tanner is of opinion that in the large majority of cases hæmoptysis is merely symptomatic of tubercular phthisis†; and Dr. Walshe says that the tendency of his experience "is clearly to show the vast frequency with which hæmoptysis is in some manner or other an attendant on tuberculous disease;" and, further, that "if the expectoration in pneumonia be actually more or less profusely bloody, if there be hæmoptysis in short—the pneumonia is tuberculous." Dr. Rees considers hæmoptysis to be almost always indicative of phthisis; and that dusky-coloured blood with saliva never comes from the lungs, but from the gums or throat. Dr. Pollock, however, states very emphatically "that without the evidence of physical signs and the concurrence of other symptoms, the diagnosis of tubercle in the lung cannot be made from hæmoptysis alone, no matter what its characters may be." On the whole, he places little reliance on the presence or absence of hæmoptysis as a prognostic. Trousseau states in his *Lectures on Clinical Medicine* that in the majority of his cases of pulmonary hæmorrhage, the bleeding did not depend on tuberculosis, but that some were due to what he calls "hæmorrhagic deviation;" also, that from 16 to 30 years of age, hæmoptysis was generally dependent on pulmonary tubercle; but after 40 or 50 years of age it was, as a general rule, a sign of disease of the heart.

The frequency and importance of hæmoptysis as a

* *On Consumption and Bronchitis.*
† *Practice of Medicine.*

symptom of phthisical disease, especially in its earliest stages, being admitted, a question of much interest presents itself for consideration. Does the hæmoptysis precede the tubercular deposit, a cause in fact of that deposit, or is the hæmoptysis the result, one of the effects of the deposit? This involves the further important subject of pulmonary phthisis being caused otherwise than by the mere deposition of tubercle; and that the inflammatory products of pneumonia, the disintegration of blood clots, &c., may give rise to all the symptoms and phenomena hitherto known and recognised solely as tubercular phthisis. Dr. Thomson "doubts if hæmoptysis ever precedes the deposit of tubercle in the lung; and thinks that, in many cases, the local loss of blood may be advantageous to the patient by relieving congestion."* Dr. Walshe says, in reference to his examination of 106 cases of phthisis: "Hæmoptysis never appeared as the *bonâ fide* first symptom in these cases, the phrase being understood in its actual sense, without qualification." He is therefore led on clinical grounds to deny the existence of "phthisis ab hæmoptoe."† Watson states, in his lectures, that pulmonary hæmorrhage is always the consequence—and not the cause—of the presence of tubercles in the lung. Dr. Barlow, whilst admitting that an attack of hæmoptysis has often been assigned as the cause of the subsequent phthisis, considers it more correct to regard it as one of the accidents liable to occur in that disease, arising from the hyperæmia which exists in the lungs.‡ Dr. Pollock thinks "that the possible concurrence of congestion of the lung, preceding or accompanying the deposit of tuber- cle is a practical point demanding our best powers of inves- tigation." He denies that the simple flow of blood from the lung, whether from simple exudation or positive rupture of a vessel, can of itself be in any degree a causative agent in the production of tubercle.§ The observations of Niemeyer on this subject are important. He contends that hæmoptysis is one of the most frequent causes both directly and indirectly of phthisis. He says‖ "that the majority of cases hæmoptysis is followed by a more or less serious irritation of the lung and pleura. Not the less the pneumonia processes following an attack of hæmo-

* *Clinical Lectures on Pulmonary Consumption.* † Op. cit.
‡ *Manual of the Practice of Medicine.* § Op. cit.
‖ *Clinical Lectures on Pulmonary Consumption.*

/e behind them in all, or even in the majority of
:esy infiltrations leading to pulmonary phthisis;
:ontrary their most common termination is in
ı. Hæmoptysis may not only tend to destructive
:ating pneumonia, but also at a later period, by
:posits remaining behind, to true tuberculosis. It
.ed that attacks of bronchial hæmorrhage occur
e frequently in the course of pulmonary phthisis
l its stages, than they precede it. Abundant
hæmorrhage occurs more frequently than is
y admitted in such persons who neither are con-
at the time of the hæmorrhage, nor become so
s. Capillary hæmorrhage, either bronchial or
y, does not so frequently lay the first foundation
onary consumption in persons in whose lungs
:ubercles nor pneumonic deposits previously
[n the same manner do bronchial and pulmonary
ıges not unfrequently accelerate the course of an
xisting pulmonary consumption. In some rare
the hæmoptysis is not the cause, but the conse-
the pneumonic processes which, in their further
:ad to consumption. That portion of the blood
nains behind in the alveoli, and which, together
pneumonic infiltration, undergoes the cheesy
)hosis, not unfrequently gives rise to an eruption
tubercles." Andral has also shown that an infil-
a portion of the effused blood into the air cells
onary structure may form a nidus for the primary
tubercles.

)tysis occurs chiefly between the ages of 20 and
according to some writers between 15 and 35
)r. Pollock has seen hæmoptysis at 18 months, 2
nd 5 years of age, but never profuse under 5
)f 351 cases of profuse hæmoptysis, only 43
in persons under 20 years of age. The duration
51 cases ranged from 12 months to 7 years, the
ımber (102) was of 24 months duration. The
f the whole was 30.35 months; one case recorded
) years, another of 15 years, and another of 20
ration.* Dr. West says that the ordinary phthisis
)od is in general distinguished by the absence of
:is at any stage of the disease.† From the
on of 106 cases, Dr. Walshe states that hæmop-

cit. † *On the Diseases of Infancy and Childhood.*

tysis was of slightly more frequent occurrence in males than females; that very profuse hæmorrhage from the lungs, and repetition of hæmoptysis, was more common in males than females; and that the frequency of hæmoptysis increases with advancing years in both sexes, this increase being more abrupt in females than in males.* Dr. Pollock's investigations confirm some of the foregoing statements. Of the 351 cases of profuse hæmoptysis previously referred to, 267 were males, and 84 were females; thus proving that males are more prone to spit blood in large quantities than females. In the more moderate degree of hæmoptysis Dr. Pollock found that the female cases predominated; and taking both sexes and all forms of hæmoptysis together, that many more females than males had this symptom.† The Report of the Hospital for Consumption, quoted by Dr. Copland, gives 563 cases of hæmoptysis in males, and 307 in females, out of 1381 cases of phthisis. Another table is given by Dr. Copland which gives 706 males and 378 females out of 1084 cases of phthisis.‡ In neither of these tables is it stated whether the hæmoptysis was moderate or profuse.

From the foregoing remarks it will be seen that special interest and importance are connected with this symptom of hæmoptysis as a source of diagnosis. Its value as a diagnostic mark is chiefly in the early, and very earliest stages of phthisis, although even then, taken by itself, its presence could hardly be relied on as an absolute proof of existing or impending disease; but taken in connexion with other symptoms, which in themselves may be slight, it greatly helps to the formation of an accurate diagnosis. Under any circumstances its presence is gravely suspicious (especially in view of Niemeyer's pathological opinion that it may be a causative agent in the production of disease), and would enjoin careful watching and treatment in every case where it might arise, quite irrespective of the quantity of the blood effused, or the frequency of its occurrence. In the later stages of disease its value as a diagnostic mark is of course much less, owing to the development of other symptoms and unmistakeable physical signs. The diagnosis should always be guarded in reference to the question of the actual presence or absence of any phthisical disease whatever; the probability always being in favour of the former conclusion. At the same time the prognosis

* Op. cit. † Op. cit. ‡ Op. cit.

d not necessarily be unfavourable; and even when ase is really established, the prognosis may be more ess encouraging, at any rate for chronicity, seeing that sionally relief is afforded to local congestion by lerate hæmorrhage; and the further spread of mischief east for a time averted or suspended. The rarity of a l termination from even profuse hæmoptysis should not forgotten in the prognosis, were it only to allay the ly excited alarm of the patient and his friends.

(To be continued.)

A CASE ILLUSTRATING THE ACTION OF MAGNESIA.

By R. T. Cooper, M.D.

EW days ago a poor woman, by trade a hawker, con- ed me. She had for some eighteen months been in habit of using effervescent granular citrate of mag- a in her ordinary drinking water, whenever her means wed of her procuring it. Sometimes she took it four ive times a week, or even oftener, an ounce lasting e or four times. This being the case, we would rally expect to find magnesia symptoms prevailing. ar provers can develop with comparatively small doses erous and characteristic symptoms, it is but reason- to suppose a woman living upon a plain and simple , and partaking freely of a medicinal substance, would, he end of eighteen months, be found complaining of ptoms produced by it.

er symptoms, carefully recorded and briefly compared like symptoms in the proving of *magnesia muriatica*, e find them in the *Chronic Diseases*, were as follows:—

Patient's Symptoms.	*Magnesia m. Symptoms.*
r the last six days, pain e left side under the heart, a stitch, aggravated by ration, worse on lying on opposite side, eased by on the affected side.	Stitches deep in the left side of the chest, independent of breathing. Stitches in the left side of the chest from without inwards; soreness when touching the parts. See proving of *magn. carb.*
r the last twelve months, across the loins, rendering	Pain in the small of the back, as if the parts were broken,

her unable to get up after stooping to pick up anything from off the floor.

Leucorrhœa, a thick yellowish discharge staining the linen; unable to say when it comes on worse.

A thick yellowish coating on the tongue, generally observed in the morning, but often during the day as well, with a saline taste.

Thick nasty mucous accumulation in the mouth every morning.

A week ago she took a dose of salts (sulphate of magnesia), which acted all right, but in about twenty-four hours after the cessation of the purging, a constant and ineffectual desire to go to stool came on, with ineffectual tenesmus, which continued all day, ending in her passing a quantity of blood and slimy matter.

Southampton, July 24th, 1871.

when stooping, or stretching the limbs.

Contractive cramp pain in the small of the back.

Thick leucorrhœa, followed immediately after by discharge of blood, &c.

A quantity of mucus in the mouth and teeth, with a slimy taste.

Mucus in the mouth and on the tongue, almost every morning.

Saltish taste, and conflux of salt saliva.

Violent, irresistible desire for stool, tenesmus with small pieces of soft, then thin stool, accompanied by shuddering and colic.

Several attacks of diarrhœa with expulsion of mucus and blood, and tenesmus of the rectum.

"Magnesia . . . . excites a genuine phlegmasia, as is evidenced by the mucous and sometimes bloody evacuations, and by the tenesmus which is not slow in supervening."—Trousseau and Pidoux, quoted at p. 572 of vol. ii. Hempel's *Materia Medica*.

REVIEW.

The New England Medical Gazette. A Monthly Journal of Homœopathic Medicine, Surgery, and the Collateral Sciences. Edited by J. T. Talbot, M.D. January to June, 1871. Boston: S. Whiting.

Too few British Homœopathic practitioners are, we fear, familiar with the periodical literature of our brethren in the "Great Republic." We are sure that all of us would gain much help in practice by cultivating an acquaintance with the observations

corded in the journals which come to us from the United ates. We, therefore, propose, as space and opportunity shall at our disposal, to present a resumè of the principal papers ntained in the more important of these periodicals.

On the present occasion, we introduce to our readers one of best of the "Monthlies." It is edited by Dr. Talbot, of ston, a physician who ranks high in the esteem of his medical thren, as has been shown by his election to the presidency of American Institute of Homœopathy, at the conclusion of recent meetings at Philadelphia.

The *January* number of the *New England Medical Gazette* mences with a paper by Dr. KELLOGG, of New York, entitled *Cravings and Hankerings*." It relates to dietitics, and gives eral instances of indulgence in cravings after, theoretically, st unsuitable kinds of food and drink in some cases of ess being followed by rapid recovery. Dr. K. urges that h cravings and hankerings should not be ignored by the sician, and thinks that they indicate some want in the vital nomy. This paper is followed by a portion of a *Report of the mittee on Materia Medica*, by the chairman, Dr. WESSELHOEFT. consists of clinical verifications, reported by different prac- ers, of the symptoms of certain medicines. *Inter alia*, *ucia Antidysenterica* is credited with having had "a very ided effect in strengthening weak ankles in two cases—one a aged four years, the other a girl aged four and a half." We eve that this remedy has been successfully used in two or e similar cases at the London Homœopathic Hospital. e next paper is a reprint of Dr. MADDEN'S essay on *The dy of the Homœopathic Materia Medica*, read at Birmingham t year.

Then comes a paper on *Animal Vaccination*, by Dr. HENRY RTIN, the Chairman of the Committee on Vaccination of the erican Medical Association, in which the use of heifer lymph, t is, of cow-pox propagated from heifer to heifer, is strongly ocated. Independently of the interest of the question in- ved in Dr. Martin's paper, there is an interest attaching to publication of his essay in a homœopathic periodical. For crime (!) Dr. Martin was recently arraigned before the bar he American Medical Association, removed from the chair of committee, and threatened with expulsion from the association, not actually expelled!! Dr. WARREN, of Palmer, Massachu- ts, reports a case of threatening inflammation of the mamma r confinement, which was entirely subdued by *phytolacca* 1 the application to the breast of cloths wet with a solution of *tolacca* ϕ, one part tincture to ten of water.

The *February* number opens with the translation from some rman periodical of a paper by Professor MARTIN, of Berlin,

on *Two Successful Cases of Ovariotomy*. A reprint of Dr. SHARP's paper, on *The Action of Drugs*, read at Birmingham last year, comes next. This is followed by an abstract of the course of study required by the Universities and licensing boards of this country from candidates for the degrees and diplomas. Dr. Thompson, of New York, sends a note to the effect that the injection of four ounces of a solution of one grain of corrosive sublimate, to twelve ounces of water, is a remedy which he has never known to fail in curing thread-worm.

In the number for *March* Dr. VERDI gives the details of six cases of pulmonary disease of a tubercular character, following pneumonia, in which *calcarea phosphorica* and the *hypophosphite of iron* yielded satisfactory results. He, however, does not give any *data* suggesting the special forms of disease in which these two remedies are to be preferred to others. Dr. BURR contributes an article on the necessity of a more careful study of clinical medicine, and urges the importance of adopting some well-matured system for securing a full and careful record of individual practice. Dr. RICHARDS publishes two cases of tonsillary ulceration treated by the *cyanuret of mercury*—one with the crude substance, the other with 1st and 2nd centesimal trituration. He says that in his hands no drug has equalled this in controlling ulceration of the tonsils, and that he has found it one of the most effectual remedies in diphtheria. He then gives the details of some cases cured with *puls.* 15,000, and *sulph.* 5,000. How these high dilutions were made we are not informed. After these mystical medicaments have had their virtues vouched for, we have the report of a case of cancer treated by Mrs. COOK, M.D., by the application of caustic, much after the fashion of Dr. Fell. This is followed by a record of a case of *chloral* poisoning. The patient was in a state of collapse when seen, and no autopsy was made. Hence, beyond proving that *chloral* will kill—a fact of which we have had too much evidence of late—the case is not especially instructive. The use of soluble *silica* is advocated by Dr. COLBY. From a letter from Dr. Thayer, of Battle Creek, Michigan, we are glad to hear that the introduction of homœopathy into the University of his State is practically settled. The reprint of the proceedings of the West Jersey Homœopathic Medical Society gives an abstract of a paper on post-partum hæmorrhage, by Dr. GARDINER. The author advocated the use of *ergot*, where pressure has failed to prevent hæmorrhage, and where *ergot*, *ipecacuanha*, and *sabina* fail, he injects persulphate of iron—3 ss. to Oii. of water, into the uterus.

Among the "items and extracts" we find the following:—"*The Boston Journal of Chemistry* reports, as among its subscribers, Dr. Death, Dr. Slaughter, Dr. Dye, Dr. Coffin, Dr.

Dr. Graves. This sombre list is lighted up by . Strength, and Dr. Joy. Dr. Drinkwater just Rum on the liquor question."

umber of this journal commences with the details f ovariotomy, in one of which recovery took place, g fatal. The operator was Dr. BELL, of Augusta, f Maine. The next article is devoted to sounding *chloral*. Cases of infantile convulsions, of acute lelirium tremens, acute mania, neuralgia, typhoid id catalepsy, are adduced in evidence of its bene- ; and, we think we may add, of the writer's want ce with the *Materia Medica Pura*. Two cases— cured by *pulsatilla* 6, and one of hydrocephalus, *llificia* 30, obtained the credit of having secured next reported by Dr. WESSELHŒFT, of Boston. o reports two cases. A brief article on *calendula* et at our having no proving of it. Dr. Hoffendahl, tices the prevalence of small-pox on the Continent d refers to the experience of Dr. BOLLE, of Aix la has obtained great success, where a fatal result led from inflammation of the throat, by the use of *erc. corr.* $^1/_{10}$ of a gramme to 120 grammes of what needlessly strong solution we should think. Bonn, is also quoted as having prescribed *mercury* curation during an epidemic that prevailed in Bonn enteen years ago.

rial article two or three cases of persecution on nœopathy are noticed, one of which exhibits malice character as thoroughly to deserve the qualification r as one of "unexampled cruelty." A young physician, of the highest character, was suddenly he instance of two allopathic physicians, on the wing a live infant into a creek. For three months oned without an opportunity being allowed him to e and conclusive evidence proving him innocent of At his trial, however, it was proved by the most indubitable evidence that he was not, and could n near the spot where the crime was committed; nguage of the Judge, "no clearer *alibi* could possi- shed." We have seen the full report of the trial Philadelphia paper. The *animus* of the prosecu- cting this charge was but too clear, and quite should have thought, to have justified a counter r conspiracy.

ing letter from Dr. HELMUTH, on the Annual Com- f several Medical Colleges, together with a report aneurism, by anastomosis, in which Dr. Helmuth

cut down upon and secured with "Speer's artery constrictor" the common carotid. The patient was an infant of fifteen months. The action of the "constrictor" is to rupture the internal and middle coats of the vessel, roll them inwards, and leave the external coat intact. Several other cases of surgical interest, including two of lacerated perruelum, are also narrated by Dr. Helmuth. Reports of societies, hospitals, and colleges, with lists of the graduates at each this spring—180 in all—and notices of one or two books complete the number.

The *May* and *June* numbers appear in one. The first article is practical and useful. It is by Dr. WOODBURY, of Boston, on puerperal convulsions. Where these threaten in nervous women, Dr. Woodbury advises *ignatia;* where the patient is plethoric, *aconite* and *belladonna;* and where the convulsions in such cases have actually occurred, *stramonium* or *hyoscyamus*. When convulsions are traceable to some abnormal quality of the blood, immediate delivery is in severe cases essential. Dr. Woodbury prefers the forceps to version as less likely to add to existing uterine irritation. Where uræmia is the cause of the convulsions, he has found *gelseminum* of great service. *Bromide of Potassium* he has found to control the convulsions; but it is, he adds, of no use in destroying the pathological condition on which they depend. Where convulsions continue after delivery *cicuta virosa* he has found a remedy of great value. Gonorrheal ophthalmia is illustrated by the report of a case by Dr. Angel, in which a collyrium of *nitrate of silver*, five grains to the ounce of water, cured the patient, the medicine being also given internally in alternation with the *bromide of mercury*. A very interesting paper by M. Desa, of Neufchatel, *On the Climate of the United States, and its Effects on the Habits of Life and Moral Qualities*, is reprinted from the *Boston Medical and Surgical Journal*. The great dryness of the climate is that which particularly attracted M. Desa's attention, and to this he attributes much of what in this "land of damp and fog" we regard as the "peculiarities" of brother Jonathan. An extract from a lecture by Dr. WESSELHOEFT, of Boston, *On the Action of Medicine and the Dose*, is sensible, but contains nothing we have not heard oftentimes before. Dr. MIDDLETON testifies to the advantage of enemata of salt water, and to the washing of the anus and adjacent parts with castile soap, and afterwards greasing with lard, in cases of thread-worm. Dr. HELMUTH reports a lecture on cleft palate, and gives minute directions for the performance of staphyloraphy. He also gives the details of a case of fungus testis, in which the organ was successfully removed, the cord having, in order to prevent sudden retraction and hæmorrhage, been secured by acupressure needles.

The American Medical Association, which recently met at

isco, and signalised the occasion by repudiating all
n having dark skins, refusing to hold communion
l women, and by threatening to turn Dr. Martin out
ociation, on the ground that he had committed the
me of writing an article advocating vaccination in a
ic journal, is the subject of some editorial comments.
ation seems to have met with no sympathy from the
e of San Francisco. One of their papers has an
led "*Medical Botheration*,"—said *botheration* being
an Medical Association; in another paper its pro-
e remarked upon under the title "*The Great Medical*
A full report of the annual meeting of the Massa-
omœopathic Medical Society is also given, and its work
he practical character of our American colleagues.

MEETINGS OF SOCIETIES.

MERICAN INSTITUTE OF HOMŒOPATHY.

ty-eighth *anniversary*, and twenty-fourth *session* of
ation was held at Philadelphia on the 6th, 7th, 8th,
June.

iminary meeting took place at the residence of Dr.
e Hering, on the evening of the 5th June. It
ie character of what is known in London as a "garden
everal hundred ladies and gentlemen enjoyed the free
hospitality of the veteran disciple of HAHNEMANN.

ollowing morning the meeting was opened in the hall
cantile Library Association, by Dr. H. N. GUERNSEY,
an of the committee of arrangements, addressing, in
f the homœopathic physicians of Philadelphia, a few
elcome to the members of the Institute.

KWITH, the president, returned thanks on behalf of
te for the welcome given to them, and then delivered
address. In doing so, he referred to the national
s linked with the city in which they were assembled;
that the first American Medical College was founded
that it had the still higher "honour of establishing
edical College in the world where the pure and true
the healing art of homœopathy was taught." Having
the meeting of the Institute held in Philadelphia
rs previously, and to the civil war which had devastated
y since that time, he gave a brief sketch of the history
titute, and a rapid survey of the position of homœo-
ie United States. He earnestly inculcated unity of
ng all medical men who adhere to the fundamental

principle of homœopathy — *similia similibus curantur*. "We should have," he said, "but one object before us, namely—the advancement of medical science. To accomplish this great work, we must liberally support our colleges and then expect of them a high standard of medical education, and insist that diplomas shall only be granted to those students who are well qualified to receive them. It is our duty on all occasions to condemn irregular practice, and encourage the weak to have more confidence in the principles of cure, for it is not the medicine that fails, but the physician who prescribes it." He urged the members to induce young men of ability to study medicine, and to prepare them for our colleges. After a reference to the approaching final effort to obtain a professorship of homœopathic therapeutics in Michigan, he said:—"The time will soon come when this country will establish a National University, and among its teachings will be included medical science. Diplomas from such an institution will be sought after by most young men entering the profession. Every effort will be made by the old school to entirely control the medical department that will be established in that university. To prevent any such lamentable occurrence, each member of this Institute should consider himself bound by the most solemn duty to oppose all legislation that would compromise our rights as a school of medicine." After suggesting the appointment of a bureau of ophthalmic and aural surgery, and the institution of prizes for essays on different departments of medicine and surgery, the president closed his very able address by paying a warm-hearted and eloquent tribute to the memory of the late Dr. Williamson, of Philadelphia.

Several committees were appointed; the annual report of the Institute was presented by Dr. Ludlam, of Chicago, in the form of a volume of 620 pp.; and the treasurer, Dr. E. M. Kellogg, of New York, submitted his report, exhibiting, we regret to say, a deficit of $635. 28.

Papers by Dr. CATE, on scrofulosis, and by Dr. BAER, on catarrhal fever were read, while five others were referred to the Committee on Publications.

Dr. T. S. VERDI, of Washington, then reported at length on behalf of the Committee on Legislation. His report, which was received with great applause, set forth principally the opposition on the part of physicians of the "Old School" to any and all efforts made by homœopathists for securing their right to practice in the district. He also reviewed the action taken in the matter of the dismissal of homœopathic physicians from the office of Examiners for Pensions, by the late Commissioner of Pensions, Dr. Van Ærnam, and referred to the bill equalizing the status of medical practitioners introduced into the House by

rfield. The report of the committee concluded by sub-
certain resolutions, which were referred back to the
ee, and the following were ultimately adopted in place of

t the interests of the cause of truth and the interests of
y rise higher than the distinctive lines of medical
and we hold it to be the duty of medical men to disre-
ch distinctive lines where these higher interests can be
d thereby.
t the exclusion of medical men from positions of honour
st in the public institutions of the country, or in the
ent service, on account of medical opinions, is an abuse
, and ought no longer to be tolerated.
t the censure and ostracism with which some medical
tions are pursuing the more liberal-minded of their
, are an invasion of the rights of American citizens, and
ve of the freedom of thought and action which should
rize all scientific bodies."

'. R. McManus, of Baltimore, Md., Chairman of the
' Censors, made a Report from the Board, submitting
es of seventy-three eligible candidates for membership.
ion, the report was accepted, and the candidates were

Institute then adjourned to meet at the Academy of
t eight o'clock, p.m., to hear the "Annual Address."
rator, Dr. T. P. WILSON, of Cleveland, Ohio, was in-
by the President, and addressed the assemblage at
ngth, his theme being "*The True Relation of Man to his Origin, Character, and Destiny.*" This subject is one
g of a great variety of views, and Dr. Wilson presented
ng, pseudo-scientific theory of Darwin, which gave rise
est on the part of several members of the Institute, and
y which, while thanks were returned for the address, its
its were not indorsed, but rather repudiated.
the address, a poem, written for the occasion, by Dr.
ER, of Philadelphia, and entitled "A Dream which was
a Dream," was rendered in fine style by its talented

e meeting on Wednesday, the 7th, Dr. BANNEISTER, of
Ill., read a paper on *cimicifuga racemosa.*
OCH, of Philadelphia, thought that he had seen puerperal
ested in its earliest stage by *cimicifuga*, which he had
l with much advantage in acute rheumatism. He gene-
e it in the 2nd dec. dilution. Various members spoke
due in heart disease, in headache, and in rheumatism.
ne conclusion of the discussion on this paper, Dr.

McMANUS presented a supplemental list of candidates for membership. Several names were objected to, but the objection centered upon one applicant, a graduate of the "University of Philadelphia," which institution was charged with trading in diplomas. A war of words ensued, and finally the objectionable name was referred back to the Censors, to obtain further information.

The report of the Bureau of Obstetrics was then received, after which Dr. GUERNSEY gave a brief statement of his views on the treatment of puerperal convulsions.

On the morning of the third day, Dr. FOOTE, of New York, reported the progress making in erecting the asylum for the insane at Middletown, in the State of New York. It is so far advanced as to give reasonable ground for hoping that it will be opened during the winter for the reception of forty patients. When completed, the building will accommodate one hundred and fifty patients.

Dr. WOODBURY, of Boston, read a paper *On Topical Applications in Diseases of the Uterus*; Dr. BECKWITH, of Ganesville, Ohio, one *On Post Partum Hemorrhage from Irregular Contractions of the Uterus*; and Dr. GAUSE, of Philadelphia, one on the *Use of the Forceps*, which was fully discussed.

The reports of the Bureau of Surgery, together with a number of papers, was then presented by Dr. TALBOT, of Boston.

Dr. TALBOT made a general report of the action of the bureau. Mention was made of the advance of homœopathic physicians in the art of surgery. One reason given for this progress was said to be the increase in the number of homœopathic physicians, but the chief cause was owing to the bigotry and intolerance of some of the allopathic physicians, who would treat with the greatest severity any one of their associates who consulted with any of our school in a case of surgery. Under the circumstances the homœopathic physicians have been compelled, in self defence, to give due attention to surgery, and they now have many men in their ranks capable of performing the most severe operations.

The number and character of the papers presented by the bureau testify strongly to the rapid progress made by homœopathic practitioners in the United States in the prosecution practical surgery.

After a paper by Dr. LIEBOLD, on *Diseases of the Lachrymal Duct and Gland*, the reading of a portion of a lengthy dissertation by Dr. HELMUTH, on the *Hemorrhagic Diathesis, and Medicinal and Mechanical Treatment*, the exhibition by Dr. BUSHROD JAMES of a large number of recently introduced surgical instruments, and a paper by Dr. A. R. THOMAS, on *Mechanical Obstruction of the Bowels*, came the most exciting discussion

meeting, viz.—whether women qualified to practise as phy-
ans should or should not be admitted members of the Institute.
this we referred in our July number. The motions and
ndments were numerous and ingenious, the debating being
n and protracted; but the women won by a majority of seven
of eighty-seven votes.

n the last day of the meeting Dr. VON JAGEN read a paper
d upon a case of fibroid abdominal tumour. Dr. BEEBE
ented a paper on *Ovaritomy*, in which he presented a novel
od of dividing the pedicle, and then, by torsion, closing the
els, and so dispensing with both clamp and ligature. Dr.
M. SMITH, of New York, made a general report of the
eau of Organization, Registration, and Statistics, and offered
solution proposing to amend the bye-laws, so as to avoid the
of the word "he"—the natural consequence of the conclu-
s arrived at on the preceding day. Another bureau was
inted, the business of which will be to prepare a *resumé* of
ything that has transpired during the year in homœopathic
old school literature.

he following resolutions, proposed by Dr. VERDI, were then
ussed and finally adopted:—

That the American Institute of Homœopathy deem it inex-
ent to have a public oration delivered hereafter by any
ber at the meeting of the Institute.

That the President shall make an address at the opening of
session of the Institute, which address shall contain a
ral review of the progress of medicine and homœopathy
ng the past year, and such suggestions as he may deem
ssary for the Institute to take action on during the session."

proposing his resolution, Dr. VERDI said, "I do not intend
nvey any reproach or regret; on the contrary, nothing but
se to all the gentlemen who have entertained the Institute
an oration. At the beginning the Institute required all the
gth that homœopathic physicians could employ for its
ess. Orations and addresses on the subject were very im-
ant. Homœopathy to-day, however, has grown to be an
t of strength—an agent that can progress through its in-
nt power without the assistance of orations to the public.
an unnecessary expense to the Institute."

he place of meeting next year was then discussed—Cleve-
, San Francisco, and Washington each presented an invita-
to the Institute. Dr. VERDI proposed Washington, and
e the following remarks suggestive of a bitterness of feeling
een homœopaths and allopaths, which certainly exceeds
hing we encounter in England:—

I want you," said Dr. VERDI, "to understand one thing.

We have no personal claims. I speak for the interests of homœopathy at large. If you had to butt against Senators of the United States as I have, you would understand our difficulty. A party of physicians met in Washington last year, and were so disorderly in their proceedings that the police were kept in readiness to quell any disturbance. They met in San Francisco this year, and acted in such a manner as to bring a blush to the cheek of any honest man. They proscribe the best members of their school for sitting in church with a member of the homœopathic profession. They have the woman question a great deal worse than we have; they have the negro question, and, therefore, they are kept all apart. Let the people in Washington see what our Society is composed of, and it will help us a great deal."

After voting, Washington stood first by 53 to 47 votes.

The Institute then proceeded to the election of officers to serve the ensuing year, commencing January 1st, 1872, with the following results:—

President.—I. T. Talbot, Boston, Mass.
Vice-President.—J. J. Youlin, Jersey City, N. J.
General Secretary.—Robert J. McClatchley, Philadelphia.
Provisional Secretary.—Bushrod W. James, Philadelphia.
Treasurer.—E. M. Kellogg, New York.

The election of four lady-members was next confirmed. Dr. Ball, of New York, offered sundry resolutions on the action of alcohol, physiologically, therapeutically, and socially. They were referred to the Bureau of Materia Medica.

Dr. Pemberton Dudley then proposed the appointment of a committee to consider the holding of an *International Homœopathic Congress*, in 1876, during the National Centennial Celebration to take place in Philadelphia in the course of that year. The committee was appointed.

The Board of Censors announced that ninety-nine applicants for admission to the membership of the Institute had been admitted on their recommendation.

After several votes of thanks to the public bodies of the city who had provided for the entertainment of the members of the Institute had been passed, a committee, consisting of Drs. Ober, Dunham, and Cate, was appointed to prepare a series of resolutions giving formal expression to the sorrow of the members of the Institute at the death of Dr. Walter Williamson. These resolutions were presented in due course, and adopted by a standing vote, every member rising.

Dr. Dunham read the report of the Committee on Foreign Correspondence, which contained an announcement of the British Homœopathic Congress at Oxford to be held this month. Dr. Dunham also made a brief report of the progress made by

Committee on the Homœopathic Dispensatory, which gave
ıise of the early completion of the work. Dr. C. Hering
Dr. M'Clatchy were added to the committee.
he following bureaux were then appointed:—A bureau of
ical Medicine, one of *Materia Medica Pharmacy and Provings*,
of *Obstetrics and Diseases of Women and Children*, one of
ery, one of *Anatomy, Physiology, and Hygiene*, one of *Organi-*
n, *Registration, and Statistics*, one of *Psychological Medicine*,
of *Medical Literature*, and one of *Ophthalmology and Aural*
ery, *&c.* Committees were chosen on *Foreign Correspondence*,
olleges, on the *Homœopathic Dispensatory*, and on *Legislation*.
VERDI, of Washington, was elected chairman of the *Com-*
e *of Arrangements* for the next meeting, with power to com-
the committee.
motion was then adopted that the Institute adjourn to meet
ashington on the 22nd May, 1872.
out 350 members of the Institute were present during the
ings.
easure-taking formed no unimportant part of the programme
e Philadelphian meetings of the Institute. On Tuesday
ıoon a trip was made "on the placid bosom of the Dela-
" and Fort Miffin was inspected.
Wednesday afternoon, landaus and clarences, to the
ıer of nearly a hundred, drove the members of the Institute
gh the famous Philadelphia park of Fairmount. In the
ng a "grand dress levèe," given by the Homœopathic
cal Society of Philadelphia, came off at the Musical Fund
A full orchestra discoursed most eloquent music, and a
ette of male voices added their quota to the entertainment.
some time spent in promenading, and in the interchange
endly greetings, Dr. BURGHER, of Pittsburg, in the una-
ıle absence of the President of the Society, welcomed the
s to the festivities provided. The following were his con-
ıg remarks:—

mid all the *hurry* and *worry* and toil of life's great battle,
he great battle for life, we need camping grounds for
as well as fields for discipline and drill. The poet tells
it—

> 'Pleasure or wrong is, rightly understood,
> Our greatest evil or our greatest good.'

s professional men, we all require occasional recreation,
ment, and diversion to recover our wasted energies, and
our capital of physical endurance and intellectual vigour.
ed innocent, healthful enjoyment as a relaxation from the
outine of anxieties and cares incident to professional life
sures which heighten and brighten our social nature, and
ay mental depression and gloom—amusements which leave

no sting in their remembrance—diversions which strengthen our moral powers, and increase our influence for good. Trusting that the interchange of kindly greetings, the renewal of professional friendships, and the participation of the joys of social intercourse, at this twenty-eighth anniversary of the Institute, may afford enduring reminiscences of pleasure to all, I conclude by again extending to you, on behalf of our State Society, a sincere and cordial welcome."

The address of welcome was responded to briefly, but most appropriately, by Dr. DANIEL HOLT, of Lowell, Mass., who represented the president of the Institute in his absence.

Thereafter the music recommenced, and dancing began, not to cease until an appropriately late hour.

On Thursday evening a grand banquet was given at the Continental Hotel, at which four hundred ladies and gentlemen were present. On "the removal of the cloth," Dr. GUERNSEY again welcomed the guests in the name of the physicians of Philadelphia, and Dr. BECKWITH, the President of the Institute, made a suitable acknowledgment. The following were the "sentiments" spoken to:—

1st. "To the Memory of our Medical Brethren who have ceased to labour, and have entered into rest." Received by rising, and in silence.

2nd. "The President of the United States." Responded to by Hon. William D. Kelley, who paid a fitting tribute to the office and the man who fills it.

3rd. "*In certis unitas, in dubiis libertas, in omnibus charitas*—the triple cord that binds us together." Responded to by Dr. Carroll Dunham, who made a characteristically beautiful address, illustrative of the importance of the sentiments conveyed by the motto to all men, but more especially to homœopathists.

4th. "The Spread of Homœopathy." Responded to by Dr. William H. Watson, of Utica, New York, who demonstrated in an eloquent and impressive manner the fact that homœopathy has grown from the germ implanted by Gram, less than half a century ago, to be a great power for good in the land.

5th. "The Daily Press—the great educator of the nineteenth century." Responded to by Thomas M. Coleman, of the *Public Ledger*, in a humorous speech.

6th. "Our Medical Literature." Responded to by Dr. L. Talbot, of Boston. Dr. Talbot said that if he attempted to do justice to the subject proposed, it would take him just four d[illegible] to finish his speech. He exhibited a small pamphlet publis[illegible] by Dr. Gram, in 1825, as the beginning of American homœopathic literature; and then, as a contrast, the splendid volu[illegible] of Grauvogl, as illustrative of the growth of homœopathic li[illegible]rature. He spoke at length of those, living and dead, who h[illegible]

ed to create our literature, making particular mention of John F. Gray, of New York, then present, and regretted absence of Dr. Hering. He said that our literature is as a e, to indicate the health of our school.

th. "Progress and Reform." Response by Hon. James ock, Director of the Mint, who made a sharp speech, taking nd in favour of woman's rights as a part of the progress and m of the age.

h. "Medical Associations—the most pleasing agencies for eminating medical truths." Responded to by Dr. Henry D. e, of New York, who made the funny speech of the evening.

h. "Our Medical Colleges." Responded to by Dr. S. R. twith, of Cincinnati, who delivered a eulogy on our educa- l institutions, and exhorted the physicians present to sus- them.

)th. "Our Alma Mater." Responded to by Dr. William Helmuth, of New York.

r. Helmuth recited a somewhat lengthy poem, descriptive of memories of twenty years ago.

.th. "The Founders of our Institute" brought out the vete- and venerable Dr. John F. Gray, of New York, one of the est practitioners of homœopathy in America. Dr. Gray :

The founders desire me to express their thanks to you for courteous notice, and for them, as for myself, from my t I thank you for the very kind and most affectionate rtment you have shown to us during this session. You el us to look back upon that bright epoch in our younger when we called this Association into being with proud ure; you compel us to feel, upon most cheering and con- ve testimony, that our early toils were not fruitless—that ave not lived altogether in vain. Old men are made happy e approbation of the young; the love and reverence of those are to succeed them is the sole nectar of refreshment for waning forces of senilitude.

In return for your friendly greeting, I say to you from your ecessors, that we are proud of you. This day's session filled us with joy. The reports from your Bureaux of ria Medica, of Obstetrics, and of Surgery, tell us that the e will go bravely on without further aid from us—that we depart in peace with your benison and love."

e President then read a telegram from Dr. M. Cote, of burg, embodying the sentiment, "The Patrons of Homœo- y, who, by their intelligence and education, have nobly ted its practitioners in elevating the science."

e assembly dispersed soon after midnight, thoroughly satis- with the entertainment of the evening.

The occasion of the Institute meeting in Philadelphia was rendered available for a meeting of the *American Homœopathic Editorial Association*. This was held at eight o'clock on Thursday morning, Dr. TALBOT being in the chair. The *American Association of Homœopathic Pharmaceutists* also held a meeting. An interesting meeting took place at the residence of Dr. JEANES, of the founders of the Institute. Upon calling over the roll of members entitled to admission, the following were found to be in attendance: Drs. John F. Gray, Constantine Hering, Jacob Jeanes, A. S. Ball, H. Detwiler, S. Gregg, P. P. Wells, G. W. Swazey, F. R. McManus, H. H. Cator, Walter Ward, and H. D. Paine.

Letters were read from Drs. S. B. Barlow, B. F. Bowers, J. H. Pulte, and D. S. Kimball, heartily commending the object of the call, and expressing regret at being hindered from the meeting. Verbal messages from several others, of the same purport, were also presented.

It must be understood that the papers presented to the Institute, and the reports of its Bureaux and Committees, will be printed *in extenso* in the annual volume of Transactions.

We cannot conclude this abstract of the proceedings of the AMERICAN INSTITUTE OF HOMŒOPATHY without expressing our admiration of the zeal and energy displayed by our American brethren in their cultivation of medicine and surgery; our gratification at the widely-spread appreciation of homœopathy and of its professional advocates throughout the several States of the Union; and an earnest wish that, on this side of the Atlantic, our numbers may some day be adequate to compete with them in developing the resources of homœopathy.

NOTABILIA.

BRITISH CONGRESS OF MEDICAL MEN PRACTISING HOMŒOPATHY.

THIS meeting will be held at Oxford, on WEDNESDAY, the 27th September, at the RANDOLPH HOTEL, Beaumont Street.

The President will take the chair at ten o'clock in the morning. There will be an adjournment at one o'clock for an hour The members will, with any friends they may choose to invite dine together in the evening. Dinner will be served at o'clock.

No paper will, with the exception of the President's *Addr* occupy more than twenty minutes in reading. The observati of members in the discussions following the paper will, it expected, be limited to ten minutes each.

The Secretaries on this occasion are Dr. GIBBS BLAKE, Colmar Row, Birmingham, and Dr. COLLINS, Euston Pla Leamington. It is hoped that all gentlemen who intend to

esent at the Congress will communicate with the Secretaries fore the 23rd of September, in order that time may be allowed making the necessary arrangements.

HAHNEMANN PUBLISHING SOCIETY.

E annual meeting of this Society will be held at Oxford, at e o'clock, at the Randolph Hotel, Beaumont Street, on the h September.

t is hoped that all members who can possibly attend will do that all who have promised work for the Society will be pared to state the progress of such work; and that the irmen, especially, of the different Committees, will bring up port of the work of the Committees for the past year.

HOMŒOPATHY IN AUSTRALIA.

Our July number we endeavoured to give our readers some of the position of homœopathy in our Australian colonies, we had no idea of the extent of its ascendancy until we saw *Medical Times and Gazette* of the 29th of July. A lachry- e correspondent of this periodical thus bewails the power of œopathy:—

The Register includes all sorts of diplomas from every quarter ne globe—the homœopaths figuring very prominently. In- , one of the most 'fashionable' doctors in Melbourne is a whose only qualification is an M.D.-ship of the Homœo- ic Medical College of Pennsylvania. It is said that he is g almost the most lucrative practice in Collins Street—the ical quarter of Melbourne. You may infer from this that œopathy is rather in the ascendant here. Of the four daily rs in Melbourne two of them openly advocate homœopathy, of them being edited by a homœopathic practitioner, whose ification has proved too 'irregular' even for the Government commend for registration."

Why don't our allopathic brethren in Melbourne cure their nts more rapidly, more safely and more pleasantly than homœopathic neighbours, and so put a stop to this sort of g? It is their only chance!

BIBLIOTHÈQUE HOMŒOPATHIQUE.

ER an absence of twelve months we gladly welcome to our e once more this French representative of homœopathy. War ceased, and the arts of peace are again asserting their pre- ence. Efforts to destroy life are supplanted by efforts to ent its oozing out. The soldier's battles are over; and those he physician and surgeon, though they have never ceased,

but have rather been increased a hundred-fold in consequence of the blood-thirsty struggles of the year that has but so recently closed, can now again be pursued amid all that quiet which is so essential to their being efficiently conducted. We trust that our editorial brethren in France will never again have their labours interrupted by a cause at once so brutal, so useless, so destructive of everything that can render life happy and prosperous, as war—horrid war!

We are glad to find that a number of this journal, to be presently issued, will contain an account of the Ambulance conducted and supported by French homœopathists.

SAFE AND SURE MEDICINES.

THE innocuous character of our medication is evinced when the frightened mother finds that her child has swallowed half her domestic stock of globules at one lunch—pleasant, very;—yet not quite dispossessed of the old idea that what can cure must be able to kill—an idea well founded on the old "kill-or-cure" practice. But she soon learns practically that the nerves of health are less easily jarred than those diseased,—that the same dose, which, following in its native tendencies through the system, is distributed to tender and keen regions, tissues, &c., will vibrate sensibly upon the nerve tendrils of those parts, and rouse them to healthy action; but if it finds the same parts sound and firm, will give them so slight a thrill that the inattentive organism feels it not for pain or mischief, but, perchance, for pleasure. The mother learns to be thankful that she lives in an age when the medicines are safe for a child to swallow, while every bottle on the *old* shelves should be stamped with the arms of Scotland—"*Nemo me impune lacessit.*"—From an "*Address*" by Dr. WILD, of Brookline. Published by the Massachusetts Homœopathic Medical Society.

MISSISSQUOI SPRINGS.

THE water of these springs being no longer procurable from the natural sources—the local demand at Vermont being more than the supply affords—Dr. MASSY, of Brighton, has requested us to mention that at his suggestion, Messrs. Burrows & Co., Malvern, have undertaken the manufacture of an artificial water based upon the analysis of Spring A, published at p. 293 of last volume.

BARTH'S PORTABLE APPARATUS FOR ADMINISTERING OXYGEN.

THE difficulty of using oxygen as a remedial agent has hitherto consisted in the somewhat large apparatus that was needed

ster it. Mr. Barth, to whom we are indebted for the on of the machine hitherto in use, has succeeded in oing this obstacle by the design of an apparatus which portable and convenient. It consists of a mahogany ntaining, in one compartment, a bottle of compressed gas; in another, an India-rubber bag, into which the ses when the connecting tube is opened; another tube, ed with a hand ball, admits atmospheric air for the t of the oxygen—the air being pumped in by pressure of l. Through a third tube, with an ivory mouth-piece, the nhaled.

whole is convenient and complete, and will add much to lity with which oxygen gas can be used in disease.

CORRESPONDENCE.

IE DOSE OF A HOMŒOPATHICALLY-ACTING MEDICINE: A DISCLAIMER.

To the Editors of the Monthly Homœopathic Review.

lemen,—An impression has got abroad, from the tenour article bearing the above title (which appeared in your for August 1st), that the only testimony brought forward neeting of the British Homœopathic Society, on the occa- the discussions to which you allude, was in favour of low s and mother tinctures; and that the members of the are about to abandon the use of infinitesimals. Having esent on both occasions, and having not only listened eat interest to the discussions, but having taken part in yself, I cannot but feel that in the otherwise able paper h I refer, you have somewhat departed from the strict ality which has usually characterized the articles in the by giving exclusive prominence to the views of those s of the Society who spoke in favour of the lower s, while you have wholly ignored the names and the ex- opinions of those who spoke on the other side.

my knowledge of the principles on which the *Review* herto been conducted, I would fain hope that this y of reporting has been accidental and not intentional, refore I forward these few lines to you, asking you to hem, to correct the unhappy inference that we are all abandon the higher dilutions.

line of argument followed in your article appears to itself into this:—All general experience, if it be in of the higher dilutions, is to be rejected. Hahnemann, inference, his followers, Curie, Quin, Epps, Chapman, on, Leadam, Chepmell, Drury, Hale, Wilson, &c., &c., ording to your judgment, wanting in their knowledge of

the natural history of disease, and in the critical faculty which alone would render their large experience of any value; but, on the other hand, Black, Edward Phillips, Drysdale, Madden, Yeldham, and Kidd, are men whose observations of facts has been so close, and whose critical acumen is so great, that we are bound to accept the results of their experience as conclusive.

It is to be regretted that you have ignored the labours and opinions of all the first-named physicians (Hahnemann only excepted), and that not one of them is so much as named in your article, though they have all written or spoken a good deal on the subject. You have treated the question, when giving testimony as to the efficacy of infinitesimals, from a classical, or from a German or American point of view alone; and have no more alluded to English physicians advocating higher dilutions, when discussing this point, than if they had no existence.

You tell us that you direct our attention to the subject in "*all its bearings*," (p. 450); that "we are bound to bring to bear upon its solution the observations of *all who have carefully examined the results of their experience;*" but though the discussions were well sustained at both meetings, and especially so at the last, you only give the results of Drs. Drysdale, Yeldham, Black, Kidd, and Madden's experience, *all of whom spoke in favour of the low dilutions;* and do not so much as name those who took up an opposite opinion, equally founded on experience of a larger or less number of years active practice. So completely are the names of those who spoke on the other side excluded from your article, that you either name their facts anonymously, as in the case of "the 18th has been said to be the most useful dilution for *bryonia* when indicated in acute rheumatism;" or attribute the statement to one of your little phalanx of low dilutionists: as in the case of "*chamomilla* 12 being the dilution best suited to the stomach and teething affections of children." Both these observations were made, with many others, as the results of the experience of one of the speakers whom you have ignored; and were published many years back in the *Homœopathic Observer*, and in the earlier numbers of the *Review* in a series of practical papers on "The Question of the Dose."

Again, on page 468 is a passage with which I must join issue, you say: "The *majority* of physicians of large experience have, as we have seen, come to this conclusion as the results of that experience. They have tried medicines in all dilutions, and have found the most uniformly successful results where the have prescribed the lower attenuations." The *majority!* are we then to accept some half-dozen men as the "*majority* of physicians of large experience?" Let us apply this simple test "majority" and "minority," if you like, to the solution of the question, but it must be done fairly and impartially. It is but

ry poor imitation of allopathic tactics to refuse credence to all ho differ from you in opinion; and in an important question here so much difference of opinion exists, it is surely unwise reject the evidence afforded by the practice of such men as nin, Hamilton, Leadam, Drury, Hale, Ransford, Wilson, ilbers, Chepmell, and others, simply because it does not approve elf to the experience of Black, Phillips, Drysdale, Madden, ldham, and Kidd. If each practitioner of homœopathy will adly favour me with the dilutions he chiefly employs in the atment of acute and chronic diseases before the end of the ek,* I will arrange it so that it will afford us a strong mass evidence to lay before our coming congress as to the results accumulated experience, and will greatly forward the practical ution of this "*quæstio vexata.*"

Yours, &c.,

8, Brook-st., W. WILLIAM BAYES, M.D.

Our correspondent appears by some means or other most pletely to have misunderstood the tenour of the article he undertaken to criticise. We had no intention whatever 'reporting" the discussions at the *British Homœopathic ety*, or of presenting a summary of either. The first is ady reported *in extenso* in the *British Journal of Homœopathy* uly; the second will appear, we presume, in the *Journal* October. Neither had we the intention of asserting, nor did ive anyone any reason to suppose, that the members of this ety were about to abandon the use of infinitesimals. Fur- , we nowhere (as Dr. Bayes would seem to imply that did) denied the curative power of infinitesimal doses of œopathically-acting medicines. The question whether in- esimals will or will not cure disease was not that which we discussing, neither was it that which Dr. Black argued re the Society, on the occasions to which Dr. Bayes refers. question has been settled long ago; its importation into ussions on posology now simply leaves us just where we at their commencement. We want to know to-day, what e principles are upon which one dose or dilution is to be rred to another; and whether the low dilutions will, as a answer the end of treatment as well as the high. It was, fore, to the examination of these principles, and of this tion, so far as our literature treats of either, that we re- ted ourselves. As we stated, our purpose was "to review hief *principles* which have influenced the more prominent experienced homœopathic physicians in their choice of a Dr. Bayes's theory of our "line of argument" has not

* A circular containing forms for reply have been posted to every œopathic practitioner. Those who have not returned them, are ested to do so at once.

the shadow of a basis for its foundation in our article. We as fully appreciate the value of the experience, and have as much respect for the professional attainments of the physicians, who, Dr. Bayes so unwarrantably assumes us to regard as "wanting in their knowledge of the natural history of disease" and so on, as he can have; and furthermore, we have sufficient confidence in the good sense of all of them to feel sure that neither would draw any inference to the contrary from anything we have written. But neither one nor the other has, so far as we can learn, in writing on the dose, published anything which does more than shew that infinitesimals are efficient in the cure of disease. We cannot recal any paper or published speech in which either has endeavoured to point out the *principles* by which we should be guided in the selection of a dilution or a dose. All have, as we know, testified to the power of infinitesimals, prescribed homœopathically, to check the progress of disease. This, however, as we have already intimated, we are all thoroughly assured of. Our enquiry now is as to the circumstances under which one dilution becomes better than another. This is the question which so urgently calls for determination. To our thinking the discussions at the *British Homœopathic Society* were eminently unsatisfactory—so far as the solution of this question is concerned. For example, Dr. HALE—one of the gentlemen for the omission of whose name Dr. Bayes "calls us over the coals"—said at the Meeting in May, "that he was quite convinced that it is impossible to lay down any rule for the dose." If Dr. Hale's conviction is correct, there is an end of all discussion; nothing is to be gained by talking or writing upon the subject any more. We believe it to be impossible for anyone, however extensive his experience, however great his critical acumen, to examine a question of this kind while carrying such a "welter weight" as this "conviction." Those who supported the use of high dilutions at the Society, simply said that they had generally used them, and had been generally satisfied with the results. We require evidence more precise, more critical than this whence to evolve a solution of the dose difficulty.

The carelessness with which Dr. Bayes has read our article is further rendered more obvious, from the fact that he states that we quoted Dr. Kidd's remarks at the meeting of the Society when Dr. Black's first paper was read. We did not, as it happens, allude to Dr. Kidd's speech at all! The observations of Dr. Kidd to which we did refer were, as we stated, made "some years ago"!

We presume we shall not greatly err if we conclude that "the experience of one of the speakers whom you have ignored" refers to the experience of Dr. Bayes. We certainly regret having omitted to mention that Dr. Bayes was the original champion of *bryonia* 18 in acute rheumatism; but we

were not aware that he was the first to point out the superiority of *chamomilla* 12 to all other dilutions. The earliest reference to the special advantages of this dilution of *chamomilla*, that we are acquainted with, is in a paper by Dr. Madden in the *British Journal of Homœopathy*, vol. xxiii. p. 530. "The series of practical papers on the subject of the dose" had also escaped our notice when examining the literature of the subject. We find, however, that in our third volume Dr. Bayes somewhat anticipates Dr. Yeldham and Dr. Black, for he says at p. 277, "Experience and theory seem to me to point alike to this rule —that the proper dilution to be given in an acute disease, is the *lowest which can be borne without producing a medicinal aggravation*." This is uncommonly like the suggestions of Dr. Yeldham and Dr. Black to keep "within the limits of the physiological dose."

The other papers on this subject by Dr. Bayes are in our seventh and eighth volumes. They consist simply of an abstract of Tessier's cases of pneumonia, which prove, so far as they go, that this disease yields to the influence of *bryonia* 24. All this is very interesting, of course; but it really adds nothing to the settling of the question—"What is the best dose?" Still less does it attempt to discern any principle of dose-selection.

Again, Dr. Bayes's latest expression of opinion on this question (*Applied Homœopathy, &c.*, p. 37; Turner & Co., 1871) is too vague to be tangible. "The most successful physician," he writes, "will be he who selects his dilution and dose according to the indications afforded by the loss of balance induced by the disease, and by the constitutional peculiarities of the patient." What are "the indications afforded by the loss of balance" which are to decide the preference for one dilution over another? What are the "constitutional peculiarities" which require a ure tincture and those which necessitate globules saturated ith the 30th attenuation? The idea may be a correct one, but is little short of useless if not elaborated.

It is therefore because "the little phalanx of low dilutionists" mprise the only writers who, to the best of our knowledge, ave endeavoured to examine the question of the dose with the iew of discovering the principle or principles which ought to egulate its gradation, that we drew so considerably upon their bservations; others who have written upon it, have done so nly in a general way, and not in a manner calculated to bring to light any principle of dose-selection. Their observations did not, therefore, come within the range of our article.

The sentence—"the majority of physicians of experience have, as we have seen," &c.—which appears to have aroused Dr. Bayes's indignation so considerably, simply meant that the majority of those who had written upon the dose with the hope of discovering the principle which underlies its regulation, had

come to the conclusion we stated. This inference was, from the published evidence before us, inevitable. We would suggest that Dr. Bayes should read carefully every article on the dose in the twenty-nine volumes of the *British Journal of Homœopathy*. If after doing so he can arrive at any other conclusion than that stated by us, we shall be "surprised to hear" of it.

We hope that the circular lately issued by Dr. Bayes, with the view of ascertaining the practice of homœopathic physicians in this country in the matter of the dose, will not result in a mere *rudis indigestaque moles;* and that such evidence as he may obtain will produce something more useful and interesting than a simple ascertainment that Brown uses the pure tinctures, Jones the medium dilutions, and Robinson those from 30 upwards.

If Dr. Bayes's letter, on which we have, most reluctantly, felt ourselves compelled to comment, has the effect of recalling to our colleagues the real questions involved in all discussions on the dose, it will have answered a useful purpose.—EDS. *M. H. R.*]

NOTICES TO CORRESPONDENTS.

Dr. HAUGHTON.—We wish *The Medical Free Press* all success, and shall be glad to see an early number of it.

Mr. HEADLAND'S letter shall appear in our next number.

Communications have been received from Dr. MADDEN, Prof. GEORGII, and Dr. BAYES, London; Dr. HAYWARD, Liverpool; Dr. MASSY, Brighton; Dr. SHULDHAM, Croydon; Dr. DYCE BROWN, Aberdeen.

BOOKS AND PERIODICALS RECEIVED.

Homœopathic Vade Mecum of Modern Medicine and Surgery. By E. H. RUDDOCK, M.D. 4th Edition. London: Jarrold and Sons. 1871.

Man's True Relation to Nature. By T. P. WILSON, M.D. Cleveland: L. H. Witten.

The Food Journal, August 1871. London: Johnson & Sons.

The Chemist and Druggist, August.

The Chemist and Druggist's Advocate, August.

The Second Annual Report of the Scarborough Hom. Dispensary.

The Medical Investigator, July 1871. Chicago: Halsey.

The American Observer of Homœopathy, July 1871. Detroit: Lodge.

The Journal of Hom. Mat. Med., June 1871. Philadelphia: Tafel.

The New England Medical Gazette, July 1871. Boston.

Rivista Omiopatica, July 1871. Rome.

Allgemeine Homöopathische Zeitung. Leipsic.

La Reforma Médica, July 1871. Madrid.

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THE MONTHLY

HOMŒOPATHIC REVIEW.

SPECIFIC MEDICATION.

If there is one form of mental disease more inveterate than another, that disease is allopathic stupidity. For seventy years and more the practice of homœopathy has, times without number, been defined, described and discussed as resulting in a specific method of treating disease with drugs. A medicine is specific to a given case of disease when it is homœopathic to it; and any drug that is not homœopathic to a case of disease has no specific influence over that case. It has no power to cure it *directly;* if perchance a non-homœopathic medicine does aid in promoting recovery from sickness, it does so in an indirect, roundabout manner. Often as this therapeutic doctrine has been enlarged upon, its assertion is termed by our contemporary, *The Medical Times and Gazette, A new homœopathic profession of faith.*" It is with this heading that the number of that journal published on the 2nd ult. quotes in part, and comments upon the extract we made in our August number from the *British Journal of Homœopathy*, explaining the *raison d'être* of our "Distinctive Position." The statement that "we regard *specific* medication, wherever it can be had, as a long way the best mode of treating disease; and we believe that the principle '*similia similibus*' is the best guide to the discovery of the specific remedy in each case"—is

declared to be "something new with a vengeance!" We can assure our contemporary that it is a doctrine at least as old as the present century.

"Homœopathy," the commentator of the *Medical Times and Gazette* goes on to say, "is no longer the curing of like by like, but the employment of specifics wherever attainable." This sentence is self-contradictory. Specifics are not attainable at all unless the law of *similars* is acted upon. To secure a specific for a case, we must find a drug capable of exciting in healthy persons a similar action to that constituting the disease as it appears in the patient to be cured. This is our view of the nature of a specific, and it is that which has been insisted upon by every homœopathic physician who has ever written on the subject. It is, however, characteristic of allopathic writers against homœopathy to make for themselves a picture thereof—and a very original one it generally is—and then to show how absurd and ridiculous a thing it is. It often reminds us of a criticism passed on a copy of one of Turner's paintings, described in the catalogue as being "After Turner." "Yes," was the remark, "and a very long way after too." In like manner an allopathic description of homœopathy may be "After Hahnemann," only it is usually such "a very long way after," that its resemblance to the original is scarcely perceptible.

So here our critic, happily for us, gives us his notion of a specific, and says, "by a specific we simply mean a remedy which in the majority of instances cures a disease, but of whose principle of action we can give no clear or definite account." And he forthwith takes it for granted that our definition of a specific is the same. We, however, do not so define a specific. First of all we have reason to believe that there is no such thing as a *specific to a disease;* that is to say, to a group of illnesses sufficiently resembling one another to have one common name. Disease is not a uniform, stereotyped process. It is true that diseases are capable of being classified and named,

either in accordance with their general nature, or with this and the organ in which they are chiefly manifested. Thus we have influenza, and we have bronchitis. But all cases of influenza are not identical, neither are all cases of bronchitis. There is no medicine which is specific to either disorder in every case of each. But on the other hand, there are several medicines which produce symptoms similar to those of the general run of cases of influenza, and several the action of which upon the bronchi is similar to that of inflammation therein. By carrying out the law of *similars*, we may, from these several medicines, find one similar to the individual case of influenza or of bronchitis which we desire to cure. If we do so, we find the specific for that case, and the prescription of such a specific is—as far as drugs go—the best mode of treating it.

One of the most striking illustrations on record of this method of finding a specific, that we remember reading, is that given by Dr. Herbert Nankivell, at p. 121 of our last volume. It will be within the recollection of our readers that *ipecacuanha* was for a time considerably lauded in *The Practitioner* as a remedy for vomiting. That it was (generally speaking) homœopathic to vomiting was too plain even for our allopathic friends to deny. Forthwith, everyone began to treat vomiting with *ipecacuanha*. Some, indeed many, had great success; but we will venture to say that not a few were disappointed with the results of their experiments. Foreseeing this, Dr. Nankivell addressed a letter to *The Practitioner*, in which he narrated the particulars of a case of vomiting during pregnancy, where *ipecacuanha* failed to relieve, and where *nux vomica* and *arsenic* were equally useless; but which was cured with *tartar emetic*. And why? Because though *ipecacuanha*, *nux vomica* and *arsenic* will all produce vomiting, and were *so far* "*similar*" to the case under treatment, they do not give rise to vomiting of the kind presented in Dr. Nankivell's patient; while

tartar emetic not only gives rise to vomiting, but it also excites other symptoms of gastric disorder different from those of *nux vomica*, *ipecacuanha* and *arsenic*, but *like* those from which this patient suffered. *Tartar emetic* was therefore the *specific* to this *case* of vomiting. Of course the Editor of *The Practitioner* declined to insert this case; to have done so would have tended to upset his theory of the "tonic action of *ipecacuanha* on the sympathetic," and to have proved that there is real value in the law of similars—a result which would have been intolerable!

This then is what we understand by specific medication; and therefore it is that we regard specific medication and homœopathic treatment as synonymous phrases. Our "principle of action" in selecting a specific, unlike that of our critic, is clear and definite.

The writer in the *Medical Times and Gazette* continues thus:—"If, when we give a dose of *colchicum* to a gouty subject, a full dose of *quinine* to an aguish man, thirty grains of *iodide of potassium* for tertiary syphilis, five minims of *liquor arsenicalis* for ordinary psoriasis, etc., we are practising homœopathy, it is something new to us." The truth of all this we readily admit. But what does it amount to? To a confession of gross, unpardonable ignorance—and nothing less! That the physiological action of *colchicum* is very similar to many cases of gout, has been well pointed out by Dr. Carroll Dunham (*Monthly Homœopathic Review*, May 1871, p. 270). But it is no specific for the acute paroxysm of gout in which large doses of the wine of *colchicum* are given—it may be a palliative, just as a combination of *elaterium* and *opium* is a palliative, but it does not *cure* gout of this character. On the other hand, to asthenic or sub-acute gout it is in many instances homœopathic, *i.e.*, specific and therefore curative. That *quinine* is homœopathic, *i.e*, specific to many cases of ague is true. Dr. Bayes, who saw much of this disease in Cambridgeshire, says, it is so to three-fourths

ɔse that occur—still it is far from being so to all. it is in those to which it is not homœopathic, where ıot specific, that, acting on the impression that it is ic, medical men, who are unacquainted with the iple regulating the selection of specifics, do so much ıischief by unwarrantably increasing the dose, and so tuting a *quinine* disease for one arising from marsh ı,—a dumb for a speaking ague. That in chronic *ical* poisoning a condition of skin is present closely bling that existing in psoriasis is so well known to all g acquaintance with the physiological action of this that further reference to it here is needless. It may w to the writer in the *Medical Times and Gazette* specific medication of the kind described in this raph is homœopathy—but it is so, nevertheless!

wards the close of the paragraph we have referred writer grows eloquent, after his fashion! "No," ıe, "it is not specific treatment that we reject; it is ıonstrous fiction of homœopathy as ordinarily prac- ; it is the law of similars we deny—the dishonest g with inert substances in the 200th or even 800th on. . . . . The means to be employed for finding ıe physiological action of a drug are plain and simple ;h; but we do not accept, and we trust never will t, the whims and fancies of a hypochondriac as a of the action of any drug. The fallacies of a *post rgo propter hoc* logic are too well known to be ssed."

grant at once that many of those who are supposed to ɔresented by the editor of this periodical do not reject ic treatment. On the contrary, they are constantly ing the applications of drugs pursued by homœopa- . They are great admirers, these *Medical Times Gazette* people, of Dr. Ringer's *Handbook of Thera- s!* Take from this work all that has been borrowed homœopathic literature, and the remainder would ıt very little worth reading! The law of similars

these same persons declare that they deny! This, too, is true, so far as writing and speaking are concerned. But where it comes to practice they set this law in action with marvellous frequency! To the discovery of this law, and to the study of the physiological action of drugs by the very men whose pretensions to medical knowledge are so arrogantly disallowed, they are indebted for a very large proportion of the most successful pieces of practice within their ken. They may affect to regard the 200th dilution as an inert substance, and esteem its use in disease as "dishonest trifling." But those who have investigated the action of homœopathically-acting medicines are perfectly clear that, from medicine given in such a dilution, cures have resulted. The writer in the *Medical Times and Gazette*, who never prescribed the 200th dilution of any drug homœopathically in the whole course of his existence, who refuses to listen to the evidence of those who have done so—considers himself in a position to designate such a preparation as inert! "Now we know you lie," said the King of Siam to the Dutch Ambassadors, who told his Majesty that in Holland the water became so hard that men and women walked upon it! The King had never seen ice—therefore it could not possibly exist! The writer in the *Medical Times and Gazette* has never watched a case treated with the 200th dilution—therefore for any one to use such a preparation is "dishonest trifling!" What convincing logic!!

If the means to be employed for finding out the physiological action of drugs are so plain, why are they not adopted? The necessity for knowledge of this kind is admitted on all hands. So far, the only persons, who have acquired any precise knowledge of the action of drugs upon healthy people, are homœopathic practitioners. They too are the only persons who know how to turn this knowledge to any useful account in treating disease. One result of all the labour, study and investigation made in this direction, is that the majority of the profession

nitate the practice of those who have thus worked, when ıey are at the bedside, but when writing or speaking ›out it denounce it as "dishonest trifling." A charge dishonesty comes with a strangely bad grace from such rsons.

ON THE RELATION OF THERAPEUTICS TO MODERN PHYSIOLOGY.

By Dr. Henry R. Madden.

ng the Presidential Address delivered at the Congress of British Members of the Medical Profession practising Homœopathy, held at Oxford on Sept. 27th, 1871.

Gentlemen,—Allow me to welcome you to this ancient l renowned seat of learning, and to express a hope that sayings and doings may be found worthy of the place have selected for our meeting.

The subject I have chosen for my address is one of h vital importance that it cannot too seriously engage attention, while at the same time it is so vast that I l it well nigh impossible to do it justice within reason- e limits. I must therefore crave your indulgence uld I, in my endeavour to keep within these bound- es, appear in any degree to have sacrificed clearness of ›ression to condensation of statement, or should any of facts referred to be unaccompanied by those proofs of ir accuracy which might have been adduced.

As my subject specially deals with the fundamentals of cientific therapeia, I have to treat first of the funda- ntal laws of physiology ere I can relate the one to the ıer.

The visible universe may be said to consist of *matter* d *motion*, both equally indestructible and unproducible. he absolute amount of both is ever the same, and all the ıriety which we see around us is the result of modifica- ons of the one or the other.

Physical science has taught us that all the forces in ature are modes of motion, and has more than hinted ıat all the forms of matter may be equally dependent upon e same great agent, while life is so distinctly a *mode of otion*, that on an examination of its laws rests the very undation of physiology.

In studying motion we must first distinguish between

the visible movement of masses and the invisible motions of molecules. With the former, however, we need not at present occupy our time.

Molecular movements are of two classes, viz., movements among themselves and movements within themselves.

With *atoms* we can have no practical acquaintance, the smallest mass detectible by the highest microscopic power is still a molecule, or more probably a considerable group of molecules.

Chemistry teaches us that even the so-called elements exist in molecular groups of atoms, and act only when thus associated—nay, there are not wanting those who believe with the late Dr. SAMUEL BROWN, that all the difference between one element and another consists in different groupings of the ultimate particles, so that atoms themselves are groups, and we know absolutely nothing of the one indestructible substance which underlies all phenomena, our utmost knowledge extending only to the products of its groupings.

According to this view, the atomic weight of an element expresses either the relative complexity of its molecule, or the velocity of the revolution of its constituent particles.

Apart from this, however, which is not as yet the accepted theory, although much may be said in its favour, the well-studied subjects of electricity, galvanism, and magnetism, lead almost inevitably to the conclusion that motion exists in all molecules at all times, and that to its modifications are to be traced all the various phenomena to which these sciences relate.

Heat is another mode of motion, and the perceptible temperature of any body is the measure of the rate at which its molecules are vibrating at the time; while radiant heat consists of the same vibrations transferred to the subtle ether that fills all space and envelopes the molecules of the densest materials.

Radiant heat and light are products of the same waves of ether, and differ only in size and velocity; the larger and more slow moving waves causing the phenomena of heat, while the smaller and more rapid vibrations manifest their presence as light.

We thus perceive that the whole field of physics is occupied with investigations relating to modes of motion. It however limits itself to such motions as occur in masses

and among molecules, and leaves to other sciences the examination of those movements that are more deeply seated.

At this point chemistry takes the initiative, and explains to us that various molecules have the power of uniting together, and forming compounds possessing properties totally distinct from those of either of its constituents. In other words, certain molecules on coming together break up their internal arrangement and combine to form an entirely new arrangement having a new motion, and hence manifesting new properties. From whence it follows that in all chemical compounds the complexity of the internal arrangement of each molecule, and as a consequence its mode of motion, will bear a direct relation to the number of atoms of which it consists—ternary compounds being more complex than binary, and so on. This increasing complexity, however, depends on the number of atoms quite as much as on the number of elements existing in a compound, and hence it is that two elements uniting in the proportion of four atoms with five will produce a much more complex arrangement than if they united as one to one or one to two, or even as one to four.

We have seen that elements are only known in the form of molecules, and that even in this uncombined state the grouping of the ultimate atoms may differ is evidenced by the phenomena of *allotropism*.

We know that the properties of a body are dependent upon the arrangement and mode of motion of its constituent particles, and hence it follows that the atoms of such substances as oxygen, phosphorus, sulphur, carbon, &c., must be capable of assuming and retaining very different arrangements ere they could manifest the very divergent properties characteristic of their allotropic states. While on the other hand the facts of *Isomerism* clearly demonstrate the same capability to exist in compounds. The almost innumerable and utterly diverse forms in which Carbon and Hydrogen when united in the proportion of ten to sixteen can appear, is shown by the fact that no less than twenty-three volatile oils, including such very different substances as *turpentine, chamomile, clove, juniper,* and *valerian*, possess the same proportion of these two elements.

Another great advance in complexity of arrangement is

found in what Graham has named the *colloid* condition. The late Dr. Miller writes: "The chemistry of a body in the colloid condition is very different from that of the same body in its crystallised form." And again, "The combining proportion of colloid is generally high, although the ratio between the elements of the substance may be simple, and it seems not to be improbable that the grouping together of a number of crystalloid molecules may be one of the essential requisites for the development of the colloid condition."*

If then such a compound as C_{10}, H_{16}, is capable of so many modifications, what might we not expect from a colloid-like albumen, whose formula, according to Dr. Miller, is C_{72}, H_{110}, N_{18}, SO_{22}, H_2O, or in other words 226 atoms of five elements at least, two of which we have already seen to be remarkable for their allotropic modifications?

Most colloid substances belong to the organic kingdom, and it is well known that no crystalloid can become part of a living organism, until it has been brought into the more complex colloid state.

During life, however, the constitution of the molecule is still more complicated than in the colloid condition, and the act of death evidently consists in the breaking up of this most complex of all molecular arrangements into the less complex colloid, and the more simple crystalloid forms of matter. This condition has been termed by Dr. Drysdale *the metabolic state*, and is especially characterised by the following peculiarity, viz., that all ordinary chemical affinities are suspended. This is supposed to be occasioned by the circumstance that its constitution is perpetually changing, so that ordinary chemical compounds cannot be formed. Most chemical combinations require time, and the rate at which the constituents are brought together and the duration of their contact will materially influence the result; so much so indeed that advantage is taken of this fact in the arts to accomplish purposes which would be otherwise unattainable. For example, before calico can be printed every loose particle of cotton must be removed from the surface, in order that the coloured inks may not run and damage the clear outline of the pattern. This removal is effected by passing the calico over and in contact with a red hot iron cylinder,

* *Miller's Chemistry*, 3rd Edit., Vol. III, p. 88.

id by regulating the rapidity with which the cylinder volves and the calico passes over it, the intense heat rns off the loose fibres and yet does no injury to the ven cloth. In other words the changes in the relation the high temperature and the cotton are too rapid to mit of the fibre combining with the oxygen. Let the e of revolution be reduced but a very little and the ico would burst into flames. Again it has been found it certain fulminates can be detonated in contact with n-cotton without causing the latter to explode; and perts account for this on the ground of the extreme idity with which these fulminates expand, too rapid leed to enable the *pyroxyline* to initiate its new mode motion, and hence it remains unchanged. Precisely same kind of thing occurs in the metabolic state of tter. It can only last so long as rapid and incessant nges are going on, for which purpose it must always in contact with living matter; and if the rate of these nges is reduced beyond a certain point, the chemical ities of the materials will at once assert themselves, the whole will break down into more or less stable mical combinations.

My subject is far too vast to admit of my bringing for-d proofs of all these assertions, but they will readily found by all who are conversant with recent writings these subjects.

We have now, therefore, reached the confines of physio-y, and we have seen four classes of complexity, each which contains many degrees, viz.:—

1st. *Atomic complexity*, varying in accordance with the mic weight of the element.

2nd. *Chemical complexity*, varying according to the mber of elements and the number of atoms of each ich go to form each chemical combination.

3rd. *Colloid complexity*.

4th. *Metabolic complexity*. We have likewise seen t this last and most complex molecular arrangement all must be reached ere the phenomena of life can be nifested.

Approaching the subject from a different side we may te, that the simpler the molecular arrangement, the re stable is the mass, and the fewer are its properties; ile conversely, the more complicated the molecular

arrangement, the more readily can it be interfered with, and the more numerous and diverse are its properties.

We are therefore prepared to find the simplest living organism possessed of many and various properties, and capable of being readily altered by a variety of causes.

The invaluable researches of Dr. Lionel Beale have proved that the only *truly living* matter is a "pulpy translucent, homogeneous matter, yielding, after death, fibrin." This is the *germinal matter* of Beale, the *protoplasm* of many recent writers. All visible structure comes from this, but according to Beale, *all formed matter is dead;* an assertion which in the highest sense is perfectly true.

In our physiological researches, therefore, we have here a fresh starting point. This structureless pulp, this *germinal matter,* is as we have seen the maker of all structures.

Every living cell, whether animal or vegetable, consists of one or more masses of germinal matter enclosed in the cell-wall. This cell-wall is just as much produced by the germinal matter as the cocoon is produced by the silk-worm. As the larva consumes food (pabulum) and converts it into its own substance, and from thence produces the silk and spins the cocoon, so germinal matter receives pabulum, converts it into its own substance, and from thence produces the albumen, or fibrin, or whatever else constitutes the material of the cell-wall; and therewith builds the wall around itself. Unless therefore it would be proper to call silk living so long as the enclosed larva is alive, it cannot be correct to call the cell-wall living simply because it contains live germinal matter.

From the simple cell constituting a *monad,* to the most intricate structure constituting the cerebral hemisphere in man, we have precisely the same series of phenomena: everywhere there is germinal matter, and everywhere there is formed material. Among much that is deeply interesting in this field of research, the one essential thing for us to notice is, that as we ascend the scale we find greater and greater complication of arrangement, and hence an ever-increasing capability of becoming deranged.

The extremely complex molecular constitution of germinal matter, or in other words, of molecules in the metabolic state, is essential to its possessing that peculiar

erty to which Fletcher gave the name of "*irritability*," ıe power to respond to stimuli; or, to express it in : words, the property of changing its condition in ɔnse to impressions. That a molecular arrangement ıore simple than that of germinal matter is sufficient ɜnder it responsive to certain impressions is well ɲn. For example, *biniodide of mercury* can be ob- d in large lemon-yellow crystals, which retain their ır if perfectly undisturbed; a very slight shock, ɜver—for example, a mere scratch with a needle— produce a vermilion colour at the point of contact, h will rapidly spread all over the crystal, however ' its size, and indeed very frequently over the entire of crystals lying in contact with each other. Now laws of optics teach us that the physical cause of ır lies in the molecular arrangement of the coloured ; and hence in this case a change of molecular ıgement must have been set going by the very small ıanical disturbance of one point of the surface of our al of *biniodide of mercury*. The firing of a charge a needle-gun is another well-known instance of the ılus of pressure on one minute spot, originating a ɜn and entirely new molecular arrangement of the e mass.

ɜtcher long ago pointed out, and Drysdale has re- y reminded us, that three things are essential to the ɜnce of life, viz.:—

ɾitable matter, to act.

ıbulum, to be acted on.

ɪmulus, to cause action.

all animals and vegetables, from the highest to the ɜt, these constitute all that is essential to life; and *hanges which irritable or germinal matter undergoes, itutes the whole of the phenomena of life.*

ıe incalculable variety of structure and action mani- l by living beings is but the record of the variety roperties which characterise "pulpy, translucent, ɡeneous matter, yielding after death fibrin."

. Beale says that germinal matter is always the same, atter from what source it is obtained; but Dr. Drys- well remarks that this applies only to its microscopical ɜhemical character, and not to its most important and ıcteristic property, viz., the way in which it responds muli; in this respect there are as many species of

germinal matter as there are diversities of structure and function throughout the organic world.

We must now return for a while to consider the various modes of motion.

The doctrine of the correlation of forces has shown the indestructibility of motion, and in consequence its ceaselessness. Whenever motion seems to disappear, it is owing to its having been transferred from masses to molecules. When motion becomes heat, as in the boring of a cannon, the locomotion of the mass has been shivered into the thermal vibrations of the molecules. When light is absorbed the rapid waves of the ether have been massed into the slower swing of the molecules of the absorbing bodies, and so on through all changes; what seems to be *coming to rest* is simply a change of the mode of motion, and what is termed the *storing up of force*, is in like manner the accumulation of molecular motion within the receptive mass.

A very simple and instructive example of the storing up of force is seen in the American machine termed "*The Accumulator*," by means of which the lonely bushman can at any time obtain the power of ten or twelve men. It consists of a series of indiarubber cords, each furnished with a hook at one end and a ring at the other, and when the person wishes to move a weight far heavier than his strength can accomplish, he fastens a strong rope round the object to be moved, and drives a stake firmly into the ground at such a distance from it that the india-rubber cords must be fully stretched before they can reach from the one to the other. He then takes one cord of the caoutchouc, hooks it into the rope which surrounds the mass to be moved, and then stretches it until he can pass the ring over the stake. To do this he must exert his full strength, and as the caoutchouc remains stretched an equivalent traction-power to his full strength continues to drag on the mass. Proceeding in like manner to apply cord after cord, he obtains a traction equal to as many men as he has stretched cords; and at last, on stretching another cord, the mass is moved. Here we have manifest storing up of force in the stretched cords; and yet there is no apparent motion, all visible motion has ceased and been replaced by what is usually termed "tension" or "potential energy." I have purposely, however, avoided this word in order to show that what is called tension is *also* a mode of motion.

Let us examine the condition of the caoutchouc before
l after it was stretched. In its passive condition the
lecules of caoutchouc are evidently swinging freely
ough a comparatively large space, so large as to admit
:heir readily moving upon each other in all directions;
l it is this condition that renders the substance capable
being stretched at all. At the same time the attraction
ween its particles is very strong; this attraction being
) a mode of motion, as indeed are all the manifested
perties of matter. When, however, it is fully stretched,
force exerted in stretching it has altered the arrange-
nt of its molecules so materially that it is now hard
l brittle, instead of being soft and elastic, so brittle
eed that any extra force would break it; hence the
le swing of the soft elastic mass has been broken up
) the short rapid molecular movements of a hard,
ttle substance, and this change represents an increase
molecular motion exactly equal to that expended by
man in stretching the cord. Thus we perceive that
ension" or the "storing up of force" really means the
nsfer of motion from masses to molecules. Why caout-
)uc has the power to resume its original mode of mole-
ar motion as soon as it ceases to be retained in its
etched condition, while an equally extensible mass of
le would remain permanently in the stretched condition,
for the present inexplicable. It constitutes a *property*
:he caoutchouc, and in this manner serves to differentiate
from substances which are ductile and plastic, but
lastic.

There can be little doubt that variation in molecular
angement lies at the root of all the properties of all
ering substances, but it is essential to remember that
tion imparted to a substance and not passed on or
nged into some other visible form of motion, is equalised
some new form of molecular motion in the substance
s retaining it. Those who wish to enter more fully
) this question should study carefully Dr. Drysdale's
)nd chapter on the *Nature and Definition of Force*,
the twenty-eighth volume of *The British Journal of*
mœopathy.

The next point we must bear in mind as necessary to a
rect knowledge of our subject, is the essential distinc-
is between *properties* and *force*. I will therefore
leavour to formulate these before proceeding farther.

Force is distinct from, though only conceivable as acting upon, matter.

Properties are attributes of matter.

It is quite possible to conceive of matter void of force, but it cannot be conceived as void of properties.

Force is—and must be always—in exercise.

Properties may be in exercise or not.

Force is *motion*, one and indestructible, it may vary in mode of manifestation, but cannot vary in amount.

Properties are infinitely various, may be destroyed and reproduced; are absolutely dependent on circumstances, changing or unchanging as the circumstances vary on which they depend.

Throughout the universe matter does not exist without force. All the forms of motion, all the force in this world is derived from the sun; and a fresh supply is constantly required to compensate for the loss which this world sustains in the form of radiant heat and light incessantly passing out beyond the limits of our atmosphere.

We may sum up this part then with the assertion, that *force, acting upon matter, calls its properties into exercise, and the result is in every instance regulated by the nature of these properties.*

One body may act upon another in two very different ways. 1. It may simply transmit its own motion, as when one ball is pushed against another, and passes on to it a portion of the force with which it was impelled towards it.

2. It may set free an amount of motion far greater than what it transmitted, in consequence of the matter acted upon having already a store of force ready to be called into activity, as when a cap with a hammer explodes a mass of *dynamite*, or any other detonating mixture. Now this latter mode of action is termed *stimulation*, and the acting body is termed a *stimulus;* and we must never forget that a mechanical agent produces an effect which is the exact equivalent of the force it transmits, while a *stimulus* produces an effect greater than the amount of force it transmits—the increase being always set free from a store previously existing in the matter acted on. There is thus an apparent, but no real production of force. The excess is extricated, set free, not produced; and the substance acted upon invariably suffers loss. It loses more or less of some property which it possessed in virtue of the store of force laid up in it. For instance in the ex-

ample quoted, *dynamite* possessed the property of sudden and enormous expansion; but as soon as its store of force was liberated this property was lost; and seeing that this very property was an essential characteristic of the *dynamite*, this latter at the same moment ceased to exist, and its elements arranged themselves in entirely new forms.

Let us therefore bear in mind these three things, that: 1. *The effect of a stimulus is greater than its mechanical power.* 2. *Matter which is capable of responding to a stimulus must possess a store of force.* 3. *When any matter responds to a stimulus it invariably suffers loss.*

I need hardly remind you that that which Dr. Fletcher calls *irritable matter*, and which Dr. Lionel Beale calls *germinal matter*, is capable of responding in a marked degree to numerous stimuli; and we have seen that this is owing to the extremely complex character of its molecular structure: for, be it remembered, every complication of molecular structure involves an increased amount of molecular motion, and hence each step in the complexity implies a storing up of force.

We have thus again reached the confines of physiology from the side of force, as we had previously from the side of matter; and we are now prepared to pass rapidly *in medias res.*

The ascent from the monad to man is a constant series of complications or unfoldings, by which force is stored and properties are multiplied. The complications, however, are of two kinds, viz., complications of structure and complications of molecular arrangement. The mass becomes more and more differential, and the molecules composing it become more and more complex in their properties.

Every organ of the body consists essentially of cells containing germinal matter; and every difference of function depends upon the equivalent differences in the properties of this "homogeneous translucent mass," these again are the evidence of a different molecular constitution.

Every cell, therefore, possesses an independence traceable to its peculiar constitution; and every cell acts according to this peculiarity, and cannot act in any other way until its molecular arrangement is changed.

Germinal matter—being irritable—responds to stimuli, and in so doing suffers loss, hence, while it lives (and it

only retains its peculiar constitution during life), it must receive a constant renewal from without, and this renewal must, in its turn, possess a store of force. We must, therefore, have *pabulum*, then we have our three prime requisites of life, viz., *germinal matter*, *stimulus*, and *pabulum*.

Each mass of germinal matter increases by the absorption of pabulum, and co-incidentally produces some formed matter, either a structure or a formed secretion.

All *formed material*, whether structural or amorphous, is no longer in the metabolic state, it is reduced to the lower grades of colloidal and chemical complexity; and hence force is set free, and either passes on as one of the known physical forces, or is employed in raising the absorbed pabulum to a higher degree of metabolic complexity.

The time during which an individual molecule retains its identical metabolic state is probably very short indeed, there is an incessant passing upwards and downwards of molecules from one degree of complexity to another, so that the condition is essentially one of change so long as life continues; and the essential point for us to remember is, that every step of the upward progress increases the amount of stored-up force (molecular motion—tension), while every descending step sets force free.

Individual masses of germinal matter are possessed of three most important properties, viz.:—

1. The power to undergo molecular changes on the application of a stimulus.

2. The power to *reproduce its like*, or, translating this into a mode of motion, the power to impart its own molecular motion to molecules of an analogous kind, thus prolonging changes of motion.

3. The power of returning after a time to its original mode of motion, and thus terminating changes of motion.

This is claiming for the individual molecules what Darwin has so abundantly proved as regards the entire living creature, viz., the power to perpetuate a change and the tendency to revert to original forms.

Practically one cannot exaggerate the importance of these facts, because if the molecule had not the power to perpetuate change, no disease could have any duration—the molecule must either retain its health or die. If again the tendency to revert was lost, no disease could be cured—a change once produced would be perpetuated.

ith these facts before us respecting the constitution manner of life of each separate mass of molecular er, we may proceed to the examination of the entire al.

ıe body, occupying a large space, consisting of nearly ty-three millions of cells, and performing all its com- functions, is an undivided whole—an *individualism.* independent cell-life must, in some manner, be as- ted together; and this is effected in the most perfect by a two-fold circulation, which continues unceas- throughout the entire mass, viz., the circulation of lum (the blood), and the circulation of nervous in- ce. The first associating all the cells together as a r of life and death, being all dependent on one com- riat. The second associating them for unity of action, all under one government.

t us very briefly consider these two circulations upon ı the unity and integrity of the body absolutely ıd.

The circulation of the blood. Recent observation ıdded largely to our knowledge of blood-making. most important point of which, for our present ɔse, is that every particle of food must have again gain become part of living and growing tissue ere it ɜ the blood-stream. Just as no animal can live ly on inorganic matter, but must receive its elements the vegetable kingdom, so in the higher animals all must have become the germinal matter of intestinal of colourless and other corpuscles, and of various l or lymphatic glands, ere it is fit to be mingled with lood. And again, after entering the circulation, the ascending series of changes takes place; in fact is the highest probability that in every change of ınal matter, except that which occurs in the ideational es, three things occur: a certain number of mo- s, pre-existing in the pabulum, are raised to the of the germinal mass that has absorbed them, a number of those pre-existing in the germinal matter a higher degree of complexity of arrangement, and on to be the food of higher tissues; and a larger ıer, probably derived partly from germinal matter, ıartly from pabulum, descend to the level of formed ial. The change consists entirely of a re-distribution ɔlecular motion; there is no additional force gene-

rated, but what is set free by the degradation of some molecules is employed for the elevation of others.

Blood must not be viewed as a chemical mixture, *for* such it does not become until death. In the living body *it* consists of water containing matter in the crystalloid, colloid, or metabolic state, the last of these being capable *of* yielding molecules of vastly different degrees of complexity of motion; and just as the sun sends forth heterogenous rays which can be separated into different parts by sorting together the waves of equal length; and just as different natural substances have the power of absorbing certain of these, and letting the others pass by, so the blood contains molecules of matter in the metabolic state; and each part of the body has the power of differentiating from it portions capable of assuming a mode of motion similar to that pursued by its own molecules.

That this apparent power of selection is a purely physical act is rendered highly probable from analogous changes which are perpetually occurring around us. These have been beautifully illustrated by Tyndall in his *Lectures on Sound*, where, speaking of sensitive or singing flames, he points out that each flame has its own particular note to which it responds; and that, although its sensitiveness to that particular note may be extreme, any number of other notes may be sounded loudly and continuously without producing the slightest influence upon it. This certainly looks quite as much like selection as anything which occurs in the living body, yet it is well-known to be a purely physical effect.

When the *liquor sanguinis*, containing the pabulum of all the tissues, passes by any cell, a portion enters by endosmosis, and comes in contact with the living germinal matter therein contained; being sensitive to all kinds of molecular movements, it responds to that of the germinal matter; and at once splits up in different rates of motion, part assuming the same mode of motion as the germinal matter itself, and thus attaining similar properties and becoming identified with it, while the remainder falls down to a lower rate of motion, and, with the other fluid contents, passes out of the cell by the exosmotic force which impels it forward.

While the constitution of the blood is thus for ever changing, its general composition remains unaltered so *long* as health continues: a marvellous result arrived at

by the inter-dependence of all the various tissues on each other; and by the varying rates of nutrition of different parts of the body; a result, however, necessitating so nice a balance that it is easily disturbed, and thus constitutes a most fertile source of disease.

The pabulum being conveyed to all parts by the blood, the amount supplied is, of course, regulated and controlled by the circulation; and this again depends on the calibre of the arteries. Here, therefore, we touch the second circulation, viz., the nervous, for on it depends the contraction and relaxation of the blood-vessels. It would be obviously out of place for me to enter fully into the physiology of the nervous system, as my hearers must all be familiar with the subject. It is essential, however, that I should specially direct your attention to a few points.

The nervous system, as at present known, is one of the most perfect systems of representative government that can be conceived.

The distal terminations of afferent nerves are the first recipients of impressions; the nerves are conductors; and there are four sets of nervous centres to which the impressions are conveyed.

Beginning at the lowest, Dr. Maudsley, from whose admirable work on *The Physiology and Pathology of Mind*, I have gathered much of my knowledge on this subject, remarks: "The ganglionic cell of the sympathetic co-ordinates the energy of the separate elements of the tissue in which it is placed, and thus represents the simplest form of the principle of individuation." In other words the separate cells of each tissue are linked together by the minute ganglia of the sympathetic, and are thus enabled to work together. These united cells next communicate with the ganglionic matter of the spinal cord; and if the message sent relates to a matter of which the cord has full cognizance and control, the answer is sent back direct, and the higher centres are not troubled with it,—this constitutes *reflex action*. If, however, the cord is disturbed by the message, it passes it up to the *sensory ganglia* at the base of the brain, and from thence receives a message how to act,—here we have *sensation*. It often happens, however, that these centres are also sufficiently disturbed to be induced to send the message still higher, and then it reaches the Throne itself, the *ideational ganglia*

of the cerebral hemispheres,—and then we have *consciousness*. Dr. Maudsley well remarks that "each centre *subordinated* to the centre immediately above; but capable of determining and maintaining certain movements of its own without the intervention of its supreme centre." The strictest regularity exists in all these actions—each centre does its own work, when it has once learned it, thoroughly; but always refers to the higher centre *in* cases of doubt. Again, each higher centre in conducting its operations, makes use of the centres below as *the* proper and accredited channels of communication.

One of the most valuable subjects which Dr. Maudsley insists upon, and has developed most admirably and convincingly, is the "education of nervous centres," which is constantly going on during healthy life. According to this view, every display of energy leaves its mark behind it, which, becoming stronger and more distinct by every repetition, becomes at length the settled habit of the part. Dr. Maudsley expresses it as follows: "With the display of energy there is the co-incident change or waste of nerve-element; and although a subsequent regeneration or restoration of static equilibrium takes place by the quiet process of nutrition, yet the nutritive repair, filling up the loss which has been made, must plainly take the form made by the energy and co-incident material change. Thereby the definite activity is to some extent realised and embodied in the structure of the spinal cord, existing there for the future as a motor residuum, a *potential* or *abstract* movement: accordingly there is thenceforth a tendency to the recurrence of the particular activity, a tendency which becomes stronger with every repetition of it . . . . . the faculties of the spinal cord are thus gradually formed and matured."* The formation of these organized residua, or rather organized groupings of cells, explains a vast number of phenomena both of health and disease. It explains all habits of body and mind. It accounts for the difficulty experienced in performing novel complex motions compared with the automatic ease, amounting even to unconsciousness, with which the same are effected after long practice. It throws light on the tendency to the recurrence of the series of morbid phenomena in many chronic diseases; and it explains the strange as-

* 2nd Edit., page 76.

sociations between apparently unconnected organs in many nervous patients.

According to Dr. Maudsley, "a spinal cord without memory," (*i.e.*, without organized residua), "would be simply an idiotic cord, incapable of culture." The same authority tells us that the groupings of cells, which exist at birth, consist of those associated with instinctive actions. hence these do not require to be learned. All other groups are organized by culture, and continue to be formed so long as the living being learns anything new.

I need hardly remind you that by far the greater part of the work done by the body is done by muscular fibre, it is well, therefore, for us to examine a little into the manner in which this is accomplished. Among the more recent explanations of the mechanism of muscular contraction, I am most inclined to agree with that advanced by Dr. Lionel Beale. He assures us that he has seen the ultimate nerve fibrils forming loops round the muscular fibrilla; and he views muscular contraction as analogous to the magnetizing of soft iron by a current of galvanism passing through a coil surrounding it. Physical science teaches us that such magnetization depends on an alteration of molecular arrangement occurring in the iron so long as the galvanic current flows through the surrounding coil. The microscope also teaches us that the rods (disdiaclasts) which exist in the cells of muscular fibre assume a different relative position during contraction, and thus cause the shortening of which this contraction consists; and, according to Dr. Beale, this change of position occurs whenever a nervous current is passing: so that muscular contraction represents a passing nerve current, while relaxation represents nervous repose. This is of importance, because it harmonizes with facts of recent observations, such as the non-oxydation of muscle during action; and the nervous exhaustion consequent upon violent muscular efforts. If muscular contraction were indissolubly connected with muscular waste, many phenomena of daily occurrence would be inexplicable, more especially the fact established by Dr. Parkes and others, respecting the elimination of nitrogen; as also the well-known fact that involuntary muscles never tire, at least in a state of health.

Sir James Paget has suggested a most ingenious explanation of this absence of fatigue of organic rhythmical movements such as those of the heart, of respiration, of

cilia, &c., viz., that they are dependent on "rhythmical nutrition," *i.e.*, "a method of nutrition in which the acting parts are at certain periods raised, with time-regulated progress, to a state of instability of composition, from which they then decline, and in their decline discharge nerve-force."* In other words, the ganglionic cells, forming the central termination of the nerves supplying such muscles, grow and die, setting free their stores of force with a rapidity commensurate with the rate at which the muscles contract, a rate of growth by no means inconceivable, since it is equalled, if not surpassed, by the rate of development and rupture continually going on in the epithelium of secreting surfaces. Add to this regulated rapidity of growth the fact that the entire process is without consciousness, and, hence, makes no demands on the higher nervous centres, and we at once see that, so long as the organism works healthily, fatigue of such parts is impossible. The process goes on with all the steadiness of a water-wheel supplied by an uninterrupted stream, the force required for the work is always ready, each minute's supply being yielded by the nervous system with as much regularity as the running stream sends down its wonted number of gallons of falling water.

To sum up what we have so rapidly sketched concerning the nervous system: We find that the linking together of the body into one is effected by the nervous system in such manner, that what would otherwise be desultory and chaotic assumes regularity and design. We find a series of centres placed one above the other, each having higher and more important duties to perform than the one before; and each consisting of molecules of a higher order of metabolic complexity, and, hence, possessing a larger amount of stored up force. We find each centre doing all the work it has learnt to do without referring to the higher powers; but ever seeking help when in difficulty; and, as a consequence, we find that fatigue is only felt when something new or unaccustomed has to be effected, or when, from disease, the balance between demand and supply has been lost.

While, however, the actions of all the various organs of the body are directed by the nervous system, and their nutrition regulated by the amount of pabulum which they

* Maudsley, Op. cit., p. 81.

ve; still the action performed in each case is ab-
ely dependent upon the properties of the cells con-
ting the organs themselves. Let these properties be
ed in any way, and the action will differ, though the
ous stimulus remains the same. We must now, there-
enquire a little into the nature of stimulus; and, as
s by far the most important point of all in relation to
apeutics, I must be excused for entering into it some-
minutely.

calling what I have already said with regard to
inal matter in the metabolic or living state, we must
e to ourselves molecules having a highly-complex
ıal arrangement; and, as a consequence, capable of
rgoing an almost infinite number of modifications.
a molecule left to itself would be incapable of re-
ing unchanged. The various and antagonizing move-
s going on among its elementary atoms would in-
bly shake it to pieces; and out of the ruin would be
ıced numerous frail arrangements of a simpler order.
ther words it would pass downwards through the
d and chemical gradations until it rested in the more
forms of simple, inorganic, chemical compounds.
ɔnly possible way in which the metabolic state can
ıue to exist is by the perpetual addition of fresh
r so constituted as to be capable of taking part in
ntricate movements going on; and which are un-
ıg so long as life continues. In one sense, therefore,
ɔabulum may be called a stimulus in so far that it
rs active the property, possessed by all germinal
r, of reproducing itself.

der ordinary circumstances, as long as germinal
r receives a supply of suitable pabulum, the presence
latter determines a definite activity of the former; and
form series of changes goes on, consisting, as we have
ly seen, of the increase of the germinal matter, and
roduction of formed material. Experience, however,
es us that any change in the circumstances in which
erminal matter is placed, as also the presence of any
ıal matter, may greatly modify or entirely change
ıaracter of the result; a change which usually shows
in the character of the formed material. For ex-
, under conditions of health the germinal matter of
pithelial layer of the mucous membrane produces
epithelial cells; and the surface of the membrane

exhales water in sufficient quantity to be always moist: a very slight change, however, in its circumstances will cause this germinal matter to appropriate pabulum too rapidly, to form the cell-walls hastily; and, as a consequence, a number of unmoulded cells are set free and floated off in the water with which they are surrounded, thus constituting a mucous flux. Let the change of circumstances be somewhat greater, and the rapidly-formed cells will manifest a new property, viz., that of forming oil globules as well as cell-walls; and then we have pus in place of mucus. As a consequence of still further changes, the pus formed may be no longer the bland, creamy matter which covers a healthy sore, but a thin, acrid ichor which modifies the life of every portion of germinal matter with which it comes in contact. A still further change may render the germinal matter incapable of forming solid cell-walls; and, as a consequence, the mucous membrane becomes denuded of its proper covering, mass after mass of germinal matter is washed away; and we have an ulcerated surface. Now in all these instances the germinal matter has been stimulated in some unwonted manner, and has responded to the stimulus by doing unwonted work. It follows, therefore, that everything which can change the actions of germinal matter or pabulum, is a stimulus; and seeing that in all the above instances the germinal matter and pabulum did all the work, no new matter having been added, the stimulus must have acted by changing the inter-molecular motion of the mass, or, in other words, it set the change going, but took no further part in the result produced. All this accords with what we have here already seen concerning stimuli, viz., that they produce an amount of change far greater than their physical force will explain; and also that the amount and duration of the change has no necessary connection with the quantity or permanent presence of the stimulus. For instance I take a needle, and using each time precisely the same amount of force, I scratch gently the following substances, a piece of glass, a piece of lead, a piece of wax, a cake of fulminate of mercury, a crystal of yellow biniodide of mercury, a healthy man's arm, and a diseased person's arm. The physical force employed in each case is precisely the same, the substance employed is in every instance identical, but the result differs as widely as possible. On the

visible effect is produced; on the lead a small of the surface is scraped off; and on the wax a on is made, and the displaced material is accumuce a ridge on either side. In these three cases edle has acted purely mechanically; and the of work done is exactly commensurate with the d hardness of the needle, and the amount of force in pressing the needle against the substance l upon. In all the other cases, however, the ng acted not as a mechanical force, but as a ; and the result was not commensurate with the plied; but was in each instance dependent upon peculiar properties of the substance acted upon. ample, in the cake of fulminate of mercury the p force connected with the possible re-arrange- its elements is so great that the mass is eminently ; and the little scratch disturbed the equilibrium letely that an entirely new arrangement of its s instantaneously took place, the molecules rushing structive violence into their new position. In the rystal of biniodide of mercury a change of moarrangement commenced at the point acted upon, ead from thence through the whole mass. Now ident that the result in these cases cannot be d by the force employed. No addition to the ould have apparently altered the violence of the n of the fulminate; neither was a continuance of tching necessary to complete the change in the le. The scratch was the stimulus, but the result irely dependent upon the properties of the subcratched. Precisely in the same way, and for the ason, the scratch on the two arms produced enlifferent results. In the healthy arm a line of ed epidermis, and a slight capillary injection of , were the only visible results, and in a short time sappeared; whereas in the diseased arm a series ges were initiated which, passing through the f irritation, inflammation, suppurative and pyæmic erminated only in the death of the patient. In ance, also, nothing was added to the body, nothing d in action; but the properties of the parts acted eing entirely different, the result was equally

Here, also, the dose had little or nothing to do e result: a single scratch in a sufficiently diseased

person being just as capable of producing fatal disease ... dozen.

The next point for us to attend to is, that while *the* changes which take place in germinal matter are direct*ly* dependent upon its internal molecular arrangement, never-theless the agent effecting these changes is invariably a mode of motion, or, in other words, physical force; and there is absolutely no proof whatever of the existence of such a thing as *vital force*, neither is there the slightest need for the conception of such a force. Living matter differs from dead material in its *properties;* and these alone are sufficient to explain all the phenomena; hence we must be careful to speak and think of *vital properties*, and to abjure altogether the false and misleading term of *vital force.*

An illustration taken from physics will aid us much in understanding the complex actions and re-actions of the living organism, will teach us much respecting the nature of disease, and will also point the way to its correct scientific treatment. Let us picture to ourselves a large establishment wherein are made various manufactures in iron, steel, brass, wood, &c, all of which are received in their crude states. We should thus have in one building a number of different machines, each constructed so as to do its own appointed work; and each requiring to be supplied with the material upon which it is to exert its formative power. In the case before us the machines themselves are constructed of the same materials as the substances which they elaborate; and it is easy to conceive that numerous machines, serving very different purposes, might be composed of the same relative proportions of iron, steel, brass and wood; and, moreover, it is equally conceivable that the manufactured products might also contain the same relative proportions. In such a case chemistry would tell us that the manufactory can only turn out in a completed state the same quantity of iron, steel, brass and wood which it receives as material to work up. It could also analyse the machines; and finding them to consist of the same ingredients in the same proportions, it could explain the chemistry of the entire process; but it would have told us absolutely nothing of the manufacture itself; and, moreover, the machinery might get out of order to an extent rendering it quite incapable of making any useful article, and yet the

chemist might find nothing wrong. Let the physicist next examine our manufactures, and, tracing every process from beginning to end, he will find no process which he cannot explain; every result is the direct consequence of the force employed, and the effect in every instance precisely corresponds in amount to the quantity of force expended; but here, also, so long as he contents himself with measuring the temperature and calculating its mechanical equivalent; so long as he busies himself with elasticity, weight, expansion, contraction, &c., he will throw no useful light upon the intricate working of any one of the machines, nor will he show how any errors are to be corrected. Before this can be done each piece of apparatus must be studied anatomically, as in this way alone can its mode of motion be ascertained. The amount of mechanical force exerted in moving its several parts teaches but little, we must know all the possible motions of each individual part, and their mutual influence; and we must be accurately acquainted with their order of sequence, ere we can judge of the effect of the whole. This, even, is not enough, as most manufactures require their several parts to be prepared before they are fitted together, so as to ensure perfect articles; and since these preliminary operations, though essential for the perfection of the manufacture, are by no means necessary for its mere putting together, they may be slurred over, or omitted, without the defect becoming at once apparent. Lastly, in such a manufactory there must be a large staff of workmen, each attending to his own work, and each obeying orders received from those placed over him. We have now an analogy to the living body sufficiently accurate to clear up many points of difficulty. The workmen of course represent the nervous system, the machines are the germinal matter, the products are the formed material; and the material brought into the manufactory is the pabulum. Glancing at our simile we at once perceive what will constitute perfect health, viz.:—

1. Every man fully attending to his own business, and giving and obeying orders. (Healthy nerves).

2. Every machine in perfect order, and made of the best materials. (Healthy organs).

3. A sufficient supply of the crude articles on which it works. (Healthy food).

4. The thorough preparation of this crude material

before using it, to make the more important manufactured articles. (Healthy assimilation.)

We can likewise, with equal facility, perceive what will constitute disease:—

1. Any man neglecting his duty. (Disordered nervous system.)

2. Any derangement in any one of the machines. (Disease of tissues.)

3. An insufficient supply of crude material. (Defective food.)

4. Imperfect preparation of crude material. (Mal-assimilation.)

I need hardly remind you that this simile must not be pushed too far, since it is in many respects very imperfect, more especially as regards the inter-dependence of the various parts: for example, the nervous system performs its work by means of the force set free during the degeneration of its ganglionic cells; and hence is as much a machine as any other part of the organism, and, consequently, equally dependent with the rest on a proper supply of assimilated pabulum. Moreover, the source of motion in our manufactory is totally different from that in the living body; and could only be analogously represented by supposing each machine to be moved by the force extricated during the chemical decomposition of certain parts of the machinery; added to which the living body has two peculiarities which are inconceivable by any mechanical arrangement, viz., 1st, That it cannot cease from work without tumbling to pieces, and, 2ndly, That it never makes its products directly from the material received, but forms them from its own substance, and repairs the damage thus induced with the materials supplied to it.

Notwithstanding these imperfections, however, it will serve our purpose in rendering intelligible many important points. Let us follow some of the crude material, say iron, from its reception into our establishment to its exit as formed material. The iron is received as a mass of cast-iron direct from the furnace where it was smelted; and in this state is only fitted for the casting. If needed to make any piece of machinery where toughness is required, it must be forged and rendered malleable; if wanted for other purposes it must be converted into steel; or again it must be hardened, in other words, according

purpose for which it is ultimately required, it has
ıdergo various processes by which its molecular
ure is modified; and unless these modifications are
rly effected, the resulting manufacture will be im-
ct. If, for instance, a piece of brittle cast-iron is put
tough wrought-iron should have been used, the
e will break when exposed to a strain which, if
rly made, it would have been fitted to endure; or if
, soft iron is used where an elastic, springy steel
d have been placed, the article will be found wanting
ıe of the most essential characteristics. Precisely
gous changes go on in the living body; the crude
lum received from the *primæ viæ* must undergo
changes and modifications of molecular structure
is fitted to supply the wants of the higher tissues;
if any mass of germinal matter is obliged to as-
ıte pabulum lower in the metabolic scale than is
for it, the result will be a change in its own mo-
ar constitution; and, as a consequence, an alteration
functions, in other words, disease. Whether or not
a disease will be evident to others will depend upon
xtent and gravity of the change. A slight deviation
give rise to no detectable symptom; and in such a
will exist as a pre-disposing cause. Such a state is
l dormant disease, which represents an amount of
ge in the molecular condition of a part that is not in-
ıatible with the continued performance of the concrete
ion of the organ, but which will, nevertheless, endow
art with a property not possessed by the healthy ger-
matter, viz., inability to resist some stimulus which,
ılied to the healthy part, would have had no injurious
. Like one piece of machinery with the cast-iron
wrought-iron should have been, it will do its work
all were right, until a strain comes in a certain
tion, when the cast-iron will snap, and the integrity
machine be destroyed. In this case the improper
ular construction of the iron is the pre-disposing
, and remains dormant in the absence of the strain.
strain itself is the stimulus (exciting cause) of the
ter which results from its application. Whether such
erioration will be transient or permanent must depend
two causes. 1st. And chiefly, according to the con-
ınce or otherwise of the mal-assimilation, because
ng as such a part is supplied with ill-formed pabulum

it cannot regain its health. 2nd. According to the strength of the tendency in the part to re-produce its like, or to revert to its former condition; when the latter is strong, if really good pabulum is supplied, the new and diseased property will soon be lost, if the former, a result, most probably, of the duration of the deterioration, then, even with the most healthy food, a considerable time may elapse ere the part reverts to its norm.

These general principles may be applied to the explanation of every form of disease; the one condition which underlies them all being a change of motion in the germinal matter in response to some unusual stimulus.

Diseases thus considered are just as natural results of the altered circumstances, as health is the natural result of the original circumstances in which the system was placed; or, in other words, pathology is the physiology of parts in unusual circumstances.

The same considerations prove that there cannot exist any true resistance to disease, or any real *vis medicatrix naturæ;* all the changes which follow the application of stimuli being the direct and necessary results of the pre-existing molecular constitution of the part. Germinal matter must be said to act blindly; and to be just as ready to perfect a self-destructive act as to bring about a change which may tend to throw off the disease. In fact it cannot be imagined as exercising any choice in the matter. It is as much a machine as any dead piece of mechanism.

The well-known tendency of a large number of diseases towards recovery is traceable to the *inherited properties of the germinal matter;* and just as in certain families we meet with inherited tendencies to certain diseases, and at once trace them to peculiarities of molecular constitution of the parts concerned, so in the majority of cases the tendency of germinal matter to resort to its original mode of motion, after it has been turned out of its normal course, is sufficiently strong that most acute disturbances speedily and spontaneously come to an end.

Diseases are grouped together according to resemblances in their origin, their locality or their course; but for the purpose of determining what kind of treatment will be best adapted for their cure, we must ascertain what the stimulus is which has roused into activity the abnormal properties of the germinal matter implicated in the morbid process.

I think we are now prepared to answer the question as to how diseases ought to be treated, and also to test the propriety of many of the means of cure most frequently resorted to.

As during all the manifestations of life the three essential constituents are germinal matter, pabulum and stimulus, we must attend to all these in our endeavours to remove disease. The study of the changes of germinal matter constitutes pathology; the study of pabulum, dietetics; and the study of the action of stimuli includes the whole field of drug-treatment. We will, however, begin with the last point, as most germane to our subject.

Every true drug acts as a *stimulus*, and the symptoms it produces are the evidence of this action. Now, according to our explanation of the action of stimuli, it must follow that drugs will act very differently, according to the pre-existing condition of the matter to which they are applied. For example:—

1. Before a drug can act chemically, it must have reduced the substance upon which it acts to the chemical degree of molecular constitution, or, in other words, drugs cannot act *chemically* on living germinal matter; they must kill it first, and having thus split it up into chemical compounds, they will combine with these according to their wont. This is a very important fact, as showing that unless we desire to destroy a part by chemical agents, as with caustics, we must not attempt to prescribe them as acids or alkalies, or indeed in virtue of any of their chemical properties, unless we can limit their sphere of action to dead matter. We may justifiably employ chemicals to modify the condition of unabsorbed food, or to secretions after their formation; but to expect a chemical action within the metabolic sphere, is to look for an impossibility and to reap a failure. The sphere, therefore, of chemical treatment is outside the living matter. 'Tis no doubt true that many invaluable drugs are also powerful chemical agents; nevertheless it is capable of demonstration that they influence germinal matter, not in virtue of their chemical affinity, but in virtue of their power to stimulate into activity some pre-existing property of the germinal matter itself. It is on this account that chemical substitutes can never be used in true scientific drug-treatment. If, for example, an antacid were required, the practitioner might use any of the alkalies or alkaline

earths, and if to neutralise the acids of dyspeptic fermentation were the only purpose for which it was required, the substitution of one base for another would be unimportant; but since every alkali and alkaline earth has its own peculiar power to stimulate germinal matter, the use of each one is apt to be followed by its own specific effects, over and above the chemical action upon the acids of the decomposing food. In the stomach they all act as alkalies, and neutralise the acid with which they come into contact; but beyond the stomach, in *addita* of the body, potash acts as potash, soda as soda; and nothing short of an accurate foreknowledge of these specific effects, and a judicious avoidance of overdoses or protracted usage, can prevent a physician from doing infinite damage by an attempt to rectify a chemical fault by a chemical corrective.

2. A drug cannot act as a specific stimulus unless the germinal matter possesses the property of responding to its peculiar mode of impression; and as the germinal matter of different organs differs essentially in its properties, it follows that every different substance will modify the changes of germinal matter in different parts or in different ways. We may expect, therefore, to find that every substance capable of modifying metabolic changes will have what looks like an elective affinity for certain organs; or in other words, a drug, though brought into contact with germinal matter in all parts of the body, will initiate new modes of motion in certain parts only.

3. A drug which is capable of acting on a given part of the body in a certain way, as long as the molecular movements of that part are normal, may act in a totally different way upon the same part, if a new set of movements are going on. In other words, the action of a drug upon a healthy and a diseased organ may differ to any extent.

4. In like manner, a drug may be perfectly incapable of acting on a certain organ while it remains healthy, and yet be capable of modifying to a great extent any morbid changes which it may be undergoing.

All these variations are the natural conclusions deducible from the principles we have laid down, and experience has abundantly proved every one of them.

Such being a general outline of drug-action, it follows as a necessary consequence that no drug can be used judiciously as a means of cure, until we have become

acquainted with its powers of influencing the healthy functions. Unless we know accurately what parts of the living germinal matter it will influence, and also what changes it will inaugurate, we cannot prescribe it with precision. A proving of a drug on the healthy body, however, will be insufficient, since we have seen that it may and probably will act very differently on the same part when diseased; and hence we must ascertain this point also. It is at this point that Hahnemann meets us with his invaluable discovery, viz., that a drug invariably produces in the diseased organism a series of changes precisely opposite to those which it produces in health, and that consequently it removes from a diseased part the entire series of symptoms which it would excite in the same part when healthy; and hence his law for the selection of a drug is "*Similia similibus curentur.*" We shall return to this, but in the meanwhile must proceed with our enquiry as to how the treatment of disease should be regulated by the light of the most advanced physiology.

Bearing in mind that germinal matter alone is truly living, and that every substance found in the body is produced by this same protoplasm, we must not expect to supply defects in formed material by supplying it direct —everything that enters the stomach is changed into the metabolic state before it can become part of any formed material, whether structural or not. Every oil-globule found in the cells of fat or elsewhere has been produced by germinal matter, and in no instance consists of oil which has been simply absorbed and re-deposited. So also with albumen, fibrin, gelatin, *et hoc genus omne;* not one of these can be made to enter directly into any of the structures of similar composition; each must first lose its identity, and, emancipated from all its dead chemical property, must enter the metabolic state, and thence be reproduced by deposition as formed material. The practical lesson to be learned from this is, that chemical analysis of food, as far as proximate principles are concerned, will be of no assistance whatever in regulating the diet. The relative amount of albumen, fibrin, gelatin, oil, &c., tells us nothing, as all these cease to exist before true nutrition becomes possible. Ultimate analysis is useful, as we know that the body must receive from without all the carbon, oxygen, hydrogen, nitrogen, calcium, ferrum, phosphorus, &c., which are found in its formed materials; but,

beyond the important fact that the compounds of these must be in the colloid condition, the superiority of one form over another as food is regulated by other proportions than those deducible from chemical analysis. Their physical forms, as influencing the facility of their disintegration; the effect they produce on the gastro-intestinal mucous membrane; the more or less readiness with which they are absorbed, &c., are all of vastly greater importance than anything we can discover by chemical re-agents. Hence a chemical diet-table, treating of proximate principles, is among the most misleading of all the so-called helps to the treatment of disease or the maintenance of health.

If all diseases consist in changes in modes of motion of germinal matter, the converse must likewise hold true, and all changes in the modes of motion of germinal matter must be looked upon as disease. *Hence true cure must in every case consist wholly and solely in a restoration of the original mode of motion to those portions of germinal matter which are diseased;* and any benefit which may be derived in a cure of disease by producing changes in any other part of the body, must be considered as *indirect*, and the process regarded as *spoliative.** One would imagine that such a statement as this would be hardly necessary, as it must be self-evident to all who think calmly over the subject; and yet it is all but ignored in practice, and the only system which holds it up as a standard of comparison and adheres to it by the sick-bed is denounced as unscientific and absurd. To restore changed action, by directly influencing the diseased part, is the very essence of specific treatment, and Dr. Drysdale has admirably defined a true specific to be "a remedy which cures by the absorption of its whole physiological into its therapeutic action;" or, paraphrasing this to suit the point from which we are at present viewing the question, a specific is a remedy whose therapeutic effect is to restore

* I do not by any means wish it to be understood that the spoliative treatment should never be adopted. I know well that in many chronic diseases the system is loaded with material of a low degree of vitality, of which it should be relieved as an important step towards cure. But even here a diet so arranged as to compel the system to work up and work off its bad material is infinitely to be preferred to any attempt to effect the same result by disturbing doses of drugs.

normal mode of motion to the disordered germinal matter, and whose physiological effect would have been to have produced precisely the same disordered action, had it not already existed. The one effect exactly balances the other, and the practical result is that there will be no evidence of medicinal action at all; the cessation of disease and the restoration of health are the only consequences of the administration of the drug. This is the *beau ideal* of treatment. There is no spoliation—no waste of force; the existing error is corrected, and all goes on as if disease had never been.

Let us now enquire how far the dominant school of medicine follows this course. At the very foundation of almost all their treatment lies the error, that they give remedies *to do something* in place of to *undo*—they use medicines to produce their direct action, or in other words, to *produce a morbid change*. Now this must be wasteful and spoliative, and can only be defended on the ground of expediency; it is literally at best doing evil that good may come, and unless it can be distinctly proved that there is no other known way, it cannot be recommended. No wonder that many thoughtful practitioners have come to the conclusion that it is better to leave diseases alone, and to trust to the well-ascertained "tendency to revert to the original type" to correct the errant action of the disordered part; and so it would be, if spoliative treatment were the only possible alternative. We, however, deny the necessity for this. We know that drugs properly chosen will correct existing derangements, and without producing new ones; and this, we reiterate, is their proper function.

Take an example. *Colocynth* has been proved to act on the bowels, and to produce colic and diarrhœa. The dominant school use it, accordingly, where they wish to empty the bowels, and give it in a dose capable of producing its physiological or pathogenetic effect; but not wishing to induce colic as well as purgation, they add *hyoscyamus*, which experience has taught them counteracts that part of its effects; and having got rid of the colic, they are well satisfied with the result.

We, on the contrary, give *colocynth* where colic and diarrhœa already exist, and, without the aid of *henbane* or any other adjuvant, the colic and diarrhœa both cease, and the patient is restored to health. The allopath, how-

ever, has given the remedy because he wanted to produce an over-action of the bowels, and accordingly *colocynth* used in our way would not suit his purpose; unless, indeed, it was a case of constipation associated with colic, in which instance *colocynth* will frequently cure the one, and in so doing overcome the other, which is often a mere consequence, and does not own a separate origin. If, however, no colic exists, he must ascertain the exact condition of the intestines upon which the constipation depends, and acting upon this knowledge, select the proper specific to correct the error. To give an aperient under any circumstances, is contrary to the principles we are now defending, because it is producing a diseased condition. To restore the natural action of the bowels is quite legitimate, but to produce an overaction must be spoliative, and hence to be avoided whenever it is possible. To revert to our mechanical illustration, what workman in his senses would try to correct the wrong action of one machine by making another machine act wrongly, even though the second disturbance should in some measure counterbalance the first? Unless it were the only means of preventing the destruction of more or less of the machinery, such a step would be unwarrantable, and certainly could not be defended so long as a direct correction of the original disturbance were possible. What has been said against aperients may with equal justice be said against all other developments of the physiological action of drugs; and thus we arrive at an important point regarding the dose of a drug, which, according to these views, should always be too small to produce its physiological effect. I shall not, however, enter into this subject, as it will form a special question for discussion in Dr. Black's paper, to which we are looking forward with interest.

A careful survey of the therapeutics of the most advanced practitioners will demonstrate the fact that drug administration has become more and more limited chiefly to three classes, viz., sedatives, tonics, and specifics. Of specifics such as Iodide of Potassium, Quinine, &c., I shall say nothing, since in most of these the relationship between drug and disease is of the kind we are advocating, and any question we may still be disposed to raise has reference rather to the mode of administration than to the art of selection.

ıe three classes, however, that of sedatives is the st frequently abused. Nothing seems to me more ıing than the manner in which the most advanced ogists recommend the use of sedatives; and the rush after every new pain-killer by practitioners of ses shows clearly how little a correct physiology herto regulated the practice of the profession. what principle this unscientific use of narcotics is d I am at a loss to conceive, unless it be that, zing their inability to exert any direct effect on gress of the disease, they think they will, at any nder that progress as comfortable as possible to the

Just as if the well-wishers of France should have telegraph-wires to prevent the Assembly at les knowing anything of the doings of the Com- in Paris, and have defended the act as a wise pre- lest the deliberations of that august body should ırbed by the exciting nature of the news brought . I am well aware that much has been said of the ges of physiological rest, and of the exhausting of pain; but let it be remembered that I am not against the removal of pain, but against the nt method of achieving the result; neither does it to me possible to conceive anything less *physio-* than the rest obtained by inducing a morbid state norbid centres. Who, in his senses, believes in a nnocent narcotic? What were we so confidently out Bromide of Potassium and Chloral Hydrate? hey not both lauded as "blessings to humanity," fectly harmless removers of pain and sleeplessness? not the medical Journals already teeming with gs of their dangers, or at least their many "incon- es"? I was much pleased, and not in the least d, to read the following report of Dr. Maudsley's s in the *Lancet* of August 12th, 1871. It is as :—

. Maudsley began by seriously doubting if it were a wise thing to stifle excitement; and whether a al restraint put upon the brain-cells was not often ious to the patient as a mechanical restraint im- ıpon his limbs. He thought that sedatives were ar too recklessly; that, although they might re- ymptoms, they often only served to push the further down the hill, and, as often as not, re-

tarded recovery. He thought that the whole range of sedatives, including Bromide of Potassium and Hydrate of Chloral, were equally capable of being abused; that by giving them we often seriously damaged the patient's general health; and, instead of curing, we often merely 'made a solitude and called it peace.'"

These are words of sound wisdom which I trust will bear practical fruit. Dr. Maudsley is too sound a physiologist and too clear a thinker to be long misled by so deceptive and unscientific a procedure as that he comments on. Surely the time must soon arrive when physicians will learn that they have a higher mission than that of putting disease out of sight; that it is a wiser and better plan to look to the future; to let the patient suffer pain on the way towards health rather than enjoy present relief at the cost of drifting into hopeless disease.

It is very lamentable to find an accomplished physician like Dr. Anstie claiming, as among the glories of our recent advances in Therapeutics, the subcutaneous injection of Morphia, and the employment of Bromide of Potassium and Hydrate of Chloral.

So long as the fundamental error of producing a new disease for the purpose of curing one already existing—no matter whether the new morbid action is set up in the part already diseased, or in some more distant organ—so long as practitioners will give drugs in disturbing doses so long no real progress in drug treatment is possible. Either the entire facts of our advanced physiology must be interpreted differently, or the very foundations of old school drug-treatment must be re-laid.

Physiological experiments with drugs will continue absolutely barren of therapeutic advantages while the results are utilized in so erroneous a manner. If a remedy is found experimentally to paralyse the motor ganglia of the spinal cord, of what possible use can this knowledge be if the remedy is to be given in paralysing doses? What true physiologist would recommend the production of such a serious morbid condition as a method of cure? When, however, drugs are employed rationally, that is, specifically, such a knowledge becomes invaluable, since upon the ascertained principle that drugs produce the exactly opposite effect in disease to what they do in health, we know that such a drug, in a proper dose, will remove paralysis of the cord, provided the restoration of

ts normal mode of motion has not been rendered impossible by an entire change in its constitution, or, in other words, provided disorganisation of the cord has not already taken place.

If time permitted I might show that the fashionable methods of treating disease by stimulants and high-feeding have both been carried to an extreme which is opposed to all the teachings of physiology; but here, the error being imply one of degree, it will probably right itself; and I ave therefore preferred confining my attention to drug-reatment where the errors are fundamental, and where le change must be thorough to be of any real value.

Let physicians once realize to themselves the true ature of life, of health, and of disease, and they will ver commit the grave error of producing one disease r the cure of another, except, indeed, under protest, and a matter of expediency.

Let them once recognize the true nature of drug action, d its specific relation to diseased action; and they will ceive a light wherewith to guide them through the ficulties and intricacies of a consistent therapeia.

Let them be content to follow and help the natural urse of diseases rather than force a method of their own aginings upon a blindly-acting machine which can offer resistance, and may therefore be led to destroy itself; d they will cease to prescribe drugs to produce disbances, under the idea that they can in this way drive e pre-existing disease to a happy termination.

And, finally, let us rejoice that every real step in the ogress of modern physiology has strengthened the ientific foundation of specific drug treatment; and that e are able to stand abreast with all the workers in this st field of research, and, accepting with deep thankfulss each new discovery, are in a position to render it eful at the bed-side of our patients.

Gentlemen, I will now conclude with hearty congratutions as to the position of homœopathic treatment as tablished by the most recent advances in physiological esearch.

Sackville-st., W.

IMPAIRED VISION (ASTHENOPIA).

By R. T. Cooper, M.D.

Impaired vision is the name used by Tyrrell to designate an affection of the sight, due, he believes, to a "temporary congestion of the choroid." It is thus described by James Dixon, in the 2nd edition of his work on the *Practical Study of Diseases of the Eye*, p. 176:—

"It is the complaint to which those persons are liable who are occupied for several hours together, upon minute objects—tailors, jewellers, dressmakers, &c. The patients see well when they first begin to work, but after a short period of application, the objects begin to waver and get indistinct; and very soon, unless the eyes are allowed to rest for a few minutes, the objects wholly disappear. A short interval of repose allows of the work being continued for a while, but the dimness and unsteadiness of sight recur again and again, until at last the work must be altogether laid aside. The affection, therefore, may be said to consist in *an inability to keep up the adjustment of the eye to near and small objects*. But (says Mr. Dixon) there is no *proof* of this imperfect adjusting power being dependent upon any change in the blood vessels of the choroid."

A case in some respects agreeing with the foregoing description came under treatment some time since. Mary Anne Osman, a servant girl of 19, who had suffered all her life from a weakness of sight, finds that of late she has been getting much worse. She has fruitlessly sought the advice of two of the principal medical gentlemen in this place.

She belongs to a consumptive family, and has always been considered a delicate girl. Her eyes are painful, and when she goes to read or do needlework they soon tire, and black spots float before the sight; the contact with a keen breeze causes a great deal of roughness of the skin of face, and brings on much lachrymation; her eyelids irritate, and sometimes she cannot see across the road. Indeed, with the exception of when she tries them, her eyes occasion more trouble out of doors than in the house.

Besides, she has a pain in the lower part of her back constant during the day when walking about, and a pain in the left sub-mammary region—a sharp pain, leaving a constant dull aching, and which she has suffered from for two weeks.

Bowels are regular, but she is subject to bleeding piles l to epistaxis during the summer.

I gave to this patient—*first, arsenicum* in the 2nd imal *trituration*, for the irritation in the lids, the easily ited lachrymation and the roughness of the skin of the e. No effect.

Next. Conium 1x. No effect.

Next. Gelseminum 2x. Relief to pain in side, and provement in unpleasant feeling in eyes. After three eks the symptoms were improved, but the eyes were tting more irritable, and she could not do any needle-rk; there was, moreover, some intolerance of light.

Euphrasia 1x prescribed. No effect.

Next. Gelseminum again, 1st dec., by day, with *sul-ur* ☉ at night. At first, for a week, slight improve-nt; next week, bad again.

Next. Belladonna 3x. No effect; and the piles are eding.

Next. Mercurius solub. 2x. Improvement in the state the hæmorrhoids, but none in regard to her general e. She is weak, has a slight cold, and the pain in her e is very bad.

Next. Actæa racem., 1st dec. Improvement in the at for the first week, then it became bad again, and *æa* in the 6th was given. No effect.

The sight is very weak, and her side has become very aful again; this pain is very much increased by even ery slight exertion.

Arnica 12, in tincture. Improvement began at once, pain in her side left her, and her eyes became much nger, and the weak look about them went away.

She left the Dispensary quite satisfied, although her enemy the hæmorrhoidal flux remained.

Though temporary improvement followed many of the edies resorted to, yet there was no real satisfaction n any but *arnica;* after she took it, her countenance te altered, and the watery appearance about her eyes nt away.

It is hardly necessary to add that something more than ninished power of adjustment must have been present this case of "impaired vision;" we find, besides, an er-sensitiveness of the conjunctival mucous membrane, ding to an inflammation at the slightest provocation.

The life-long weakness of the sight would lead us to

the supposition of an internal lesion, and one, too, that it is quite impossible, in the absence of any knowledge of the patient's future career, to say whether *arnica* cured or not.

The pains in her side and back were owing, I am inclined to think, to overstraining of the muscles; and assuming a tendency to such a condition, it is just possible that the ciliary muscle of the eyeball may have been overstrained from prolonged exertion in needlework, a surmise that is rendered the more probable by a case since met with, that of a gentleman much engaged in using scientific instruments, who had overstrained his sight by constantly looking through powerful lenses; *arnica* in the 12th enabled him to focus his sight to distant objects, inability to do which constituted a principal symptom, and to leave off wearing spectacles for out-of-doors, as recommended to him by a distinguished London oculist. If correct, this will afford a very neat illustration of pathology confirmed by practice.

I take it, therefore, that the above was a case of conjunctival hyperæsthesia, accompanied by a weakened power of adjusting the lens on the part of the ciliary muscle of the eyeball,* with possibly some further undiscovered internal affection of the lachrymal apparatus—perhaps the choroid.

I have only to add my regret that no ophthalmoscopic examination was made; to the unaided sight nothing appeared amiss in the internal parts of the eye.

Southampton, August 1871.

OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES: WITH SUGGESTIONS FOR TREATMENT.

By John Anderson, M.D., M.R.C.S.

(Continued from page 557.)

In continuation of the subject of the "*Sources of Diagnosis*," under the head of "Abnormal Symptoms," we have to consider the following symptoms:—

7. *Pulse.*—The pulse, in its frequency, smallness and quickness, forms an important element in the diagnosis of

* See Rainey's paper in *Lancet*, July 26th, 1851, for an explanation.

)hthisical disease, so much so, that according to Dr. Guy, n five out of six cases in males (not in females) the fre- uency of the pulse, taken alone, will serve to excite uspicion, provided at the same time there is no great eviation from apparently good health, and no acute dis- ıse present. Also, that the change of pulse from the ect to the sitting posture (in males) will be less marked the debility of phthisis than in debility due to other uses.* This observation is confirmed by Dr. Thompson his *Lettsomian Lectures*, and Dr. Walshe says that this neral statement seems not unfounded, but that excep- ns are frequent; he has known the pulse to range from) to 140 in uncomplicated cases.† The pulse is not ways rapid in phthisis, and in senile phthisis the pulse frequently quiet, except when the disease is extreme. ill, increased frequency is the rule; and Dr. Guy has own that in five out of six cases, the pulse in phthisis ceeds the highest number (92) observed in *apparently* ealthy males of the same mean age.‡ Dr. Copland thinks at a pulse above 80 should be viewed with suspicion in the rofulous constitution at the age of puberty, especially if sociated with a dilated pupil, a clear or blue or pearly onjunctiva, and dyspnœa.§ Dr. Pollock is of opinion hat a persistently rapid and weak pulse indicates a failure f nervous power, and is to be considered as a very un- avourable symptom.‖ Dr. Aitken says that "the pulse n the phthisical is almost invariably frequent, with a troke so sharp and rapid as to increase the interval etween the beats. If a man possessed of average mus- ular power, whose circulation is not originally rapid, resents himself with a pulse averaging 100 or more in a inute, there is strong ground for suspecting him to be onsumptive." There is a co-relation between the pulse nd the temperature (better considered under the head of Thermometry"), and the rate of the pulsation and the

* In a healthy adult male, the difference of the pulse-rate between ıe standing and sitting posture would be about 10 beats. In cases f debility generally, this difference may extend to 15, 27, or even 39 eats, the effect of change of posture increasing with the frequency of ıe pulse, namely, with a pulse ranging from 70 to 90, the difference ill be 15 beats; a pulse of 90 to 110, difference 27 beats; a pulse of 10 to 130, difference 39 beats. Now this effect of change of posture greatly diminished in the debility of phthisis.—*Guy's Hospital Reports*, paper by Dr. Guy.

† Op. cit. ‡ Op. cit. § Op. cit. ‖ Op. cit.

respiration presents some important features, as shown by Dr. E. Smith, in a paper on "Chronic Phthisis." He states that "the rate of pulsation and respiration is most variable; he found the pulse to vary from 55 to 166, and the respirations from 11 to 43 per minute. The total average of 3000 observations in all stages combined gave 95 pulsations and 32 respirations per minute. Increased rapidity of both functions is commonly associated with phthisis, but except at the last periods, not invariably present. A general relationship exists between frequency of respiration and extent of disease, frequency of pulsation, short stature, lessened vital capacity, and excitable temperament. The increased rate of pulsation and respiration is doubtless determined by the necessity, or at least by the call, for respiratory and assimilative changes, and by the response which the lungs and heart are able to make to that call. There is no evidence that this increased rate precedes the early stage of phthisis, but rather that it is an effect of the conditions met with in the earliest stage, and in fact, that it is due to them, and will be proportioned to them." Thus it will be seen that the condition of the pulse affords a good diagnostic sign, more valuable in the earlier than in the later stages of phthisical disease, most valuable of all in the pre-tubercular state and premonitory stage. A pulse uniformly and continuously rapid would certainly suggest a guarded prognosis for the future, and a most careful investigation of the patient by the help of all other sources of diagnosis. And in the later stages of disease, when from some special peculiarities there might be a difficulty about the diagnosis, the fact of a markedly less difference in pulse-rate between the erect and sitting posture, would help to determine in favour of the existence of phthisis.

8. *Palpitation.*—This occurs occasionally as one of the earliest indications of impending phthisical disease. The pulmonic circulation becoming embarassed, and the passage of the blood through the lungs not being so free as in the healthy state, palpitation of the heart arises, the impulse being sometimes considerable, owing to fulness of the right ventricle. Dr. Guy attaches great importance to this symptom, and says that it deserves special notice, being often the very first which engages the patient's attention.*

* *Hooper's Physician's Vade Mecum*, edited by Dr. Guy.

Dyspnœa.—The various changes in the frequency, :r and character of the respiration will be dealt with r the head of "physical signs;" laborious or difficult :hing alone is referred to now. By some, dyspnœa garded as neither a very prominent nor a very urgent ɔtom, but Aitken says that "the dyspnœa is generally : in phthisis, the patient being unable to make any e exertion, or even to read a few lines without e."* In the premonitory stage the breathing is rally quickened, becoming hurried and laborious on t exertion, although there is no dyspnœa as long as ɔatient keeps quiet. In the stage of deposition, ac- ing to Copland,† the breathing is quick and hurried 'ery slight exertion, and becomes more remarkably t as the cough continues or becomes frequent. As lisease advances, the sense of oppression and dyspnœa creased. Dr. Pollock says that dyspnœa is a leading ptom (with a few exceptions) in cases of chronic ısed tubercle, being more felt in this than in other ıs of phthisis which are equally tolerated by the sys- ‡ This symptom will render some help in diagnosis, cially when it exists unaccompanied by any of its ıl concomitants, and would certainly suggest the de- ɔleness of careful stethoscopic investigation.

). *Headache.*—This symptom is not referred to by the ɔrity of writers, but Dr. Guy considers it an important nostic sign in the earliest stages of impending phthi- . disease. He says "another symptom often present ɜadache, pain in the forehead and over the eyes, for ɔh there is no obvious explanation. This symptom e has often led me to an examination of the chest, and ıe majority of instances with the result of confirming ıuspicions."§

.. *Thoracic pains.*—Pain in the region of the chest, a ɜ below the clavicles in front, or near the scapulæ nd, is of frequent occurrence; the pain though often e is seldom very severe, and may be of a muscular or ɜalgic character, or the effect of partial pleurisies, ted by the presence of clusters of tubercules, either the serous membrane, or immediately beneath it. etimes the pain arises from true intercostal neuralgia, it is stated by M. Beau, that even when no pain is ally felt, it may be almost constantly induced by

* Op. cit. † Op. cit. ‡ Op. cit. § Op. cit.

moderate pressure with the finger on the anterior or sternal extremity of the intercostal spaces in persons suffering from pulmonary phthisis. This symptom is so constant, that he thinks it will prove a useful diagnostic mark in cases where the physical signs of phthisis are masked by bronchitis.*

12. *Debility.*—General debility often occurs in early phthisis, together with a considerable feeling of languor and malaise. Dobell attaches much importance to this symptom as one so very early indicated. He considers it to be owing to the supply of oxidisable materials falling short of the quantity required for histogenesis, and for the liberation of both heat and mechanical force.

(*To be continued.*)

NOTES ON THE BRITISH HOMŒOPATHIC PHARMACOPEIA.

By Messrs. R. S. Crossby and C. J. Peal.

(Continued from page 416.)

Argentum Oxydatum, page 70.

Present name is given as "Argentic Hydroxide," and symbolic formula as "AgHO." It is then stated to be obtained according to the process of the British Pharmacopeia, namely by precipitation of a solution of Argentic Nitrate with Lime water. By this process Argentic Oxide is formed, as shown in the following equation:—

$$\overbrace{2AgNO_3}^{\text{Nitrate of Silver.}} + \overbrace{Ca2HO}^{\text{Hydrate of Calcium.}} = \overbrace{Ag_2O}^{\text{Oxide of Silver.}} + \overbrace{Ca2NO_3}^{\text{Nitrate of Calcium.}} + \overbrace{H_2O}^{\text{Water.}}$$

Arnica Montana, page 72.

In the preparation three distinct tinctures are ordered to be made, namely, from the whole fresh plant, from dried flowers, and from dried root. These instructions place the chemist at a loss to know which preparation the prescriber intends, unless it is definitely stated; and this we may safely say is never done. We would suggest that one method only—and that the best—of preparing the tincture be given. Proof spirit is directed, but rectified spirit makes a better tincture.

* *Braithwaite's Retrospect of Medicine*, vol. xx.

Arsenicum Album, page 72.
Present name is given as Arsenious Acid. Strictly, this should be Arsenious Oxide, though by some chemists of the old school the former name is preferred.

Arsenicum Metallicum, page 73.
Symbol and English name omitted.

Arsenite of Potass, page 75,
Should be Arsenite of Potassium.

Arseniate of Soda, page 75.
The symbolic formula given is $Na_2HAsO_4,12H_2O$. The water of crystallization in this salt varies according to the evaporation, sometimes containing only seven molecules, at others twelve, as above stated. In consequence of this it would be better to recommend the solution to be made with the salt from which the water of crystallization has been driven off by heat, thus ensuring a definite solution.

Arum Maculatum, page 76.
Under parts employed is given "The fresh root," and in the characters the description is "An acrid white tuber." A tuber being an underground *stem*, the word "root" should be tuber or corm.

Aurum Metallicum, page 78.
Symbol Au omitted. In the directions for obtaining metallic gold by precipitation a solution of *bi*chloride is said to be used, this should be *tri*-chloride.

Aurum Fulminans, page 79.
This being neither capable of trituration or solution, is not of much use in the Pharmacopeia.

Baptisia Tinctoria, page 80.
The part employed is stated to be "the bark of the root," no characters of which are given. The characters given are of those parts of the plant not used.

Baryta Acetica, page 81.
Symbolic formula is given as $Ba,2C_2H_3O_2,H_2O$. The comma after Ba ought to be omitted.
In the forms for dispensing 5 should be 5x.

Baryta Carbonica, page 81.
In the directions for preparation the word "soluble" should be solution.

Baryta Muriatica, page 82.

In the characters and tests "Baryta" should be Barium. The latter part of this paragraph might be rendered more clearly.

Belladonna, page 82.

Natural order given as "Solanaceæ" should be Atropaceæ. The difference in these two orders is in the æstivation of their corollas, the Atropaceæ being always more or less imbricated, (the Solanaceæ Valvate) in the lobes of the corolla being frequently somewhat unequal—in one or more of the stamens which are normally five being more frequently sterile, and in the anthers being either introrse or extrorse; and always dehiscing longitudinally. The chief distinctive character lies, however, in the different æstivation of the corollas.

Atropia, page 83.

Symbolic formula given as $C_{17}HNO_3$ should be $C_{17}H_{23}NO_3$.

Atropiæ Sulphas, page 84.

It would be better to leave out the symbolic formula. The one given is incorrect according to the present theory of the constitution of vegetable salts.

Berberis, page 84.

Parts employed are "Small branches of the root, or the bark of the larger roots." In the characters no description of the *parts used* is given.

Bismuthum, page 85.

Symbolic formula $Bi_2O_3,2HNO_3$ would be better given as $BiNO_3O$, H_2O or $BiNO_4,H_2O$.

Acidum Boracicum, page 87.

Present name given as "Crystallized Boric Acid." Boric Acid is all that is necessary.

Bromium, page 88.

Name and symbol omitted.

Caladium Seguinum, page 91.

Parts employed are given as the fresh herb or the fresh root, and it is further stated the plant grows on the wet prairies of South America, consequently we may safely say the *fresh* herb or root would not be used, their being no chemists on the prairies to prepare the tincture accord-

r to the Pharmacopeia. In the characters no description the root is given.

Calcarea Acetica, page 92.
The Pharmacopeia orders rectified spirit to be added er the precipitation has taken place; but in the *Monthly mœopathic Review* for December, 1870, the necessary rection is made, proof spirit being directed to be used tead, with the consequent alterations as to the strengths spirit for attenuating.

Calcarea Phosphorica, page 94.
In the symbolic formula given as $Ca_4H,3PO_4$ the comma ght to be left out. The true formula for Calcic Phosate is Ca_32PO_4. To produce 16oz. of Calcic Phosphate the method given in the Pharmacopeia, no less than hty-four gallons of lime-water would be required, a her large amount to work with practically. A better mula for the preparation of this compound is given in British Pharmacopeia.

Calx Chlorinata, page 94.
The term Chlorinated Lime would be more appropriate the Pharmacopeia than the term Chloride of Lime, hough this substance is better known by that name to general public. The symbolic formula given for it as OCl_2 is wrong, the formula for Calcium Hypochlorite $CaCl_2O_2$. This compound is said to be a mixture of rpochlorite and Chloride of Calcium, the collective mula for which is given as

Chlorinated Lime.

$$\underbrace{\underbrace{CaCl_2O_2}_{\text{Hypochlorite of Calcium.}}\quad\underbrace{CaCl_2}_{\text{Chloride of Calcium.}}}$$

ich ought to take the place of the formula given.

Camphora, page 96.
The botanical name is given as Camphora Officinarum, natural order as Lauraceæ, and the synonymous terms Dryobalanops Camphora and Laurus Camphora. There a decided error here, as the Dryobalanops Camphora longs to the natural order Dipterocarpeæ. This camphor not a commercial article in this country, or in Europe, cause it is so highly esteemed by the Chinese that they ll give from eighty to a hundred times more money for

it than that which they obtain for their own camphor, which is the kind used in this country. The terms Laurus Camphora and Camphora Officinarum are synonymous, and the camphor in use here is obtained from this source, as is indicated by the characters given, and by the habitat. given as China and Japan, where the Laurus Camphora is found, the Dryobalanops Camphora being obtained from Borneo and Sumatra.

Cannabis, page 97.

The habitat. given for Cannabis Sativa is India and Persia. Cultivated extensively in Russia, France, and Italy. Cannabis, if obtained from India or Persia, would be neither more nor less than Cannabis Sativa var Indica, there being a great distinctive difference as regards composition according to the locality from which it is obtained, increased light and heat increasing the percentage of resin, as is shown as follows. Hemp cultivated in Edinburgh by Dr. Christison exhibited no resin. Plants collected in Regent's Park contained about one-tenth as much as oriental plants. Dr. Fronmuller, of Fuerth, says that French and German hemp appears to be richer in resin, Italian still more so, while Greece and Asia Minor yield quite a powerful product; but the produce of Persia and India far exceeds them all. The Cannabis obtained from the latter sources is the Cannabis *Indica* of the Pharmacopeia, and Persia and India ought not to be named as the habitat. of the Cannabis *Sativa* of the Pharmacopeia.

Caulophyllum, page 101.

The root is ordered to be used, no description of which is given. Synonyms should be synonym.

REVIEW.

Publications of the Massachusetts Homœopathic Medical Society from 1840—61. Vol. I. Taunton: Hack & Son. 1871.

This volume will be full of interest to all who desire to trace the rise and progress of homœopathy in the United States. It is of course restricted to the work done by homœopathy in one State of the Union, but that State is the State of Massachusetts. And Massachusetts has long, indeed, we believe, always, held the pre-eminence in matters of scientific interest. Boston

people, at any rate, have the reputation of considering themselves the most highly cultured of their countrymen. Be this as it may, Massachusetts is a State of first-rate importance, and has ever had a large influence over the mind of the country at large. To study the progress of homœopathy among such a people is therefore peculiarly interesting. The materials of which this volume is composed furnish forth the means of doing so.

The first of the "Publications" is a "Sketch of Hahnemann" by Dr. E. U. JONES, in which the earnestness which marked his character, and the untiring industry with which his researches were prosecuted, are forcibly dwelt upon. The second paper is a brief "Review of the Rise of Homœopathy and its Early History," by Dr. C. WESSELHOEFT, of Boston. Next in order comes a biographical notice of HANS BURCH GRAM, M.D., "the Pioneer of Homœopathy in America." Gram was the son of a Danish shipmaster, and was born in Boston in 1786. Two years after the death of his father, being at the time eighteen years of age, he, with his widowed mother, went to Copenhagen, for the purpose of taking possession of a large property which had been left to his father. In this, however, he was only partially successful. But enough was secured for educational purposes, and he devoted himself to medicine. For some time he served as a surgeon in the Danish army; after his retirement from the service he was for ten years in private practice in Copenhagen. During this time homœopathy came under his notice. He investigated it, became convinced of its truth and superiority over all other methods of treatment, and in 1825 returned to America, selecting New York as the place of his future home. Dr. John F. Gray was his first convert. He seems to have been an accomplished surgeon, and a most amiable and estimable man; but lacking the courage and energy essential to a pioneer in so great a reform as homœopathy. His death occurred in 1840 from the effects of an attack of apoplexy. Short as was his career, it was long enough to permit of his seeing the seed he had sown bear good fruit.

Dr. SAMUEL GREGG was the earliest practitioner of homœopathy in Massachusetts, where he still lives in the full enjoyment of "a large and lucrative practice and, better than that, the respect "and esteem of every homœopathic physician who has made "Massachusetts his home." Dr. Gregg was practising homœopathy at Medford, Mass., in 1838, and in 1840 removed to Boston. Ere twelve months had elapsed, there were six homœopathic physicians in and near Boston. They formed a society, giving it the name of *The Massachusetts Homœopathic Fraternity*. In July 1851, the Society changed its name, and became the Massachusetts Homœopathic Medical Society; and five years later it was incorporated by an Act of the State Legislature.

From the time that the "Homœopathic Fraternity" was formed, our system made rapid progress in New England. Perhaps no one gave more assistance—all unintentional though it was—in aiding its progress than Dr. OLIVER WENDELL HOLMES, who went about from place to place delivering a lecture entitled *Homœopathy and its Kindred Delusions!* This he afterwards published. It served to draw attention to a subject heretofore but little known or cared about, and that with an effect he little dreamed of. Replies to Dr. Holmes, which were not long in coming, showed that he was himself labouring under a delusion in supposing that—attractive as he was a lecturer, elegant as a writer, and good as was his literary repute among his fellows—he could extinguish the therapeutic light that had been kindled in Boston! The practical mind of New England speedily saw through the fallacies of *The Autocrat of the Breakfast Table*, and resolved on testing the truth of the doctrines he had impugned.

During the first ten years of the existence of this Society its members increased from six to sixty!

The meetings of the "Fraternity" were generally held once a month, occasionally in some public building, but more frequently at the private residence of a member. On being incorporated as a State Medical Society, the meetings became annual only. To supply the want of more frequent *réunions*, *The Boston Academy of Homœopathy* was instituted, and meets at the Homœopathic Dispensary twice every month. It is composed chiefly of the physicians residing in Boston and its vicinity.

The Homœopathic Dispensary of Boston was opened in 1857. More recently a Hospital has been established in that city.

At the present time—thirty years since Dr. Gregg settled in Boston—there are fully 300 homœopathic physicians in Massachusetts, of whom sixty are in practice in Boston.

The volume before us gives a brief notice of each physician who was most prominent in establishing homœopathy as a system of medical treatment in the different towns of the State. It further contains abstracts of the proceedings of the meetings of the "Fraternity," and of the annual meetings of the State Society between the years 1840 and 1861. Two addresses delivered at these annual meetings are also published. Reports of a number of cases (originally read at meetings of the "Fraternity" Society), and arranged in nosological order, constitute an important and useful feature of this work.

We congratulate our New England colleagues—and especially so Dr. SAMUEL GREGG, of Boston—on the success which has rewarded their efforts in endeavouring to promulgate a knowledge of the great truths of homœopathy; and thank them for having placed before us a volume of so much historical interest.

NOTABILIA.

MODERN MEDICINE.

s are often told, and in the main truthfully told, that the edial measures adopted by allopathic physicians in the sent day are much less severe, much more in harmony with ysiological principles, than those of our fathers. But such not always the case, even among men whose physiological, hological and therapeutic knowledge is supposed to be above t of the average general practitioner. Not long ago *The ctitioner*, in a review of a recent edition of Dr. Churchill's k on *The Diseases of Women and Children*, took its author y severely to task for the antiquated and injurious character the drug treatment he advocated. In this same journal, lished last month, we find three Dublin physicians "pegging y" at a poor child suffering from croup, with medicines and liances worthy of forty years ago! The patient was a girl *fourteen months*. The mother had already given her two hree warm baths, and an ounce of ipecacuanha wine, without ducing vomiting, when Drs. Butler and O'Farrell were called They gave her a teaspoonful, every quarter of an hour, of ixture containing ipecacuanha wine, tartar emetic and syrup squills. After the third dose the stomach gave up the battle, its contents were evacuated, together with a very small ntity of mucus. The stomach was clear, if the larynx was t. So that there was cause for some congratulation. A rtain amount of success, at any rate, had rewarded patient rseverance in the use of depressing emetics! Then came a pour bath. A bad night followed, and the symptoms became xtremely urgent. Dr. Mapother was called in to decide the uestion whether tracheotomy was or was not advisable. For ery sound reasons he thought not. But in lieu of the knife, hich, we admit, could not have done any good at all, he applied the upper part of the chest of this infant of fourteen months vesicating collodion, and the cutis being exposed, mercurial ntment was rubbed in, while the axillæ also were anointed ith it; in addition to this the baby's throat was dressed with strong solution of nitrate of silver; and one grain of calomel as given every third hour! She still grew worse. But the eatment was persevered in; and in two days full mercualisation was accomplished! Dr. Butler at the same time sprayed" the throat with a solution of lactic acid in water, in e proportion of one-third of the former to two-thirds of the tter. The child, wonderful to relate, did not die. Dr. Mather traced her recovery to the salivation, and Dr. Butler the lactic acid spray! For our part, we must conclude that e infant recovered in spite of the drugging, and cannot but

marvel that three educated physicians could be found to co-opera[illegible] in such a plan of treatment as that we have described.

The past month has given us another and, in this instanc[illegible] unhappily, a fatal illustration of the danger incident to the u[illegible] of powerful mercurials. A child, "between nine and ten yea[illegible] old, of a fresh complexion and stoutly built," was placed und[illegible] the care of Dr. Meeres, of Melksham (a graduate of the Lond[illegible] University, and formerly one of the physicians of a metropolit[illegible] dispensary), for the cure of ringworm. A carbolic acid loti[illegible] having failed after a week's trial to destroy the parasitic grow[illegible]h, Dr. Meeres, unfortunately, resorted to the application of a stro[illegible]g solution of the bichloride of mercury—according to the ne[illegible]s-paper reports—eight grains to the drachm. The result w[illegible]as rapid mercurial poisoning and death. The verdict of the ju[illegible]ry was to the effect that death occurred from this cause, and that great blame attached to Dr. Meeres. The reflection upon Dr. Meeres is a harsh one. He applied a form of caustic commonly used—too commonly used—and, as we believe, unnecessarily used by the majority of the profession. The formula is prescribed as a safe one in a work of some authority on skin diseases. The error lies not in Dr. Meeres personally, but in the freedom with which powerfully poisonous drugs are generally prescribed. Ringworm is oftentimes a tedious disease to cure, and the destruction of the parasite is essential to its cure. But there are too many parasiticides, harmless enough to the individual, to justify resort to one which may be dangerous to life, even though it be in only one case out of many hundreds. It may be perfectly true that "some very exceptional circumstance was operating" which "no foresight on the part of Dr. Meeres could have appreciated;" but the possibility of this, together with the well known "extreme susceptibility" to mercury in some individuals, ought to make medical men pause before applying a solution of eight grains of corrosive sublimate in a drachm of water, to patches of ringworm on the scalp of a child nine years of age. The more so, too, when "caustics" abound on every side totally inadequate to produce such a result as happened in this case.

It is quite clear, unfortunately, that the mania for powerful drugging still exists among men, whose education one would have hoped would have rendered them proof against yielding to its influence.

HOMŒOPATHY AT SOUTHAMPTON.

Our readers will remember that in December 1869, Dr. Cooper, of Southampton, was a candidate for the post of medical officer at the dispensary in that town. He was not elected. But the circumstances of his candidature, the absurd resolutions of the Medical Society of Southampton, the pamphlet of Dr. Griffin,

and those of Dr. Cooper and Mr. Williams in reply, aroused a degree of interest in homœopathy among the inhabitants of the borough which has never flagged. On a recent occasion, the post of Medical Officer of one of the districts of the Southampton Union fell vacant. Candidates to fill it were duly advertised for, and two presented themselves; the one Mr. James Oliver, a surgeon long resident in the borough, and Dr. Archer, a graduate of Trinity College, Dublin, who has only been domiciled in Southampton for about a year. The former is an allopath, and the latter a homœopath. Too commonly, a well-pronounced faith in homœopathy stands in the way of a man applying for a public medical post. On this occasion, however, it was mainly because Dr. Archer was a homœopathist that he was elected. Age, experience, and long residence in the town were all on the side of his opponent; but homœopathy outweighed these considerations, and the Board of Guardians elected Dr. Archer by thirteen out of sixteen votes! The post of medical officer to a Poor-Law Union is not a very desirable one for any man to hold, but it has certain advantages attaching to it, and is often enough eagerly sought after. It is gratifying to find that in the Southampton Union the knowledge of homœopathy is regarded as a special qualification for filling such an office.

The *Lancet* (Sept. 16th), in commenting upon this election, indulges its humour for hypocritical whining. "The paupers of the district," says this apothecaries' newspaper, "have to trust in their extremities of pain, or hemorrhage, or other peril, to the homœopathic system, without being asked, and without the chance of an alternative if the globules should not give relief." What a terrible out-look for the paupers of No. 2 District of the Southampton Union! They will no longer have their little ones tortured by having mercurial ointment rubbed over vesicated surfaces, or by their throats being brushed with strong solutions of nitrate of silver because they have the croup! They have had "no alternative" but such treatment as this since the institution of the office! And the *Lancet* groans and whimpers because they are no longer exposed to it! The Southampton paupers of No. 2 District will, we venture to say, welcome the change right gladly. The *Lancet* appeals to the new Local Government Board to refuse its sanction to the appointment. Such an appeal might have been listened to twenty years ago; but 1871 is too late in the world's history to give any appeal of the kind much chance of being sustained. Our contemporary particularly desires to know how the Guardians themselves, "in the extremities of disease and suffering, "would like to be treated on a system that is considered by "scientific men as beneath contempt, without the opportunity "of other advice." Happily the Guardians, during the discus-

sion on the election, supplied the answer to this question in no uncertain manner. One of them (Mr. Watson) said that "the new school was better than the old one; if it were not it would indeed be bad; and that, so far as he was concerned, he would rather go to the Bastile, than be under the treatment of the old school."

We congratulate Dr. Archer on his election, and especially on being one of the earliest medical men to have received a public medical appointment *on the ground of his faith in homœopathy*. We feel sure that in the performance of his duties he will receive from his more experienced colleague, Dr. Cooper, all the assistance and guidance he may need. Many eyes will be upon him, and a *faux pas* which in an allopathic practitioner would not have been regarded even as an error of judgment, will in him be looked upon and treated as a crime! Much courage, much caution, and much care in prescribing, are all essential to a medical man accepting a public office, surrounded by avowed enemies on every side; enemies not only watching to catch him tripping, be it ever so slightly, but too often by enemies prepared to set pitfalls for him, rather than fail in having their revenge.

MESSRS. CHURCHILL
versus
CONTINENTAL AND AMERICAN UNIVERSITIES.

It has been announced that in the forthcoming edition of the *Medical Directory* no qualifications will be inserted which cannot be registered under the *Medical Act*. The upshot of this is that Messrs. Churchill are about to proceed upon the assumption that the M.D. degrees of Paris, Berlin, Bonn, Heidelberg, New York, Harvard, and other celebrated seats of learning, indicate nothing! And why? Because under the working of the *Medical Act* they cannot — if conferred since 1858 — be registered! Churchill's *Medical Directory* will henceforth be a mere reproduction of the Official Register. Hitherto it has been supplemental to such Register; and has set forth the honours as well as the qualifications of the several members of the profession. The degree of the London University would confer no more right to practise medicine in Germany than that of Berlin would do here; but does any one suppose that the publisher of a German Medical Directory would be so absurdly exclusive as to refuse to record the possession of this degree by a medical man holding the State licence to practise there? It is such a childish piece of injustice as this that Messrs. Churchill propose to perpetrate. They will record, for example, the M.D. of the Queen's University in Ireland, but would ignore that of Vienna!

The relation of our Universities to the profession requires *revising*. As it stands, six months residence at Edinburgh;

Aberdeen, or Glasgow—with, of course, the payment of certain fees to the professors thereof—is regarded as a far-higher qualification for university honours than ten, twenty, or, indeed, any number of years of successful practice. It is the refusal of the universities to recognise the value of active work in the field of practice as the equivalent of scholastic cramming, that drives men, desirous of attaching themselves to some seat of learning, to Heidelberg, Erlangen, and other foreign universities, where the candidate's possession of sound medical learning is looked upon as being of higher value than evidence of his having paid the lecture fees of certain university professors. It is the advantage which is supposed to be derived from the title of "Doctor," and the impossibility for a man in general practice, who has studied medicine only at Guy's, or St. Bartholomew's, and not at Edinburgh, or Glasgow, to obtain the M.D. of a University, that has induced so many to secure the licence to practise medicine granted by the Colleges of Physicians of Edinburgh and Ireland;—a licence which is supposed—we believe quite erroneously supposed—to give a sort of *quasi* right to the assumption of the much-coveted title. Let the examination for University degree be as searching and complete as is necessary to indicate a more than average amount of medical learning—but do not let access to such examinations be limited to those—and those only—who have paid fees to the professors of the University. For it is, in truth, this payment of fees alone that constitutes "residence"!

The attempt of Messrs. Churchill to support the Scotch Universities in their system of protection; and to snub distinguished and ancient seats of learning because they do not recognise their miserable protection doctrines, is very unworthy of their reputation.

We certainly think that no person's name should appear in Churchill's *Directory* unless he is qualified by the possession of a registrable diploma, to practise in this country; but having that right, he has a claim to the publication of such honours as he may have derived after fair examination in any university, whether at home or abroad.

DR. MADDEN.

We are sure that we do but express the feeling of every homœopathic practitioner in this country, as well as that of many on the continent, and in America, when we record the heart-felt sorrow with which we announce the sudden and serious illness of our widely-esteemed and highly-valued colleague, Dr. Madden.

Alarming as was Dr. Madden's condition on the evening of the 13th ult., he rallied well from the shock of apoplexy with which he was suddenly seized; and the paralytic state, which was its consequence, has since been gradually lessening. We are

glad indeed to hear that his medical attendants, Drs. DUDGEON and RICHARD HUGHES, indulge the hope that his health may, in time, be sufficiently restored to enable him to resume the duties of his profession, and once more to take a part in the development of homœopathy—a cause in which none have laboured with more zeal and constancy; and few, if any, with greater success than he has done.

Most warmly do we, and all who know him, as well as all who take a lively interest in the progress of homœopathy, sympathise with our colleague in his illness; and equally do we trust that a complete and speedy recovery may be vouchsafed to him.

THE BRITISH HOMŒOPATHIC CONGRESS.

WE are unable to do more this month than barely notice the fact of this meeting having taken place at Oxford on the 27th ult., trusting to have it in our power to present the full details of the proceedings in our next number.

A sad gloom was cast over the meeting by the absence of the President, Dr. MADDEN, whose serious illness was the subject of many deep and warm expressions of regret. About forty homœopathic practitioners were present. The chair was occupied by Dr. DRYSDALE, of Liverpool, who opened the meeting with a few appropriate remarks. The Address which had been prepared by Dr. MADDEN was then read by Dr. HUGHES, of Brighton. This very valuable and closely-reasoned paper will be found at page 587 of our present number. It is, unquestionably, one of the most able Addresses delivered by any member of the medical profession of late years. At its conclusion the following resolution was proposed by Dr. DRYSDALE, and carried by acclamation:—"That this meeting cordially thank Dr. Madden for the very able Address which has now been read, and while assuring him of its sympathy with him in his illness, earnestly trusts that his health may be speedily and completely restored."

The first paper read was that by Dr. BLACK, on *Posology*, the discussion on which was, as usual, animated, if not conclusive.

After an adjournment for an hour, the report of the Hahnemann Publishing Society was brought forward. This being concluded, the place of next meeting was decided in favour of York. Dr. BLACK, of Clifton, was elected President; Dr. DUNN, of Doncaster, Vice-President; Dr. G. BLAKE and Mr. NANKIVE Secretaries; and Mr. FRASER, Treasurer. The Executive Committee for the ensuing year consists of Drs. DUNN, G. BLAKE and CRAIG, and Messrs. NANKIVELL and FRASER.

At three o'clock Dr. MOORE, of Liverpool, read a paper on *Uterine and Ovarian Disease;* after some discussion had taken place on this, Dr. DUNN, of Doncaster, read a paper on the

Advantages of Homœopathy in the Practice of Surgery, and Dr. WYNNE THOMAS, of Birmingham, read the *Reports of some Surgical Cases.*

The Dinner took place at half-past five o'clock, and was attended by nearly all who had been present at the meeting, together with the Rev. T. A. Stopford, Fellow of All Souls'; C. Remolds, of Ch. Ch. Coll.; Mr. Starr, of Hull; and Mr. Turner, of London.

CORRESPONDENCE.

CITRATE OF MAGNESIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—You will favour me by the publication of the following correspondence. ROBT. T. COOPER.

Southampton.

126, Oxford Street, Manchester.
Sept. 4th, 1871.

R. T. COOPER, Esq., M.D.

Sir,—I beg to call your attention to what I think you will find to be an error in your paper in the *Hom. Review* for this month, entitled "The Action of Magnesia."

The "effervescent granular citrate of magnesia" of shops does not contain magnesia, but is simply a mixture of citric and tartaric acids with carbonate of soda, which on solution in water evolves carbonic acid.

There is certainly a true magnesia preparation, also granular, but it has very limited sale.

I remain, Sir, yours truly,
WILLIAM H. DARLING.

In reply to this, I sent a sample of the granular citrate of magnesia to Mr. Darling, and received the following:—

126, Oxford Street, Manchester.
6th Sept., 1871.

Dear Sir,—Your letter of yesterday came to hand, also the enclosure containing a sample of the "granular citrate of magnesia," which I have examined analytically, with the result that magnesia, in any form, does not enter into its composition; it is nothing more than a compound of sodium when dissolved in water, and a mechanical mixture when dry.

It certainly does not contain sulphate of magnesia, as implied by Fraser in his Materia Medica.

I am, dear Sir, yours truly,
WILLIAM H. DARLING.

The reference I made was to a paragraph at p. 427 of Fraser's Materia Medica, 2nd edit., 1864, which says: "The effervescing salt *which is sold under this name* (granular citrate

of magnesia) . . . . is prepared by rubbing up citric acid, 300 grains, with *sulphate of magnesia* 180 grains; add to the powder, tartaric acid ʒx.; bicarbonate of soda, ʒxii., and mix intimately," &c.

It is right to say that the most characteristic magnesia symptoms—the pain in the left side, and the purging followed by tenesmus—came on after taking *sulphate of magnesia* (see case), and that the other symptoms might be produced by most alkaline salts.

THE HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your August number we notice some remarks from Mr. Wyborn on our "Notes on the British Homœopathic Pharmacopœia."

Whether our criticisms are *unfair*, and also whether we have taken the best course for the improvement of the Pharmacopœia, we leave to homœopathic chemists as a body to judge.

The British Homœopathic Pharmacopœia, when published, became open to criticism in the same manner as the British Pharmacopœia, which has been discussed very freely, and advantageously to chemists.

We do not wish to occupy your columns with a lengthy reply to remarks which are beside the subject, but feel bound to notice some on *Acid Mur.* and a few other substances.

What accurate chemist would employ the test for Sulphuric Acid which Mr. Wyborn gives? Not one! for it is not reliable When sulphuretted hydrogen is passed into a solution (under going analysis) acidulated with hydrochloric acid, this gas is partially decomposed, the change being exactly that which Mr Wyborn describes, viz., a precipitation of sulphur in an exceedingly minute state of division, which cannot be separated by filtration unless the solution be well boiled, and even then it is frequently opaque, owing to the presence of the suspended sulphur.

We leave it to the judgment of your readers to decide whether a test of this character is worth what it is professed to be namely, a test for Sulphurous Acid.

An inaccuracy in the equation under this heading we cannot help noticing, it being so very evident. SO_2 is given as Sulphurous Acid, when it is now known as Sulphurous Anhydride and has none of the properties of an acid, $SO_2 + H_2O = H_2SO_3$ being Sulphurous Acid, having acid properties—reddening blue litmus paper, &c. Mr. Wyborn should have known that according to the present system of chemistry an acid must contain hydrogen on the basylous side; hydrogen taking the place of a metal. S_3 also stands in the equation, but the equation should be doubled, so producing $3S_2$. Atoms are not now sup

ed to exist in a free state; if an atom of an element is not combination with an atom of another element, it combines h another atom of the same element to form a perfect mole-e, a molecule being the smallest amount of matter which can st in a free state.

Acidum Nitricum.—We acknowledge to having made a mis-e in saying there was no test for non-volatile impurities; it s an oversight on our part.

Acidum Phosphoricum.—We cannot see how an intelligent mist, conversant with the change of nomenclature, could ke such a mistake as to consider ammonio-nitrate of silver s intended instead of argentic nitrate.

Aconitum Napellus.—How it can be imagined for one moment t the description of the parts employed is not vague, when description whatever is given of the root, we are at a loss to ceive.

Æsculus Hippocastanum.—We do not assert that a 60° O.P. *ture* could be made, but that *spirit* 60° O.P. would make the t tincture.

Antimonium Crudum.—Bloxam's *Laboratory Teaching* has er been seen by us.

Yours obediently,

R. S. Crossby,

2, Bold Street, Liverpool. C. J. Peal.

CERATES.

To the Editors of the Monthly Homœopathic Review.

entlemen,—I was incidentally asked the other day, by a œopathic chemist, if I knew of any formula for making *idula* cerate from fresh flowers; and the nature of the ques-naturally drew my attention to the unsatisfactory state of rs in the matter of cerates, existing in the new Pharma-eia, in which no directions whatever are given, further than formula for a simple cerate, and directions to add a certain ntity of the required medicine in tincture.

he uncertainty of an article so prepared is very evident, for if s not kept stirred till quite cold, the whole of the medicament afterwards be found at the bottom; in fact, a spirituous or eous preparation of no drug can be made properly to assimi-itself with a greasy compound, and all preparations such as *ca* or *calendula* cerate, which are so largely in use amongst œopaths, must be more or less imperfect. I would there-suggest for consideration a mode adopted by me some two hree years since, which at all events avoids anything like ertainty, and that is, by using extracts only. I have made extract of *calendula* by a very inexpensive process, as fol-s:—To the expressed juice of marigold flowers, add one-th of its bulk of S.V.R., and expose in an evaporating dish

to a gentle heat, the result of which will be an extract of *calendula* of bright golden colour, and of the consistence of treacle—which, in fact, it much resembles. Of this preparation I have usually taken 16 drachms, and added one pound of freshly prepared cerate, nearly cold, and well rubbed them in a large mortar for about ten minutes; and I do not hesitate to say that the cerate so prepared is far preferable to those in ordinary use.

The British Homœopathic Pharmacopœia, which appears to have strained a point in search of media, in the matter of external medicaments, has paid no attention whatever to any improvement in the preparation of the drug itself. Allopaths use extracts innumerable, and homœopaths make use of them, as in the case of *belladonna;* but it never seems to have occurred to the Pharmacopœia Committee, that if external preparations be used, it is as well to pay some attention to their proper preparation. I would therefore respectfully suggest a full consideration of the subject, with a view to ascertaining the best mode of preparing *arnica, calendula, rhus, æsculus,* and such other drugs as are in general use externally, in the form of watery or spirituous extracts.

I am, Gentlemen, your obedient Servant,

ALFRED HEADLAND.

Gravesend, Kent, Aug. 4th, 1871.

NOTICES TO CORRESPONDENTS.

E. B. I. --The paper on Anacardium Occidentale we are compelled to postpone.

Communications have been received from Drs. MADDEN, DUDGEON, and BAYES, London; Dr. DRYSDALE, Liverpool; Dr. BLAKE, Birmingham; Drs. MASSY and HUGHES, Brighton; Dr. COOPER, Southampton; Dr. ANDERSON, Ventnor; Dr. SHULDHAM, Croydon; and Dr. MCCLATCHEY, Philadelphia.

BOOKS AND PERIODICALS RECEIVED.

Acute Rheumatism: Its Causes and Cure. By Dr. ROWAN. London: Turner & Co.
The Food Journal, September. London: Johnson & Sons.
The Chemist and Druggist, September. London.
The Calcutta Journal of Medicine, January. Calcutta.
The North Am. Jour. of Hom., August. New York: Boericke & Tafel.
The Hahnemannian Monthly, August. Philadelphia: Tafel.
The American Homœopathic Observer, August. Detroit: Lodge.
Allgemeine Homöopathische Zeitung. Leipsic.
La Homœopatia. Bogota.
El Criterio Médico, June, July, August. Madrid.
La Reforma Médica, August. Madrid.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., or to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

'HE BRITISH HOMŒOPATHIC CONGRESS.

ts meeting, a full report of which we publish else-
re, was, notwithstanding the greatly lamented illness
consequent absence of the President, eminently suc-
ful. In point of numbers it did not quite come up to
held last year at Birmingham. This, however, is
y accounted for on the ground of the locality at which
ook place. Replete as Oxford is with attractions of
ous kinds, its accessibility to the larger proportion of
œopathic practitioners is difficult and tedious. Bir-
gham, on the other hand, is a very centre of railway
mmodation, and is easily reached from all parts of the
ntry. We trust that, on future occasions, when the
ce of meeting comes on for decision, the lesson, which
Oxford Congress has taught us in this matter, will not
lost sight of. The town at which this annual gather-
is held ought to be one which is central and well
plied with railways. There are not many combining
h requirements in the country. Birmingham, Derby,
rk, Leeds, Wakefield, Manchester, and Liverpool
rly exhaust the catalogue of them. The Congress of
2 will be held at York, and a more appropriate town,
far as the ease with which it may be reached is con-
ied, could not have been selected. We trust that our
thern brethren, so fully sensible as they all are of the

advantages to be derived from meetings of this character, will muster in goodly numbers on that occasion.

From every other point of view, however, the success of the Oxford Congress was unquestionable.

The address which was read by Dr. Hughes, on behalf of Dr. MADDEN, was one of which it is almost impossible to write in terms sufficiently laudatory. Since the day when HAHNEMANN published his *Essay on a New Principle for Ascertaining the Curative Powers of Drugs*, in Hufeland's *Journal*, now seventy-five years ago, no more important contribution to the study of scientific therapeutics has been made than that presented to the Congress by Dr. MADDEN. Many a time have we seen the truth of the homœopathic law proved by historical evidence, and by that which bedside experiment has afforded, but never before have we had the pleasure of hearing a demonstration of its reality based upon well-ascertained scientific facts, so clearly and irresistibly set forth as in Dr. MADDEN'S address. Homœopathy can ill afford to lose, though, as we trust is the case, only for a time, the services of one so able and so willing to labour as Dr. MADDEN has, during his entire professional career, proved himself to be, and never more so than in this his latest effort.

Dr. BLACK'S paper afforded, as we expected that it would do, the most lively discussion. Singularly enough, with the exception of Dr. Hughes, no speaker appeared to realise the full meaning of Dr. Black's proposition. It seemed to be assumed by some that he denied the curative power of medicine in dilutions higher than the third centesimal. This he certainly did not. What he stated his experience assured him of was, that there is no *necessity* for diluting a medicine higher than the third; or, as Dr. Bayes quite fairly stated it, "the question was, "whether preparations from the crude drug to the third "dilution practically contain, within themselves, all the "curative power which is to be found in medicinal drugs?"

Dr. Black has carefully investigated this question; and for several years has given medicines, which he formerly, on one hypothesis or another, gave in high dilutions, in attenuations below the third. The answer which the experience of these few years has given to the question, as stated by Dr. Bayes, is an affirmative one. Has any one else made this experiment? If no one has done so, is it not worth while to make it? Dr. Hughes, during three months—a period of time which, as he admitted, was far too brief to allow of his arriving at any positive conclusion—has gained quite as good results as when he used the higher dilutions in certain cases. All we require to know is, whether the dilutions below the third will cure as rapidly and as generally as those higher in the scale. The question is one which can only be answered by experiments carefully and designedly made. These experiments can only be made by those undertaking them casting aside the hypotheses on which they have hitherto been accustomed to prescribe high dilutions. If it should turn out, as indeed seems to us highly probable that it will, that there are cases (exceptional cases, in all likelihood) which resist a given medicine in a low dilution, but which are cured by the same medicine in the higher, it will be necessary to scrutinise such cases most thoroughly. To examine the peculiarities of the disease, the idiosyncracies of the patient, and the nature of the drug in each case in as exhaustive a manner as it is possible to do, most assuredly we ought to be much better informed than we are as to what a homœopathically-acting medicine will do in the crude substance and the first dilution before we resort to infinitesimals of the 6th, 12th, or 30th degree of attenuation. The question, we repeat, is not whether a high dilution will cure—that has been ascertained long ago—but whether such a dilution is *necessary* for the cure. Then if our question is answered in the affirmative, we have further to enquire the circumstances under which one dilution is to be preferred to another. We have no

principle of dose selection; but we know that medicinal action can be secured from doses infinitesimal beyond conception, as it also can from cruder quantities. How, then, are we to choose our doses? We can only reply, as Opie did when asked how he mixed his paints, "With brains, sir!"

A paragraph—noticing the fact of the Congress having been held—appeared in the *Times* of the 28th September, which at the same time gave, as an inference from Dr. Black's paper, and the discussion which followed it, "that "homœopathists seem to be inclining to meet allopathists "half way, the latter, on their part, having of late years "considerably modified the wholesale dosing which was "in vogue in by-gone days." We need scarcely say that no one connected with the Congress was responsible for the promulgation of such a notion. It was the work of the *Times* reporter; and only expressed the opinion of a person quite uninformed on medical matters in general, and on homœopathic posology in particular. It was, however, too delicious a morsel to escape the notice of the ***British Medical Journal;*** and, assuming the paragraph as accurately representing the practical outcome of the discussion, our weekly contemporary describes it as a "method "of ratting which is far more ingenious than ingenuous." The editor then proceeds to say:—

"If the gentlemen who called themselves homœopathic have become convinced of the fallacy of their "infinitesimal" dilutions and dynamised powers, it would be but honest to say so. They only make the sham, which they dignify by a Greek title, more dishonest when they pretend that they are on the way to a "compromise;" and that practitioners of rational medicine have on their side modified their doses to meet them. Of course the progress of diagnosis and of science, and variations of the types of disease, have changed some of our modes of practice. But a comparison of pharmacopeias of the date of fifty years back, will particularly show no change in doses. They have remained more stable than anything else in our progressive art; and our

ines and practice are, if anything, more strictly opposed
ie follies of the homœopathic principle now, than at any
."

would perhaps be as absurd to expect commercial
grity in a fraudulent bankrupt as to look for an honest
ement regarding homœopathy in the organ of such a
ine Trades-Union-Society as is the British Medical
ociation. Hence we were in no degree surprised to
such an abundant crop of false statements as that pre-
ed in this brief paragraph.

o homœopathist ever expressed a desire to compromise
therapeutic principles with any allopathic physician.
assertion is utterly without foundation. On the other
l, whether the medicines are chosen on account of
r homœopathic action or not, it is certain that a very
e proportion of the drug treatment of disease is now
lucted by means of remedies which produce precisely
lar symptoms to those which they are given to cure.
equally certain that, though prescribed in doses far
er than those avowed homœopathists have found
essary, the quantity given is infinitely less than that
ered when an antipathic action was sought for. *Ipeca-
nha* is given in drop doses to cure vomiting; and
doses of from 120 to 360 drops to act as an emetic!
ore the influence of homœopathy had made itself felt,
acuanha was never given to cure vomiting; was never
scribed in drop doses at all! The same may be said of
mic in irritative dyspepsia, and of many other drugs.
he approach—if approach there is—is by the allopath
ards homœopathy. There is not the remotest appear-
e of any want of confidence in the principle of *similars*
omœopathists. The question of dose is discussed now
as it was discussed forty years ago. Some assert the
eriority of one dilution, or of one dose, and others that
nother; and neither party is able to give the *raison
re* of the alleged superiority. What homœopathists
re to find to-day is this *raison d'être*. We are perfectly

satisfied with our *principle;* but with such variations in the doses in which medicines given in accordance with it are prescribed, as are found among those who adhere to this principle, it is certain that the best and most quickly-acting dose has not yet been hit upon. Come what may, we are determined to seek for it. If the *British Medical Journal* chooses to call this process of research "ratting," it is welcome to do so. But we think that it will be time enough to accuse us of "ratting" in the matter of dose, when we are found to recommend ten grains of the extract of *colocynth* to cure colic; tincture of *aloes* in drachm doses, in dysentery; or half-drachm doses of tincture of *stramonium*, in mania. A homœopath who could perpetrate such folly as this would be abandoning his principle that "the dose of a homœopathically-acting medicine must be smaller than its physiological dose." How much smaller is a matter of detail, of individual experience, not at all of settled and defined principle; and hence, so long as the homœopathist keeps within the limit of the physiological dose, he is holding fast to his principles. Whether he benefits his patient in proportion to the nearness with which his dose approaches to the physiological, is another matter. Upon this we hope to have more light at the next congress.

The paper of Dr. Moore raised one or two very important points. If it can be shown that *calendula* and *hydrastis* will produce all the advantages which are likely to be derived from the application of caustics in the cases to which Dr. Moore drew attention, we are quite sure that a great improvement will have been made in their treatment.

Drs. Dunn and Wynne Thomas added much to the practical work of the meeting—their papers being excellent, full of matter worthy of remembrance; and the discussions each elicited proving the speakers to be thoroughly conversant with surgical work.

The dinner which followed was a most agreeable *réunion*, and so far as the *menu* and the wines were con-

cerned, was a great advance on the Birmingham dinner. In short the accommodation of every kind at the Randolph Hotel reflected the greatest credit upon the manager.

One feature of our meeting it is very pleasant to remember. We refer to the thoroughly warm sympathy with the absent President which found such frequent and universal expression. No speech received such genuine applause as that in which Dr. Dudgeon, with much warmth and heart-felt earnestness, requested his brethren to drink to the "health and speedy recovery" of Dr. Madden. We repeat that it is pleasing to witness such an exhibition of feeling for the sorrows of a brother as that which—never more deservedly—never more sincerely—found a vent at our Oxford Congress.

ON THE THERAPEUTIC PART OF THE REPERTORY.

By Dr. Drysdale.

In compliance with the general invitation of the committee, which has already been responded to by Drs. Hughes, G. Blake, and Bayes, and the Editors of this *Review*, I make these remarks. As the addition of such a department was an essential part of the original design of the Repertory, it is unnecessary to say that I approve of it. Still, however, the objections to systematic works on therapeutics which appertain inherently to the homœopathic theory of specifics, must not be lost sight of, but must be constantly kept in view in the mode of constructing clinical guides; otherwise we shall overvalue the results of clinical experience, and be led away from the constant reference to the Materia Medica, which can alone keep us from falling into an empirical specificism.

A few of the most prominent difficulties in the way of the construction of such works may with advantage be recalled to mind. The first has been well stated by Dr. Clotar Muller, in these words:—

"A Homœopathic Therapeutic Manual, in the first place, can never include all the diseases met with in the daily practice of a medical man, even if it were as perfect as possible, and

contained all the diseases susceptible of being classified under any imaginable pathological system. The number of apparently unimportant cases which cannot be reduced to any diagnostic nomenclature, is great, and their variety enormous. How seldom, proportionately, do we meet, especially in family practice, with diseases which, without further trouble, can be referred to their proper place in a well-defined pathological category, such as inflammation of the noble organs, or organic diseases, &c. Undoubtedly these remain greatly in the minority. But even granted that we could get a therapeutic manual which comprised all diseases in easily found general titles, still, in the second place (and this is the chief thing), it could not contain more than a mere small selection, compared with the inexhaustible varieties of each disease, and always only a circumscribed list of those medicines which might in reality be suitable." *

These difficulties throw us back on the plan of arranging the characteristic symptoms of a number of medicines under some comprehensive heading, in the hope that some of them will be suitable in the majority of cases, and spare the labour of searching through the whole Materia Medica. But even in tolerably circumscribed diseases, such as pneumonia, we can never say that even 20 or 30 medicines exhaust the list of those possibly useful in the infinite variety of complications which occur in individual cases. And ultimately such a plan becomes limited to a list of the medicines which have a coarse or local pathological similarity with the disease, with more or less detailed extracts of the chief symptoms of a limited number of medicines bearing on the disease. We thus lose the chance of the finer differential diagnosis in the majority of cases, for the number of such artificial disease-pictures from the Materia Medica must be limited, otherwise we should have to transcribe a great part of the Materia Medica in each chapter, which would be impracticable, and besides would defeat its purpose, from excessive bulk. The tendency of these considerations would be to exclude the pathogenetic symptoms entirely from the therapeutic portion, and to refer for them all to the general repertorial portion of each chapter. And it must be remembered that the original intention was to bring out the therapeutic and pathogenetic portion of each chapter at the same time, as is done in Jahr's Manual; but this design was frustrated by want of hands to do the work. Thus far, it

* *Brit. Jour. of Hom.* vol. xviii. p. 182.

appears that the therapeutic part should consist of clinical indications or those derived *ex usu in morbis*, alone. But this is the very thing that was originally objected to entirely as superfluous or misleading, if the homœopathic theory of specifics is pushed to its logical conclusion; wherein, then, lies the use of a clinical guide?

First. Clinical experience gives us the (in many cases) indispensable key to the true meaning of the groups of symptoms presented by the provings. To apply to practice a newly-proved medicine, which we know only from its effects on the healthy body, is a difficult process, requiring much study, and is, to a certain extent, tentative after all. But when its true sphere is once found, it is comparatively easy to use the pure symptoms for the purpose of differential diagnosis of the medicines. A clinical guide is therefore useful, and indeed essential, for ordinary practice, to save the busy practitioner from being continually thrown back upon what Hoppe has called the "method by discovery." Clinical experience is thus useful and admissible, although it has in no sense given us originally the knowledge of the specific powers of the medicines, and it cannot be allowed to furnish the special indications for the individual medicines. We must recollect that by the homœopathic theory there are no specifics for concrete diseases, but only for certain elementary morbid states, which in different combinations go to make up the diseases, and even different stages of the same disease treated of in our nosologies. When, therefore, a case of disease is cured, even in a palpable manner, by one medicine, there is no presumption that it will be equally successful in the next case of the same disease, unless we can point out a correspondence between the pure symptoms of the medicine and some elementary morbid state that was the prominent feature. We must recollect that it is often sufficient to fulfil one characteristic feature of specific similarity to cure the case, especially in acute diseases; for when that is done, the rest of the morbid states recover of themselves. So it would be a great error to consider a cure by one medicine as a sign that the remedy corresponded homœopathically to the whole group of symptoms present in that case. This was done by some of the earlier compilers of clinical guides, contrary to the spirit and express declarations of Hahnemann.

It is this that vitiates the original clinical indications in

Jahr's Manual. They were apparently taken from the records of cured cases, and either transferred bodily to the Manual, or abridged on some principle which I cannot discover. They seem to have been taken largely from E. F. Rückert's "Grundzüge einer Künftigen speciellen Homöopathischen Therapie," 1837. This is a collection of cases from the homœopathic journals, chiefly of those in which one medicine, or very few, have been used, such cases being, the author thinks, the foundation stone of a homœopathic therapeia. After the many changes through which Jahr's Manual has passed, I take up "Snelling's Hull's Jahr, 1862," and, opening it at random, find at p. 355, under the symptomatic indications for pains in the face—

"Mezereum. Spasmodic stupefying pains, which occupy the *left side of the zygomatic process*, and extend to the eye, temple, ear, teeth, neck, and shoulder, with aggravation or renewal of the pains after eating anything hot, or coming into a room from the open air."

This is all that is said about mezereum. On referring to the above work of Rückert, I find the sole mention of mezereum is the following, quoted from the Archiv X, p. 94:—

"Mezereum 6 and 24 effected a complete cure in a 25 year old officer. Symptoms: Semilateral pain in the face, especially in coming into a warm room after long commanding, and after eating anything warm. Spasmodic, numbing pain, which arises in the left molar bone, and spreads from there to the eye and temple, and down to the ear, teeth, neck, and shoulder. At times a pressive pain in the occiput, quickly coming and going stitches in the sides, and a sensation like formication on the chest."

The so-called indication is evidently a single case, transcribed with some arbitrary omissions. Observe, the left side is put in italics. On referring to the Materia Medica there are only two symptoms bearing on the case, viz.:—"121. Dull spasmodic pain in the *right* malar bone;" and "122. Drawing from the right mastoid process, deep in down in the lower jaw to the teeth." There is nothing either the general or local pains about aggravation by hot things or coming into a room; nor is there anything in the general conditions bearing on this, except that the pains are worse by the warmth of the bed. It is evident

t the so-called indications are not homœopathic indica-
ns, but merely those *ex usu in morbis*, derived from a
gle case. If this was really a homœopathic specific
re, the true indication may have been none of the above
mptoms, and certainly none have any right to appear as
ch, unless they correspond accurately to the pure symp-
ms. We must have a thorough revision of the whole
-called clinical experience. In fact, cures by single
edicines are, and must be, the exception; and we
quire, in nearly all cases, a succession, or even alterna-
n, of medicines, chosen according to the similarity of
fferent groups of the pure symptoms to those of the dis-
se. I would, therefore, admit no symptoms derived
m clinical experience as characteristic of the differen-
l diagnosis of the medicines, but consider that depen-
nt on the pure symptoms alone, and the clinical guide
rely aids the interpretation of these. In the nosolo-
al list which forms the first department of the plan, I
uld only admit such symptoms as are necessary to
scribe the variety of the disease, and append the list of
the medicines which had been found good in any case
that variety. But I would never admit the complete
scription of any individual case cured by a medicine as
indication that it would be thereby indicated, unless
leed all those symptoms corresponded also accurately to
pure symptoms. This last is very seldom the case,
cept in the very common symptoms, which afford no
pe for diagnosis between one medicine and another.

I would next bring together in one section all remarks
nded on clinical experience respecting the different
ges of the disease, and the succession and alternation
medicines found useful; and, in short, all practical
ervations pertaining to the purely homœopathic specific
atment which depend on clinical experience, and cannot
dily be got at from the Materia Medica alone.

The above should comprise all the help that clinical
perience has hitherto given in the proper sphere of
nœopathic treatment, but with it all the practitioner
l find a considerable number of cases in the practice of
h day in which clinical experience is of no use at all,
l he is thrown back on the "method by discovery."
must treat by correspondence with the pure symptoms
he Materia Medica exactly as if such a case had never
sented itself before, and possibly never will again. It

is no disadvantage to be thus thrown back, even frequently, on the observation of nature at first hand, as it were; and assuredly these cases will not be the least satisfactory in the issue, if the Repertory and Materia Medica are duly consulted.

Second. The foregoing applies to the bulk of homœopathic practice in which the specific power of medicine has been discovered solely through proving on the healthy body, and by applying the homœopathic law. But this does not include the whole of our knowledge of specifics, for a certain number have been discovered in the course of time by chance, through observation in disease alone. These may properly be called empirical specifics, and with many of them we are still in the same position as the practitioners of the ordinary school; for these medicines have either not been proved at all, or too imperfectly, to give us the clue to their specific therapeutic power in the pure symptoms. Till that is done we are in no better position than the ordinary school, who have no guide for their differential diagnosis except chance or caprice.

Much has already been done by our provings, in explaining and defining the action of the empirical specifics, such as *colchicum, kali hydriodicum, valerian, mercury,* &c.; and it is hoped that ultimately all specific actions will be explained by the homœopathic law; but in the meantime we cannot dispense with the use of these medicines in as far as it is known by clinical experience alone; so I would admit them into the nosological list, but at the same time explain their position in the section of therapeutic observations which follows. One great point in favour of looking on the empirical specifics as ultimately to be proved homœopathic is, that they all act in doses below the limit of physiological action, *i.e.*, they cure without producing any perceptible physiological action to which the cure could be referred.

Third. As in the Homœopathic Pharmacopœia we do not enter into botany and chemistry, and as in this work a mere therapeutic list is recommended, without going into general pathology, so it has been proposed to omit all *general* therapeutic observations. The opinion of the committee seems divided on this point, and for my part, after some hesitation, I have come to the conclusion that it would be advisable to have a section devoted to that

:tment. For although we may gather our knowledge
sease from the numerous sources accessible to all
:al men, and at the same time learn the details of
'al management and non-specific medication, yet
sources are scattered and not readily accessible;
iemories are limited, and many valuable expedients,
ı we have known well and often employed, escape us
: hurry of the moment. It would, therefore, be very
ıble that the practitioner should have a reminder of
in the book which will be in his hand at all hours.
would recommend a section to follow the two pre-
ones, containing general therapeutic observations.
would comprise directions as to diet and regimen,
ll non-medicinal juvantia and lædentia; also all non-
:opathic medicinal appliances or auxiliaries which
eemed advisable. By having these stated, and their
e defined by a responsible committee, we may en-
ge those who fear too much a departure from strict
icism, and guard against abuse on the part of others
nay be disposed too readily to give mere palliatives.
section need not be large in each chapter, as it may,
;reat extent, be made up of references to the general
er or other chapters of our work, or to books and
licals where the subject is fully treated.
ese three sections would comprise the bulk of the
)eutic chapter; but I would add a list of the medi-
alluded to in it, arranged alphabetically, and under
medicine a repetition of all the clinical directions for
e scattered through the previous sections, as well as
ıore detailed clinical remarks upon it that may be
ıble, not, however, any list of its pure symptoms
ning to the chapter, for the reasons above given.
section, although little more than repetition, would
actically useful, as we often require to see at one
e all the information to be obtained respecting the
al use of the individual medicines in each chapter.
ıong other reasons showing the necessity of a clinical
is the fact that the pure symptoms in each chapter
t, and cannot, contain all the indications necessary
ıe choice of the medicine for diseases belonging to
ıapter. On the contrary, we must seek for these
ıtions both in the pure symptoms and the clinical
ıtions of a general character, to bring which to mind
: of the chief functions of the therapeutic chapter.

The elementary morbid states, forming the chief feature or entire stages of many diseases, properly enough arranged under some local heading—such as inflammation of particular organs—are often exclusively general; therefore they are indicated by symptoms, among which those relating to the diseased organ are only of secondary importance, or may even be entirely absent: *e.g.*, that extensive lesion (probably seated in the protoplasm of the systemic capillaries and of the blood-forming organs), known as sympathetic inflammatory fever, is not to be recognised from symptoms pertaining exclusively to the part or organ which is the seat of the local inflammation. At the same time, it does not stand in exact proportional relation of cause and effect to the local inflammation, but is to a certain extent independent, and the two affections mutually react upon each other; hence the relief of one benefits the other, while, as a matter of fact, the fever is in general the first object of treatment. We have thus specificity of seat contrasted as general and local. Again, the specificity may reside in qualitative change of the living matter, whether general or local, rather than quantitative local change. In most cases all these circumstances are in play more or less in the choice of the remedy, but we can easily see there are instances where one or other may predominate, so as to be practically the exclusive ground of choice: *e.g.*, in the syphilitic or scorbutic cachexia, a bruise or wound received accidentally in any part might refuse to heal. In this case the indication from local specificity would be null, and that from general qualitative specificity all important. We have thus four varieties of specificity, viz., general and local of an altered *degree* of vital action, and general and local of an altered *quality*. Of these, three may possibly not be indicated at all by the pure symptoms of the chapter in question. The general indications correspond with the predisposing and exciting causes of disease, and are mostly treated of in the general chapters of the Repertory and Therapeutics; but they must be alluded to more or less in every special department; hence the necessity, besides the other reasons already given, of a clinical chapter. They should be given in the nosological list as determining or constituting particular varieties, and further be dilated on in the section of general indications for homœopathic treatment.

inally, although it is comparatively easy to lay down
s for the systematic arrangement of this subject into
nct categories, yet it is a very different matter to carry
1 out. In the infinite complexity of practical medi-
, and comparative defect of true pathological know-
e, it is extremely difficult to unravel each case and
nge its elements in the above categories. What we
: to work on is principally narratives of cases, and
e must be analysed so as to discriminate between what
ierely evidence of correct diagnosis as regards the
ase said to be cured and what belongs to differential
nosis of the medicine, and to admit no symptoms from
cal experience as decisive of the latter unless they
espond to the pure symptoms of the drug. There is
ing more misleading than the narratives of cases
ss guarded and sifted in some such manner. In the
ince of a disease like pleurisy, for example, we may
: one case described with minuteness of detail of the
ıtial or pathognomonic symptoms, physical as well as
nal, so that no possible doubt can remain as to the
that it was a case of pleurisy with effusion and even
extent of it accurately indicated. If we learn that
. a case was cured with *bryonia* or *sulphur*, we have
ainly learned that some kinds of pleurisy with effusion
be cured with *bryonia* or *sulphur*, but we have
ied nothing as to which of these is to be preferred in
particular case, or even whether either of them will
that particular case at all. On the other hand we
find another case reported simply as "pleurisy with
ion in an anæmic subject, cured by the acetate of
." Such a report, granting the sufficiency of the
rver, has really told us more for the differential diag-
1 of the medicines than the far more circumstantial
first supposed. What we want is not a mere collection
ses, but a proper analysis of them. As however this
hard to get, I would not shut out the cases alto-
er, but endeavour when possible to give their proper
fication in the foregoing sections, and when that is not
ticable give the cases or selections from them, or more
led and desultory observations on them, in the form
pious notes, appended to the names of the medicines
e sections called Nosological List and General Obser-
ns on Specifics. These desiderata might be embodied
e following plan, which is substantially the same as

preceded where practica
by some authority well kn
men. The list given b
this *Review* for February
plan, and can hardly I th
of the medicines appended
stand without authority wh
but the name of the auth
paratively new medicine i
perience or merely propo
symptoms; and a note app
reference to the original sou

The second section woul
the practical observations o
at different stages and dose
dispersed through different
Hughes, Gibbs Blake (p. 94
those which I have spoken
be in the form of remark
medicines as done by Hughe

The third section would b
observations, similar to that
Review for August 1871, b
above indicated.

The fourth would be a *res*
clinical information upon ea
betically. But I

he standard of reference. If any are admitted it should nly be those which are confirmed by clinical use when the orrespondence is exact.

With respect to the cases given by Gibbs Blake, at - 98, if they are not susceptible of analysis in the foreoing sections, I would as before said give them as notes t the points where they are most applicable, and not in ae alphabetical list of medicines at the end.

The above seem to be the main desiderata to be fulled, and probably many plans would do to meet them, ut it is in the execution that the real difficulties are felt. was asked to work out a small department as a specimen, ut I cannot take upon me to do so as that would involve reality working out the whole plan for all parts. The etails will require modification from suggestions derived om every chapter. I hope therefore that a working mmittee will be got together as soon as possible, and mmence operations on a temporary model which can be tered as the work proceeds, till it has gone far enough enable us to appreciate all the wants of a complete lan. If we cannot get the whole chapters taken up at ace, it is indispensable that the general chapter should e among the first, and probably that and several of the ore important local chapters may be sufficient to begin pon.

In pleading the necessity of such a work we must not supposed to disparage the homœopathic manuals on ractice of physic which have already appeared. Several these are excellent, and are quite up to the day in nowledge of general medicine. But from the space ken up by the pathological part, and from their being ostly the work of single authors, we fail to get that omprehensive digest of the practical experience of the whole homœopathic body which is now desired. In this work we must not lose sight of the high mark we ought to aim at, which is nothing less than the reformation of the practice of medicine. We must, therefore, not hesitate to subject the materials to the most rigid and unsparing criticism. While the records of homœopathic practice contain much good grain, they contain also much chaff; and if the mixture is to be left unsifted, it would be better to reject clinical experience altogether, and trust to a good knowledge of pathology and the Materia Medica, and under the guidance of the homœopathic law.

Owing to the dishonourable conduct of the majority of medical men in refusing to examine into the truth of the homœopathic law, and thrusting out what they call "homœopathy" into a separate and persecuted party, the latter has been invaded by a number of dilletanti, mystics and extravagant enthusiasts in the guise of friendship. I do not object to liberty of speech being given to every one; but in taking stock, as it were, of our experience, we must carefully put on one side all doubtful assets.

In conclusion, may I be allowed to urge that as many as possible will come forward to help in this work? It is one of great difficulty, and requires the time and labour of many workers. It must be recollected we are still a small body, and, like the early Carthaginians, feel the weight of the "*res dura et regni novitas.*"

Liverpool, September, 1871.

ON POSOLOGY.*

By F. Black, M.D. Edin.

Under no circumstances is the remark more true, *ars longa sed vita brevis*, than when applied to all that tends to the finding, and giving of a remedy. The truth becomes still more evident when such a subject as the general question of dose has to be introduced, and discussed within the limits assigned to this Congress. My endeavour shall be to present the question to you in as concise a manner as will enable you to express an opinion as to the fitness of the manner in which I recommend the subject to be investigated. It is much easier to ascertain the dose of a drug which is given to exert its physiological than to fix the necessary quantity to excite its specific curative action, *e.g.*, it is easy to determine the quantity of *colocynth* necessary to procure purging, but it is more difficult to ascertain the dose which will cure colic, and diarrhœa.

To guide in such an experiment, Hahnemann, in his first *Essay on a New Principle for Ascertaining the Curative Power of Drugs*, has given a clear direction:— "The cautious physician, who will go gradually to work, gives the ordinary remedy only in such a dose as will scarcely perceptibly develop the artificial disease, and

* Read before the British Homœopathic Congress, Sept. 27th, 1871.

dually increases the dose, so that he may be sure that intended internal changes in the organism are proed with sufficient force, although with phenomena ly inferior in intensity to the symptoms of the natural ase; thus a mild and certain cure will be effected." lowing this very sound rule, Hahnemann is found n 1790, when he made his remarkable experiments a *cinchona bark*, to give for many years the specific edies in ordinary material doses. Then he gradually ices the quantity, in order to avoid the overaction of drug, and also to present it in a more suitable form. first intimates his recourse to minute doses in his er on Scarlet Fever, published in 1801. The dose of he there recommends is somewhat between the 2nd 3rd centesimal dilutions. It is not to be wondered hat a dose so minute excited sceptical astonishment, that in the same year Hufeland called on Hahnemann xplain the action of these novel quantities. Hahnen's answer was most unfortunate, and it has launched system of therapeutics into a sea of troubles, where a at truth has to struggle against currents into which it teered by its own adherents. "You ask me," he wers, "what effect can the millionth part of a grain of *adonna* have? I hate the word *can;* let us ask nature it effect it has." He gives no account of the steps or ions which led him to arrive at these minute doses; it they were is mere matter of conjecture; but he ply states that though a hard pill of *extr. bell.* proes no effect on a robust labourer's stomach, it by no ns follows that the same dose be a proper or too weak ie if the same man were ill, or if the grain of extract e given in solution. He goes on to say, "it is only stirring, by brisk, long continued stirring that a liquid licine obtains the largest number of points of contact the living fibres, thereby alone it becomes right erful." Then he makes one of those exaggerated ements which too often mar the truth in his posology. teaspoonful of this mixture (containing the millionth grain) brings the robust labourer to the brink of the ve if he was previously ill, and if his disease was of a cription as *belladonna* is suitable for." (p. 443.)

And now Hahnemann enters on the mythical stage of ology; he entertains certain fancied views, and these w into assertions. He forgets the solid rule given in

operation of medicines absc
cinal substance which, when
ner, is weaker than the dise
that scarcely any dose of the
can be so small as not to t
These are his views in 1805,
excessive, and always increa
He also expresses his belief
medicines; but it is not unti
dilution and trituration, whi
of systematic division, becar
great power, producing a hitl
change—the setting free of tl
cines. These medicinal virtu
tized almost to infinity: this is
—a process of unveiling and
spirit.

Time will not allow me t
which science opposes to an
error that matter and properti
I shall now merely give a fev
practical manifestations. You
nemann's remarks on the destr
drosera. But while Hahnen
drosera more than 20 shakes,
manufacturer of high dilutio
jected to 60,000 shakes! U

If this be the case, why all the labour of making dilu-ons?

This dynamization process, according to Hahnemann, rerrules all chemical laws; for a globule of *phos.* 30, xposed for twenty years, is still said to yield to olfaction l the curative effects of pure phosphorus.

In 1832 he holds the idea that the higher the de-aterialization of the drug is carried the more penetrating ıd rapid does it become, and that one medicated globule y shaking with others affects them by a kind of infection.)r. Gross, his enthusiastic disciple, affords the *reductio d absurdam* when he asserts that he communicated lood-power to thousands of globules by shaking them up ith one dry globule of his own blood, and with these he ffected wonders in congestion!

I have dwelt on these peculiar views of Hahnemann ecause they have had a most injurious effect on specific osology, and because they have been, and still are, a onstant provocation to the medical world which differs om us. All may admit that the division of many medi-inal bodies places them in a better condition to develop ıe finer and more specific effects of the drug; and what ıcreases physiological action also tends to render the ıerapeutical administration more suitable, by presenting he medicine in such a dose that it shall most certainly ct—to gain the maximum effect with the minimum uantity. But these admissions are very different to Iahnemann's ideas of dynamization. Unfortunately, his iews, though not adopted in their entireness, have inju-iously leavened too many of the homœopathic school, y communicating to its posology a vague, unlimited haracter.

How, then, is our posology to be placed in a position hich may be regarded as scientific, and bring us more n unison with the great mass of the profession? By emoving it from a pharmaceutical foundation, and basing t on the one side on the physiological action of the medi-ine, and on the other on the susceptibility of the patient. These bases do not work out any exact formula which ssigns a particular dose of a certain medicine in a certain lisease, for there are several varying and disturbing actors which ever present themselves; but they afford rinciples which have this great advantage, that they estrict the limits of choice and afford marked landmarks,

whereas Hahnemann's teaching is without a track, vague and boundless, and presents no principle which admits of general application. The directions Hahnemann first gave in his first essay, to administer the remedy cautiously, so as to gently stimulate the diseased part, and as needs be gradually increase the dose, is founded on a physiological basis, and the physiological action of the drug has from time to time been recommended by several as a guide in posology.

In a paper which I read to the British Homœopathic Society in 1847, I proposed that as in the provings of medicines symptoms differing in kind and degree arise from the manner and doses in which the drug is given, the proving will afford definite grounds for choosing the dose; and I illustrated this from the full proving of *colocynth*. But I soon found that this, though good as a principle, could not, from the imperfect state of our provings, be worked as a definite rule in choosing the dose. The same objections apply with greater force to the rule of Drs. Hering and Hale of America. They consider the course of the medicine-disease must correspond to that of the disease to be cured; that having chosen a remedy, the point is then to ascertain whether the symptoms correspond with the primary action of the drug, in which case the lower dilutions are to be given, or with the secondary, when the higher are to be given.

The physiological basis was lately ably maintained by Dr. Yeldham, and his view may be expressed in the formula, the therapeutic action lies very near the limits of physiological action.

Add such a principle to Hahnemann's first rule for giving just sufficient to stimulate the diseased part, and the choice of a dose becomes simplified.

Specifics are "medicines whose whole physiological action is absorbed in their therapeutic effects;" so that a dose falling somewhat short of the physiological is sufficient to cure.

It may be safely asserted that all the physiological actions of a remedy can be gained by doses confined within the 3rd decimal dilution. It may be objected to this that many of the symptoms inserted in Hahnemann's Materia Medica are the result of provings of the 30th. But if even one-half of these subjective symptoms have any firmer basis than the imagination of the prover, there

is no evidence that they could not have arisen from much more material doses.

The practical difficulty in giving such a dose as will simply stimulate to healthy action, without manifesting physiological or chemical symptoms, is the varying susceptibility of the patient, and the peculiar influence of the disease under which he suffers. Into this I do not enter, further than stating that the greater the susceptibility, so the less is required of the specific stimulant. Expressing my own experience and that of many men of extensive practice who have looked at the dose with a judicial eye, I believe all the requirements of posology, as expressed in the physiological action of the drug and the susceptibility of the patient, are met within the limits of the 3rd dilution.

If the requirements of practice can be met within these limits, the great gains are very evident.

1. The gains in a pharmaceutical sense are enormous.

2. Such limitation gives more time to examine the varied character of medicines as regards their doses, and more attention can be paid to the very important point of repetition.

This subject of the dose has lately been several times discussed by many of you. I shall not therefore further occupy your time, except in giving a few cautions which are necessary, in order to restrict the discussions to the actual question.

Let there be no misunderstanding as to the question I put. I have no desire to dogmatically confine the limits of the dose. I do not deny the curative power of medicines above the 3rd, but I maintain there is no evidence that they act better than those below the 3rd; and I invite those who are in the habit of using the higher dilutions to make the experiment which I for years have made, especially with such medicines as *sul.*, *sep.*, *lyc.*, *graph.*, *carbo*, *cham.*, the employment of which has been much influenced by Hahnemann's later teaching. Also with the action of such as act energetically, such as *ars.*, *acon.*, *merc.*, *bell.*, &c.

While investigating the dose, it is needful to remember the altered circumstances in which we stand as compared with the early periods of homœopathy. That was a time when an allopathy prevailed so violent in its resources, that the withdrawal of these had often a speedy and

wonderfully happy effect on the patient who sought homœopathic advice; so that some considerable deduction must be made from the cures of that period. In the present time, the increasing knowledge of the natural course of disease calls for much more stringent proof of the action of a remedy, than what was formerly deemed sufficient to distinguish recoveries from cures.

If moderate proof is sufficient to establish the efficacy of material doses, greater proof is required for the action of fractional; and the evidence needed to prove the value of infinitesimals mounts in a quickly increasing ratio, as you pass from one dilution to another.

Clifton, Sept. 1871.

ON OVARIAN AND UTERINE DISEASE.*

By Dr. JOHN MOORE.

I PURPOSE in the present paper to give a few facts observed by me in the treatment of ovarian and uterine disease during the last twenty years; and afterwards to draw a few inferences which will place the whole subject before us for discussion, with a view to ascertaining what class of cases it is in which surgery is required in addition to medicine, whether homœopathic or otherwise, administered internally; and also what is the nature of those for which homœopathy, pure and simple, suffices for the cure. The great practical importance of this subject and its attendant difficulties, seem to point it out as one appropriate for discussion at our meeting here to-day.

It was brought forward at the first Homœopathic Congress held in this country, at Cheltenham, in 1850, by Dr. MADDEN, who read a very able paper *On Uterine Disease*, detailing his experience at the Brighton Dispensary, which comprised reports of 180 cases. This paper was subsequently published in *The British Journal of Homœopathy* for January, 1851. Much discussion arose upon it; and much difference of opinion was expressed as to wherein consisted the use and abuse of caustics in the cure of ulceration of the os and cervix uteri.

One year afterwards Dr. LEADAM published ten cases in *The Brit. Journal of Homœopathy*, which were all cured without escharotics; though local applications, such

* Read before the Homœopathic Congress, Sept. 27th, 1871.

as injections of *calendula*, &c., &c., were used in addition to pure medicinal treatment.

The editors, commenting upon both papers, regarded them as inconsistent with the strict letter of the *Organon;* but of the two, Dr. Leadam's as the most inconsistent, though—it must be admitted—the mildest. Thus stood this vexed question twenty years ago; and the same differences of opinion and practice still exists to some extent in this country; but chiefly among homœopathists in America, where the high dilutionists assert that they effect cures of uterine disease without escharotics; while a large number of homœopathic physicians employ the surgical application in addition to the purely medicinal treatment.

It will facilitate our enquiry and discussion if we bear in mind that the subject embraces three classes of disease.

1st.—Those in which the ovaries are chiefly or solely affected. (Pure ovaritis.)

2nd.—Those in which the uterus is the seat of disease.

3rd.—Those in which both ovaries and uterus are involved; and which may be styled the complex class, comprising as it does those cases which are the most difficult to meet; and which need much careful examination before we are able to ascertain the right process of cure.

Though complex cases do occur, on close examination it will be found that one organ is mainly and primarily affected, and the other secondarily and slightly; and the order of the plan of treatment must be the same. I shall now proceed to cases illustrating these statements; and I shall begin with those which are strictly *ovarian*. One case occurred in a married woman between 35 and 40 years of age, of fair complexion, and highly nervous temperament. Had never completed the full term of pregnancy; having twice miscarried between the fifth and sixth month, or a little later. It was on the occasion of her last miscarriage, or premature labour, that I was sent for. As soon as she had sufficiently recovered from its effects, I resolved to find out the cause if possible. Though most anxious for a family, she declined examination *per speculum* on the ground that Sir Chas. Locock and Dr. Ferguson had both examined her, and pronounced the uterus to be perfectly sound; and that debility alone was the cause of the premature labour. This reason was not

ceased for eighteen months
rhœa—chiefly the reddish—
On October 29th, 1850, I
phorus 6 for a few days, thi
that the medicine irritated he
her good. I now gave two o
and retained the *phosphorus ;*
my next visit she still complai
her, though she felt the pai
phosphorus 100 (Jenichen), a
four hours. After this I hea
but she steadily improved; an
eight weeks—the only interc
one occasion *mag. mur.* for a f
cannot remember. I returned o
phosphorus 30. In March she
30th March, 1852, one year
son, born at the full time.

The other case to which I d
is that of a married woman, æt
see in October, 1866. She
gone in pregnancy. On visiting
with a second miscarriage. T
commenced; but *no* hæmorrha
of *belladonna* and *sepia* it passe
causes I found each ovary incr
of a large hen's egg

nursed. She felt such slight inconvenience that she paid but little attention to herself; but after weaning she became anxious to be cured of her chronic disease, in order to avoid a repetition of her former troubles. She now suffered great pain at each monthly period, the return of which had been regular. Examination of the uterus did not discover any disease of that organ. Both ovaries were distinctly enlarged. By persevering in the line of treatment I shall presently describe, one (the left) has disappeared, and the right one is still slightly perceptible by deep pressure, and apart from pressure, she suffers pain in it occasionally. She has never become pregnant again; and four-and-a-half years have elapsed since the birth of her only child.

The medicines I prescribed separately were *mercurius sol.* 3 and 3x, *bryonia* 1, *kali bromid.* ℗, *k. hyd.* ℗, and *iodineum* ℗, the latter dissolved in *kali hydriod*, thus, *iodine* gr. 1. *k. hyd.* gr. x. in ʒ viij. aquæ, *cochl. min.* bis in die sumend; thus the dose of *iod.* became the 64th of a grain, this I continued for weeks with such intercurrents as appeared to be required, *e. g.*, *merc.*, or *puls.*, or *nux.* I also used a liniment of *iodine*, ʒ i. to *Ol. olei.* ʒ i.

The Treatment of Ovaritis.

Remembering the various tissues entering into the structure of the ovaries and their appendages, viz., serous, mucous, and ligamentous membranes, together with the parenchyma, we are prepared to expect a variety of symptoms, some of which are very painful. Our medicines must be chosen here, as elsewhere, in harmony with the totality of the symptoms. Though highly and purely nervous symptoms are often met with, yet we should be careful not to set down all, or indeed many, of the symptoms to neuralgia. The ovaries being, according to my experience, very frequently inflamed, or congested, when the derangement is styled neuralgic, I feel sure that if we treated such cases as inflammations, we should obtain more brilliant results. Note also that every month the ovaries and uterus undergo a natural congestion; and if not relieved by the proper secretions, there is laid the foundation for disease after an epoch of time. The kind of pain will point out the most homœopathically selected medicine; and these will be *aconite*, or *belladonna*, or *bryonia*, or *mercurius*, *phosphorus*, *iodium*, *pulsatilla*,

platina, colocynth, lachesis, conium, staphysagria, or *cimicifuga.*

As regards the *indications* for the medicines I suggest the following: When the ovarian pain shoots or extends towards the hip—*mercurius, bryonia.* When upwards to the side—*pulsatilla, cimicifuga.* When the pains shoot down the inner side of the thigh, *phosphorus* is most reliable; perhaps also *staphysag.* and *colocynth.* In bilious headaches, &c., &c., *gelseminum.* When numbness in the limbs, *platina* and *colocynth.* When accompanied by great debility—*china;* but if not presumptuous, I should like to distinguish between those medicines which relieve, and those which cure. Chronic ovaritis has often been cured in my hands by *belladonna, mercurius, bryonia,* and *phosphorus.* The great difficulty is tiding the patients well over the monthly period, as that is usually a time of aggravation; and we shall now, therefore, say a few words on dysmenorrhœa, and its treatment; because it is intimately allied to the treatment necessary for ovaritis at the monthly periods; and is of itself sufficiently difficult to treat to merit especial notice. Some cases cause intolerable suffering every month; and very little can be done by the old system save by overpowering narcotic doses, the effect of which is such that the patient will rather bear the disease than its prescribed treatment.

Dysmenorrhœa arises from three different causes, hence we have the neuralgic, the congestive, the mechanical; but in practice the three are often so blended that it is not easy at first to discriminate which feature is predominant. Perhaps for all practical purposes the congestive and neuralgic may be considered together. When the pain sets in with violence in the ovarian regions, and through to the back; and is followed by profuse secretion, and even hæmorrhage, which often happens, we may look upon it as a *congestive* case.

If, on the contrary, the pain runs down the thighs, or even as far as the feet, we may regard it as *neuralgic.*

When, on the contrary, there is great pain, and bearing down with *forcing* feelings in the *uterine region,* and very *little* discharge the first or second day, we may pretty certainly conclude that the case is a *mechanical* one; arising from contraction of the inner and outer os and cervix uteri, probably of both.

There are 90 medicines in Guernsey's work marked for

dysmenorrhœa! One is puzzled how to use such wealth. In *practice* you will not find many of much use, and in some bad cases it is very difficult indeed to find one.

Belladonna, cocculus, colocynth, platina, arg. nit., conium, gelseminum, phytolacca, and last, but best of all, *senecio (aletris?)*, are the most reliable, and, in cases where these fail, *kali bromid* ℗, *kali hydriod. Kali nitricum* will be found of great service, taken at the intervals of the period, giving *senecio, gelseminum,* or *bellad.* at the time.

When all medicines fail, and the symptoms point to mechanical obstruction, we are justified in proposing examination, and dilating the os uteri with the sound. It is only in rare cases of this kind that tents are really required.

In 1868 I had a very severe case of this disease under my care, in a young person aged 23. All the three classes of symptoms were present. Not only was there pain in the ovaries, but it extended down to the very feet, and violent pressing pains in the uterus during the first two days of the period. I could not with any medicines give her relief; so I proposed an examination, and found the organs very small, os contracted, and cervix likewise. With some trouble I passed the sound twice or thrice the week before the period. This gave some relief, and removed the intense irritability of the organs; but I attribute the cure to *kali bromid* ℗, which I gave during the interval of the monthly period, and *senecio* at the time of the attack. Doubtless the great difficulty in the great majority of cases is the separation of clots instead of the natural secretion; and dilatation gives relief by allowing these to pass easily; but I am convinced, by experience in this and other cases, that the majority of such cases may be cured medicinally, and this plan is always to be preferred, even though it may be a more tedious process.

Though I have endeavoured to map out the various kinds of dysmenorrhœa, and to discriminate the mechanical from the others, I do not wish to overlook the great fact that the dynamic symptoms are so often intermingled with the mechanical that great benefit may be derived from our medicines, even if the mechanical obstruction exists. But for the perfect cure, *dilatation* is necessary.

I had here intended to lay before you the details of several cases of uterine disease, in which surgical treat-

ment has been found necessary, in addition to such as is purely medicinal. Time will not admit of doing so, and I must trust to another opportunity of bringing them before my medical brethren, and meanwhile I will, for the purpose of facilitating discussion, briefly give you the conclusions which the observation of these cases has forced upon me.

1st. That we have arrived at a period when all are agreed that many uterine and ovarian affections are cured by homœopathic medicine alone, without escharotics. The catarrhs of the uterus, leucorrhœas, abrasive ulcers, and ovaritis, acute and chronic—the latter when it has become so serious as to have caused abortion again and again, and the cures have been confirmed not only by the ease of the patients, but by their going to the full period of pregnancy, when they had previously miscarried, it may be, several times, and where tonic measures had been employed by the allopaths without effect.

2nd. The diagnosis between uterine and ovarian disease must be carefully and accurately made. For though both uterus and ovary may be affected at the same time, and the symptoms consequently be complicated, we should miss our mark if we failed in tracing back the disease to its point of origin. The subjective symptoms are no unerring guides here in forming a correct opinion. They are often comparatively faintly marked when the lesion is serious—as in the case of large ulcers of the os and cervix, marked by nothing but weakness and yellowish leucorrhœa.

3rd. For diagnosis it is in many cases unnecessary to use the speculum, and it is never required where the ovary is clearly the seat of disease. In all cases, whether uterine or ovarian, I begin the treatment with medicine alone, and I commend this course to my younger brethren.

4th. When medicines carefully administered fail to benefit, and the symptoms point to the uterus as the seat of disease, then the speculum ought to be employed.

5th. (*Ethical remark.*) On the *first* occasion of using the speculum, and on all others, it is well that the patient should have a female friend or nurse present.

6th. When we examine and find ulceration of the os uteri of a granular character, and decide on the use of caustic, we should next select the kind of caustic. If

re is strong reason for believing it to be of a syphilitic racter, I should advise potassa fusa at once, and give eek for the separation of the eschar, and afterwards ly the *arg. nit.* every 4 or 5 days. Should the ulcera- be of a common kind, begin with *arg. nit.* solid, and, the healing process goes on, allow longer intervals ween the applications.

th. That escharotics ought not to be persevered with en they occasion *severe* pain. They are contra-indi- ed in such circumstances. Where they are really ded they give either *no* pain at all, or a mere transient ning, lasting for about an hour.

th. That *belladonna* and *sepia* will remove the inflam- ory symptoms which cause the pain, and pave the way local applications if required. In such cases *carbolic d* ought to be used instead of *arg. nit.*

th. That abortions may often be arrested, even after morrhage has taken place, by properly selected homœo- hic medicines, and for this purpose *gels.* and *arnic.* are aluable, not underrating, however, our old friends ., *sepia, cocculus, sabina, secale, plat.*, and *ipec.*

0th. That ovaritis, if found to co-exist with pregnancy it sometimes does), ought to be treated persistently oughout the period, if need be; if not, the probability hat very troublesome inflammation, perhaps suppura- n, may succeed the labour, which might have been pre- nted by forethought and appropriate treatment.

11th. That hæmorrhages from the uterus may in general controlled by medicinal treatment alone, and that we sess a rich list of reliable medicines for that purpose, ef among which are *aconite, arnica, hamamelis, sabina, ale, crocus, platina, china, ipecac.*, and *millefolium;* ; there are exceptional cases where the bleeding is sed by ulcers or polypus, and these may be suspected en hæmorrhage returns without any very obvious se; and when such happens to be the case, examina- n should be made and surgical means be employed, in lition to the medicinal treatment indicated.

12th. That ulceration, if *thoroughly* cured, never re- ns; where it is said to do so, I believe it has never n *healed* entirely; and if a portion is left, it may very easily ruptured, enlarged, and become as trouble- ne as the primary sore.

The most extensive ulcers may be cured without any

injury to the constitution, and ovaritis, if it co-exist with ulcer, may be cured *after* the healing of the ulcer, and no transference of either disease be witnessed. On the contrary, healthy children being born, and the long life of the parents afterwards, prove the cases to have indeed been *cures*.

Canning Street, Liverpool, Sept. 1871.

REVIEW.

The Family Homœopathist; or, Plain Directions for the Treatment of Disease. By E. B. Shuldham, M.A. Oxon., M.D. Trin. Coll., Dublin, &c. London: Cassell, Petter & Galpin. 1871.

This, the latest addition to the numerous efforts made by homœopathic practitioners to aid heads of households in personally treating the minor ailments occurring in their families, is also one of the most compact, as it is likewise one of the best written. Minor ailments are not the unimportant affairs their definition "minor" would seem to imply. All serious illnesses had small beginnings. In most cases where danger to life is present, there was a time when the disorder, which threatens to prove fatal, was but slight, attracted but little attention, or if noticed at all, only to be referred to as "nothing," or as something that would "soon pass away," and at anyrate, as nothing requiring any alteration in the mode of life, and certainly nothing of a medicinal character. It is in such cases, especially, that a little advice, good in quality, easily understood and readily available, will oftentimes check what might otherwise have proved a serious illness. Such advice is contained in this little shilling handbook.

The literary matter is decidedly good—very much in advance of the ordinary domestic-medicine compilations, which, however useful, are certainly not, as a rule, models of English composition.

Dr. Shuldham commences with an Introduction, in which he endeavours to explain what homœopathy is, and to point out the facts which warrant our confidence in it; while he also successfully controverts the stock arguments which are so frequently brought against it.

The *Hints on Health*, which occupy the second chapter, are all based on a sound physiology. Those who will act upon them will rarely, if ever, need to consult the remainder of the book.

Some general directions for taking medicines having been given, Dr. Shuldham proceeds to describe the chief uses of twenty-five of our most frequently required medicines. These

are concisely put, but at the same time sufficiently full for the purpose Dr. Shuldham has in view. The remaining portion of the book is devoted to brief descriptions of all the more important diseases to which mankind are liable, with directions for their general and specific or homœopathic treatment. Dr. Shuldham does not by any means confine his suggestions for treatment to naming one or two drugs; but he dwells largely and usefully on accessory measures—to the points comprised in the term "nursing." As an example, we may quote his directions for the treatment of "*cold in the head.*" Having given the indications for *camphor, aconite, mercurius, nux vomica,* and *arsenic,* he proceeds to say, "putting the feet into hot water, drinking warm drinks *without* any alcohol in them, an extra blanket on the bed, and the appropriate medicine by the bed-side, to be taken if the patient is wakeful, will all help to drive away this harrassing enemy of the English in winter. When there is the slightest suspicion of having taken cold, leave off cold bathing and use tepid water instead." Some very excellent directions for preventing a cold being taken, complete the chapter on this very common and equally troublesome disorder.

In conclusion, we have no hesitation in saying that Dr. Shuldham's little book is both interesting and useful. It is thoroughly practical, moreover; and without confusing the reader with a host of remedies, only a few of which are of frequent use, he points to such as have been well tested in practice and have received the confidence of all who have used them. To those in search of the kind of help Dr. Shuldham has endeavoured to afford, we commend *The Family Homœopathist.*

MEETINGS OF SOCIETIES.

HAHNEMANN PUBLISHING SOCIETY.

THE Annual Meeting of this Society was held in Oxford, at the Randolph Hotel, September 27th, 1871.

Present—Dr. DUDGEON (in the chair), Drs. BLACK, J. G. BLAKE, BAYES, BURWOOD, CARFRAE, COLLINS, COOPER, DRYSDALE, FRASER, HARRIS, HAYWARD, HOLLAND, R. HUGHES, MASSY, H. NANKIVELL, POPE, and PYBURN, and Mr. TURNER.

The minutes of the previous meeting having been read and signed, the Secretary read a short report, in which he stated that during 1870 and 1871 twenty-one new members had been enrolled; that much enquiry had been made as to the Society's publications; that each member had had posted to him, at cost price, a copy of Part II. of the *Hahnemann Materia Medica,* published since last annual meeting.

After some discussion on the state of funds of the Society, it

was agreed to refer this matter to the Auditors and Treasurer, to settle and present at the next meeting. The old proprietors present offered to give up their claims against the Society, and to be placed on the same footing as ordinary members. This was accepted with thanks; and the following resolution was agreed to unanimously: "That an indemnity be given to the Treasurer, to use for the benefit of the Society, the balance arising from the sale of the *Pathogenetic Cyclopædia* and Part II. of the *Hahnemann Materia Medica*."

Dr. Drysdale read the engagement between the Society and Mr. Turner, and its provisions formed the subject of conversation for some time.

After discussing the small proportion of our body who are members of the Society, it was agreed that its constitution and privileges were not sufficiently understood, and that, with the object of making these known, a circular should be sent to all homœopathic practitioners in the country, who are not already members, stating the constitution and privileges of the Society.

After some discussion on the irregular way in which Part II. of the *Materia Medica* had been printed, the following resolution was agreed to: "That the Secretary, Treasurer and Auditors be appointed a *Publishing and Printing Committee*, to which all future manuscripts are to be sent; and that no manuscript shall be printed except by order of this Committee."

The inconvenience arising from the Treasurer supplying the members with the publications of the Society was next referred to, and it was agreed that Mr. Turner be empowered to do this.

The fact of some new members not having received the publications to which they are entitled, and that some of the members had received more than the value of their subscription, was then brought forward, and it was agreed that Mr. Turner be requested to communicate with all the members of the Society as to the publications due to them and the subscriptions due from them to the Society; and that he shall keep a Dr. and Cr. statement between the members and the Society, and communicate the same to the Secretary and Treasurer.

Mr. Turner's connection with the Society was considered, and it was agreed that he be requested to indicate, by advertisement and otherwise, that he is the London publisher and agent of the Society.

Dr. Nankivell placed on the table the manuscript of Chap. XV. of the *Repertory*, which he had finished; this was accepted with thanks and referred to the Publishing Committee; and Mr. Turner promised to have it printed at once. Dr. Dudgeon stated that the Supplement to the "Mind, Disposition and Head" chapter was in fair progress, and would be ready before next annual meeting. Dr. R. Hughes laid on the table the

MS. of his arrangement of *Belladonna* for the *Materia Medica*, which he had nearly completed; and he promised it should be finished within two months. Progress with several other medicines was reported by the gentlemen who had undertaken them. Dr. J. M. Moore having given up the arrangement of *Colocynth*, this was undertaken by Dr. Carfrae. Dr. Cooper promised *Sulphur;* Drs. Drysdale and J. G. Blake undertook to prepare a pattern for the Therapeutic Chapter; Dr. Bayes promised to prepare "Diseases of the Stomach;" Dr. R. Hughes, "Diseases of the Ear;" Dr. Dudgeon, "Diseases of the Eye;" Dr. Carfrae, "Diseases of the Heart and Lungs;" and Mr. Fraser, "Diseases of the Urinary Organs."

The various Committees were re-appointed. Dr. Dudgeon was elected Chairman; Dr. Bayes, Treasurer; Dr. Edward T. Blake, Secretary; and Drs. Dudgeon and Carfrae, Auditors. It was arranged to hold the next annual meeting at York.

BRITISH HOMŒOPATHIC CONGRESS.

This annual assembly of medical men practising homœopathy was held at the Randolph Hotel, Oxford, on Wednesday, the 27th of September last, and both as regards attendance and the lively interest exhibited throughout the proceedings, was eminently successful.

The Chair was occupied by Dr. Drysdale, of Liverpool, in the much-regretted absence of the President for the year, Dr. Madden, (London), who was prevented attending the meeting by the severe illness to which we referred in our last number. The following gentlemen were present, together with about a dozen others whose names we failed to obtain:—

Drs. Hale, Dudgeon, Drury, Bayes, Yeldham, Markwick, and E. Cronin, and Messrs. Engall, Pope, and Harris, (London); Drs. Drysdale, Moore, and Hayward, (Liverpool); Drs. Massy and Hughes, (Brighton); Dr. Pyburn and Mr. Fraser, (Hull); Messrs. G. Clifton and Emerson, (Leicester); Dr. Collins and Mr. Maberly, (Leamington); Dr. Gibbs Blake, (Birmingham); Dr. Holland, (Bath); Dr. Carfrae, (Surbiton); Dr. Burwood, (Ealing); Dr. Black, (Clifton); Dr. Dunn, (Doncaster); Dr. Galgey, (Belfast); Mr. Wallis, (Banbury); Dr. Nankivell, (Bournemouth); Dr. Wylde, (Winchester); Dr. Cochran, (Weston-super-Mare); Dr. Woodgates, (Exeter), &c. Telegrams expressing disappointment at being suddenly prevented leaving home were received from Dr. Hamilton, (London); and Dr. Wynne Thomas, (Birmingham).

Dr. Drysdale, on rising to address the meeting, said: Gentlemen, I have been requested to take upon myself the duty of filling this chair in the lamented absence of Dr. Madden,

your President. You are all aware of the great calamity which has befallen not only himself and his family, but the whole homœopathic body (Hear, hear), which renders him unable to be here in person. Still he is your President, and I am merely holding this position on his behalf. As has been usual with him on all occasions, he was ready with his work—his paper was finished; and now I hope we shall derive great pleasure and satisfaction from hearing our friend, Dr. Hughes, read THE PRESIDENT'S ADDRESS. (Applause).

Dr. HUGHES, (Brighton), then read, in a clear and impressive manner, the admirable and exhaustive address upon *The Relation of Therapeutics to Modern Physiology*, which we were enabled to publish *in extenso* in the October number of the *Review*. The address was listened to with profound attention; and elicited much applause at its conclusion.

The CHAIRMAN said: I am sure that I am but expressing the sentiment of every one present when I say, that the hearing of this admirable address only enhances the pain that all must feel at the absence of its author. (Hear, hear). As it is not the custom to discuss the address, I shall, without any further remark, move:—

"That this meeting cordially thanks Dr. Madden for the very "able address which has now been read, and while assuring him "of its sympathy with him in his illness, earnestly trusts that "his health may be speedily and completely restored." This resolution was seconded by Mr. POPE, and carried by acclamation. It was further directed that the secretaries be instructed to forward a copy of the resolution to Dr. Madden as early as possible.

Dr. GIBBS BLAKE then proposed that the ex-President, Dr. Drysdale, be requested to continue in the occupation of Dr. Madden's chair during the meeting. This resolution was duly seconded, and carried unanimously.

Dr. DRYSDALE then called on Dr. BLACK to read his paper *Posology*. (See p. 662.)

Dr. HAYWARD, after thanking Dr. Black for his paper, and dwelling on the importance of the question it treated of, said that he thought that the best curative dose was one not much smaller than the pathogenetic dose. He thought that a dose lying very wide of the pathogenetic dose, though competent to cure, did not do so so rapidly or so generally as the larger. In practice he kept tolerably near the pathogenetic dose. The points to be ascertained were, the size of the pathogenetic dose, and that of the curative dose; and inasmuch as the latter lay within the former, he would restrict himself to the discussion of the question, what is the pathogenetic dose. After many experiments with different doses, he had arrived at the conclusion that this

pathogenetic dose is one having a very wide range; that it differs with different medicines—different constitutions—different dilutions, and with the various symptoms producible by medicines. (Hear, hear). For example, *opium* will produce morbid sleepiness or morbid sleeplessness, under different circumstances in very different doses. To produce morbid sleepiness the matrix tincture must be given—while morbid sleeplessness will be the result of a higher attenuation. And so also with curative doses. We may make rapid cures of morbid sleepiness with matrix tincture and the 1st dilution; but it would be hard to *cure* morbid sleeplessness with so large a dose. We must resort to the higher dilutions, such as the 3rd, the 6th, and the 12th. *Nux vomica* in its action on the bowels, was another illustration. *Nux vomica* gave rise to both constipation and diarrhœa; but in very different doses. It is the matrix tincture that gives rise to diarrhœa, and the higher dilutions which excite constipation. So in curing these conditions it is the matrix tincture and lower dilutions that cure diarrhœa: and the higher which are useful in the constipation to which *Nux* is homœopathic. Again, *pulsatilla* differs in its effects according to the dose given. Amenorrhœa will arise from the 1st and 2nd dilutions, while dyspepsia requires the matrix tincture to excite it; and so too, in treatment, amenorrhœa is curable with doses that would not be suitable for dyspeptic cases. He believed the same rule would hold good with regard to other medicines. Different doses of the same medicine cured different diseases and produced different effects. He thought that it might be desirable for the Congress to appoint a committee to select, examine, and report upon the various symptoms produced by different doses of the same drugs. (Hear, hear.)

Dr. DRURY believed that the only way in which this question could be settled was by each practitioner investigating it for himself; and by trying with various doses to ascertain which dilution is really the best. He wished that it were possible that at the London Homœopathic Hospital the action of the different dilutions could be watched and fairly tested. The hospital was certainly not made as much use of as it should be. Gentlemen coming up to study there might, with much advantage, turn their attention to this subject while watching the practice. But they came up for a week or two, paid a few visits, and were seen no more, having gone to some town where a homœopath was wanted! Some time ought to be given to hospital study, and without this it would be hopeless to look for much of result from such investigations. He wished that all could divest themselves of prejudice, and examine and find out which dilutions were the most efficacious. Could it be proved that the matrix tinctures were the best preparations to use, he should

unhesitatingly adopt them; but he must be satisfied of th[illegible] and, he confessed, that up to the present moment he was [illegible] satisfied. He still leant to the diluted medicines, and if gave up, as many did, the theory of dynamization, he felt should lose a great deal. Still he was quite willing, and hoped that others were so, to go fairly into the question; and test the relative value of the different dilutions. Let th[illegible] too who used low dilutions experiment with the higher.

Dr. HOLLAND said that he had practised homœopathically *fo* 33 years, and found that, as he had descended towards the *3r* dilution, his success had been greater than when using the 12*th* and 30th. Still he must confess to having been surprised *to* find that men, well known in the profession, and who had been reported to have treated cholera, dysentery, Irish fever, and *so* on, with the most brilliant results, when giving medicines in the 3rd dilution—should suddenly descend to five or six grains of the crude substance, or as many drops of the pure tincture, for a single dose. Dr. Holland had, he said, assimilated his practice to that recommended by his friend, Dr. Black, with much success. Only in a comparatively few instances could he remember seeing any greater results follow the use of the very highest dilutions. One case occurred to him in which, after having given *pulsatilla* in the 1st dilution to an elderly gentleman, suffering from enlarged prostate, he changed the dilution to the 12th; and whether in consequence of the action of the medicine as originally given, or from the change to the 12th, he could not say, but an improvement set in as soon as he took the *pulsatilla* in this high dilution. In another case, one of rheumatic fever, the opposite result followed. In this, *bryonia* was given in the 3rd and 6th dilutions without any benefit. At the suggestion of Dr. Kidd (who was called in in consultation) two or three drops of the pure tincture were given, and improvement at once made itself apparent. Dr. Holland was far from denying that the higher dilutions were productive of curative results. He believed that a medicine selected homœopathically would cure in almost any dilution; but at the same time the nearer we approached that dose which would give rise to physiological action—without actually exciting it—the more rapid and effective would be its influence.

Dr. NANKIVELL rose for the purpose of mentioning two cases which bore on the question of dose. In one there was tonsillitis before suppuration. He gave *belladonna* 1 in drop doses; suppuration and abscess followed, and the patient recovered in about a fortnight. A similar attack recurred in this patient after the lapse of some weeks. He now gave two drops of the pure tincture every hour. In twenty-four hours resolution had taken place, and no physiological action whatever had been produced.

Another case of quinsey came under his care, when in an advanced stage, in a woman of unhealthy constitution. The abscess required lancing. He told her that if she felt any return she was to send for him early. This she did in three weeks. Within three hours from the time when she first felt any inconvenience, the same right tonsil was again swollen to within a third of its bulk during the previous attack. He gave her the same dose in the same way, and in thirty-six hours that tonsil was reduced to its natural size. He thought he could also produce evidence on the other side too, but it was not so ready to hand.

Dr. Bayes said: We have to thank Dr. Black very much for bringing forward his proposition. No doubt it would amazingly simplify our art of prescribing, if we could accept it without curtailing the utility of our system of medicine. The real point at issue is, not whether low dilutions cure or high dilutions cure: both these points are conceded by Dr. Black, and we cannot settle the question by discussing them further. What we are asked by Dr. Black is, to abandon all dilutions higher than the 3rd, because the medicinal preparations, from the crude drug to the 3rd centesimal, practically contain within themselves all the curative powers which are to be found in medicinal drugs. Therefore the real question at issue is, "Do the preparations below the 3rd really contain the whole curative powers of the drug, or is there any important class of cases which will remain uncured if we abandon the higher dilutions?" Feeling that any individual answer to these questions would be of comparatively little worth, it occurred to me that the better way to answer them would be to ascertain what was the general experience of the majority of homœopathic practitioners on these points. With a view to obtain this information, I circulated a copy of the following questions, which no doubt all present have received:—

"How long have you practised homœopathy?

"What are the dilutions or doses you mostly prescribe?

"What are the highest dilutions you prescribe, and in what class of cases?

"What are the lowest attenuations or doses you prescribe, and in what class of cases?

"Do you prescribe now the same dilutions as you did when first practising homœopathically?

"If you have changed your method of practice, please state your reasons."

I sent out 269 circulars to that effect, and I received 173 answers. These are of material value, because they represent every shade of homœopathic belief; and by far the larger number are from men of weight and influence among us. I

have made a very short abstract of them, because a longer one would occupy too much time at this Congress. From physicians who have practised homœopathy for 30 years and upwards, I have received 15 answers; between 20 and 30 years, 56 answers; from 10 to 20 years, 53 answers; and from physicians who have practised for less than 10 years, 48 answers. I have divided these into certain classes. Of the 173 who have sent replies, 9 practise as high dilutionists, and 5 of these have never given low dilutions in their practice; therefore their experience is of comparatively little value in this discussion. 44 are exclusively low dilutionists, 30 of whom have never given high dilutions; therefore these 30 may fairly be put on one side, for their experience is of no comparative value. 103 give both low and high dilutions (by high I mean 30ths and upwards), and 17 of these from the low to the 12th. In bringing this evidence to bear upon the comparative value of low and high dilutions, we must exclude those whose practical experience does not extend to both. I therefore strike out 5 of the high dilutionists and 30 of the low. Of the remaining 138, I find that 124 are in the habit of giving dilutions above the 6th in certain cases. I have thought it better to take the 6th as the limit rather than the 3rd, because a large number give up to the 6th. 14 only, after more or less examination into the curative power of higher dilutions, have abandoned them. This is strong general evidence in favour of the comparative curative value of the higher dilutions. The 124 who give the higher dilutions are divided into 17 who give up to the 12th, 52 who give up to the 30th, and 55 who go as high as the 200th, in certain cases and under certain conditions, and low dilutions under certain other cases and conditions. As it is my intention to publish a full analysis of the evidence afforded by the returns to which these figures refer, I will not do more here than state that the weight of evidence in favour of the utility of the higher dilutions does not rest simply on numbers, but that the physicians of greatest experience in point of professional age are the strongest supporters of the higher dilutions. Of 15 physicians whose practice extends over 30 years, 12 use the high dilutions more or less often; 37 do so out of 56, who have practised for between 20 to 30 years; 35 out of 53 of between 10 and 20 years' standing; and 29 out of 48 who have practised for less than 10 years. If to these I had added those who limit their upward scale to the 12th, the difference would appear more remarkable. If we reverse the tables, we find that the supporters of exclusively low dilutions number 3 out of 16 who have practised for 30 years and upwards; 16 out of 56 who have practised for over 20 years; 11 out of the 53 of between 10 and 20 years' standing, and 14 out of the 48 who have prac-

tised for periods less than 10 years. It is not, then, the enthusiasm of youth, nor the dogmatism of age which alone gives us the testimony which yields us evidence in favour of the practical utility of high dilutions; but a large majority of physicians in each decade. Such a weight of concurrent testimony ought to make us pause before we decide so momentous a question as that now before us, seeing that to ensure the adoption of the proposal to limit our upward dose to even the 6th dilution, it would be needful to revolutionise the practice of five-sevenths of the practitioners of homœopathy. The value of the present inquiry depends not on the bare question of what number of men use one dilution or another, but on a consideration of the general laws which decide those who use all dilutions to choose the low in one case and the high in another. [Dr. Bayes here read two long lists of forms of disease and of certain medicines in which those who had replied to his circular, who were in the habit of using both high and low dilutions, gave either the one or the other. Our space will not admit of our reproducing them here, but we understand that Dr. Bayes intends shortly to publish them.] He concluded by remarking, that the evidence in favour of giving high dilutions in chronic diseases appeared to be quite as strong as that which pointed to giving low dilutions in acute diseases; and he did not think that we ought to deny the evidence of those who testify to the efficacy of high dilutions, any more than we should do that which testifies to the value of low dilutions.

Dr. Moore said: "I confess myself a wretchedly low dilutionist (laughter), though I have in my time given the 30th and up to the 100th." He had been somewhat disgusted with high dilutions, from a case that occurred to him some years ago, in which a well-known London high dilutionist, who was always asserting that homœopathic practitioners in Liverpool and Manchester knew nothing about homœopathy, was brought down to see a patient of his suffering from acute peritonitis. He prescribed *aconite* 3 and *bryonia* 3. The disease was uninfluenced in any way. He (Dr. Moore) felt sure that the medicines were correctly indicated, and therefore gave them in the 1st dilution, and by the time four doses had been taken the disease was fairly subdued. He felt confident that the low dilutions and the pure tinctures were the most serviceable preparations to use. Some of the medicines were essentially weak, and very little good could be derived from using them save in the pure tincture.

Dr. Gibbs Blake said: I am very much pleased with Dr. Black's proposal, because it narrows the discussion. On reading the discussion on the former paper, the proposal appears to have been misunderstood. It seemed to be imagined that it

was proposed to tie practitioners to No. 3, and that they were engaged never to give any other dilution. Obviously that was not his intention. I have used the 30th potency, and I believe I have cured cases when the low potencies had failed,—although it is quite possible that the cure was owing to the continued action of the low potencies. (Hear.) I think the low potency does good in the great majority of cases, and may be used within the limits suggested by Dr. Black. I use from the 6th decimal down to the mother tincture. There is a further suggestion of pressing importance, seeing that our numbers do not increase in proportion to the wants of the public. We suffer probably more from that cause than from anything else, because it prevents men from having sufficient time to devote to the scientific part of medicine. Our men go into practice without being obliged to serve an apprenticeship to the science of medicine, as they do in the old school. A number of years devoted to hospital work tells most beneficially in the formation of the minds of hospital physicians. It renders it necessary for them to be exact, to work hard at their profession, and thoroughly to inquire into and master the science of it. The point I wish to refer to in Dr. Black's paper is the importance of making medical converts. The importance of making medical converts cannot be overrated. Ways may be suggested of medical men of apparently opposite views being brought together and of their helping one another which are perfectly satisfactory, and this without either side sacrificing their views even in the matter of therapeutics. I was treating the case of a girl suffering from symptoms which probably depended upon sclerosis of the spinal cord. She had been under treatment for a long time, and not getting any better, she wished to see an allopathist practising in the town. He was perfectly willing to see a patient with me, as he always is. Melancholia was the prominent symptom, but there was evidently a good deal of uterine complication. The melancholia had indicated *aurum* to me, and I had prescribed it several times, but not in a lower dilution than the 6th dec. To my surprise my allopathic friend recommended *terchloride of gold*, which I did not know the other school employed at all; but he said he used it extensively. Then came the question of dose, and he said he should give one-fiftieth of a grain. I said, "How will you prescribe it?" and he replied, "You prescribe." I told him my former dose, and now proposed 2-grain doses of the 2nd decimal trituration; and he was perfectly satisfied. We saw the case together for several months, and the patient improved. This shows the possibility of representatives of the two schools working together in therapeutics. (Hear.) This gentleman is not a homœopathist, and says he does not believe in the law, although I cannot help

ing that he does a little. (Laughter.) In obtaining a genetic action by the medicine, he professed to be entirely d in his choice by his own principles. He did not believe he physiological action was a guide to treatment, but that nowledge of the action of drugs in disease was purely ical. Dr. Blake thought that there were great advantages ling the use of moderately diluted medicines, and that we t confine ourselves to their use, unless it could be proved igh dilutions acted better than the low.

. WILDE: I believe that a main difficulty in the way of ding a knowledge of our system amongst allopathists is mallness of our doses. At Winchester there are a great allopathists with whom I am on very friendly terms, and ry frequently talk over homœopathy; but I can never get over the smallness of the dose. Yesterday an allopathist ed to get a hint from me of how to treat a young lady of rith nocturnal enuresis. I said, "Have you tried *bella-a?*" He replied, "No." I said, "Try it." He said "How , 5 or 6 drops?" I said, "You had better begin with thing smaller." He rejoined, "I believe in your homœo-c law, but hang your dose!" (Laughter.)

. DUNN did not think that converts to homœopathy would ade by homœopathic practitioners increasing the dose they arily used. He believed that allopathic practitioners were converted, and that very rapidly; not, however, by our g large doses, but by the development of physiological ce. They were now also studying the action of drugs ding to the teaching of men like Dr. Acland of Oxford, ssor Bennett of Edinburgh, and several with similar views ondon. They were studying the physiological effects of s, and their best men were putting polypharmacy aside ether. "How different was the teaching in recent works ie Practice of Physic to that written when we old fellows lads!" Ere long the entire allopathic body which is now educated would be as nearly homœopathic as it could be. would treat disease with one drug; and that would be ed according to its physiological effects. No alteration in ose would ever make men believe in the law of *similars*—hat was the point to be aimed at.

. HUGHES: I had the pleasure of hearing the paper Dr. k read a few months ago before the British Homœopathic ty. His proposition seemed an eminently reasonable one, I determined to try it in this way: In the Dispensary at hton I had tried all dilutions. I determined now to try lilutions, from the 3rd downwards. I had a tolerable field periments, between 70 and 90 patients, attending two days ek; and, although three months is insufficient for con-

clusive deductions, I must say that hitherto I have no reason to be dissatisfied. I think I have gained quite as good results as when higher dilutions were used in certain cases. I have never given any higher than the 3rd since that time, and frequently lower. While none of us can deny the salutary effects of infinitesimal doses which are selected on the principle of homœopathy, on the other hand, we equally maintain the value of low dilutions; so that while homœopathy is conservative as regards the past, we are progressing in a liberal spirit towards the future. (Hear, hear.)

Dr. HALE said that the whole question introduced by Dr. Black hinged upon the possibility of our arriving at a knowledge of the physiological dose; and before any practical decision could be arrived at, this knowledge must be obtained. The very drifting and varying condition we called disease made him doubt the possibility of arriving at an answer to this question sufficient for practical purposes. Nothing could be more desirable than the settlement, in a scientific and philosophical manner, of this question. All would wish for a definite rule for their guidance; but the very nature of the case seemed to him to preclude the possibility of our obtaining it. We must become fully acquainted with the peculiar manifestations of disease, ere this question can be decided. They must be examined by the light of that knowledge which this memorable day has given to us; and which hitherto we had not. He looked upon Dr. Madden's paper, read to-day, as giving us a new starting-point; and a stand-point from which we might think over and reason out the *modus operandi* of medicines. It suggested facts, based upon positive and scientific research, that would bear fruit of the greatest possible value. In educating ourselves we must go into the very *penetralia* of science, and discover what is the nature of diseased action of the molecule, and of germinal matter. Men might give their individual interpretation of the nature of any disease, and of the result of their treatment of it; but that result must be ever shifting according to the innumerable variations and the changing circumstances of every case. What, then, was the chance of exact agreement at the point of contact between any two cases of disease? Still, however far we might be from deciding this question, he believed that the paper we had heard read that morning would give us valuable help.

The CHAIRMAN: The discussion, which has been extremely valuable, will now close with a few words from Dr. Black. His object has not been alluded to except by Dr. Hughes—it is that this difficult subject may be determined, as far as it can be, by experiment. His proposal is, that each person for a definite time shall confine himself to a definite scale. I hope that before another congress, a number of persons will be able to give us similar experiences to those we have heard detailed to-day.

Dr. BLACK briefly replied. He said: The Chairman has embodied any remarks I might have had to make upon the discussion. I trust an examipation will be made of the result of keeping the dose below the 3rd dilution, as I have suggested. Formerly the risk of aggravation was the continual answer to such a proposal by the high dilutionists; but not a single member has mentioned that, so that is disposed of. From the discussion I gather that the question will be entertained in its pathological and scientific aspect, so that we shall not be continually altering our dose; and our literature will not show all the variations between the mother tincture and the 2000th or more. We must come to nature and learn of her. We must boldly explain in what the teaching of Hahnemann was wrong; and put posology before the world in its true scientific position. (Applause.)

The Congress then adjourned for an hour. On the resumption of the sitting—

The CHAIRMAN said that the next business to be transacted was to receive the report of the Hahnemann Publishing Society, for which purpose he would call on the Secretary, Dr. Hayward.

Dr. HAYWARD said that as much as possible was being done to complete the works taken in hand by the Society; that a good deal of *matériel* had been promised; and that new workers had been enlisted by the committee. He appealed to others to join either in arranging the *Hahnemann Materia Medica*, or in preparing the *Repertory*. Funds, too, were, he said, urgently needed; and to obtain them new subscribers must come forward. The subscription was one guinea; and every subscriber would receive the value of his subscription in the published works of the Society. No second subscription was asked for by the Society until the subscriber had been supplied with material at cost price to the value of his first subscription.

The arrangements for the Congress of 1872 came on next for discussion.

The CHAIRMAN stated that the election of President and Vice-President was the first business to be decided. The election of PRESIDENT was decided by ballot, and Dr. BLACK was elected. As VICE-PRESIDENT, Dr. DUNN was proposed by the Chairman, seconded by Mr. POPE, and unanimously elected.

The town at which the next Congress should assemble was then decided in favour of YORK. After some discussion the date of holding the meeting was fixed for the first Wednesday in September, 1872, at ten o'clock in the morning.

Dr. GIBBS BLAKE, of Birmingham, and Mr. NANKIVELL, of York, were appointed Secretaries; Mr. FRASER, of Hull, Treasurer; and the following gentlemen were chosen to constitute the Executive Committee:—Drs. GIBBS BLAKE, DUNN and W. CRAIG, and Messrs. FRASER and NANKIVELL.

Dr. Moore then read the paper on *Uterine and Ovarian Disease*, of which notice had been given. (This will be found *in extenso* at p. 668 of our present number.)

Dr. Yeldham thought that ovarian diseases were often very obscure both in their nature and origin. To ascertain the existence of enlargement in the earlier stages of the disease was especially difficult, inasmuch as until they had become sufficiently increased in size to be capable of being touched *per vaginam*, we could only infer the presence of enlargement from the inflammatory symptoms which ordinarily attend the progressive enlargement of parenchymatous organs. The treatment of such cases should consist in rest, hip and other baths, and moral training. Great difficulties often arose from the disease being so closely associated with moral causes. As medicines, *aconite* and *belladonna* were our sheet anchors; while both *pulsatilla* and *sepia* often came in usefully. He doubted whether much could be done in neuralgia of the ovary; and thought that, independently of inflammation, it was a very rare disease. In dysmenorrhœa he had found *nux vomica* to have a wonderful power in preventing the violent spasmodic pains from which so many women suffer at the catamenial period. He usually gave a drop of the mother tincture once or twice a day.

Dr. Carfrae had seen much good from the use of *cannabis indica* in dysmenorrhœa. The original authority for its use advised it to be given in five drop-doses of the tincture; that he thought undesirably strong, and he generally used the 1st decimal dilution. In menorrhagia the medicine he generally relied upon and invariably used, was *sabina*—he generally did so with good results.

Dr. Holland said that with a very delicate touch in a highly sensitive patient he thought it possible that the earliest enlargement of the ovaries might be detected; and *that* by the pain the examination caused, but not otherwise. *Aconite*, he thought, was useful in combatting the inflammatory symptoms, particularly at the commencement. Some cases of dysmenorrhœa, depending on the presence of a false membrane, he had known benefitted by *collinsonia*—a medicine, for the knowledge of which, as well as for that of many others, we were much indebted to our American brethren. As regards ulceration of the os uteri, he disapproved of the application of caustic; and thought that all the advantages of a topical application could be obtained from an infusion of *calendula*, or of *hydrastis canadensis*. *Cannabis sativa* had rendered him excellent service in many cases of dysmenorrhœa. *Hyoscyamus and Nux*, acting as they did on the spinal nerves influencing the uterus, might often be used with advantage.

Dr. Drury: I have never used caustic in such cases. I have great faith in calendula lotions in these cases, having

seen much good result from them. *Hydrastis* is also extremely valuable. In leucorrhœa, *pulsatilla* is useful, but it must be used with care in the case of married women who are pregnant, as it is apt to produce miscarriage. *Kreosote* and *sepia* will often help in such cases. In cases of enlarged ovaries, the degree of success which will follow treatment depends much upon the cause of the enlargement. If it is only congestion and inflammation, we may get a reduction and so cure; but if the hypertrophy is chronic and with interstitial deposits, there is little hope of a complete cure. Slight attacks of inflammation may be reduced as they arise, but their cure will not affect the general disease. All we can do is to keep the patient in a quiescent state, so that the disease may not advance and an operation become necessary. The medicines that Dr. Moore used will also be of service. Where, as in acute inflammation, there are cutting pains in the ovary, like knives, *sabadilla* in the 12th dilution has been tried with very much success. A separation of husband and wife is often desirable in these cases. But I am satisfied that if we use a homœopathic medicine, though it only relieves from pain, we do the patient good.

Dr. Hughes: My knowledge is rather theoretical than practical; and I would ask those who have any experience of this disease whether they have made any notes of the action of *belladonna*. It seems to be taken for granted that it is useful, but have we any evidence of its curative action. I have been struck with its extremely slight action upon the uterine and ovarian organs; in none, except where there has been a sense of bearing down, have I known it really utilised in practice. There is a sort of tetanus of the uterine neck which answers to the corresponding affection of the neck of the bladder and also to the sphincter of the anus, which is amenable to the action of *belladonna*. I should like to know whether *belladonna*, which is so useful in other inflammations, is useful in that of the ovary.

Dr. Drury: Extremely useful.

Dr. Moore, in reply, said that by homœopathy simple ulcers could be cured without local applications, but granular ulcers, deep-seated scrofulous or syphilitic ulcers could not be cured without caustic, according to his experience. He knew a case that, after twelve months' trial of medicine, had to be so treated. They did not resort to the surgical treatment until they were driven to it. They tried *sepia*, *belladonna*, *calcarea* and *china* with the greatest possible relief; but twelve months afterwards, on examining the sore, it was found not healed, although the patient thought she was so much better. That is a point upon which he had had clear and repeated evidence. In reply to Dr. Hughes, he stated that he had noted that the influence of *belladonna* in congestion of the os uteri was most marvellous.

In three days the state of the patient had been completely altered. Pain felt in the region of the ovary on making deep pressure, was, he thought, a clear indication of a morbid state of the organ.

At the conclusion of Dr. Moore's remarks, the CHAIRMAN announced that a greeting from our American brethren had just been received, which he would ask Dr. GIBBS BLAKE to read.

The following communication was then read by Dr. Blake, and was received with much applause:—

"To H. R. Madden, M.D., President British Homœopathic Congress.

"Dear Sir,—Allow me, in behalf of the American Institute of Homœopathy, to congratulate the homœopathic fraternity of Great Britain on the formation of a national association, which, by bringing the practitioners of homœopathy into more intimate and harmonious relations, will conduce alike to their greater friendship and more united effort. This cannot fail to add to the progress of our medical system, not only by the scientific work it may accomplish, but by the pleasant social relations it tends to establish among its members.

"The American Institute of Homœopathy, now in its twenty-eighth year, has proved a powerful agent in organising and increasing our strength throughout the country. It now numbers more than one thousand active members; and though they are scattered over an area nearly equal to that of all Europe, yet more than three hundred of them reunited at its last session. The next meeting will be held in Washington, May 1872; and let us assure you that any representatives from Congress, or any of its members, would be then and there cordially welcomed by the Institute.

"Sympathising with your honourable body in the great work of medical progress and reform,

"I have the honour to be, very sincerely,

"I. T. TALBOT,

"President of the American Institute of Homœopathy.

"Boston, U.S.A., Sept. 5, 1871."

The CHAIRMAN said: I am only expressing the wishes of every one present when I say that we should instruct our secretary to send to the President of the American Institute of Homœopathy a cordial letter of acknowledgment of the communication we have just heard read.

This proposal of Dr. Drysdale's was received with much applause, and carried by acclamation.

Dr. DUNN was then called upon to read his paper on *The*

Influence of Homœopathy on the Practice of Surgery. This paper we hope to publish next month; and, in the meantime, a brief abstract of it will enable the discussion to which it gave rise to be appreciated.

After alluding to the improvements which had marked the progress of medicine, and to the influence which homœopathy had had in the advances which had taken place, Dr. Dunn passed on to notice the progress of surgery, and the advantages which the surgeon derived from adopting homœopathy into his practice. He spoke warmly of the value of acupressure, and of the antiseptic method of Professor Lister; and then pointed out, and illustrated by cases that had occurred both in his practice and his person, that homœopathy rendered valuable aid—1st. In diseases of the bones and joints, where, for lack of homœopathy, amputation is oftentimes resorted to. 2ndly. In removing the consequences of traumatic shock. 3rdly. In promoting the repair of injuries. 4thly. In so improving the general health of a patient as to render successful an operation which, without this improvement, would probably have been fatal; and 5thly. In hastening convalescence after an operation.

Dr. Dunn's paper being concluded, the Chairman said that before taking the discussion on it they would hear Dr. Wynne Thomas's paper, which was on a kindred subject, and was entitled, *Reports of Surgical Cases.* Dr. Thomas had sent a telegram, stating that, having received a summons to visit his father, who was dangerously ill at Oswestry, he was unable to be present, and the Chairman accordingly requested Dr. Gibbs Blake to read the paper he had prepared. (This we hope to publish next month.)

Dr. Thomas commenced by defining surgery to be the science and art of curing disease by local means; and he argued that in local or surgical, as well as in constitutional treatment, homœopathy had already done much, and gave promise of accomplishing still more. He divided local diseases into two classes—1st, the centripetal, or those commencing on the surface, or at one of the apertures; and 2ndly, centrifugal, or those which are primarily constitutional, and afterwards appear on the surface. The first class he considered might always be treated by local means. As examples he instanced the application of iodine to an inflamed brusa, and the injection of iodine into a hydrocele; and the treatment of parasitic disorders by parasiticides. Of the second class, gout, rheumatism, eczema, and piles, were adduced as instances. Such cases all required constitutional treatment. Dr. Thomas gave the particulars of several cases in support of his propositions. He then passed on to show that the controlling power over inflammations which we gained through

homœopathy rendered unnecessary many operations which would otherwise be inevitable.

The after treatment of operations he had found much facilitated by homœopathy. Inflammations were reduced more rapidly, and wounds healed more kindly. Opium in large doses he thought seldom needed, except when it was required to keep some organ in a quiescent state, as, *e.g.*, the bowels, after stitching up a lacerated perineum, &c.

Dr. Thomas concluded an interesting paper by stating that his estimate of the value of homœopathy in all kinds of cases, surgical as well as medical, rose every year.

Mr. POPE desired to refer to one point in Dr. Dunn's interesting paper, viz., the importance and value of homœopathy in so improving the health of a patient as to render surgical interference much less dangerous than it otherwise might be. During this summer, Dr. Smart, of Tunbridge Wells, being ill, requested him to tap a patient having a large cystic tumour of the left ovary. The operation was easily borne; there was no tendency to fainting, no failing of the pulse; and though 27 pints of fluid were removed, there was no necessity to check its flow through the trocar for more than once or twice. The operation only occupied a few minutes. Dr. Smart had tapped the same patient two months previously, and then there was some difficulty in keeping her from fainting; the pulse was feeble, and the flow through the trocar had to be stopped frequently to prevent syncope. But after emptying the sac, she was carefully watched and skilfully treated by Dr. Smart, and the result was that the state of her health was so much improved during this interval that the second operation had no important effect upon her at all. Subsequently to this second tapping she was under the care of Dr. F. Smart, and her general health became so much improved as to warrant the extirpation of the tumour. This operation was successfully performed by Mr. Spencer Wells during August, and she made a most excellent recovery. At the time she first came under Dr. Smart's care this would have been hardly possible. Dr. Thomas, Mr. Pope observed, had recommended the external application of *iodine* in chronic bursitis in preference to the internal administration of *silica*. He had seen several of these cases, and had generally found them yield to *silica*: so frequently that, remembering what they had heard in the Address of their President that day in reference to the employment of chemical agents in the treatment of disease, "that the use of each one is apt to be followed by its own specific effects, over and above its chemical action;" and applying this to the case before them, that *iodine*, applied to the serous effusion in the bursa, would, besides exerting its absorbing power, cause its own specific effects in other parts of the body;—remem-

bering this, and the fact that *silica* had cured many such cases, and then that if it failed we had *iodine* as a *dernier resort*, he thought that it would be only correct and safe practice to try the *silica* in such cases for some considerable time before resorting to the *iodine*. There was one medicine which had not been mentioned, but which he thought was of great use in injuries of nervous structure, viz., the tincture of *hypericum perfoliatum*. He had used it, at the suggestion of Dr. Madden, in a case of concussion of the brain, with marked advantage.

Dr. HOLLAND related several cases of great interest, showing the value of homœopathic treatment in surgical injuries. In one a man was caught by "the devil" of a cotton factory—a machine used for cleaning the cotton after its removal from the bale—and his hand was lacerated in a more serious manner than he had ever seen before; the extensor tendons being torn, and the posterior annular ligament extensively wounded. Amputation was proposed to avoid the chance of lock-jaw, which seemed imminent, but it was declined. The parts were brought into apposition by sutures, and a lotion of *calendula* was applied, with a moderately thick compress over the posterior aspect of the hand and arm, while a splint, with a tolerably firm bandage, secured the whole. *Aconite* and *arnica* were given alternately for a few days, and eventually the man made a good recovery—inability to extend two fingers being the only permanent injury from his accident. Shortly after this had occurred he was asked to see a valuable carriage-horse which had fallen, and so injured the knee that the veterinary surgeon had condemned it to be shot. The joint had been laid open, and synovia was flowing freely. He dropped *tincture of calendula* into the joint, and with sutures, splints, and compresses got the leg into shape, and had the horse tied to the rack for ten days. By this time the wound was healed, and the animal soon able to work. In a case sent to the Norwich Homœopathic Hospital—a case of enormous fungoid excrescence on the leg, with extensive infiltration into the cellular tissue—he had made three incisions nearly the length of the leg through the boggy part. *Aconite* and *calendula* lotion were the chief remedies used, and the recovery was complete. Dr. Holland did not approve of the internal injection of *iodine* in hydrocele, or of its external application on bursitis. He had found it give rise to considerable constitutional disturbance, and oftentime to severe orchitis. Abscesses and destruction of a portion of the scrotum had resulted from *iodine* injections. He preferred the use of the acu-puncture needle recommended many years ago by the late Mr. Green, of St. Thomas' Hospital. The needle is passed into the tunica vaginalis, and if on its withdrawal a drop of serum exudes, the whole will be absorbed in 24 hours. A few operations of the

kind are rapidly curative, and need not be repeated more than once in three or four months.

Dr. MOORE said that he had seen this mode of using the acupuncture needle successful in cases where every other measure had failed. He regretted that Dr. Dunn had not mentioned *phosphorus*—a remedy in some forms of bone disease more valuable almost than any other. *Staphysagria*, too, in fresh wounds, was much valued by Dr. Franklin, an American surgeon. For ringworm he thought a *carbolic acid* lotion was invaluable. In reference to the styes mentioned in Dr. Thomas' paper, he thought that there must have been something wrong in the dietary of the establishment where they occurred in such numbers.

Dr. DUNN here said that he valued *phosphorus* in bone disease very highly. When he spoke of *calendula* he had referred not to the tincture, which he thought irritating, but to the infusion.

Dr. HAYWARD had the greatest confidence in the use of *calendula*. He made a watery essence from the plant, dipped the lint dressing in that, and applied it in all wounds from operations; the parts had healed by first intention. The *carbolic acid* treatment was very good, but certainly he should try the *calendula* treatment first. With reference to corns on the sole of the foot, he had had two cases similar to those named by Dr. Thomas. He tried *thuja* No. 1 internally, as well as making an external application; the wart-corns were gone in six weeks. With reference to the tapping, he should like to enquire of Mr. Pope whether the pressure was kept up by bandages or otherwise.

Mr. POPE: Certainly, on each occasion.

Dr. HAYWARD: External treatment often caused constitutional irritation, and therefore should only be resorted to when internal medicine failed.

Dr. COOPER referred to the use of *pæonia* in ulcerations, which had been brought before our notice by Dr. Ozanam, of Paris. Applied locally, it prevented the spreading of the disease, and had in some cases cured. He used *arnica* chiefly in housemaid's knee, and had found the same remedy useful in the "capped hock" of a horse.

Dr. YELDHAM, as an old hospital surgeon, thanked Dr. Dunn for his paper. He fully endorsed all that had been said in favour of the antiseptic treatment. During the siege of Paris the *Lancet* had recently informed us that wounds were there treated by applying thick layers of cotton wool to them, and so carrying out the theory of Professor Tyndall. For years past Dr. Yeldham had been in the habit of applying dry cotton dressings to wounds, in order to avoid the effects of moist dressings, the heat

and moisture of which tended so much to the formation and decomposition of pus. With dry dressings a little simple unirritating pus only was present. The favourite idea of the day was that surgery should be conservative. Nothing tended so much to conservatism in surgery as did homœopathy; a fact of which Dr. Yeldham gave a striking illustration from the practice at the London Homœopathic Hospital. In hæmorrhoids he used external applications, whilst a vast deal of good was done by judicious medicines, such as *sulphur*, *nux vomica*, and mother tincture of *hydrastis*, 10 to 20 drops given 3 times a day. Small doses of this drug did no good whatever. (Laughter.) He spoke advisedly. When that failed, a vast amount of comfort might be obtained from the topical application of pure *nitric acid*. He never yet saw a fistula in ano get well by homœopathic medicines. He had tried a variety of medicines, and had long ago arrived at the conclusion that it was incurable by medicine. He threw out the suggestion that they should not claim too much for homœopathy. There was plenty it could do, but they placed it in a false position if, in their enthusiasm, they were led to claim what did not fairly lie within its province. That remark applied particularly to the treatment of fistula and hernia. They could hardly expect to cure hernia with medicine. Then there was the question of carbuncles—Were they best opened, or left to the natural process? For his own part, he should open them freely as soon as matter could be detected. In the London Homœopathic Hospital there was a man worn down by serious and very anomalous symptoms, referable to the kidneys and bladder. When he appeared perfectly incurable, and the worst results were anticipated, a large carbuncle formed on his back. From that time all the other symptoms disappeared, and he got well. Such cases were very interesting. These things were set up by nature for the elimination of something which offended the system. Dr. Thomas said that he rarely opened an abscess now; but he thought that where matter was fairly formed, we saved the patient a vast amount of suffering by putting in the lancet. Medicine might have an influence in causing it to come forward and break through the skin; but there was a difficulty in determining whether it had, and how far it had, that effect. In fissure of the rectum there was a simple expedient which afforded a vast deal of relief; indeed, there were many cases where formerly he should have divided the sphincter, where he now got a cure without. Immediately before the bowels act, let the patient charge the forefinger with lard, and introduce it up the bowel. By this means the ulcer obtained a coating, and was protected against contact with the irritating matter of the fæces. Hydrocele might be relieved by acupuncture after five or six punctures had been made, but it

occurred again, and he thought that the radical cure by iodine was that to which we should all resort, to relieve the patient at once and for altogether from so great a nuisance.

Dr. DUDGEON believed that Dr. Bollé, formerly of Paderborn, and now of Aix-la-Chapelle, was the inventor of the plan of dressing wounds with cotton wool. His idea was that it prevented suppuration of the wound. The plan of treating fissure in ano by dilatation was proposed by M. Maisonneuve, of Paris, and was found both efficacious and immediate in its operation. There was no doubt but that this method of overstretching was painful, and that chloróform ought to be given during the operation.

Mr. MABERLEY said that in abscess, by keeping up the action of medicine, we brought the matter to the surface; then a very small aperture was sufficient to clear off the whole thing. It was better to open the abscess, but the less we interfered with nature the better.

Dr. BLACK: Before they concluded he would ask the members to do a little to settle the question of dose, between this time and the next meeting of Congress. Let them try by using dilutions up to 3rd, to see whether they could not get the same results as they had done with higher dilutions.

Dr. DUNN, in reply, said: I will certainly do so, for one. I have merely to thank the meeting for their observations on my paper. I think there is no point calling for particular notice In reference to the antiseptic treatment, you have rathe avoided the suggestion as to the use of carbolic acid. Even i you use dry cotton dressing, you will get a layer of pus which if not offensive, is certainly irritating. (A Voice: "No.") I you try antiseptic dressings for the future you will use n other.

Dr. DRYSDALE requested that Dr. Dudgeon would take th chair at the dinner.

After a cordial vote of thanks to Dr. Drysdale for presidin during the day, moved by Mr. POPE, seconded by Dr. HOLLAN and carried by acclamation, the business portion of the proceedings of Congress terminated.

THE DINNER.

In half-an-hour's time the members re-assembled in anoth large room of the hotel, where an elegant dinner was laid ou Dr. DUDGEON presided, and the company included, besides tho named above, the Rev. A. T. STOPFORD, M.A., Fellow of A Souls' College; A. REINOLD, Esq., M.A., Lee Reader in Physic Christ Church College; Messrs. MADDEN of Wimbledon, STA of Hull, and TURNER of London.

Dessert having been set upon the table and the glasses charged—

The CHAIRMAN rose and said: This post, gentlemen, has been forced upon me by command of Dr. Drysdale, who so ably filled the chair to-day, in the place of Dr. Madden, whose absence we all so exceedingly regret. (Hear, hear.) The first toast on all such occasions as the present is "The Queen and the rest of the Royal Family." We all regret very much Her Majesty's recent illness, and our loyal and patriotic hearts are still more deeply grieved that our Queen had not the advantage of homœopathy. (Hear, hear.)

The CHAIRMAN: The next toast is "The Army, Navy and Volunteers." (Applause.) They were all indebted very highly to those three services. They had perfect confidence in the efficiency of their Navy, and they had recently been taught to believe in the efficiency of their Army and Reserve Forces. There was not the slightest doubt that a great and important feature in the preservation of the efficiency of their Army, Navy and Volunteers was their health; and they had no doubt that the introduction of homœopathy into those three services would be fraught with the greatest economy, and also result in the greatest efficiency of the three services. (Hear, hear.) I shall call upon a representative of the Reserve Forces, Dr. CRONIN, who belongs to the Surrey Volunteers, to respond. (Cheers.)

Dr. CRONIN having replied,

The CHAIRMAN rose to propose "The Memory of Hahnemann." In doing so, he said: There is nothing which makes me more regret the absence of Dr. Madden from the chair this evening, than that we should be deprived of the pleasure of hearing him propose the toast which it now devolves upon me to introduce to you—"The Memory of the Illustrious Founder of Homœopathy." It appeared, on looking back on the day when Hahnemann died, that homœopathy in England had progressed amazingly. When we consider that Hahnemann was expelled from Leipsic and other places by the machinations of the surgeons and apothecaries of the different towns; when we remember how the medical faculty opposed him tooth and nail, so that he could scarcely find a place to live in; when we consider all this, and regard the position of homœopathy in this country, and especially across the Atlantic, we can only imagine the gratification the spirit of Hahnemann would feel could it appear amongst us. No doubt some bitter things have been said about Hahnemann, even by his disciples; but all are obliged to acknowledge his unapproachable greatness in the department of therapeutics. How changed is the attitude towards homœopathy observed in England now, compared with that which was the rule some twenty years ago! We find now that in a large seaport town a homœopathist is elected to fill the post of parish surgeon in opposition to an allopathic rival whose testimonials were better, who was a better-known man, and of greater standing.

Yet this comparative stranger has been elected to fill this public post *because* he is a homœopathist. (Applause.) I may further state that he fills the post lately occupied by one of the most determined opponents of our system. Such events as these would no doubt have rejoiced the soul of Hahnemann himself. We all feel how indebted we are to Hahnemann—that we owe everything to him—that he is the greatest reformer in medicine of this or any other age, and one for whom we must feel undying gratitude. Although conformity to the conventional custom prevents our drinking the toast with all the honours, we drink it none the less heartily because we drink it silently.

The company rose as one man and drank to Hahnemann's memory.

After awhile,

Dr. Bayes proposed "The University of Oxford." "Oxford," said Dr. Bayes, "ancient as it is, now aspires to be in the van of human progress. One of the great features of University life in Oxford is its extreme liberality. Our meeting here may, we trust, induce some homœopathic physician to settle here; and if so, I hope that he will experience the liberality of the members of the University of Oxford. I have been asked by many, and I dare say others around me have, to advise a suitable man to settle here and practise homœopathy; and I have no doubt that such an one would meet with much encouragement here. The liberality of the University in a medical direction has been shown by Dr. Acland, who, as you all know, while he would no doubt repudiate all connection with homœopathy, has adopted one of our great principles—that of the necessity of proving medicines physiologically. If that principle is carried out fully, we know where it must ultimately land him. (Applause.)

The Rev. A. T. Stopford, Fellow of All Souls' College, said: I am informed that there is a very good opening here in Oxford for a homœopathic physician, and I wish much to see one here. I know people, not only in the city but in the outskirts, even sixteen or seventeen miles away, who would be glad to see one residing here. When, fifteen months ago, I saw the power of homœopathy in a case under the care of Mr. Nankivell of York, I did not know that I should have the opportunity of meeting the leading men of this, the leading branch of the medical profession, so soon. From my soul I believe that homœopathy is the superior branch of medicine, from the wonderful instances of cure I have seen, even in that short time. I feel that anyone who has the opportunity, and who does not try homœopathy, is mad; and he who, having tried it, does not continue it, is a fool. (Laughter and applause.)

Dr. Hughes: I am pleased to perform the duty of proposing the healths of, and returning thanks to, the gentlemen who have read papers before us on the occasion of this Congress.

ngst these gentlemen, the one I would name and ask to ond is Dr. Black, who was the first to read a paper this ning—one to which we listened with so much interest, ked as it was, and as all his writings are, by so much mind, much common sense, and so much practical wisdom. Dr. ack has to-day reiterated a proposition and suggested a plan, ich, if it succeeds, will mark an epoch in the history of homœo- thy in this country. The acceptance of his proposal will do ore than all the talk of twenty years past to settle that *questio xata* of doso. (Hear, hear.) I have also, on behalf of the com- any, to thank Dr. Moore. His, again, was a thoroughly practical aper; it gave us information as to the results of a large expe- ience in particular cases, and established to a large extent the oint so much discussed, whether homœopathic treatment could e relied upon in such cases. Then we had what I may, without nvidiousness, call the special pleasure of the meeting—Dr. Dunn's paper. When we saw a grey-haired veteran, after thirty or forty years' experience, honoured and respected by all amongst whom he is known, tell us of his unabated confidence in the value of homœopathy—taking all classes of cases, not medical cases only with their doubtful results, but unquestionable cases of surgery and midwifery—and practising the principles of homœopathy with such success, I wished that every allopath who casts dirt on our cause could have been present, to behold and to hear what manner of men it was upon whom they cast opprobrium. (Applause.) Last, not least, we have heard tell the results, not only of homœopathy in itself, but in connection with the old school—of the extreme value of homœopathy in surgical cases. We have derived a rich measure of interest and profit from the papers read to-day. We will drink the healths of those who read them, and give those gentlemen our best thanks. (Applause.)

Dr. Black acknowledged the compliment. He said: Dr. Moore and Dr. Thomas are absent: in their names and my own I return thanks. Dr. Dunn, who has done such good service, is present, and we can call upon him to speak for himself. I certainly brought before you a subject which I have introduced to you *three* times before, and almost before the same audience. I am glad to hear that the matter is likely to receive your attention.

Dr. Holland: If my friend on my right has pleaded diffi- dence in proposing the toasts which he has submitted to you so ably, what must I with my natural shyness feel? (Laughter.) I must confess that I have derived the greatest possible pleasure from our meeting on this occasion. I think a society of this kind tends very much to enhance the cause we have at heart, and to bring about that kindly feeling which ought to exist between all members of the medical community. Look across

the Atlantic at the gigantic strides homœopathy has made there. The writings of American homœopathic physicians are more numerous than ours, while the large number of societies amongst them are so many centres of light and knowledge to the profession around them. When I speak of our societies across the Atlantic, I must not forget those at home. I feel from the bottom of my heart that our most earnest, our warmest thanks are due to those who so nobly discharge their duties in the different societies amongst us. Many, many years ago the state of things was very different. It was a most difficult thing to get eight or nine to meet in friendly conference, as we have met here to-day. One of the largest meetings was at Leamington, sixteen or eighteen years ago, when little more than a dozen were present. Now four or five times that number meet to join heart and hand in the promotion of homœopathic therapeutics, the desire for the triumph of which is so deeply implanted in all our hearts. (Applause.) I now ask you to drink "Prosperity to the Homœopathic Medical Societies of Great Britain and America," coupling with it the name of Dr. Hale. (Applause.)

The toast having been drunk with loud cheers,

Dr. HALE said: I have no claim, except as being a Vice-President of my own society, to be named as the one to express thanks for the toast just so well received. I am not conversant, except through what I have read, of the doings of the Northern and Midland Homœopathic Societies, but I feel confident that they are doing good service in their particular provinces in advancing the cause of homœopathy. (Hear, hear.) With reference to the society with which I am more immediately connected, I hope I shall express the views of my fellow-members present when I say that this meeting in Oxford will be considered by that society with great satisfaction; for I have been personally gratified—having made the proposal that the meeting for this year should be at Oxford—having benefited by the papers I have had the pleasure of hearing to-day, and the discussions which followed, and especially considering the great pleasure and profit which all must have derived from the paper sent us by our absent President (whose absence all most sincerely regret), and recollecting the richness of information, the unwearied fruits of so much reading and such deep examination of the subject—recollecting that that paper will be, as I hope it will be by every one, read over and studied and thought over—I say I feel deeply gratified that that paper has been read in this old city of Oxford. I think, when we weigh the bearing of that paper—which I look upon as the most admirable contribution to medical science that has appeared this half-century—it will lead not only to results in the practice of homœopathy, but, if read with anything like a fair, honest, truthful endeavour to arrive at truth, it must, I believe, have an effect on the allo-

hic body. (Hear, hear.) I cannot conceive—unless they can prove the scientific facts which Dr. Madden has so clearly t—any minds so shut out from all the light surrounding m, as not to feel the influence of that paper. (Hear, hear.) ave great satisfaction in thanking you in the name of the itish Homœopathic Society; and I also beg to express thanks behalf of the other societies, including those in America, for honour conferred. (Applause.)

Dr. YELDHAM: I feel much pleasure in proposing "Success the Homœopathic Medical Periodicals of Great Britain." is toast requires no recommendation; it carries success in lf. Our press is not so prolific as the press of our Transntic brethren, our journals are not so numerous, nor do we ue such bulky tomes as do their societies. It may be said, reference to our homœopathic publications in this respect, t they are "little and good." We have had the privilege of sessing for something like thirty years a quarterly journal, ich from its first to the present day has been conducted with arkable ability. Whilst it is necessarily sectarian, it is ducted in a most large and liberal spirit; and it has always ived a friendly hand from the foremost men amongst us. It never better represented than at the present time by Dr. dgeon, Dr. Drysdale, and Dr. Hughes. (Applause.) Second to *Quarterly Journal* we have the *Monthly Homœopathic Review*. s journal has not existed so long, but it has ever pursued a t honourable course, and of late years has undoubtedly very ch increased in excellence and influence. (Applause.) Long y it live. (Hear, hear.) The information we get from our nthly journal is good, and I am sure it is not the fault of the itors that it is not more thoroughly instructive than it is; but the contrary, the blame I think lies with the homœopathic y, and I might say, perhaps, especially with those in charge hospitals. I do think that if they were to exercise the great portunities which they have, of imparting practical informa- to their brethren through the pages of that periodical, they ld be discharging a very useful and important duty. There st come continually under their notice short cases and inesting facts which would be very acceptable to the readers of *Review*, and which, without much trouble to themselves, ght be put upon paper. (Hear, hear.) There is also another iodical, not at a very high price, which is well managed—the le monthly journal edited by Dr. Ruddock. If you purchase *Homœopathic World* you will find it one of the nicest little ngs in the world.

The toast was drunk with applause.

Dr. DRYSDALE: We are such a small body—but 300 medical n—and we have got one quarterly and two monthly periodls. For a small body with so few writers, as far as we have

gone I think we compare favourably in the matter of literary production. Homœopathy is better represented now than it has ever been. Some years ago there were too many journals, and the little matter we had was frittered away. There was sufficient for two or three, but not more. Perhaps we might do more in a practical way. Oxford it is said is the great seminary of liberal thought; and in some things it certainly is so. We may be supposed to be a kindred body, for we are the last refuge and often the only representative of liberality in the world of medical thought. We admit any kind of medical article in our periodicals. We are ready to discuss the whole field of medicine; and there are no other journals that can say the same. We have not met with similar liberality: booksellers have refused to sell, or even to advertise our works; journals would not review us—not even to abuse us. (Laughter.) At one time the conspiracy was carried out to the extremest extent. Dr. Dudgeon, I recollect, wrote an article on the swimming baths of London, which was a very natural thing for him to do. It was in no way tainted with homœopathy; but no bookseller would put his name to it, on account of its being written by Dr. Dudgeon! But even more than that. The *Times*—the chief of all time-serving papers—inserted a letter written by Dr. Dudgeon on swimming baths—the subject having been raised in the paper—which he had signed "R. E. Dudgeon, M.D." The name was left out, and the letter appeared signed "M.D." only!

Dr. NANKIVELL rose to propose the next toast—"The Homœopathic Hospitals and Dispensaries." He said: I finished my education at St. James's Hospital, Doncaster, the oldest homœopathic hospital in England with the exception of the London, and kept open mainly by the liberality of Dr. Dunn. At the Liverpool Dispensary the attendance is larger than at any other institution in the town. Whenever a homœopathic physician settles in England his first business is to open a dispensary either free to the poor or at a very small charge, in order to pay the expenses of working. As long as homœopathy is a separate school of medicine I hope these institutions may be kept up until we are allowed to enter the old-established hospital, and practice on an equal footing with physicians of the old school. The history of the way in which homœopathy was stamped down in these hospitals is most interesting. At Edinburgh Dr. Horner was ejected because he was convinced of the value of homœopathy; Dr. Williams, at Bristol, on the same ground, and Professor Henderson, at Edinburgh, also, because he cured people homœopathically. At Aberdeen the whole of the allopathic staff sent in their resignation, lest Dr. Reith should be appointed physician, because they dreaded the comparison between allopathic and homœopathic practice. These things

should be known—more widely known than they are. The English goodness of heart and sense of justice revolt against such conduct. No better name than that of Dr. Dunn could be associated with the toast of "The Homœopathic Hospitals and Dispensaries." (Cheers.)

Dr. DUNN: For many, many years I was considered a humbug, a quack, a thief, and everything that was bad. Now I come to this ancient city of Oxford, and hear more praises heaped upon me than I deserve. When I am thoroughly convinced of anything, I go into it with all the heart and soul that an ardent temperament is capable of; therefore, when I was thoroughly convinced of the truth of homœopathy, it was no slight sacrifice that could deter me from practising and advocating it. Seeing the necessities and sufferings of the poor, and knowing the benefits that homœopathy would confer upon them, I built, perhaps in an evil hour, St. James's Hospital. There are two or three gentlemen who have practised in that hospital, and who know that it is and has been of very much benefit to the poor of Doncaster and the neighbourhood. (Applause.) I return you my sincere thanks. I have derived pleasure and profit from what I have heard to-day; I have made some acquaintanceships which I hope will ripen into friendships; and my desire is that, for many years to come, we may meet at these homœopathic congresses.

Dr. DRURY: If there is one thing more distressing than another to an indifferent speaker, and to those who listen to him, it is when he has a toast entrusted to him deserving a very long and good speech. I am in that position. (Laughter.) We are deeply indebted to Mr. Fraser, the treasurer, and the secretaries of this Congress, Drs. Gibbs Blake and Collins, for the excellent manner in which they have got up the meeting. The completing of the arrangements must have given them an enormous deal of trouble; and when we consider that they are not resident in Oxford, they are deserving all the more thanks. (Applause.)

Dr. COLLINS: On the part of my fellow-secretary and of the treasurer, I return my most sincere thanks. Whatever work we have had to do in connection with this Congress has given us the greatest pleasure; and if we have succeeded in gaining your appreciation, we are amply rewarded. (Hear, hear.) I I beg to propose, with all honours, the health of the President for the evening, Dr. Dudgeon. I will not enter into all his merits, but I feel sure you owe him a deep debt of gratitude. (Cheers.)

The CHAIRMAN: I am a very unimportant person. Dr. Madden is the actual president of this Congress; Dr. Drysdale is his *locum tenens* as far as regards the principal meeting, and I am only Dr. Drysdale's substitute. So I consider you have drunk

my health under a mistake. (Laughter.) I will now ask you to drink heartily and truly to the health of our real President, Dr. MADDEN. If drinking his health would confer health on him, I am sure that no toast we have drunk this evening has been more sincerely drunk than this would be. I am certain that when Dr. Madden knows how he has been regretted, and how warmly you have felt for his sad state, if anything can give him pleasure in his present condition this knowledge will, I am sure, afford him heartfelt satisfaction; because, although he is laid upon a bed of sickness, he is in perfect possession of his faculties, and is as alive to every impression, feeling, and influence as he ever was. I am sure that when I see him to-morrow or when his son, who is present here to-night, sees him, and conveys to him the heartfelt wishes for his recovery of this large and distinguished body of his medical brethren, nothing could give him greater satisfaction. Therefore, let us drink in all sincerity, and from the bottom of our hearts, the health and speedy recovery of our president, Dr. Madden.

The toast was drunk amidst prolonged cheering.

Mr. EDWARD MADDEN: On behalf of my father I beg to return my best thanks for the kind and flattering way in which you have drunk his health. (Applause.)

Dr. HUGHES: If I may be allowed to add a word, as one who has been with Dr. Madden for some days past, I should like to do so. He has more than once spoken of this meeting. Three days ago he said, "Tell them all how sorry I am not to be among them; but"—and he put his hand to his side—"I have lost my power." So it showed that he bore this meeting of his friends deeply at heart, and in the midst of his sickness he remembered them. (Applause.)

This concluded the list of toasts, and the company shortly after dispersed.

We may add that the dinner reflected the greatest credit on the management of the Randolph Hotel.

NOTABILIA.

SPECIFIC MEDICATION.

IN an article having this title published last month, we took occasion to comment on some remarks recently made by the Editor of the *Medical Times and Gazette* on homœopathy. On the 21st ult. the Editor of the *Times and Gazette* returned to the charge. "One remembers," says our contemporary, "giving mercury in syphilis, prescribing sulphur ointment for itch, giving a dose of colchicum for gout; but with all due deference to our homœopathic brethren, that was done before Hahnemann was heard of." These cases are adduced as illustrations of specific treatment—better might easily have been brought forward.

Mercury is certainly specific to syphilis, and so closely does the mercurial disease resemble the syphilitic, that writers on the latter generally give directions for diagnosis between the two. Sulphur or any other ointment will probably cure itch, by simply suffocating the acarus. That is a mechanical, not a specific cure. Colchicum is specific to only a few cases of gout; but our allopathic friends having no clue to the cases where it is specific and where it is not, have given it all round, to the infinite damage of not a few. If our critic, who tells us that he has read up homœopathy, will turn to Dudgeon's translation of Hahnemann's *Organon*, he will find from p. 57 to p. 97 occupied with illustrations of homœopathy drawn from medical writers from the days of Hippocrates until 1800! Hahnemann's *Essay on a New Principle for Ascertaining the Curative Power of Drugs, with a Few Glances at those hitherto Employed*, published in Hufeland's *Journal* for 1796 (*Lesser Writings*, translated by Dudgeon, p. 295)—is full of similar examples. Homœopathy is not new. It is its recognition as the source of specifics, and its development for practice that we owe to Hahnemann. Hahnemann's *Materia Medica Pura* our critic pronounces "highly imaginative," and avers that "honest homœopaths" admit that it is so. We know many "honest homœopaths" who regard it as thoroughly practical: who have tested its value in practice over and over again, and are satisfied of its realism. The Editor does not deny, on the contrary, admits that "the physiological testing of remedies is good;"—why then, we would ask, do not our critics test medicines physiologically? Our contemporary objects to the statement that "quinine is homœopathic to ague in the majority of cases;" that it is one "not in accordance with homœopathic doctrine." Well, then, in order to render ourselves intelligible to him, we will put the same statement in another form. It was found by one physician that the totality of the symptoms in the majority of cases known as ague occurring in his practice were similar to those produced by quinine—and to this majority quinine was homœopathic, and therefore specific. He goes on to say, "They desire to make use of the remedy, and strive to get it into their system, which, provided they adhere to their original dogmas, they cannot honestly do." This is simply an untrue, a dishonest assumption; one which the writer cannot possibly prove. He presently declares "we could easily point out a dozen remedies which are specific in certain diseases, but which do not produce any symptoms at all resembling that (*sic*) disease in the healthy individual." To which we reply, *Point them out:*

Incidentally, our critic has a good word for our pharmaceutical operations, and says that our "mode of preparing mother tinctures might be usefully adopted for general use." Adopt it, then.

HOMŒOPATHY IN SOUTHAMPTON.

The allopathic medical men of Southampton have been exerting themselves to get Dr. Archer's recent appointment to the post of district medical officer rescinded by the Local Government Board. For this purpose a memorial—characterised by a much higher regard for what such people deem orthodox, than for the ordinary principles of humanity—was concocted, signed, and presented to the Board. The medical officers of the Board of Guardians also addressed a letter to the Local Government Board, complaining of the appointment; and Mr. Oliver sent another letter objecting to Dr. Archer. The natural consequence of all this impertinent hubbub was that Dr. Archer's appointment was confirmed by the Guardians, and a vote of censure passed upon the medical officers for their unwarrantable interference. We further learn that Dr. Archer, having applied for a supply of a few of the more important homœopathic medicines not mentioned in the British Pharmacopœia, his request was immediately granted.

ANACARDIUM OCCIDENTALE IN LEPROSY.

A Correspondent (E. B. J.) has requested us to draw attention to the value of the oil of the nut of the *Anacardium Occidentale* in leprosy.

The discoverer of its virtues in this terrible disease is Dr. Beauperthuy, of Cumana, in the Republic of Venezuela—a gentleman whose sudden death was, we regret to add, announced by a recent mail. The reality of the value of the oil has been vouched for by Dr. Bakewell, late President of the Medical Board of Trinidad. In 1868 he went to Cumana, saw ten cases reported to be cured, and a year later made another visit and further reports. These were sent to the Colonial Secretary, and by him referred to the College of Physicians. At their instance Dr. Gavin Milroy was despatched to Cumana to make further investigations, and we understand that he was expected to arrive home during last month.

The principal remedy used is the oil of cashew nut (*anacardium occidentale*), sometimes termed monkey nut. It is to be obtained from Savory and Moore, prepared after Dr. Bakewell's directions, which are:—"The bruised pericarp of the nut is digested in strong spirit for a day or two; it should be shaken frequently; the tincture is poured off and allowed to evaporate spontaneously in the sun. On no account must it be subjected to any artificial heat over 120 Fahr., as, at a very low temperature, the oil becomes resinous and quite inert. The oil will be found floating on the top of the tincture, and may be skimmed off. The cashew may be treated repeatedly with spirit until all the oil is dissolved out. The pericarp must be well bruised in marble, stone, wedgwood, or wooden mortars (not in an iron one).

According to Drs. Beauperthuy and Bakewell, the cure of the leprosy was effected by outward application. The oil was rubbed in to the diseased part. Dr. Bakewell says, "The first application produces, after the elapse of from 24 to 48 hours, a copious exudation, which, drying on the skin, forms a thick crust or scab. In the course of eight or ten days the scab or crust falls off, leaving the skin underneath quite sound. There is no ulceration or sore produced."

Our Correspondent further suggests that, if so much can be accomplished in a blood disease like leprosy by an external application, how much more could probably be effected by its internal administration, and adds that a proving of it would probably be of great service, especially in India.

It must not be confounded with the *anacardium orientale*, the proving of which by Hahnemann is in the second volume of the *Chronic Diseases*.

We shall look for Dr. Milroy's report with much interest.

HOMŒOPATHY IN THE UNITED STATES.

At a recent meeting of the Albany County Homœopathic Medical Society, Dr. Paine called attention to a statement recently published by Dr. J. M. Toner, in the Boston *Medical and Surgical Journal*, and copied into many other allopathic medical journals, in which the number of physicians in the United States is classified as follows:—Allopathic, 39,070; homœopathic, 2,961; hydropathic, 133; eclectic, 2,860; miscellaneous, 4,774. This gives a ratio of 16.8 physicians to one homœopathic in the whole number, and 13.1 allopathic to one homœopathic. This also gives one allopathic to every thousand of the population, and one homœopathic to thirteen thousand.

This report is full of errors, and was based on information furnished by Dr. Van Ærnam, the late Commissioner of Pensions—a circumstance which abundantly accounts for its partisan and fabulous character.

The investigations of Dr. Paine show that, according to the recent census, there is in New York State one homœopathic physician to every 5,500 of population; in New Jersey one to every 5,600. In the cities of New York and Brooklyn there are 224 homœopathic physicians. Of the two national medical organisations the homœopathic is the older, and has the greater number of members. There are nearly as many homœopathic state, county, and local societies as allopathic. In New York State a lunatic asylum will be opened this winter. There are also seven hospitals, twelve dispensaries, and one lying-in institution. In Philadelphia the number of homœopathic physicians has increased in seven-fold in twenty-seven years, while that of allopathic physicians has *decreased* ten per cent., the population

meanwhile increasing three-fold. In Boston homœopathic physicians have increased one hundred per cent. in ten years; throughout Massachusetts the increase has been about sixty per cent.; not inclusive of large numbers of allopathic physicians who retain their connection with allopathic medical societies while employing homœopathic remedies in practice to a greater or less extent.

Further, there are constant accessions of medical institutions, hitherto connected with allopathy, to homœopathy; and one of the latest and most important is the Dryden-Springs Sanitary Home. Dr. Paine thinks, and few, we believe, will be inclined to disagree with him, that, "in view of these facts and figures, and of large numbers of others of similar import, the signs of the premature decay of the homœopathic system are somewhat obscure."

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

THE following interesting account of this institution, formerly known as the Homœopathic Medical College of Pennsylvania, appears in the *New England Medical Gazette* for September:—

"This, the oldest Homœopathic Medical College in the world, enters upon its twenty-fourth year with the most ample facilities for instruction, with a united and harmonious faculty, and with prospects for the future of the most flattering character. . . . The alumni of the institution have grown to be a faculty of over eight hundred. Among them are not only many who have become distinguished as physicians and surgeons, but several who have acquired well-earned reputations as authors, editors, and professors.

"From the accumulations of nearly a quarter of a century the museum, including the apparatus and material for illustrating the lectures, has become so ample as to leave little more to be desired. . . . While it will be seen by a glance at the published catalogue that the anatomical museum is equalled by few among the older institutions. Here are catalogued nearly five thousand specimens, embracing wet and dry preparations of every portion of the body, over nine hundred osteological specimens and pathological illustrations, many of the latter being in wax and papier machè; and a set—sixty-eight pieces—of the celebrated Auzaux elastic anatomical models from Paris.

"The Materia Medica department contains four hundred and twenty-eight specimens of crude drugs, which, with a large number of plates, furnish the fullest illustration of this branch.

"Lastly, there is at the disposal of the students a library of nearly one thousand volumes, the advantages of which are sure to be appreciated.

"The Homœopathic Hospital adjoins the College. The building is five stories high, with two public wards, each

seventy-two feet in length, having two rows of beds, together with several private wards. On each floor are bath-rooms, with hot and cold water, closets, &c.

"During the past year over 9,000 cases, including 50 obstetric cases which have mostly been attended by second-course students, have been treated there. There have been 98 surgical operations, including hare-lip, plastic and orthopædic operations, lithotomy, removal of tumours, re-sections, removal of polypi, strabismus, cataract, &c. Several fractures and dislocations have also been admitted.

"The class of matriculants last session numbered 134, while that of graduates contained 55. It was the largest which ever assembled in a homœopathic medical college; while that of the coming season will, it is anticipated, be still larger."

CORRESPONDENCE.

THE HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In a letter published in your last issue, Messrs. Crossby and Peal refer to the judgment of homœopathic chemists as a body the question of the fairness of their criticisms of the Pharmacopœia. To the same tribunal I am content to submit as to the value of my statements.

I must, however, ask your permission to give the following explanation in reply to further remarks made in the same letter which are surely hypercritical.

In applying the old and familiar name (Sulphurous Acid) to Sulphurous Anhydride (SO_2), I used the term in the same sense that homœopaths generally employ the equally erroneous appellations "Kali Hydriodicum" or "Arsenious Acid" to denote Potassic Iodide (KI) and Arsenious Anhydride (As_2O_3) respectively, not in ignorance, as insinuated, of a fact taught in the first few pages of every elementary treatise on chemistry.

In the last edition of the *British Pharmacopœia* the term "Sulphurous Acid Gas" is applied to this compound, and in Roscoe's *Elementary Chemistry* (1871) it is still described as "Sulphur Dioxide or Sulphurous Acid."

With regard to the molecular theory, Messrs. Crossby and Peal should have admitted that difference of opinion still exists as to its correctness, exceptions having been already discovered, which upon further investigation may be considerably increased in number.

Professor Frankland states (*Lecture Notes for Chemical Students*) that in the cases of Mercury Cadmium and Zinc the atomic and molecular weights are identical, whilst Oxygen and Sulphur have each two distinct molecular weights—thus we have monatomic, diatomic, triatomic, tetratomic and hexatomic molecules. The adoption of this theory should not, therefore, be insisted upon at present.

Regretting that your valuable space should be occupied with observations which do not bear directly upon the practical character of the Pharmacopœia,

I remain, Gentlemen, your obedient servant,

JOHN M. WYBORN.

[Messrs. Peal and Crossby have requested us to mention that the word *Sulphuric* on the first line of the fifth paragraph of their letter ought to read *Sulphurous;* and that their address is 83, not 82, Bold Street.—EDS. *M.H.R.*]

NOTICES TO CORRESPONDENTS.

Communications have been received from Drs. DUDGEON, HALE, DRURY, YELDHAM, and BAYES, London; Drs. MOORE and HAYWARD, Liverpool; Dr. HOLLAND, Bath; Dr. GIBBS BLAKE, Birmingham; Dr. E. BLAKE, Reigate; Dr. CARFRAE, Surbiton; Dr. ANDERSON, Ventnor; Messrs. PEAL & CROSSBY, Liverpool; Dr. FLINT, Norwich; Dr. MICHELL, Dublin; Mr. WILLIAMS, Southampton, &c.

BOOKS AND PERIODICALS RECEIVED.

The Hahnemann Materia Medica, Part II. Containing Uranium Nitricum, by E. T. BLAKE, M.B. Hahn. Pub. Soc. 1871.
The Family Homœopathist. By Dr. SHULDHAM. London: Cassell and Co. 1871.
The Ladies' Manual of Homœopathic Treatment. By E. H. RUDDOCK, M.D. 4th Edition. London: Hom. Pub. Co. 1871.
The British Journal of Homœopathy, October. London: Turner & Co.
The Chemist and Druggist, October. London.
The Food Journal, October. London: Johnson & Sons.
The Calcutta Journal of Medicine, July. Calcutta.
Homœopathic Progress in Australia, July. Melbourne.
The U.S. Med. and Surg. Journal, July. Chicago: Halsey.
The N. Eng. Med. Gaz., September. Boston: Whitney.
The Am. Journ. of Homœop. Mat. Med., Aug. Philadelphia: Tafel.
The Med. Investigator, August. Chicago: Halsey.
The American Observer of Homœopathy, September. Detroit: Lodge.
The Hahnem. Monthly, Aug. and Sept. Philadelphia: Tafel.
Report of the Hom. Hospital and College, Cleveland. 1871.
Bulletin de la Soc. Méd. Hom. de France, Sept. Paris: Baillière & Son.
Allgemeine Homöopathische Zeitung, October. Leipsic.
Rivista Omiopatica, September. Roma.

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THE MONTHLY

OMŒOPATHIC REVIEW.

E ADVANTAGES OF HOMŒOPATHY IN MEDICINE AND SURGERY.

ose whose knowledge regarding homœopathy has xclusively derived from a glance at a case of medi-globules, it must seem strange—aye, and it does strange—that so many, whose acquaintance with :al medicine and surgery is incontestable, should be practising homœopathically. On the other hand, who have felt the advantage of being treated opathically, and all who have witnessed the con-g power over disease of homœopathically-chosen ies, are oftentimes lost in astonishment that so few ıl men avail themselves of the resources they so embrace.

nœopathy does not consist in prescribing medicated es for the relief of sickness. It is the erroneous ıition that it does so that prevents many from as-ıing what really does constitute its practice. Ho-ıthy consists in the selection of remedies from among *ıteria medica* of the physician, which, from ex-ents made with them on healthy persons, have shown ıcity to produce disorders similar to those to be

To carry out this principle, it is necessary that emedies should be used in doses smaller than those requisite to evoke morbid action in health.

If this principle is a sound one, if such doses are efficient for the accomplishment of the end to attain which they are prescribed, what are the advantages which follow from adopting homœopathy as a basis for the drug-treatment of disease? That the principle is sound, that the small dose is large enough for all the purposes of cure, all who have had much experience in carrying them into practice, together with the statistics of many hospitals and of many epidemics, fully attest. This being granted, what are the advantages which follow? Often as this question has been answered, the papers by Drs. DUNN and THOMAS, recently read before the Congress and published in this number of the *Review*, induce us to consider it once more.

All medicine is disturbing to the animal economy. It is prescribed for the purpose of disturbing it. Some portion of the body is going wrong, "changes in modes of motion of germinal matter" are proceeding, and a "restoration to the original mode of motion" is essential to a cure. The object of all treatment, then, is to disturb these changes, to prevent their continuance, to put a stop to them. But any disturbance beyond that which is needed to correct existing error is not merely superfluous —that is obvious enough—it is positively injurious. A medicinal disease is said to be established by such a course; it would perhaps in many instances be more correct to say that the original disease was rendered more firmly rooted; albeit, in not a few, morbid changes other than those originally existing are set up by needless medication.

The practice of homœopathy, then, presents this very great advantage, that it enables the physician to accomplish with a small dose of medicine that which more indirect methods of prescribing cannot achieve save with very large quantities of physic. To cure disease the homœopathic physician has no occasion to drain the bowels with "purgatives," to induce abnormal action in

the skin with "diaphoretics," to irritate the mucous membrane of the bronchi with "expectorants," to goad the stomach with "tonics," or overwhelm the nervous system with "narcotics." That a purge or an anodyne are never desirable under any possible condition, we do not assert—to do so would be to declare the perfection of the *materia medica pura*, to deny the existence of distinctions between functional and organic disease. But when we state that physicians who have a competent knowledge of the physiological action of the many well-proved drugs at their disposal do but very very rarely find such measures demanded by the exigencies of disease, we feel confident that our opinion will meet with full support from all homœopathic practitioners.

Such methods of drugging being needless, how great must be the gain to the patient? Many, who daily prescribe purgatives, diaphoretics and the like, who think that disease will be reduced more rapidly by their use than without them, are nevertheless quite alive to the injury they may and do create. They know that they will weaken where strength is urgently needed; they know that the morphia which prevents the sensation of pain does not extinguish the cause of that suffering, and they are —at least many are—well assured that all these extremely perturbative processes destroy appetite for food, where its being taken freely is that which is of all things most to be desired. But between the adoption of such plans of treatment and simple nursing, they know of nothing which can assist in promoting the cure of disease. Patients prefer the active measures of drugging to the passive process of nursing; and hence routine holds its ground. Here homœopathy steps in, and, by directing the use of only such medicines as are specific, enables the physician to cure with a *minimum* amount of drug. We shall probably be told that many homœopathic physicians, now-a-days, order much more medicine than they did some twenty years ago. We believe that such is the case.

But what does the difference amount to when compared with the every-day prescription of the allopath? The hundredth part of a grain of one of the salts of mercury is really a large dose for a homœopath. Three or four grains of calomel is a small dose for an allopath. Half a drop or a drop of the tincture of aconite is a large dose for a homœopath; whereas four or five drops is but that which is ordinarily prescribed by the allopath. The difference, too, is one of principle. The homœopath, however large his dose may be, prescribes one incompetent to excite physiological action, or in other words, to produce disease. The allopath, on the contrary, must have the full physiological action of the drug developed, or he gets no results. In constipation, for example, he does not give a medicine which will remove the condition giving rise to it, but a purgative, which will produce diarrhœa; to this end a large dose is essential.

The necessity for large doses of medicines being done away with, we lose at once the infliction of nausea which inevitably follows taking such quantities of physic. All will appreciate such a boon as this. To get well without having to swallow that bitter or sour or nauseous draught every four or six hours—how delightful is the prospect! But when it becomes necessary to deal with infants and young children; when all the struggling, crying, and actual misery that attend the pouring down their throats the "carminative mixture," or the rhubarb and scammony powders, can be done away with by homœopathy, who can sufficiently appreciate its blessing?

Thus, independently of the direct advantages of homœopathy as seen in the greater number of recoveries that take place when its principle is followed in the treatment of disease than happen under other methods, in the removal of many cases of chronic disease from the list of incurables to that of curables, we have the comfort which is obtained by freedom from nauseous physic, the safety which arises from the absence of the risk of any medicinal

disease being superadded to that already existing, the additional support which an appetite unimpaired by medicine affords in promoting recovery.

Drs. Dunn and Thomas, in the papers by them we have the pleasure of publishing this month, illustrate these principles by references to surgical practice. How often have we heard the remark, "What can homœopathy do in surgery?" The reply to such a question is simply this:—Homœopathy can save many lives, can facilitate recoveries from operations and injuries, can supply means for preventing many operations, which no other mode of treatment can do. Where by homœopathic treatment we cannot supplant a surgical procedure, we can and do supplement it, and that most efficiently.

It is no uncommon device of the allopath, when inveighing against homœopathy, to assure his listener that when "anything serious" occurs, homœopaths always send for an allopath to help them. Dr. Dunn's graphic account of his own case is a sufficient reply to such a suggestion, so far as he is concerned; and we believe that all homœopathic practitioners would act in the same manner that he did, were they unfortunate enough to find themselves in a position similar to his. The injuries he sustained were serious enough. There was ample opportunity for inflammatory action to set in among the viscera of the pelvis, in the lung, and in the brain; but nothing of the kind occurred. Dr. Dunn owed his recovery, humanly speaking, to his firm adherence to those principles of treating disordered conditions of the body which many years' experience had assured him were true. Narcotism, blood-letting or purging would in all probability have been fatal to his chance of restoration.

Dr. Thomas also shows how largely his success in surgery has been increased since he substituted homœopathic or specific medication for reliance on "general principles" and drugs *en masse*.

Whenever medicinal interference is required to help

forward recovery, whether from disease or injury, there we find the advantages of homœopathic treatment; advantages which are direct in curing, and such as are indirect in removing many sources of discomfort which are inseparable from other plans of treatment.

THIRTY YEARS' EXPERIENCE OF HOMŒOPATHY APPLIED TO SURGERY.

By G. Dunn, M.D. Edin.

Founder of, and Surgeon to, St. James's Hospital, Doncaster.

Mr. President and Gentlemen—

Nothing is better calculated to gladden the hear[illegible] of the pioneers of homœopathy than, after glancing bac[illegible] at the practice of medicine prevailing some fifty, forty, o[illegible] even thirty years ago, to look at that which is taught i[illegible] the schools to-day. Yet, while thanks to the labours o[illegible] the immortal Hahnemann, and to the steady development of all branches of science, and more especially to that of physiology, the modern treatment of disease differs widely from that which shocked the founder of homœopathy, therapeutic methods still linger which are far from creditable to our art. Some years must elapse, I fear, ere the therapeutic law of *similars* is as generally recognised and as constantly put in practice as it admits of being. Signs there are, however, neither few nor indistinct, which prove to those who watch them narrowly, that a great change is stealing over the practice of the best of those physicians who still cling, partly from prejudice, partly from dread of losing professional caste, to the empirical practice which is understood when we speak of allopathy. We have only to compare Watson's *Practice of Physic*, published in 1843, with Reynolds's *System of Medicine*, or Tanner's *Practice of Medicine*, the chief text-books of the past and the present, to notice how great is the difference between the teaching of thirty years ago, and that which directs the medical practice in our time. Great as has been the gain which has accrued to the physician, I think that I shall be able to show that the surgeon has profited, if not to the same extent, yet very largely, by adopting the law of *similars* as his guide in the selection of medicines. While it is true that, to the merely super-

ficial observer, surgery may appear more or less of a mechanical art, the success of the operator depends quite as much upon the accuracy of the diagnosis, on the preparation of his patient for the necessary operation; and on his treatment of him after its performance, as upon his mechanical skill in operating. Here there is oftentimes large room for medicinal treatment; and here it is that homœopathy compares so favourably with allopathy. Here it is that the surgeon who practises homœopathy finds himself possessed of measures for meeting the exigencies of practice so vastly superior to such as are at the disposal of his allopathic neighbour. Most truly can I assert that the wearying anxiety I once felt after operating, or when attending cases of severe injury, has been so much diminished as to have been almost removed since I became familiar with the safer, milder, and more certain remedial measures of homœopathy.

I must also here admit my obligations to the late Sir James Simpson's discovery of acupressure; and more especially to the antiseptic method of the talented Professor Lister, of Edinburgh. These two discoveries have added greatly in my opinion to the chances of success with which the surgeon undertakes the treatment of the wounds incident to operations, of those of compound fractures, and other grave injuries, as well as of abscesses and burns.

Time does not allow of my enlarging upon either method; but I would earnestly commend both, and more especially Professor Lister's plans of operating and dressing, as described in his *Address on Surgery*, recently delivered at a meeting of the British Medical Association at Plymouth, and published in the Association Journal of the 26th of August, 1871, to the careful attention of all who are interested in practical surgery. I am aware that in some of the London Hospitals Professor Lister's views have not met with much sympathy, St. George's, the Middlesex, and the London Hospital, are, I believe, the only metropolitan Hospitals in which the antiseptic method of operating and dressing is partially carried out; and, indeed, I saw only the other day, a colleague of Professor Lister's perform several capital operations in the Edinburgh Infirmary, in none of which did either acupressure or carbolic acid play any part whatever. The prejudice, or professional jealousy, which dogs the heels of Professor

Lister's great surgical discovery is near akin to that which has followed Hahnemann's still greater—greater, because more far-reaching—reform in medicine.

Look for a moment at some of the results which follow the adoption of the antiseptic method. After a capital operation there is no necessity to dress the wound for a week. When, at the end of a few days, or a week, the stump is dressed, the unhealed surface is found as clean and free from all suppuration, as when the knife swept round it. This I have seen in several cases in my own practice since I adopted Professor Lister's plan; while in some complete union has, during this short space of time, taken place. Results so great as these, so important to the comfort of the patient and the success of the surgeon, cannot, I believe, be over-rated. I feel sure that in no long time the antiseptic method will obtain the sanction of all practical surgeons.

I now pass on to the more immediate subject of my paper, *the Influence of Homœopathy on Surgery*. In considering the advantages of homœopathy over empiricism, I select, for the purpose of comparison, the practice enjoined in the latest and most approved surgical text-books, viz, those of Professor Erichsen, of London, and of Professor Pirrie, of Aberdeen.

The superiority of homœopathy in surgical practice is rendered especially conspicuous:—1st, In diseases of the bones and joints, where amputation is, for lack of homœopathy, oftentimes resorted to. 2nd, In removing the consequences of traumatic shock. 3rd, In promoting the repair of injured structures. 4th, In so improving the general health of a patient, as to render successful an operation which, without this improvement, would probably have been fatal; and 5th, In hastening convalescence after an operation.

1. In diseases of the bones and joints, where, to save life, the limb is often sacrificed, homœopathy has achieved some of its most brilliant triumphs, and such medicines as *silica*, *calcarea*, and *sulphur*, have secured a place in our Materia Medica of the highest order. In illustration of this fact I will narrate briefly the particulars of two cases. The first, I believe, was in many respects similar to that of an illustrious Princess who had not, as you are aware, the benefit of our system. My patient was a young lady residing in the North Riding of Yorkshire, and was

stated to be suffering from disease of the knee-joint. She had been under the care of the usual medical attendant of the family, and an eminent Leeds surgeon, now deceased. Her sufferings for three months had been great and constant; large and ever increasing doses of morphia and other anodynes had failed to secure sleep or rest of any kind. Closely enveloping the knee was a belladonna plaster; the joint being further rendered motionless by admirably adjusted splints and bandages. After removing these, and thoroughly cleansing the joint from its unpleasant surroundings, I found the knee firmly contracted, much swollen, very red, and intensely sensitive to the touch. The pain on lying down was so considerable, that my patient had abandoned all idea of going to bed. The pulse was 120, and her general condition indicated that irritative form of fever which so seriously complicates joint affections. The indications to be fulfilled were plain, sleep *must* be obtained, the pulse reduced, and the pain alleviated. It was bed-time when my examinations were completed; and I gave three globules of *aconite* of the 12th dilution in a little cold water. This simple and single dose, and the freedom of the joint from all artificial restraint, was followed by a refreshing sleep of eight hours, more sleep than the patient had had—morphia notwithstanding—for three months. The change seemed magical; and the entire removal of disease was thenceforth uninterrupted and speedy. The principal remedies were *aconite* in the first instance; and when pain and inflammation ceased, *rhus toxicodendron*, also in globules of the 12th and 30th dilutions. The knee being very much contracted, I advised the division of the hamstring tendons, in order to give more motion to the limb, this, however, has not, so far, been acceded to. Here is a case which, had it in the first instance come under the care of a homœopathic practitioner, whether physician or surgeon, would have been cured in a comparatively short time, while, as it was, the leechings, blisterings, plastering and drugging, which had been resorted to, had so aggravated and complicated its nature and injured the constitution of the patient, that her strength and patience were well-nigh worn out; and the knee permanently contracted. The young lady is, I need hardly say, a thorough convert to homœopathy; and has done, and I trust may long be spared *to do, much medical* good among the poor in her *neighbourhood.*

Some six months ago this lady sent to St. James' Hospital a youth who was suffering from diseased knee joint; and had been, for some months, an out-patient o the York County Hospital, where the treatment pursue was similar to that adopted in her own case. He came t my hospital on crutches, the affected limb bandaged fron the foot upwards with very thick leather plasters; an was ordered to move the knee as little as possible; th leg was much smaller than its fellow. The nature of th case was somewhat different. He was of a strumous habi or constitution; and the ends of the bones were enlarge with scrofulous inflammation of a low type and atoni character. I stripped the joint and limb of its plaster and bandages, gave him *calcarea carbonica* in globule of the 30th dilution, night and morning; and a good nourishing diet. In a few days after his admission I wa able to send him home; and he very soon resumed hi duties in the Post Office, in which he was employed, an his recovery was rapid and complete.

The allopathic treatment of such cases—as now taugh in the schools—is only one degree milder than it was i the early days of the late Sir B. Brodie, who, as you know, in the earliest editions of his work *On Diseases of the Joints*, strongly urges the use of the actual cautery moxas, leeches, and blisters and mercurial plasters. Some years, however, before his death, becoming convinced o the injurious effects of such practices, Sir Benjamin publicly and honestly denounced them as fraught with evil to the patient. Professor Erichsen, in his work recommends leeches and evaporating lotions; Professor Pirrie, leeches, cupping, and evaporating lotions, with the "antiphlogistic regimen," which I take to mean semi-starvation. Such is the treatment which passes as "orthodox," while to cure synovitis with *aconite* and *rhus* and scrofulous enlargement of bones with *calcarea*, render a surgeon liable to be dubbed a quack. To enlarge upon the power of *calcarea* in controlling diseases of the osseous system, especially in strumous constitutions, is, I think unnecessary here.

Gangrene, so terrible in its aspect, is another disease in which I have seen much advantage from the use of its truly homœopathic specific, *secale cornutum*. Many cases have I seen cured where the best allopathic treatment could not have averted either amputation or sloughing

Erichsen, in writing on gangrene, cautions surgeons not to make too free a use of antiphlogistic remedies; but yet he favours local blood-letting. Pirrie says: "It should "be kept in view that it is in persons of debilitated "powers of constitution that gangrene very frequently "occurs; and that in them it is only the most cautious "use of antiphlogistics that can be borne even at the "earliest periods, for the powers of the system may thus "be so lowered as to make them fall victims to gangrene "in even a comparatively slight inflammatory attack;" but he goes on to say: "In an individual with a robust constitution, the early and judicious employment of blood-"letting is necessary." But in a following paragraph I quote with pleasure these sensible words: "Every year's "experience impresses me more and more with the im-"portance of guarding against impairing the general "powers; and in no class of cases is this caution more "necessary for the subsequent safety of the patient, than "in the treatment of many inflammatory affections." Then come some judicious remarks on the general treatment, but no word of a specific remedy. Professor Lister, in the address I have already alluded to, narrates the case of a patient with gangrene of the little toe, which I am morally certain would have been cured by any homœopath with *secale cornutum*. The Professor amputated the toe, and so far was that from a cure, that he says, after a year's respite, the patient's proclivity to the disease had been shown, a few days previously, by its appearance in the tips of all the remaining toes of the same foot, though the scar of the former operation remained sound. Would that such an ornament to his profession could be induced to try the *ergot* in such cases.

The great success of homœopathic treatment in preventing the necessity of amputation, and many minor operations, has been also abundantly proved during my thirty years' practice, throughout eighteen of which the St. James's Hospital has been open to all comers; but the time at my disposal will not enable me to single out cases. I cannot, however, refrain from mentioning the great value of the *hydrastis canadensis* in chronic ulcerations; and more particularly in those of a cancerous nature. Judiciously used, I dare not say that it will cure; but the experience afforded by the treatment of many cases, *assures me that it will relieve* and hold in check this very

formidable disease more thoroughly than any other remedy I have met with.

2. The consequences of a shock sustained by severe injury are more rapidly removed, more completely removed, and more safely removed, by homœopathically indicated remedies than by any other known form of treatment. Cases of sudden injury from blows and falls on the head, are frequently brought to St. James's Hospital in a state of unconsciousness. Some years ago a boy fell from the bridge, over the railway, a height of 36 feet. He was brought to the hospital unconscious. His treatment consisted of rest in bed, and the administration of *arnica* in globules of the 12th dilution dry on the tongue; and a weak solution of the same drug applied to the head. The effects of the concussion continued for three days, when he awoke as from a long, sound sleep, and asked, "Where am I?" In ten days he was able to leave the hospital perfectly well; and has remained free from all traces of injury from that time to the present. Local or general blood-letting is almost invariably recommended by surgeons in such cases; but I am persuaded that in them where there is fever, we have an infinitely superior agent in *aconite;* and where there is little or no fever, *arnica* renders essential service.

3. In promoting the repair of injuries such as fractures and contusions, the surgeon who practises homœopathy has an immense advantage over his allopathic colleague in the knowledge he possesses of the remedial power of such medicines as *arnica, rhus, calendula,* and *symphy*[illegible]um.

My own case will serve as an illustration of this [illegible]pro[illegible]se position; and as I had the almost constant attendanc[illegible] one or more of my allopathic neighbours, I can com[illegible] the practice pursued by myself with that which, in kindness and conscientiousness, was urged upon me them. I was also visited in my distress by some of [illegible] homœopathic brethren, one of whom I am pleased to [illegible] present with us to-day; and who will, I hope, correct [illegible] if I exaggerate. In February, 1865, I had a severe [illegible] from my horse, resulting in fractures of the ischium, ileu[illegible] and the clavicle of the left side, together with sund[illegible] flesh wounds and contusions in divers parts of my bod[illegible] more especially in the face and over the left orbit. Aft[illegible] a most painful cab-drive, I was carried to bed, my neare[illegible] allopathic neighbour sent for; and a telegraphic mess[illegible]

summoned my nearest homœopathic brother. I suffered much agony, as I suppose all do suffer who have two or three broken bones with a few cuts and contusions thrown in, as it were, to make the account complete. But I was fortunate in being spared my reason; and in being enabled to weigh the measures that were used, and those that were proposed for my restoration. I believe that my recovery was regarded as almost, if not entirely, hopeless by my allopathic friends; and that the best issue that could be expected was life, the use of my legs once more being deemed an impossibility. I was placed in a position as comfortable, I suppose, as circumstances would admit of, at the best, however, pain was severe and constant, it being impossible to breathe without some disturbance of the broken bones, while to cough was agony itself. I at once took globules of *arnica;* and my homœopathic friend here dressed my lacerated wounds with an infusion of *calendula.* In the evening my allopathic attendants sent me a composing draught of Liquor Opii, this I directed to be put—not into my stomach, but—into a drawer. For several days and nights sleep was a stranger to me. As soon as it could be done with any degree of safety, I was placed on a water bed; and the comfort I derived from it was far more than words can express. At last I got four hours continuous sleep, and rapidly then regained health and strength. My recovery was not partial, but complete; and now, after the lapse of six years from the date of the accident, I am ready to run a race with any man of my own age!

I should not have cited my own case, but that I think it shows, in a very striking light, the advantage of adhering strictly, in the severest and apparently most hopeless cases of injury, to the use of such medicines, and such only, as are selected on the principle of "*similars.*" Many and severe were the contests I had with my allopathic friends, who were never-ceasing in the urgency with which they pressed upon me the necessity of taking this or that drug. Opiates, purgatives, fever mixtures, *et id genus omne,* were held up to me in endless variety, but all to no purpose. Fully persuaded that such injuries as I had sustained could only be repaired by keeping the body in a healthy state, being equally persuaded that such a state could not be preserved while taking such indigestible materials, I relieved my sufferings by medicines

homœopathic to them. The results astonished—though they did not convert—my allopathic friends. I must excuse them, however, on the ground of age, they being all over forty. The medicines which gave me most relief were *arnica*, *aconite*, *bryonia*, and *calcarea*. I always took globules of the 30th dilution if I had them, if not, the next to the 30th.

I have often been surprised at the rapidity with which fractures, both simple and compound, recover when the attendant disorders are treated homœopathically. As a further example I may give the following case, which came under my care at St. James's Hospital. A brewer's waggoner was sitting in a drunken sleep on the shaft of his waggon, when he fell, and both fore and hind wheel went over him, the former causing fracture and severe contusion of the right thigh, the latter breaking the tibia and fibula of the left leg. There was also a scalp wound, from which considerable hæmorrhage took place, and other minor injuries. The man, though intoxicated at the time, was not a confirmed drunkard. The fractures were reduced in the usual way, and the febrile and other symptoms met by homœopathically-chosen medicines. Notwithstanding the severity of the injuries he had received, and the fact of his being one of a notoriously unpromising class of persons—brewer's carmen—to recover from severe injury at all, he walked with the aid of crutches out of the hospital at the end of six weeks. In short, the influence of homœopathy in assisting in the cure of injuries has led some of my allopathic colleagues to remark that accidents treated in St. James's Hospital recover more speedily than those that come under their care. I don't mean to say that they acknowledge that homœopathy has had anything to do with it; but were it not for homœopathy, I feel sure that they would not have been able to arrive at such a conclusion.

4. I have been much impressed with the advantages of homœopathy in improving the general health of patients whose cure required an operation, but whose exhaustion was so great as to render it unjustifiable. This I have especially observed in cases of long-standing necrosis. In several of these, when brought under my notice, the long-continued drain upon the system had so exhausted the vitality of the sufferer, that any attempt at mechanical interference would probably have been fatal.

By the use chiefly of *calcarea*, *silica*, and *sulphur*, I have been enabled so far to improve the general tone and powers of nutrition as to admit of the usual operation for the removal of a sequestrum being performed with safety and success.

5. In hastening convalescence after an operation I owe much to homœopathy. The use of chloroform, no doubt, tends to reduce the shock of an operation; but chloroform notwithstanding, the surgeon must always be on his guard against febrile excitement. In meeting this condition the homœopathist has a double advantage. *First* of all, he need give no opiates; and opiates, I feel sure, have much to answer for in the production of the febrile reaction which occurs after amputation and other major operations. *Arnica* does all that *opium* can do, and does not do that which *opium* does, but which the allopathic surgeon wishes much that it would not do. *Secondly*, by enabling us speedily, and without any injury, to meet conditions which tend to impair nutrition, the process of healing is more rapidly gone through, while at the same time, where Lister's plan is not adopted, such a remedy as *calendula* still further promotes it.

The time allotted to me in which to address you must have been exceeded, and I must therefore draw my remarks to a close; but I think I have said enough to show that, in selecting his medicines upon the principle of *similars*, the surgeon has, in considerable and very important respects, an incontestable advantage over one who has but the uncertainties, and, I would add, the dangerous uncertainties, of "old physic," to fall back upon.

I had intended, in accordance with the original title of my paper, to make a few remarks on the advantages of homœopathy in obstetric practice. To this very important branch of my subject I feel that I cannot now do any justice at all. I will, therefore, content myself with observing that during a practice, involving attendance on 2,400 cases of labour, I have repeatedly had occasion to feel grateful to the great discoverer of that mild and beneficial system of medicine of which we here assembled are the advocates.

Doncaster, September 1871.

THE RELATION OF HOMŒOPATHY TO SURGERY.

By Wynne Thomas, M.D. Lond.,
Surgeon to the Birmingham Homœopathic Hospital.

In a recent Report of the Birmingham Homœopathic Hospital, it was stated that several important operations had been performed during the past year. An allopathic medical journal, alluding to that statement, said it could not see how homœopathy could help to cut a man's leg off. Now if there were never any necessity for the administration of medicine before or after the operation, this would have been a very proper remark; but as the writer well knew, surgery and medicine cannot be thus divorced.

It is the province of medicine to *intercept* the knife, to precede or follow it; in other words, to cure without operation, to prepare the system for undergoing an operation, or to carry the patient safely through it. And homœopathy is able to accomplish all this. Many a case is cured by homœopathy that, without it, would have required the knife; and all operations may be, and are, rendered more successful by its assistance. According to the nature of the disease, so is the *surgical* or *medical* treatment the more *important*.

In the treatment of stone in the bladder, for instance, at present an operation is the first in importance, and medicines can only step in to help in healing the wound and in restoring the power of the constitution. In other cases surgical manipulation is only the accessory, as in retention of urine from cold, where the catheter, however absolutely essential it may be as a temporary aid, is only resorted to as an expedient for gaining time until medicine has restored the natural function.

I wish in the first place to speak of the use of local applications; for I conceive that these belong to surgery, equally with the use of instruments or mechanical appliances. Now I believe that, rightly or wrongly, an objection is felt by most homœopaths to the use of local medication, because of an apprehension that the constitution may be injured thereby. But in my own experience I

have found it of the greatest service, and, in truth, I hardly know how it would be possible to do without it.

It may be laid down as a maxim, that the more local a disease is, the more difficult it is to treat it by internal medicines. The very paucity of the symptoms constitutes often an insurmountable obstacle to selecting the proper medicine. Take, for instance, an ordinary hydrocele. I suppose all who have had to do with it have given up the task of discovering an efficient medicine in despair. Between this case, which may be regarded as at the extreme, and other diseases—such as eczema—which are, only in a much inferior sense, local, there is every variety to be found; and not only is there a difficulty in treating local disease by internal medicine, but it is true that, almost in proportion as a disease is local, so is it quickly, safely, and easily cured by local means. It seems to me, then, wise, if this be the case, to acknowledge the fact, and see whether the law of *similars* cannot—as I believe it can—be extended to the selection of the local medicament.

It must be conceded that mischief has followed the attempt to cure disease by local means, and I apprehend that this has happened from not bearing in mind the difference between cases which are primarily local and those which are secondarily so. In considering this matter I shall, therefore, divide local cases into two categories:

1. Those which begin at a certain spot, and either confine themselves to that place or afterwards affect the constitution;
2. Those which begin as constitutional affections, and exhibit local manifestations afterwards.

The first class of cases can be safely treated locally; and I know not why, if they can be so treated, we should wish, even if we could, to reach them by the more circuitous route of the general circulation.

The difficulty will often be to say to which division a case belongs. I do not object, of course, to using internal medicines as helps; I am only now arguing against those who object to local means.

I should place in the first division—Local injuries, sprains, inflamed bursæ, varicose ulcers, bunions, ingrowing toe-nail, corns, warts, tumours, cysts, hydrocele, epithelial and other cancers, polypi, parasitic skin diseases, catarrhal ophthalmia, gonorrhœa, simple chancre, *chilblains, &c.*

A large and widening field for investigation has of late years been cultivated with results which lead us to think that parasites have a more considerable share in the production of disease than has hitherto been admitted; and the more this can be shown to be the case, the more diseases will be placed in our first division, and consequently the more shall we use local medication. I have been much surprised, since I have had the care of the inmates of an orphanage, to find that several diseases occur epidemically; at least, we rarely have isolated cases; but certain ailments nearly always come in crops. There are enlarged glands, of which we have two crops a year regularly; gathered fingers, styes, stomatitis. I am not prepared to say that these have any connection with parasites, but I have thought the facts worth stating.

Of the known parasitic diseases, herpes circinnatus is the most common. Of this we have two large crops annually. Some time ago the matron assured me that every child and servant had had it. We find it very easily curable. *Carbolic acid* and *glycerine* is our favourite application. *Sepia* has been regarded as the specific for it; but, after a good long trial, I have given it up as powerless either to prevent or cure. It is worth noting that when the herpes first got into the orphanage, the cases were much more severe. It seems as though the seed had lost some of its vitality.

The second class of local diseases are the outward and local manifestations of constitutional affections, and are clearly secondary in importance to them. Good examples would be gout, rheumatism, eczema, piles, &c. I think we should all feel it wrong, even if it were possible, to cure these complaints by local means only. We regard them as in some way or other an attempt of nature to evacuate some poison, or at any rate—without accepting the humoral theory—we consider that, if these outward ailments were cured, some viscus would probably suffer vicariously. This entirely agrees with my own view; but I think that even here there is room for local treatment. I would rather, if possible, cure with medicine. I should always endeavour to do so; and even when I resorted to a local remedy, should at the same time *continue* the constitutional treatment.

The majority of practical men, allopathic and homœopathic, agree, I think, that in such a disease as eczema

here often arises a time when, the system being relieved, he skin seems to have lost its recuperative power, and hat then a local stimulus greatly promotes the cure.

I would illustrate this by two cases.

A girl of 13 had a patch of dry eczema on the nape of ieck. I failed, after four months internal treatment, to nake any impression on it; the girl's health was good. then chose a homœopathic application, viz., *tinct. lyttæ*, nd applied it freely over the patch. It produced an rtificial eczema—in fact, blistered it, and in fourteen lays the skin was quite healthy, and has remained so.

A lady, of 60 odd, had long suffered from eczema ehind the ears. I treated her constitutionally, and, not ucceeding, placed her under one of our best physicians n London. He also failed, after a two months' trial, and he again returned to me, asking what was to be done, he suffered so much from it. *Oil of cade soap* in about week nearly cured her, and she has not suffered since. n neither case have I observed the slightest symptoms of ll health following the application. I must acknowledge hat the last was used empirically, but I believe a proving rould show that it could produce an eczema.

What would you do with a phagadenic ulcer, I ask, if ou must abstain from local treatment? I was attending gentleman with a large serpiginous ulcer of the leg. n spite of all my internal medicines, selected with the reatest care, the ulcer spread at one edge as it healed at he other. Being under the impression that I ought to ure it by medicine alone, I persevered, and lost much aluable time, and nearly lost a valuable patient. I at ast resorted to the old application—*nitric acid*. I touched ll the sloughing edges with it, and had the pleasure of eeing a healthy action immediately commence.

I know not how we could arrest sloughing ulcers of the hroat without it. Now, it appears to me that if we rould only interpret the law of *similars* more freely, we hould find it of the greatest assistance in selecting local pplications. I know that there are not wanting men rho do this, and meet with great success. Perhaps there s no substance so useful as a local application as *nitrate f silver*. We have learnt its use from our allopathic rethren; but I think we may explain its action on omœopathic principles, although I confess, as in most *ocal remedies, the* resemblance between its action and

the disease is only a rough one; but at any rate, I have not found anything to supercede it in the following cases: ulceration, stomatitis, catarrhal ophthalmia, irritable or indolent ulcer, violent exhaustive cough from uvular irritation, &c.

It is not necessary for me to illustrate the action of remedies such as *arnica* and *calendula;* these are too well known and too much valued to need it.

Sulphur, as an ointment, is not only required in itch, but also in some forms of eczema. Probably the best application in chilblains is turpentine, and in burns the old oil and lime-water holds its ground.

I will now try to give you my estimate of the value of our remedies in the internal treatment of surgical cases, and will first speak of inflammation, which meets us in some form in almost all cases. It will be granted that whoever can best treat inflammation will be the most successful surgeon. Now, I think that no medicines and treatment can compare with ours. I should be extremely sorry to ever have to treat inflammations without *acon.*, *bell.*, and *merc.* It is extremely difficult to particularise much, because, as we all know, remedies have to be chosen, not merely in accordance with the symptoms of the disease, but also with the temperament and constitution of the patient. For instance, an ophthalmia which in one patient will require *merc.*, will in another need *calc. carb.*

Now it has been my experience that *aconite* is remarkably useful in averting inflammation after operations. In other cases *bell.* and *merc.* have done excellent service. *Veratrum virid.* and *rhus*, too, have been of use. When the suppurative stage has been reached, *hepar*, *silica* and *phosph.* are eminently good. Abscesses are more quickly ripened. Fistula, as in the breast, I have seen rapidly heal under *phosph.;* and I can think of one long standing fistula in ano which perfectly healed up under *phosph.*, *calc.* and *silicea.* In these latter cases we shall frequently be driven to an operation, and, if the internal opening be free, I am afraid it is, so far as our present knowledge goes, inevitable; but even if the operation be necessary, there is much to be done by medicine in improving the health of the patient and the healing of the wound, which I believe does not so generally heal up perfectly as writers lead us to expect.

When the inflammation is of an erysipelatous kind, *l.* and *rhus* and *apis* are of undoubted value. I have ed many severe cases with *acon.* and *bell.*

A still worse form of inflammation is the carbuncular. one case I succeeded in a few days in dispelling the rdness by *silica;* but in my experience this is excepnal, and we must expect to see the process of supration completed. All the cases that I have had to at of this kind, of late years, have been soon cured; t I have not had to do with a very severe form, and I nk I should probably again have recourse to the crucial ision to arrest it, if the disease continued to spread. these cases, medicines such as *silica, hepar, ars., hesis* and *carbo veg.* are of much service. I have found s. act admirably in some cases of sloughing; in others have failed to avert it without a local application of ric acid. I am sure that we can much oftener dispense th the knife in the various results of inflammation. I ely open an abscess, but allow it to break; knowing it medicines will sufficiently hasten the discharge of s.

I will now enumerate some kinds of cases in which we n occasionally avoid operating.

I have cured one case of ranula with *merc. viv.*, and ve seen polypus of the nose several times so much luced as to cease to be troublesome, under *calc. carb. kali bichrom.* Varicose veins can often be reduced by *mamelis* or *puls.*, and nævi will occasionally diminish nsiderably under *arsenic.* In only one case of hydrole has medicine proved sufficient to prevent the recumulation of the fluid, after tapping without injection. ne case was in an elderly gentleman, who had psoriasis the same time. It is worth mentioning that once I cceeded in returning a femoral hernia, after a course of *x*, lasting over several weeks, which resisted my peated efforts before the administration of the medicine. I have seen one cataractous lens recover its transrency, and in several cases have seen a decided imovement produced by *sulph.* Piles can often be cured, d generally so diminished as to render excision uncessary. Fissure of the anus, which has generally to treated by the knife, will sometimes heal under medines, as *graphites.* *Lachesis* approves itself in prolapsus i. *I have seldom seen* any effect produced on other

tumours, such as fatty, cancerous, fibrous, or cystic; but lately a case of Mr. Lawrence's, of undoubted cancer of orbit, has wonderfully improved under *carbo anim.* 200. This case was pronounced to be cancer by the best surgeons in our town. The eyeball was pushed much out of place, and the pain was so severe as rarely to allow the patient any sleep. He took our powder of *carbo anim.* 200 once a week, and sugar of milk on the other days. The man voluntarily remarked that the first powder every week had a strong effect. When I saw this man, the eyeball had returned to its central position, and the pain was trifling, but there was still a considerable swelling on the side of the nose.

There are scattered through the pages of our periodicals cases of different kinds of tumours which have disappeared under treatment; but as I wish to confine myself to what has passed under my own observation, I do not dwell upon them. I have no brilliant cases of the kind to relate. There is sufficient evidence to make us hope that some day more may be done in such cases.

Two striking cures of corns have obtained for me considerable repute. I think they are worth relating. A gentleman had been under the hands of a corn-cutter for five months, who often pared down the corns which were on the sole of the foot, but in spite of all he could do, the corns multiplied, till at length the patient was so lame that he advised him to consult his surgeon. When he came to me there were five corns ranged across the front of the sole. I was so sceptical as to the power of medicine, that I hesitated to prescribe; but he being a more steadfast homœopath than myself, I assented to his request and gave him *thuja* 6 and *natrum mur.* 6. Nothing was done to the corns, nor did he rest, for he had to take a journey to London. In six weeks he called and showed me his foot, which was perfectly clear.

About a year afterwards, another gentleman consulted me about similar corns on the sole of the foot. I told him of the former case, and asked him to let me treat him in the same way, without any local application. He returned to his house in Ireland, and in five or six weeks wrote to say that during the three weeks that he had been taking the first medicine not the slightest change was perceptible, but that the day after beginning the second medicine the pain suddenly ceased, and the corns soon afterwards came out.

I must observe that these corns were of a peculiar kind. I only recollect having seen one other case similar. The corns were not so hard as those on the tops of toes generally are, and, when looked at closely, were seen to have a number of fine papillæ, exceedingly sensitive to the touch, in appearance a good deal like the papillæ filiformes of the tongue as viewed under the microscope. I have referred to all the surgical works within reach, and have not seen them described. I am not sure that they ought not to be called *warts* rather than corns. I have tried the same medicines in a case of hard common corns without success, so I think it probable they are only suited to that particular kind of growth.

These are remarkable illustrations of what internal treatment may do for diseases apparently local.

In no class of cases is our success more signal than in bone cases. I frequently see cases at the hospital, which have been long under other treatment, rapidly improve under such medicines as *calc.*, *phosph.*, *silica*, and *nitric acid;* and I could relate several in which I saved limbs that had been ordered for amputation by eminent surgeons. It is of course easier to estimate the value of medicines in caries than necrosis, because in the latter affection the duration of the process of separation depends much upon whether the sequestrum is on the outside or inside the living bone.

I find the after treatment of operations as a rule simple and successful. I generally administer *aconite* and *bell.* as soon as the reaction has begun. In this way inflammation is frequently avoided and union much facilitated. In dressing the wounds we use either simple water or *calendula; silica* is useful if the granulations are flabby, and *phosph.* when suppuration is copious. I unfortunately lost one case of pyæmia, and have failed in ovariotomy from peritonitis. Of all cases, those implicating the peritoneum are the worst; and I am sorry to say I have not yet found a medicine capable of subduing peritonitis when extensive.

I will only add a few words upon accessories: and first, opiates. How far can we do without them in surgical cases? I find that I very seldom give *opium* in large doses; but there are certain cases in which, I suppose, we could not do well without it; as, for example, cases in which it is necessary to produce a quiescent state of some

organ, as when the bowels have to be confined after stitching a lacerated perineum—or when a catheter has to be kept in the bladder, the organs must be rendered insensible to it. It will happen, too, that pain is killing a person, and the one thing necessary for him is sleep. In these cases we cannot do always with *cham.*, *coffea*, &c.; but in my experience these cases have been few. *Acon.* and *bell.* have usually subdued the excitability sufficiently to permit sleep; and in some cases where, from the severity of the operation, I thought an opiate necessary, I have repented giving it, because of the disturbance it caused to the general treatment.

I conclude by remarking, that while I use local applications more freely than I once did, my confidence in general homœopathic treatment increases with my knowledge of it; and that I may not appear to express this opinion without having had a fair opportunity for forming it, I may be permitted to say that my experience has been considerable, having performed in the Birmingham Homœopathic Hospital 72 operations, including ovariotomy, lithotomy, amputations, extraction of cataract, &c., while, from having filled the posts of resident surgeon and honorary surgeon in large allopathic hospitals, I have the advantage of being able to compare the results of the two kinds of treatment.

Paradise Street, Birmingham, September, 1871.

OBSERVATIONS ON PHTHISIS: ITS DIAGNOSIS IN THE EARLIEST STAGES: WITH SUGGESTIONS FOR TREATMENT.

By John Anderson, M D., M.R.C.S.

(Continued from page 628.)

13. *Appearance of the Gums.*—There is a red streak of colour on the gums very frequently found in consumptive patients, especially of the lower orders, which Dr. Thompson considers to be a valuable diagnostic mark. He considers it to be often amongst the earliest signs of pulmonary consumption, and states "that when, in either sex, it coincides with a pulse not materially altered in frequency by change from the sitting to the standing posture, the presence of phthisis may with high probability be assumed, even before having recourse to auscultation."* Dr.

* *Lectures on Pulmonary Consumption.*

Walshe believes that the red streak at the edge of the gums is to be found in a variety of chronic blood diseases, but more frequently in phthisis than others, although it may be completely absent, even to the last hour.* Dr. Pollock says that "the red streak on the gums noticed by Thompson is rarely found in the premonitory stage, but a paler and narrower streak than that figured may be occasionally present."† As regards the cause of this symptom, Dr. Thompson thinks that "the streaked gingival margin might be considered to depend essentially on tubercular depravation of the blood, and a consequent change in its relation to atmospheric influence." Opinions differ as to the exact colour of the streak; being variously stated as brick-red, blue, white, and lake or vermillion red. Some writers attach but little importance to the presence of this symptom; but Dr. Thompson is very strong in his belief that it is of much diagnostic value in early, or, still more, in threatened phthisis; and that, whenever any patient has exhibited the line clearly defined, whatever may have been the prominent complaint, a careful examination of the chest has led to the detection of phthisical disease. He found that 30 out of 43 women, and 92 out of 100 men, exhibited this symptom; and further states that "the presence of this symptom in women is almost conclusive evidence of the existence of the tubercular element in the blood."‡ From the foregoing evidence it may be fairly concluded that the streak of colour on the gums is a symptom of rather frequent occurrence, and that its presence is a diagnostic mark of some importance in helping to determine the question of actual or impending tuberculisation.

14. *Digital clubbing.*—There is a peculiar round or clubbed appearance of the ends of the fingers, together with an incurvated condition of the nails (most remarkable when emaciation exists), which is admitted by many competent observers to be almost exclusively associated with phthisis, especially in the stages of softening and excavation, and where the disease is essentially chronic in its character. Trousseau considers this condition of parts to be due to hypertrophy of the bone and fibro-cellular tissue.§ Labalbary refers the appearance of the clubbed

* Op. cit. † Op. cit. ‡ Op. cit.
§ *Journal de Med. et Chir.*, 1862.

finger ends to the imperfectly arterialized state of the blood, and to venous stasis in parts furthest removed from the centre of the circulation, in consequence of which stagnation the tubercular matter is deposited from the blood.* Dr. Pollock thinks that the cause of this symptom is found in an altered and much lowered condition of nutrition, evidenced at the terminal parts of the circulation, and that the appearances are due to two conditions, hypertrophy, causing expansion both of the bone and of the fibro-cellular soft parts, and absorption of the pulpy parts underlying the nail. He attaches great importance to digital clubbing when well marked, as indicative of that species of tubercular disease in which cavities are formed, as distinguished from cases of "diffused tubercle" and circumscribed single cavity, the value of the sign being less as an element of diagnosis than of prognosis, and as such indicating long duration and toleration of disease. Of 2,430 cases (1,387 males, 1,043 females) examined at the Brompton Hospital, 654, or 26.91 per cent., were found to have digital clubbing, and 1,776, or 73.08 per cent., not to have this symptom. Of the former class 404 were males and 250 females; of the latter 983 were males and 793 females. Dr. Pollock further states, in an interesting chapter devoted to this subject, that he has never seen this digital clubbing in incipient stages of tubercular disease, nor in the more acute forms of phthisis, but that he has seen it in a slight degree in some exceptional cases of chronic pleurisy, emphysema undergoing absorption, and chronic cardiac affections.† From the foregoing statement it will be seen that this symptom of digital clubbing is a very frequent one, not, however, of material aid in diagnosis, seeing that other symptoms have already determined the question of tubercular disease, but important for prognosis, as holding out a prospect of lengthened chronicity.

15. *Catamenia.*—The uterine functions are more or less disturbed in the progress of phthisical disease, a circumstance to be easily explained both on physiological and on pathological grounds. Dr. Barlow says that it is by no means uncommon for menorrhagia to be the precursor of the invasion of phthisis.‡ On the other hand, sometimes

* *Practice of Medicine*, by Dr. Tanner. † Op. cit.
‡ Practice of Medicine.

a sudden suppression takes place, which is always an unfavourable symptom. Louis found that menstruation ceased, when the total duration of the disease was under a year, at about the middle of its course; when the duration of the disease ranged between one and three years, the catamenia continued commonly to appear until the last third. Dr. Walshe says that menstruation may remain natural to the last, or disturbances, in point both of time, quantity, and quality, may occur.* Dr. Pollock is disposed to attribute the suppression of the catamenia to the constitutional disorder of nutrition, which is alike the cause of the suppressed secretion and of the phthisis. He considers that it is tuberculosis which gives rise to the suppression of the uterine secretion, and not the amenorrhœa, which causes the phthisis; that when menstruation is suddenly checked, hæmoptysis is a frequent event, and may be regarded as vicarious; that amenorrhœa is a bad symptom, which is rarely absent in the advanced stages of the disease; but that in very chronic cavity cases of the anæmic variety, the absence of the catamenia is not a sign of bad omen.† The delay or arrest of menstruation, says Dr. Barlow,‡ is in young females prone to phthisis not only an unfavourable symptom, but may be in itself a cause of pulmonic irritation; while, on the other hand, according to Dr. Copland, excessive discharge not infrequently predisposes to, or more directly occasions, phthisis, and the same disorders of this function, if allowed to proceed, will also aggravate or hasten the progress of this malady, if they occur in either the deposition or the softening stages. The rapid or sudden disappearance of this discharge is even more certainly and rapidly injurious, in whatever stage this may take place.§ It would appear, therefore, that either the suppression, the deficiency, or the excess of the catamenia is a matter of grave importance; and that each phase of abnormal condition, when taken in connection with other symptoms, or when not to be accounted for by special and recognisable diseased states of the system, is of some value as an aid to diagnosis, particularly in the earliest stages or the threatening invasion of phthisical disease; whilst, under certain conditions, an element of prognosis may be eliminated which

* Op. cit. † Op. cit. ‡ Op. cit.
§ *On Consumption and Bronchitis.*

will help to determine the question of chronicity and duration.

16. *Sexual power.*—According to Louis, the sexual power in the male is impaired, and the result of Dr. Walshe's investigation is "that the procreative power of phthisical males is below the average; the fecundity of phthisical females materially above it."*

17. *Aphonia.*—The importance of this symptom may be judged from the fact that, if a man after middle life loses his voice, he is tolerably certain to have either aneurism or phthisis. Not but that aphonia may arise from various other causes, both functional and organic, especially in females. The diagnosis may be made by the laryngoscope, by the help of which an accurate opinion may be arrived at concerning the cause and exact locality of laryngeal disease. The aphonia itself, however, is but a sign of something much more formidable, namely, inflammation, serous infiltration, or ulceration of the mucous membrane about the vocal cords, with destruction of the epithelium and follicles of the larynx. These complications often arise in the course of phthisical disease,—so much so, that, when they are especially severe, surmounting in intensity the pulmonary disorder, the name of "laryngeal phthisis" has been given. It is in such condition of the larynx that the hoarseness and loss of voice occur, generally accompanied by pain and a harsh grating cough. The aphonia may vary from a mere defect of the voice on loud talking, to a more and more cracked tone with hoarseness or whispering sound, and eventually a total loss of voice altogether. The cause of this hoarseness Dr. Meyhoffer refers to a congestion generally limited to the arytenoids or the immediately adjacent parts; the lining membrane begins first to ulcerate as a rule; from thence the destructive process proceeds to the epiglottis, involving progressively the ventricular bands, the vocal cords, and epiglottidean fold. He considers the loss of voice to be one of the earliest and most persistent symptoms of incipient laryngeal phthisis, which being in itself indicative of tuberculous disease in the lungs, renders the prognosis unfavourable.† Incidental

* Op. cit.

† *On Chronic Diseases of the Organs of Respiration*, by Dr. Meyhoffer. A most valuable contribution to medical science, as well as to homœopathic literature.

to this subject, Niemeyer remarks: "A hoarse or aphonic cough is one of the most important signs of the complications of a phthisis, which originally consisted in destructive inflammatory processes with tuberculosis. If the cough becomes rough and devoid of tone only at an advanced stage of consumption, this is a sign of secondary tuberculosis; but if there be this character from the beginning, with the sputa viscid and transparent, and no well-marked physical signs, then a primary tubercular phthisis may be suspected."* Dr. Pollock found that the larynx was affected in 8.66 per cent. of the whole number of cases (3,566), but of those who attained the duration of four years, only 19 (out of 300) 6.33 per cent. had symptoms of laryngeal irritation. He considers that the extension of disease to the organ of voice is a bad prognostic indication; and Dr. Tanner states that "tubercular disease of the lungs, with deposits in the larynx, causing aphonia, is hopeless." It will thus be seen that aphonia, arising from some structural change in the muscles and other tissues of the larynx and glottis, is a very serious symptom; and if from concurrent symptoms, or special investigation by the laryngoscope, it can be proved that it is not merely functional in character, the diagnosis of tuberculous disease will be rendered extremely probable, whilst the prognosis will be more or less unfavourable.

18. *Glands.*—The external glandular system is on the whole rarely tuberculized in the adult. In earlier life the cervical, axillary, and inguinal glands may be enlarged, the mesenteric glands are often diseased. Dr. Pollock observes that phthisis is rare in persons who are actually the subjects of open strumous abscesses; neither is it common in those who have had external glandular disease. An appreciative knowledge of these facts may help in certain doubtful cases to the formation of a correct and favourable diagnosis.

19. *Fistula in ano.*—This symptom, the result of an abscess in the vicinity of the rectum, occurs occasionally in the course of phthisical disease, especially in the early stages, and may be one of the earliest symptoms manifested. It is more common in the male than in the female sex, and chiefly at the age of 35 to 45 years. It is im-

* *Clinical Lectures on Pulmonary Consumption.*

portant to remember that fistula in ano never occurs in acute phthisis; and as, when it does exist, it has the effect of prolonging the duration, or, to a certain extent, arresting for some time the progress of phthisis, it affords a valuable element of prognosis for duration and chronicity. Of 27 cases of phthisis with fistula in males, Dr. Pollock found the average duration to be 29.05 months.

There are, in addition to the foregoing abnormal symptoms, certain supplementary and incidental symptoms arising in the course of phthisical disease which, however needful to recognise and alleviate, are not of sufficient importance or prominence to be of any special diagnostic value. There remains, however, the one important symptom of "pyrexia" to be considered, which, in its connection with "thermometrical observations," will form the subject of the next paper.

(*To be continued.*)

SUGGESTIONS ON THE DOSE.

By Dr. YELDHAM.

AT the Annual Assembly of the British Homœopathic Society, in June, 1870, I read a paper in which I endeavoured to prove that there was such a thing as a "rule of dose" deducible from, and forming an integral part of, the homœopathic law; that, as in proving a medicine on the healthy subject, it was imperative to give sufficient to elicit its physiological action, and no more; so also, in prescribing it for the sick, we must stop short of medicinal aggravation. That is the simple logic of the law. Smaller doses than this it does not require; and if smaller doses are given, it is clearly for other reasons than compliance with its demands. In the same paper I endeavoured, further, to support the foregoing proposition by some practical examples from my note-book, of cures effected by larger doses where much smaller ones had failed; thus showing that the greatest amount of curative power in medicines resides at the posological point I have indicated, or thereabouts.

Dr. Black, taking up the question and treating it with his accustomed ability, proposed, in the first of the three excellent papers he has lately read on the subject, to test the correctness of this rule by treating all diseases with

doses ranging from the mother tincture to the 3rd dilution.

The real object of this proposition appears to me to have been generally misapprehended or lost sight of. With the exception of Dr. Drysdale and one or two others, all those who have taken part in recent discussions on the subject, have seemed to ignore the idea of a leading principle in the enquiry, and to have treated it simply as a question of the relative merits of different dilutions, to be decided by experience alone. But to attempt to solve the question on such a basis, and without reference to an admitted stand-point from which to start, would be to engage in a hopeless undertaking; for, in that case, it is self-evident that each dilution, from the highest to the lowest, must be submitted to an equal test: a task for which, to quote Dr. Black's words, "the treble age of Methuselah would not be sufficient." No one, therefore, I should imagine, can fail to see that, for this enquiry to be of the slightest practical utility, or, indeed, to be possible at all, it *must* rest on a previously acknowledged and clearly-defined principle. Without this it will inevitably sink into the old and fruitless controversy between the respective partisans of high and low dilutions. My chief object in these remarks is, to remove the question from the domain of party, by impressing upon medical men the absolute necessity of proceeding upon some recognised rule of action. If it be objected to the one which I propose, that it fails in not providing for cures by infinitesimal doses, I reply, that as in all sciences there are *degrees* of truth, so in the practice of homœopathy there are different degrees of truth in different doses: one dose impressing the disease feebly, and curing it, if at all, slowly and imperfectly; another acting *cito, tuto, et jucunde;* just as a weak man will stagger under a load which a strong man will bear with ease. And, as every one will admit, that between the back and the burden there is greater fitness in the one case than in the other, so, in like manner, is the one dose more true than the other. The *right kind* of dose, be it larger or smaller, once established, any other may safely be disregarded, even though in many cases it may effect a very appreciable amount of good. In homœopathy the true dose will, I believe, be found to lie near the physiological dose. There may be exceptions to this rule, but then, what rule is without them!

This idea of a logical rule acquires additional force

when viewed in connexion with the proving of medicines. It is notorious that in many provings, especially the early ones, no mention whatever is made of the quantity of the drug taken to produce the symptoms; and even where this information is given, it has hitherto been regarded almost with indifference. The sole object of the prover was to show that certain medicines produced certain effects; but whether those effects were the fruits of an atom, or an ounce, of the drug, was to him a matter not worth recording, for the simple reason that the physician, in prescribing for the sick, soars at once into the regions of the infinite and the incomprehensible, where, of course, such gross considerations as grains and drachms are utterly out of place! But, admit the rule that, the physiological dose and the therapeutic dose nearly touch each other, and you instantly invest the whole subject with a new and lasting interest. Becoming, as it were, the index to the curative dose, the proving dose is no longer a matter of nought, but rises, at a bound, to a position in our art of the highest significance.

It is greatly to be deplored that, for want of such a connexion as the foregoing in the minds of provers, an immense amount of invaluable knowledge has been lost to the profession; the recovery of which involves nothing less than a thorough re-proving of many of our medicines. In doing this it will be important to note, not only symptoms in the aggregate, but also the particular symptoms that follow particular doses, the order in which they arise, and the length of time it takes to produce them. All these particulars will be of the utmost value in directing us not only to the right remedy, but also to the right dose. In our present state of imperfect acquaintance with the pure pathogenesy of many of our remedies, the application of any rule of dose must, necessarily, be beset with difficulties; but I can see none which time and careful observation, and above all, thorough re-provings, may not eventually overcome. In the meantime it is clearly our duty, by making the best use of the materials at our disposal, to reduce these difficulties to the narrowest possible limits.

Accepting Dr. Black's proposition as offering a fair stage on which to put the question at issue to a practical test, we proceed to notice some points which it may be useful to keep in view in conducting the experiment.

In the first place, we must have no doubt as to the genuineness of the agents we employ. Without this, our conclusions will be valueless. As regards what are termed high dilutions, our English chemists do not, I believe, profess to make them; and all the truth that has come to light concerning their foreign manufacture, has only served to throw discredit, if not contempt, upon the whole of them. Any one, therefore, offering statements of cures effected by these agents, must not expect any weight to attach to them, unless he can, at the same time, assure us, from his personal knowledge, that the medicines were honestly made according to the Hahnemannic method. With the mother tinctures and lowest dilutions, no such difficulty exists. The purity of most of these, up to the second at least, may be proved by the sight, smell, or taste. Any one, moreover, who prefers it, may, at the cost of very little labour, prepare them himself.

Satisfied, then, of the genuineness of our medicines, we have next to determine how best to set about the use of them. Shall we commence with the 3rd and gradually feel our way downwards to the mother tincture? Or, shall we reverse this order of proceeding, and begin with the mother tincture? To those who have been unaccustomed to the use of palpable doses, the former may appear the safer plan. But, bearing in mind the object of the enquiry, I am disposed to recommend the latter, both as saving time, and as leading more directly to the object in view. That object is, not to pit the 3rd against the 4th, or any higher dilution in the one direction, nor against the 2nd or 1st, or the matrix in the other; but, to test the soundness of a doctrine, by comparing the effects of doses approaching the physiological dose, with the known results of other dilutions. For this purpose it will clearly be necessary, in most cases, to give *some*, at least, of the mother tincture; and it is as well to do this at once, as to waste time in gradual approaches. That no apprehension of danger, or other disagreeable consequences from these doses, need be felt, I have proved, times out of number, during the last few years, in my own practice. Leaving in the 1st, 2nd, and 3rd dilutions a wide margin for children and sensitive patients, there are but few, if any, of the mother tinctures of vegetable productions, that may not be given *with the most striking* and gratifying results, and without

producing the slightest medicinal aggravation. Nay, as to that, it is often found that the liability to aggravation actually diminishes as we increase the dose. One of our body, plagued with what he called high medicinal susceptibility, consulting me the other day in his own case, declared that he could not bear *nux vomica*—the medicine I suggested—below the 30th. I induced him to try single drop doses of the mother tincture, which, to his great surprise, produced not the smallest discomfort; and I have seen the like in other instances. Some of the mineral preparations such as arsenic, corrosive mercury, and copper, on account of the virulence of their action, will require to be used with more caution.

I could wish, did my present object allow me, to illustrate the foregoing points by practical examples. As it is, I can only quote the doses of a few of the medicines I most commonly prescribe:—They are as follows: of the matrix—1 drop of *aconite;* 1 to 5, or, in rare cases, 8 or 10 of *belladonna;* 1 to 5 of *bryonia;* 1 to 5 of *chamomilla;* 1 to 5 of *cantharis;* 5 of *china;* 1 to 5 of *cocculus;* 1 to 5 of *ipecacuanha:* 1 to 5 of *ignatia;* 1 to 5 of *pulsatilla;* 1 to 5 of *nux;* 1 to 10 of *rhus;* 1 to 5 of *sulphur;* 1 to 5 of *veratrum.* These figures are, of course, not given as hard and fast lines which may not be crossed in either direction, but as indicating limits within which the prescriber may safely select his dose. From most of these, as well as from the first decimals, the effects are certainly most satisfactory: distinct, rapid, unmistakeable. Whether larger doses still would produce even better effects, is a question yet to be determined. In prescribing these larger doses I find it very convenient to order the 1^{5th} or sometimes the 1½, that is, 1 drop to 5 of spirit, or equal parts of matrix and spirit. It is easier for the patient to drop several drops than one or two; moreover, a drop or so, more or less, of a dilution does not make so great a difference in the dose absolute as would the same quantity of the matrix. The plan has the disadvantage of not being recognized by our Pharmacopœia, and, consequently, of the preparations not being kept by homœopathic chemists generally. The latter difficulty is, of course, easily to be remedied; and as to the former, if, as I have no doubt will be the case, the mother tinctures come into general use, some such modification in our pharmacy will be necessary. I commend the subject to the notice of those who may have the control of any future editions of our Pharmacopœia.

The selection of proper cases in which to carry out Dr. Black's proposition, is another important point for consideration. Dr. Black proposes to treat all cases with medicines from the 3rd downwards. With this I quite agree. I adopt it myself almost exclusively, and some others, I know, do the same; but it is hardly to be expected that those whose predilections, from long custom, have become wedded to the higher dilutions, will consent all at once to forego them in favour of the mother tinctures. To these I would suggest the choice, to begin with, of such cases as bear the most unequivocal testimony to medicinal action. Which, then, are they? Clearly *not* acute cases, as a rule. Some of these do, doubtless, yield brilliant results, especially as compared with the ordinary practice. But, on the other hand, it is now beyond dispute that many of them, without any medicinal treatment whatever, recover in the most satisfactory manner; whilst others as lamentably baffle our utmost efforts. This tendency to self-cure on the one side, and the powerlessness of medicine to save life on the other, renders it almost impossible to form a true estimate of the effects of our remedies, when recovery does occur under treatment, and all but invalidates any conclusions we may attempt to draw therefrom. The case is very different with chronic diseases. Many, nay, most of these, so far from tending to spontaneous cure, rather acquire inveteracy and tenacity with the lapse of time; and, on that very account, are the fittest subjects for our purpose. I do not, of course, speak here of notoriously incurable diseases. These testify to our impotence, and should teach us humility; but they contribute nothing, unhappily, either to our lists of cures, or to our statistics of the comparative powers of medicines, or doses, of any kind. Fortunately, a more cheering list remains, made up of chronic skin diseases, chronic neuralgias, chronic rheumatisms, chronic dyspepsia in its protean forms, with a thousand other physical ills that human flesh is heir to. With most of these we can grapple with more or less certainty of success; and, it is in dealing with these that (in spite of the common and, I maintain, erroneous, idea that they yield most easily to infinitesimal doses) I would urge my colleagues to give the low dilutions and mother tinctures a full and fair trial; and I venture to predict that they will not be disappointed in *the results.*

A few words, in conclusion, on the necessity of caution and impartiality in weighing the evidence of our cases. To this end the mind must, as far as such a thing is possible, be divested of all prepossessions and foregone conclusions. Without this there will be an inevitable tendency to explain away facts, or to interpret them in support of old opinions. Those who cannot exercise this kind of mental self-restraint are, so far, disqualified for sitting in judgment in the matter; since each case should be judged according to the strictest rules of evidence to which it is amenable; and not after the slip-shod, merely *post hoc*, style of reasoning, which is too commonly observed in medical matters.

Due allowance must be made for the influence of other agents besides medicines in determining the progress and issue of a case. The physician is in duty bound to expedite the recovery of his patient by every means in his power, not merely by prescribing medicines for him, but also, when necessary, by modifying his habits and mode of life—by forbidding this thing and enjoining that; by restricting or altering his diet; by advising change of air or occupation. The influence of these agents is too apt to be overlooked or under-estimated, and our medicines to be credited with all the good. This natural proneness to glorify our craft at the expense of all other means, has led me to look upon poor patients—the out-patients at hospitals and dispensaries—as the fittest subjects on whom to test the powers of medicines, pure and simple. As a rule, they are unavoidably exempt from the operation of the influences to which I have just alluded. Their very position in life, nine times in ten, precludes any material alteration in their mode of existence. They can change neither their diet, residence, nor occupation. As they live and act in health, so must they live and act when ill. If, under these circumstances, medical treatment is brought to bear upon their diseases, it requires no further argument to show, that its effects upon them can be much more fairly estimated, than in the case of persons whose more fortunate lot enables them to adopt their physician's advice, equally in his prescriptions, and in those various other matters which operate in a great, but indeterminate, degree to their advantage.

The in-patients of hospitals come very much under the same category as the rich. They receive in these insti-

tutions personal comforts and attentions, and even luxuries, such as they can rarely, if ever, command at their own homes. But, nevertheless, they present opportunities of testing different medicines, and doses, and repetitions of these, such as are met with no where else. The medical attendant is here free from those harrassing anxieties to obtain speedy results, which, in private practice, often induce him to hurry and complicate his treatment, even if they do not warp his judgment.

I would venture, with much deference, to press these considerations on the attention of those of my colleagues who have charge of medical charities. Assuredly, no more worthy object could be placed before them, than to utilize the great advantages they enjoy, in assisting to clear up the doubts and difficulties which still overhang the all-important question of the dose.

Moorgate Street, October, 1871.

REMARKS ON DR. COOPER'S PAPER ON IMPAIRED VISION.

By Edward T. Blake, M.B.

I perused the above paper, which appeared in the October number of this journal, with much pleasure. It would have been interesting had Dr. Cooper given us the reasons for his last and fortunate selection of *arnica* for "asthenopia."

Practically, it is not a novelty to employ this drug in diseases of the eye. Dr. Cooper, as a Dublin man, is doubtless aware that Wilde, in his *Contributions to Aural Surgery*, Dublin, 1848, recommends the employment of *arnica* in nervous headache, tinnitus, and *atonic amaurosis*.

Theoretically, the evidence in its favour is not very definite. Noack and Trinks suggest its use in "incipient amaurosis."

In the *Materia Medica Pura* there are nineteen symptoms recorded under the heading "Eyes;" whilst *Curie's Jahr* gives but nine, one-half being merely clinical. These bear, moreover, but a faint resemblance to the symptoms of Hahnemann.

The case described by Dr. Cooper at page 622 of the *Review seems to be of* strumous character, and is scarcely

analogous to the class of cases enumerated by Dixon. In these latter, Tyrrell's explanation is possibly correct. For when it is remembered that the general physical character of the cerebral circulation, the posture being erect, is an inclined plane backwards, it must be apparent that, in the position necessarily taken by persons occupied upon minute objects, the maximum pressure falls on the anterior vessels. The whole cerebral column of blood rests like a liquid cone with its apex at the nasal and the ophthalmic veins. The head being flexed on the thorax, the venous radicles of the eye are in a chronic state of congestion. Add to this the frequent concurrence of a brain saturated with alcohol,—the immersion of the head in an atmosphere reeking with the oxides of carbon, &c., &c., and the congestive theory of Tyrrell will not appear wildly improbable.

The explanation of the case given by Dr. Cooper at page 624 is exceedingly ingenious. He says: "The pains in her side and back were owing to over-straining of the muscles. . . . . I take it, therefore, that the above was a case of conjunctival hyperæsthesia, accompanied by a weakened power of adjusting the lens on the part of the ciliary muscle of the eyeball, with possibly some further undiscovered internal affection of the lachrymal [? E. T. B.] apparatus—perhaps the choroid."

The deficiency of details with which we are furnished makes it difficult to criticise this contribution fairly; but bearing in mind the presence of piles, the sacral and the infra-mammary pains, most men would certainly have diagnosed "pelvic congestion" as their cause, and would have administered some such remedy as *calc. carb.* at the outset, to combat the general tendencies, including the ocular symptoms.

Reigate, October 1871.

REVIEWS.

Transactions of the British Homœopathic Congress held at Oxford. London: Turner & Co. Pp. 68.

In this pamphlet are collected together the address of Dr. Madden, and the papers by Drs. Black, Moore, Dunn and Thomas. Together they form a most interesting record of one of the best and most practically useful gatherings homœopathic practitioners have held in this country. They are prefaced by a

brief note from the Secretaries referring to the address and the papers.

This is a pamphlet which all homœopathic practitioners ought to possess. While it puts in a convenient form a great deal of useful information, it will we trust stimulate all of us to add to the advantages we may expect to derive from the Congress of 1872.

The Woman's Guide to the Treatment of the Diseases of Females and Children. By R. S. GUTTERIDGE, M.D., &c. Leath and Ross. Pp. 529.

This book is divided into four parts; the first three relating to the female organism, its functions, and its diseases, the fourth to the diseases of children.

Dr. Gutteridge devotes considerable space in the earlier chapters to hygiene and to the training of girls physically as well as morally; deprecating over-study, too long application to sedentary work in heated and ill-ventilated rooms, and lastly, he desires that "time should be found for the teaching of the laws of health and the rudiments of physiology, as one of the necessaries of education to all young ladies before thay leave school, that, in every endeavour for their welfare, their own sensible co-operation may be secured; and that they may be prepared the better for the active duties of womanhood, wifehood, and motherhood."

This cannot be too strongly insisted on, and perhaps the best way of promoting so desirable an end would be that parents, when choosing a school for their daughters, should first ascertain whether the governess herself understands the rudiments of physiology, and whether the first principles of sanitary science, such as ventilation, space in the school and bed-rooms, proper drainage, &c., are carried out; also whether the seats which the girls have afforded them at school have backs, and whether the dietary is ample and the amount of exercise is well proportioned. So long as any of these points are misunderstood, or their importance is neglected, we shall continue to meet with delicacy, spinal curves, irregularities in functional health, and all that train of evils which unfortunately so often meets our eye between the 12th and 20th years of female life.

The author gives a short definition of the disease at the head of each subsequent section of the book, appending the names of the medicines with their special indications, and follows this with recommendations of such adjunctive means as may assist the cure, and such diet and general directions as appear advisable.

The dilutions chiefly prescribed in the book are the 3rd of the *vegetable substances,* and the 6th of the metallic or insoluble

substances. One hundred and twenty medicines are contained in the list of those prescribed in this work, many of them belonging to the new remedies which have so enriched our Materia Medica of late years.

The characteristic symptoms, which should lead to the preferential choice of one medicine over another, out of the long list of curative agents often appended to the description of ailments, appear to have been carefully compiled from the Materia Medica. It would, however, have added to the practical utility of the work, and have shortened the labours of the fair physiologists, who it is anticipated will prosecute their studies in the practice of physic in ailments feminine, if those medicines had been specially marked which have (according to the author's or other competent adviser's clinical experience) done their work well, and fulfilled their pathogenetic promises.

Take for instance "PRURITUS," twenty-three medicines are named, how much the difficulty of choosing the right remedy must add to the miserable irritation of the patient. Beginning with *aconite*, the irritation must proceed till it deserves its appellation of "intolerable," long before the patient has read through to *thuja*. This, however, is a fault common to nearly all, if not all our "guides," and is possibly a better failing than would be that which should omit a medicine of worth and value. Still our own view is that in such a case the alphabetical arrangement of the medicines is bad, and that the better method would be to give some one or two of the chief medicines first, and then give a list of those fitted for peculiar cases. For example, *pruritus* is best met by *kreosote* or *conium*, where these fail, then let the other twenty-one medicines be consulted.

The book is full of useful information, dietetic, hygienic, hydropathic, and physiologic, as well as homœopathic, and our little complaint that the author and the publisher have given us too much for our money, is one which may be looked upon by some people as an eccentric criticism of a very handsome volume containing a large store of most useful information.

The Homœopathic Vade-Mecum of Modern Medicine and Surgery. By E. H. RUDDOCK, M.D., &c. Fourth Edition. London: Jarrold & Sons. 1871.

The Lady's Manual of Homœopathic Treatment in the various Derangements Incidental to her Sex, with a Chapter on the Management of Infants. By E. H. RUDDOCK, M.D. Fourth Edition. London: Homœopathic Publishing Company. 1871.

The first of these two volumes has so fully earned for itself a position as a public favourite that it needs no criticism from us.

It is sufficient to know that it has succeeded; and that, as it is one of the best compilations of the kind, it has deservedly succeeded.

The second, also in its fourth issue, has had a successful run. It is not, however, a book we can recommend. It contains a great deal of matter that "ladies" had much better know nothing about. The study of the physiology of the sexes is, we think, far from being a desirable form of knowledge for "ladies." When taken up in an amateur fashion, it is more calculated to do harm than good; and it is only after such a light and superficial manner that its study is likely to be pursued by those for whose edification this volume has been printed.

Notwithstanding this defect, there are many useful hints and suitable directions for the treatment of certain disorders scattered through its pages. It is also elegantly bound—gilt edges, &c.; and indeed, but for its subject, might be supposed to have been got up for the drawing-room table. We think, however, that any "lady" who buys it had better keep it out of sight, in spite of its attractive exterior.

MEETINGS OF SOCIETIES.

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE usual half-yearly meeting of this Association was held at Sheffield on the 13th of October last. Dr. RAYNER of Manchester occupied the chair, and there was a fair attendance of members. An animated discussion took place on a motion that was submitted to the meeting, praying for the appointment of a committee to watch the progress of any medical bills which may be introduced into Parliament during the ensuing session. The motion was carried, and Dr. DUNN, Dr. HAYLE, Mr. NANKIVELL and Mr. FRASER were appointed a committee for that purpose. The PRESIDENT read a very suggestive paper on the *Pathology and Treatment of Bright's Disease* [which will appear in the next number of this *Review*]. Several new members were admitted to the Association, and the next meeting was appointed to be held in Manchester on the second Friday in May, 1872; Dr. RAMSBOTHAM of Leeds to be President, and Dr. PYBURN of Hull Vice-President. The members dined together in the evening.

NOTABILIA.

DR. MADDEN.

FROM the many enquiries we have received regarding the health of our much esteemed colleague Dr. Madden, we are sure that *great satisfaction will* be felt by the announcement, we are able

to make, that his progress towards recovery is daily increasing. Improvement of a very marked character has taken place during the last few weeks; and shortly we believe that he will remove to Ventnor, where we trust that the rest and genial atmosphere of the place will so far restore him as to admit of his returning to town during the London season, sufficiently strong to enter on professional duty.

HOMŒOPATHY AT SOUTHAMPTON.

THE Local Government Board having confirmed the appointment of Dr. Archer to the post of district medical officer of the Southampton Union, the *Lancet* and *Medical Times and Gazette* have been pleased to give expression of their submission to the accomplished fact. (Oct. 28, 1871.) Both, however, appear to entertain a hope that some pauper will be dissatisfied, and that in that event cancellation of the appointment may be obtained. It is certainly quite possible that if suitable influences are brought to bear upon him, some pauper may be induced to be dissatisfied. Among the patients of a parish doctor there are always to be found the indolent, as well as the unfortunate. And of all the exacting patients in the world none is more exacting, none more easily dissatisfied than the lazy pauper—the man who won't keep himself either in medical attendance or anything else, as long as he can get some one to do it for him; such a man goes to the parish doctor far more for an order for wine or meat than for any medical advice, and in nine cases out of ten really requires, or at any rate deserves neither, and usually grumbles when his wishes are not complied with.

OPHTHALMIA IN THE MITCHAM SCHOOLS OF THE HOLBORN UNION.

THE *Medical Times and Gazette* of the 25th ult. gives us the following information:—

"Some discussion of an animated nature took place last week, at the meeting of the Holborn Board of Guardians. It appears that ophthalmia prevails to a great extent amongst the children of the Holborn Union located at Mitcham. The medical officer suggested that an infection ward should be added to the Infirmary for the purposes of the schools. Several members of the Board denounced what they called 'allopathy,' and suggested that a homœopathic practitioner should be called in. Eventually the report of the medical officer was referred to the school committee."

The infection wards may conduce to prevent the spreading of the disease, but will not cure the eyes of the poor children now

suffering. The suggestion of the Guardians who denounced "allopathy" is an excellent one, and we should like to see it acted upon.

A DEFENCE OF MEDICAL TRADES-UNIONISM.

Mr. George May, Jun., of Reading, recounts in the Association *Journal* (Nov. 18) what he esteems the glorious work of the British Medical Association from its birth in 1832, until the passing of the Medical Act in 1858. Its influence in retarding the progress of Homœopathy has been signally successful Mr. May thinks. Here is what he says: "Perhaps in no single instance has the Association done so much good as in defining the duty of its members towards the practitioners of homœopathy. At the annual meeting held in Brighton in 1851, it passed resolutions condemnatory of the practice of meeting homœopaths in consultation. In 1837 Dr. Horner, a Vice-President of the Association [Mr. May seems to forget that Dr. Horner was elected a *perpetual* vice-president] was unanimously removed from his position on account of his having adopted homœopathy. The Association did not cease re-affirming its opinions till it became an accepted axiom that under no circumstances could medical men hold professional intercourse with practitioners of homœopathy. The importance of this decision will be estimated at its true value, when it is recollected that up to this time some of the leaders of the profession, whilst deriding the practice of homœopathy, had not ceased publicly to proclaim their willingness to consult with homœopaths, setting at defiance the well-known rule of medical ethics, that when the opinions of two consultants are irreconcileable, it is the duty of one of them to retire. But from this time (1861) no such conduct has been permitted."

Mr. May seems to labour under the delusion that *all* consulting physicians and surgeons have consented to submit to the dictation of himself and his brother apothecaries. Some, it is true, do so submit, but the number of those who thus degrade themselves is very much smaller than it was only a few years ago. When the British Medical Association yelled its impotent anathemas against homœopathy, hydropathy was coupled with it. But now that hydropathy is practised in the fever wards of University College Hospital, it is omitted from its "commination service."

In the *Medical Times and Gazette* of the 18th ult., we find a correspondent recommended to "try Ben Rhydding, or Forres, or some well managed hydropathic establishment." So, too, with homœopathy, we find homœopathic treatment regularly *taught as in Ringer's Handbook of Materia* Medica, and in many an

essay in the weekly medical journals! The amount of open homœopathic practice has doubled since the British Medical Association banned it, while that which is disguised we know to be much more considerable. If the British Medical Association has succeeded in preventing medical men acknowledging the truth of homœopathy, it has done so only by succeeding in making a great many cowards.

HOMŒOPATHY IN CHICAGO.

An interesting and snggestive discussion has recently taken place in the Medical Society of Chicago—one which such narrow-minded trades unionists as Mr. May would do well to reflect upon.

It appears that Dr. C. W. Earle of that city read a paper "*On Homœopathy.*" After hearing the paper, Dr. Wickersham said, "It was useless to urge that homœopathists gave no medicine, for the people will not believe it; they say, 'well, their cases get well, and that is all you can do.' And further, that if he had an attack of cholera, he would rather an old fashioned homœopathist would treat him with his infinitesimals (if you could find one outside of the insane asylum), than be subjected to the corking up system."

Dr. Paine said, that "he would rather consult with some homœopathists (if they would drop the name), than with some of the graduates of his own Alma Mater."

Dr. Holmes thought that as the homœopathists were already here, they ought to consult with them as they do in Germany, on diagnosis and pathology, the chief points, they would agree; he thought they could get along harmoniously."

Dr. Holtz said, that he was astonished when he came to America, to see the importance his school gave to homœopathy. In Germany, when called in counsel, they did not ask what the physician was, but when they were called, they went.

It was proposed to publish the paper in some of the local journals, but Dr. Wickersham said, that the majority of the papers of the city were of homœopathic proclivities, and that homœopathy was popular was indisputable. He added, that seventy-five per cent. of all the families living in the avenues employed homœopathic practice. From State to Clark-streets the homœopaths had about fifty per cent. but that from Clark-street to the river (the poorest part of the city) they had hardly any. It was a fact that the homœopathists had the best of the practice. The motion to publish the paper was lost.—(Abridged from the *Medical Investigator*, September).

Dr. Duncan's letter (p. 759) shews how possible it is for both sides to work together for the common good.

HOMŒOPATHY IN AUSTRALIA.

Dr. Rochlitz, who practised in Sydney from 1866 to 1869, and previously for several years in Melbourne, gives, in the *Allgemeine Homöopathische Zeitung* for July, a report of the history of homœopathy in Australia, which, however, differs so little from that we gave in our July number, that it is hardly necessary to reproduce it here, as we originally intended to do. But he gives, at the close of this article, some suggestions which may prove useful to those who desire to seek their fortune in that colony, and of these we, with much pleasure, give a translation, only regretting that we have not been able to do so earlier :—

"Like my informant of the *Monthly Homœopathic Review*, I will, in conclusion, examine what prospects are open for homœopathic practitioners in Australia, and especially for German physicians. Of all European nations I liked the English patients best, for their way of living is, from old custom, founded on rational principles, and the uneducated workman even possesses a degree of intelligence sufficient to allow of his being instructed. There is also this pleasing accessory, namely, that no nation gives its physicians such good fees as the English (according to the number of visits paid); and the medical man, like the tradesman, finds legal protection against those who forget their duties. . . . .

"A knowledge of midwifery is indispensable for every practitioner who is going to an English colony or America. Wherever the English language is spoken the praiseworthy custom has spread of confinements being conducted by medical men, and not by midwives. The midwife is only present to attend to the mother and child. This institution, so worthy of imitation, makes the duties of the English practitioner more onerous, but also more lucrative and more certain. Women do not willingly change their accoucheur, but make him their family attendant. In regard to medical qualification, it is sufficient, according to Australian laws, for a man to possess a diploma as Doctor of Medicine from any University or Medical School which has the power of granting diplomas according to the laws of the land that apply to this matter. Thus a M.D. is practising in Melbourne who has obtained his diploma at the Homœopathic College of Pennsylvania. Besides, they demand that the curriculum has been at least of three years' duration, and that the diploma was granted after an examination.

"With regard to the question as to what parts of Australia are most suitable for settling down in, I cannot, after eight years' *absence, give any* special answer. In a general way I know

that the demand for homœopathic physicians was so universal, that it is impossible for it to have been satisfied already. Brisbane, the chief town of Queensland, with 30,000 to 40,000 inhabitants, was two years ago without a qualified homœopathic practitioner. Sydney, with its 80,000 inhabitants, only possessed two. Should any of our colleagues think of emigrating for the sake of health, I would advise him to take his passage first to Melbourne. Dr. Günst, Dr. Teague, or Mr. Martin, (who possesses a homœopathic pharmacy) will willingly give him good information."

HIGH HEELS.

Mr. Prescott Hewett recently delivered a lecture on a case of severe injury to the lower end of the femur in a girl, who fell down the stair-case of the International Exhibition through the high heel of her boot catching on the edge of a step. Mr. Hewett took the opportunity of making the following excellent remarks on these fashionable means of producing both accident and deformity :—

"The first thing to which I would call your attention in this case is the high heels of the boots. Ladies will, for the most part, wear them ; but they couldn't do a worse thing, for their feet are placed in a difficult and most unnatural position. They are very tenacious about this fashion, but you must be as tenacious against it ; the number of accidents in consequence is very great. To show you how very tenacious ladies are on this point, last year I was sent for to see a young lady in one of our London Hotels. She wished to consult me about her foot. On seeing it, I thought its state depended upon her boots, and I asked to see them. The boots were brought in by the lady's maid, but the only thing I could observe about them was an immensely high heel. I said, "It is the high heel of your boots that causes the mischief, and unless you diminish this I can do nothing for you." She became quite angry, and said she could not alter them. "I cannot do it, and I will not." Suddenly again she toned down, and said, "Pray sir, what would people say if they saw me walking about the Park without high heels?" I said, "It is simply heels *versus* brains. If you have brains, you will cut off the heels ; if you have no brains, you will continue to wear them." She fortunately had brains, cut off the heels, and her foot got quite well."

ALKALIES IN ACUTE RHEUMATISM.

The Reviewer of the new edition of Watson's *Lectures on the Principles and Practice* of Physic, in the Lancet, of the 18th ult.,

writes: "While upon the subject of acute rheumatism, we would mention one thing which has struck us about its treatment by alkalies in large doses—namely, the relatively increased anæmia and prolonged convalescence often noticed in patients treated on this plan."

OBITUARY.

DR. ROTHANSEL.

We regret to have to announce the death, at Vienna, of Dr. Rothansel—a well-known and hard-working physician of that city. Dr. Rothansel was the assistant, and, more lately, the successor at the Gumpendorf Hospital of the late Dr. Fleischmann. He also took an active part in the Proving Society of Vienna, and was a frequent contributor of sound practical essays to the Austrian Homœopathic Medical journals.

CORRESPONDENCE.

MEDICAL TIDINGS FROM CHICAGO.

To the Editors of the Monthly Homœopathic Review.

Dear Doctors,—Knowing your anxiety to hear how our professional brethren fared in the great conflagration that has laid the heart of our city a waste of brick, mortar, broken stone, and ashes, I write you.

The daily press has no doubt given you a full account of the origin, cause, and extent of this, the most severe conflagration on record. Our city, you know, is situated on the shore of Lake Michigan, a great inland sea, 60 miles in width, while to the south and west stretch the vast prairies for which our state is famous. This position gives us constant currents to or from the lake according as the season may be. At this time is our Indian summer, the most dry season of the whole year, and for weeks the dry south west wind blows steadily to, and down the lake. This fact explains the high sanitary condition of our city. The once notoriously unwholesome Chicago river was a sluggish stream with two branches running N.E. by S.E., uniting at an obtuse angle about a mile from the lake forming the main river. This stream and its branches divide the city into three parts, south, north, and west. From the south branch to the Illinois river, about 50 miles, a canal had been cut in a S.W. direction, causing the water to run up stream with quite a current. Along this were heavy lumber yards and extensive manufactories, and about them the poor harboured in shanties thick as they could stand. *The city began* on both sides of the main branch at the

lake, and business forced the resident portion south, west, and north. Many of our physicians found it to their convenience to retain offices in the central part of town; others had places where orders could be left. The Chicago Homœopathic Pharmacy was in this way the chief head-quarters, for here were order-boxes for every physician in the city, several also lived in their offices. You can now understand why so many suffered—fifteen being burned out of homes, and thirty-one out of offices!

The fire originated two miles S.W. of the Court House among the shanties west of the south branch. The wind was strong, and the air was soon filled with burning cinders which kindled everything they touched. Soon the fire was beyond the control of our efficient fire department. The wind rose to a gale, and, before the intense heat, massive buildings crumbled to atoms, nothing withstood it. Everything combustible was consumed. Before it was arrested, the business part of the city, half of the south side, all of the north side, and part of the west side were in ashes. Many lives were lost, many were burned or injured, and thousands were rendered homeless. How many lives were lost we shall never know, as many must have been caught asleep and burned to ashes; about 300 charred bodies have, however, been recovered. Thousands spent Monday night on the prairies unable to find shelter, and others remained rather than return to the city, which seemed still in danger of being *all* consumed. Had not the wind stood steadily in the S.W., no human power could have saved the rest of our homes. The distress and sickness caused by the exposure of frail women, delicate children, and feeble and exhausted men that slept under the open canopy of heaven that night, we day by day begin to realize. To add to all, our water works were burned, and we were forced to drink water from wells or ponds, river or lake; the latter were filled with charcoal cinders. Serious bowel troubles and low types of fever soon began to prevail.

Of our physicians burned out, Dr. G. D. Beebe lost his office and all of its fine contents, except a few books, medicines, and surgical instruments; Dr. A. G. Beebe officed with him, and lost a valuable microscopic library. Drs. W. H. Burt and Small lost some office effects, including Dr. B.'s periodical library. Dr. H. K. W. Boardman lived in his office, and saved but little. Dr. J. B. Braun was burned out of residence, and lost quite all his possessions; he has removed to Milwaukee. Dr. J. S. Beach lost office and all its contents. Drs. Butts and Amys were burnt out of house; their loss I cannot ascertain. Dr. G. Cole was burned out of house. Dr. B. H. Cheney was burned out of home, losing a portion of his effects,

books, &c. He officed with Dr. Beebe, and has removed to Sycamore, Ill. Dr. Jenkicks lost office and library, &c. Dr. E. N. P. Ludlam lost a fine office with all its contents. Dr. Lockey was burned out of house, loss heavy. Dr. A. Millar's office and contents burned. Dr. T. R. Nute was burned out of house and lost all. Dr. M. D. Ogden's office was burned. Dr. E. Rawson also lost his office with contents. Dr. W. H. Woodbury lost a fine office with its contents. Dr. W. H. Woodyatt was burned out of office. Dr. C. A. Nilbur was burned out of office, which was also his residence. He has gone to Troy, N.Y. Dr. J. Ulrich lost residence and all of its contents. Dr. D. A. Colton lost his office contents. Dr. W. Danforth lost his office and portion of Library. Dr. Jno. Davies contents of Office. Dr. L. Dodge office with contents. Dr. J. Erwin was burned out of house, loss unknown. Dr. H. B. Fellows saved but a few things from his residence, loss very heavy. Dr. N. F. Cooke, was burned out of both office and residence, saved but little. Dr. Jno. E. Gilman burned out of home, saving but a few effects. Drs. E. M. and P. H. Hale were burned out of office, losing its contents. Dr. W. Heurtley lost office, fine library, &c. Dr. A. W. Hortuper lost all in office. Dr. E. Kneipcke lost the contents of a finely furnished office, and had to leave his house. Dr. S. P. Hedges lost his residence. Mrs. Dr. Cure lost her house and contents. Dr. A. W. Woodward lost his office contents. Drs. H. R. Sturt, J. S. Mitchell, and E. P. Millar lost their office, but saved most of the contents. My office (*Medical Investigator Office*) was also destroyed. Mr. C. S. Halsey our publisher lost heavily; all his stock of publications, plates, &c., was burned. The Oct. No. of the *Medical Investigator* was being sent off, and the Nov. No. was half in type, all are gone, with printing office, post office, &c. Prof. Ludlam's *Lectures on Diseases of Women* were also consumed. Halsey Bros. had just purchased the Chicago Homœopathic Pharmacy, which foots up a loss of about $10,000. They have resumed at 704, State-street. Dr. G. E. Shipman loses the plates of Grauvogl. This is a sad loss to him and the whole profession. The North Western Pharmacy was a heavy sufferer, Mr. von Schleiben also lost his house. The Oct. No. of the *U.S. Medical and Surgical Journal* was caught in the bindery. The College was outside of the fire track, and thus escaped. Dr. D. S. Smith our oldest physician lost a store and a fine residence property.

Our patrons are all scattered, badly broken up, or bankrupt, and some of our physicians will suffer badly this winter. Already money has been sent to their relief from our brethren in other cities. Drs. A. E. Small, E. M. P. Ludlum, and S. C. Grosvenor are the relief committee. As many a fine medical

Library was destroyed, both public and private, and the immense stock in our book stores has been destroyed, and as the sufferers feel this loss sadly, Drs. S. P. Cole, E. Kneipcke, and myself were appointed by the general profession to receive and locate any medica books that may be sent for the benefit of those who lost their libraries. Thirty-three of our number suffered such losses. Works may be sent addressed,

MEDICAL HOMŒOPATHIC RELIEF LIBRARY,
Care Chicago, Ill., U.S.A.
T. C. DUNCAN, 287, W. Randolph-street.

Homœopathy achieved a signal triumph in this trying moment. The next day, while most of us were busy with an augmented private practice, Drs. J. E. Gilman and C. Horace Evans reported for duty to Citizens' Committee, Mayor Mason, chairman. They were informed that the medical part had received no attention. The Board of Health had not been heard from. These doctors were commissioned the medical chiefs to organise and send out medical relief for the poor sufferers on the prairies. They assumed charge, ordered the police to notify physicians to report for duty, pressed in carriages, waggons, &c., as ambulances, and in a few hours physicians were attending the sick everywhere, and hundreds were being brought in to the hospitals, school buildings, and churches. In a day or two the Board of Health appeared, and all worked together harmoniously, only one narrow-minded allopath objecting. It was good to see allopath, homœopath, and eclectic working together as we all were for the general good of suffering humanity. At the close of a week the relief matter was all given in charge of our efficient Relief and Aid Society. Dr. Johnson, member of the Board of Health, Professor in Chicago Medical College, and a prominent physician (allopath), was made chairman of the committee on "Sick, Hospital, and Sanitary Measures;" and Dr. Gilman, who had managed the medical relief so fairly and efficiently, he appointed secretary. Dr. R. Ludlam, dean of our College here, was placed on one of the sub-committees, and Dr. H. B. Fellows is visiting physician in one of the districts, of which Dr. Freer is medical superintendent, the latter, discoverer of the cone-shaped prominence of the nucleus of the red blood disc, and formerly one of the most violent opponents of our system. This magnanimity on all sides is noteworthy. During a conversation Dr. Johnson remarked, "We are not allopaths or homœopaths; we are all physicians." Dr. Evans was continued at the old head-quarters (a church) until the new arrangement was thoroughly organised, and there was no longer anything for him to do. Scammon Hospital (homœopathic) cares for its quota of sick, and is on a par with the others in

the eyes of the committee. The sick are being well cared for. Unfortunately small-pox has appeared in the barracks erected for the homeless. The diseases most frequently met were burns of all kinds, prostration from fright, cold, and exposure, injuries of all kinds, intermittent fever, inflammation of the lungs, diarrhœa, dysentery, &c. Cases of childbirth, insanity, &c., were also met. For ten days river water was pumped into the hydrants, and after that the large engine at the water-works gave us water through the tunnel from two miles cut in the lake. This latter is pure, but the first was horribly filthy, containing so much charcoal almost an epidemic of bowels troubles arose. The symptoms closely resembled those of *carbo veg.* *Arsenicum* and *camphor* afforded the most relief. The prostration was very marked. For the effects of fright and the insanity more or less marked, *aconite* seemed indicated. From the effects of the suffocating smoke that arose from burning coal-yards and grain of the immense elevators, *nux* or *opium* worked wonders. For the debility following the nervous tension and exertion during the terrific fire, *nux* restored new vigour. For the bruises, strains, &c., *arnica* was extensively used; and for the lacerated wounds and cuts *calendula* was the general admiration of allopathic surgeons. The relief afforded by *cantharis* and *urtica* in the various burns was a practical illustration of *similia*, at once convincing and defying dispute. For the fever cases *ars.*, *china*, *nux*, *nat.* and *ipec.* were chiefly valuable.

The frequency with which *arsenicum* and *veratrum alb.*, *carbo veg.*, *china*, &c., have been indicated this season, and the low type of fevers and severity of diphtheria, croup, &c., lead many of our physicians to anticipate much sickness next season, if not the presence of cholera—an additional calamity that I hope will not visit us.

Our allopathic friends also suffered heavily. Many were also burned out quite; all of their wholesale drug houses, and many prescription stores, were burned. Their finest college, costing 75,000 dollars, is gone. Their two journals, the *Chicago Medical Journal* and *Medical Examiner* also suffered with the rest. The eclectics lost their college, journal, *Chicago Medical Times*, drug-store and drug-mills. There were burned the Women's and Children's, Alexandrian, Lake and Marine Hospitals. The Hahnemann Medical College goes on as usual with a good class. Our societies are well attended, for, as Dr. E. M. P. Ludlam remarked, "we have no books, and must learn all we can from each other."

The *Medical Investigator* will not appear for weeks yet, as our printers find it difficult to resume, and the press of job-work is also tremendous; but we assure our brethren in Great Britain that *our journal will be* continued, improved if possible. Our

subscription list was destroyed, and we will be compelled to send it out rather indiscriminately. We take this occasion to thank our transatlantic friends for their interest in American homœopathic literature, and assure them that foreign books and journals are highly prized by us here in Chicago.

The fire has destroyed our down-town offices, and also the former necessity for them. By this change I find I have gained quite three hours' time each day. This I purpose to devote, as far as possible, to completing a work on Diseases of Children. I began about two years' ago. I aim to make a practical and thorough work. Dr. Shipman is busy translating Hausmann; so that the adage, "No great loss without some small gain," may perhaps prove true in this event.

I have just received the report of your last Congress. I assure you this is a gathering we take a keen interest in, from its practical worth. It would afford us great pleasure to be with you; perhaps we may be by-and-bye.

Hoping that this hurriedly-written sketch will in a measure relieve the anxiety of yourself and readers, and assure you we accept in advance your sympathetic expressions,

I am, very sincerely, yours fraternally,

T. C. DUNCAN,
Ed. *Med. Investigator.*

Chicago, Nov. 8th, 1871,
287, W. Randolph Street.

[We are sure that this deeply-interesting account of the trials and losses of our medical brethren in Chicago will excite the most lively sympathy in the minds of all our British colleagues. The losses have indeed been severe, and the admirable spirit in which they have been met, the zeal displayed in attending to the wants of the helpless and the sick, and the energy with which the inhabitants of Chicago have set to work to repair the disasters which have so suddenly overwhelmed them, are beyond all praise. They have set a brilliant example of Christian heroism to the whole world, and we trust that all will unite in aiding them to recover their former prosperity. The chief cry is for books and periodicals. Any which our medical friends may be willing and able to send will be forwarded by Messrs. Turner and Co., 77, Fleet Street, E.C., and entrusted to the care of the library committee of which Dr. Duncan writes.—EDS. *M. H. R.*]

HOMŒOPATHY IN SOUTHAMPTON.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I observe in your last number in the report of the dinner after the meeting of the Congress at Oxford, that the

chairman, Dr. Dudgeon, is asserted to have said, referring to the recent appointment of Dr. Archer to the post of District Medical Officer, that he was elected "in opposition to an allopathic rival whose testimonials were better, who was a better known man, and of greater standing." I beg to be permitted to correct the inaccuracy with regard to Dr. Archer's testimonials, as it would not be fair to this gentleman to allow it to go forth uncontradicted.

Dr. Archer's medical and surgical qualifications are not inferior to those of any practitioner in this town, and the testimonials which he produced to the Board of Guardians were certainly not excelled by those of his rival, but were considered so highly satisfactory as to impress them with the conviction that he was eminently suited for the office.

I may add that Dr. Archer has already established such a good reputation in his district as a successful curer, that the paupers now take very kindly to the new mode of treatment.

I am, Gentlemen, your obedient servant,

B. Lyon Williams.

Southampton, 21st Nov., 1871.

[We are quite sure that Dr. Dudgeon had no intention whatever of disparaging Dr. Archer's professional status or his qualification for the office to which we are so glad that he was elected. But his opponent being several years his senior—about twelve or fourteen years we believe—having long resided and practised in the borough, and holding an honorary appointment at the Dispensary, had claims to the appointment of a character, that it is no reflection upon Dr. Archer to say, that he did not possess; claims we believe to be so strong that, had not Dr. Archer been known to believe in homœopathy, would have secured the post for Mr. Oliver.—Eds. *M.H.R.*]

TINCTURE OF AGARICUS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In making the *tincture* Agaricus Musc. ϕ there is risk of fermentation in using proof spirit. Having had heavy losses from this cause, we invariably use rectified spirit 56°, the fresh fungus yielding sufficient water to enable the spirit to extract all its medicinal qualities.

As an additional precaution, we recommend its being put into pint bottles rather than into Winchester quarts.

We remain, &c.

Berry & Co.

Northampton, Oct. 30, 1871.

THE QUESTION OF THE DOSE.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the leading article of the *Review* of last month, entitled "The British Homœopathic Congress," on page 647, by an ambiguity of expression it is made to appear that I had answered Dr. Black's proposition *affirmatively*. As this is precisely opposite to the fact and to the intention of the writer of the article, I must ask you to insert these few lines of explanation, to assure your readers that after personal experimentation (extending over many years both in public and private practice) as to the relative value of different dilutions, I have come to the conclusion that the lower dilutions, from the crude drug to the 3rd dilution, not only *do not "contain within themselves all the curative power which is to be found in medicinal drugs,"* but that these experiments have proved that there is an appropriate sphere both for the higher and lower dilutions; the one cannot in any way replace the other in our *cure-work*—each has a definite and special value.

Many of the experiments on which I have based the above conclusion have been published in the *Homœopathic Observer* of 1863–4, and in your own pages, as well as in my essay on *Applied Homœopathy*.

My experience and the experience of by far the greater number of homœopathic practitioners, especially of those whose age and experience best entitle them to a hearing, shows that there are many cases where *high dilutions will cure certain patients whom low dilutions of the same medicines have failed to benefit;* and although the converse is equally true as regards certain other diseases, yet the very strong testimony in favour of the above proposition is fatal to Dr. Black's thesis.

I was prepared to show this at the Congress at Oxford, had I been allowed to lay the whole abstract of facts before that meeting, which it had taken me no little pains and expense to collect. As it is, I must ask your readers to suspend their judgment until they have seen the weight of testimony which the statistical enquiry has elicited on this point, which will appear in the next number of the *British Journal of Homœopathy*.

It is with extreme regret that I feel it my duty to allude to this successful attempt to check free discussion on a question so important to the well-being of our system.

For my own part, I am neither a low nor a high dilutionist; but I cannot see, without deep regret, a tendency on the part of certain low dilutionists to reproduce the tactics used by allopaths in their contest with homœopathy. These gentlemen will not permit fair discussion; Procrustean-like, they insist in measuring every man's experience and practice by their own. They

deny all testimony in favour of high dilutions, as coming from men who they conceive must necessarily have a "bee in their bonnet." This class of unfairness renders discussion of the subject at our congresses and meetings of little value. I see in it a danger, both to our patients and to our younger brethren. It has done much to drive many of our best and most learned homœopaths from our societies and congresses, and to discourage them from writing in our journals. I deem it a great misfortune to the cause of homœopathy that these withdrawals from public life have taken place, and that our younger practitioners run the chance of seeing and hearing only one side of this very important question.

In making these remarks, I wish it to be understood that I do not, in any sense, include my friend Dr. Black, nor the worthy President at the late Congress, in these observations; their intellect and mental calibre are of far too high an order to descend to these littlenesses.

Homœopathists, of all men, are the last who should refuse to acknowledge facts merely because they are opposed to their former experiences, or because they are opposed to ideas founded on allopathic teachings. I am, Gentlemen, yours, &c.,

58, Brook Street. W. Bayes.

[We deny the existence of any "ambiguity of expression," either actual or intentional, in the passage to which Dr. Bayes has informed us he refers in this letter. It is, he has told us, the one beginning on the seventh line from the bottom of page 646, and ending at the close of the middle third of line 6 in page 647. As anyone may see, we referred to Dr. Black's experience, and by no method of construing that we have been privileged to become acquainted with can these sentences be distorted so as to include an allusion to that of Dr. Bayes. The assumption that there is "an ambiguity of expression" has given Dr. Bayes an excuse for again, and for the *fifth* time within five months,* publishing a statement of his views on the dose question, and also of announcing the speedy forthcoming of a sixth communication on the same subject. No one can complain now of any want of familiarity with the results of Dr. Bayes's "personal experimentation extending over many years both in public and private practice."

To this Dr. Bayes thinks proper to tack on a most unfounded charge of unfairness towards him when speaking at the recent Congress. The suggestion that anyone desired to check discussion on the dose question is as untrue as it is unworthy of Dr. Bayes. The measure meted out to him was that meted out to all.

* *Brit. Journ. Hom.*, July, p. 591, and October, p. 805; Month. *Hom. Rev.*, Sept., p. 575, and Nov., p. 683.

Who constitute that brilliant phalanx, "many of our best and most learned homœopaths," who absent themselves from our congresses and societies and have ceased to contribute to our journals, for fear lest they should be unfairly treated, we do not know. Such an assertion really borders too closely on the ridiculous to require any further notice.—EDS. *M.H.R.*]

ERRATUM.

We have received the following correction of a passage in Dr. Moore's speech in p. 685. On the fifth line, after the word "which," *read* "a patient of;" on the eighth line, for the words "see a patient of his," *read* "Liverpool;" in the same line, *omit* the full stop after "peritonitis," and for "He," *read* "had."

NOTICES TO CORRESPONDENTS.

DR. FLINT.—Your letter is in type and shall appear next month.

DR. FORBES LAURIE.—Such an authoritative statement as you propose, if issued at all—and with the numerous pamphlets already published and easily procurable, we confess that we cannot see the need of one—should emanate from the British Homœopathic Society, and not from the officers of the Hospital. You had better address a letter to the President on the subject.

Communications have been received from Dr. YELDHAM, Dr. BAYES, and Mr. TRUEMAN, London; Mr. FRASER, Hull; Dr. DUNN, Doncaster; Dr. COOPER and Mr. WILLIAMS, Southampton; Mr. NANKIVELL, York; Dr. NANKIVELL, Bournemouth; Dr. MOORE, Liverpool; Dr. GIBBS BLAKE, Birmingham; Dr. MASSY, Brighton, &c.

BOOKS AND PERIODICALS RECEIVED.

Transactions of the British Homœopathic Congress, 1871. London: Turner & Co.

On the Treatment of Constipation, &c. By RICHARD EPPS, M.R.C.S. London: J. Epps & Co. 1871.

The Fascinator or Knight's Legacy: A Prize Essay on the Moral, Social, and Economical Results of the Use of Tobacco. By H. NOEL THATCHER. London: Tweedie. 1871.

Hindoo View of Cholera. By GOLAUB SING, M.D. London. 1871.

The Food Journal, November. London: Johnson & Sons.

The Chemist and Druggist, November. London. 1871.

The N. Eng. Med. Gaz., September. Boston.

The Am. Journ. of Homœop. Mat. Med., Sept., Oct. Philadelphia.

The Hahnem. Monthly, October. Philadelphia.

The American Homœopathy Observer, October. Detroit.

Bulletin de la Soc. Méd. Hom. de France, Oct. Paris.

Bibliothèque Homœopathique, October. Paris.

Rivista Omiopatica, October. Roma.

Papers, Dispensary Reports and Books for Review to be sent to Dr. RYAN, 2A, West Street, Finsbury, E.C., or to A. C. POPE, Esq., Moselle Villa, Lee, Kent, S.E. Business Communications and Advertisements to H. TURNER and Co., 77, Fleet Street, London, E.C.